2013

Quality Professional Practice Environment Standards

CRN NL

Introduction

Quality Professional Practice Environment (**QPPE**) is the term used to identify the attributes of a good place to work. Quality of worklife has been identified as a key component in recruiting and retaining nurses and in the provision of quality health care. Consequently, the need to address QPPE indicators has been the focus of numerous national and provincial studies and reports, incorporated into the Canadian Council on Health Services Accreditation standards, and identified as an essential mandate through Health Canada's Office of Nursing Policy.

The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) have evidence to support that RNs and LPNs in our province are questioning the quality of their work environments and that these concerns are affecting job satisfaction, work ethic, recruitment and retention, the quality of care and ultimately client outcomes (Harnett & Coady, 2002; Way et al, 2000, 2001). ARNNL and CLPNNL have a mandate to protect the public through the promotion of excellence in nursing. We believe that by identifying the essential environmental components shown to support professional practice, RNs and LPNs can initiate activities to improve their work environments, and consequently, the quality of client care.

Nurses must work together with stakeholders to advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support, and respect for all persons in the work setting (ARNNL, 1995). Developing and sustaining a QPPE is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public (CNA, 2002).

ARNNL and CLPNNL have articulated six standards with corresponding criteria that have been shown to influence the quality of the professional practice environment.

The six standards address:
- Workload Management
- Nursing Leadership
- Control Over Practice and Worklife
- Professional Development
- Organizational Support
- Communication and Collaboration

The standards are broad in scope so they may be applied in all domains and to all settings. The criteria illustrate how each standard can be met. The standards are not written in the order of priority and the criteria are not all-inclusive. It is the intent of ARNNL and CLPNNL that nurses and other stakeholders will explore each standard and criteria for relevance to their own environment and develop ways to identify and implement the improvements required to create QPPEs.

External Dimensions

A number of events/forces external to the health care system have been shown to have an effect upon the quality of internal health care environments. It is, therefore, recommended that all agencies evaluating the quality of their professional practice environment examine their own external environment. This

information can be used to develop a comprehensive and more accurate framework upon which to plan QPPE activities and interpret results.

These factors include but are not limited to:

a. Agency budgets/funding
b. Client and Staff profile
c. Demographic changes (e.g., aging population)
d. Shorter lengths of hospital stay
e. Advances in health care and information technology
f. Client empowerment/role in decision making
g. Public interest in quality health care
h. Changing directions for the delivery of care (e.g., primary health care and telehealth)
i. Health related legislation and regulations
j. Regional variations in community needs and services
k. Roles and expectations related to nursing organizations (professional and union)
l. Nursing staff shortages and competition for human resources.

Resource

O'Brien-Pallas, L., & Baumann, A. (1992, May/June). Quality of Nurses' worklife issues: A unifying framework. *Canadian Journal of Nursing Administration*, 12-16.

Standard: Workload Management

Definition: *There are sufficient* *nurses to provide safe, competent, and ethical care.*

Criteria:

1. The nursing care delivery model supports continuity of care and enables nurses to develop a therapeutic relationship with their clients.

2. The nursing care delivery model allows nurses to practice to the full scope of their education and experience.

3. Sufficient time is available to assess, plan, coordinate, implement, evaluate and document client care.

4. Sufficient time is available to provide holistic care that addresses clients' emotional, psychosocial, and spiritual needs.

5. Sufficient time is available to address clients' counseling and teaching needs.

6. Nurses have sufficient time to obtain the information needed to provide safe and competent client care.

7. Nurses have sufficient time to participate in relevant clinical/professional educational opportunities and to act as preceptors and mentors.

8. Nurses participate in decisions regarding staff-to-client assignments to ensure that care is provided by the most appropriate health care worker.

9. There are sufficient support staff to complete non-nursing tasks.

10. Nurses have opportunity for input and participation in decisions to adjust staffing levels (e.g., determining the most appropriate RN/LPN/unregulated worker mix and client/nurse ratios).

11. Nurses are satisfied that they are able to provide safe, competent, and ethical care.

* Sufficient – numbers, skill mix, patterns (e.g., shifts, scheduling)

Standard: Nursing Leadership

Definition: *Nurses at all levels are competent and prepared to provide leadership.*

Criteria:

1. Nurses at all levels are knowledgeable of and act in a timely manner on, their responsibility to promote and support safe nursing practice.

2. Nurses at all levels provide input into organizational and/or area specific planning to advocate for quality client care.

3. Nurses at all levels are supported in practice by accessible, expert, and experienced nurses (e.g., mentorship).

4. Nurses at all levels are encouraged, supported, and mentored to reach their leadership potential.

5. Nurses in formal leadership positions* have the knowledge, skills, and attitudes necessary to direct nursing practice and communicate effectively.

6. The organization has mechanisms in place to provide nursing leadership when nurses do not report to nurse managers.

7. Nurses are in senior administrative positions and provide leadership and support for the profession of nursing.

* Leadership positions – managers, clinical leaders, team leaders etc.

Standard: Control over Practice and Work-life

Definition: *Nurses have autonomy,* and are responsible and accountable for their nursing practice. Nurses participate in decisions affecting client care and the quality of worklife.*

Criteria:

1. Nurses participate in collaborative decision making regarding policies, practices and the work environment.

2. Nurses work collaboratively with other health professionals to determine standards for client care.

3. Nurses use evidence to direct, support, and evaluate their practice.

4. Nurses have the opportunity for input and participation in decisions to support nursing practicing to the full scope of their education and experience.

5. Nurses participate in making decisions and developing policy concerning the identification, development, acquisition, use, and evaluation of health care technology and other physical resources.

6. Nurses and employers strive to ensure that overtime** is mutually agreed upon.

7. Balancing personal needs with the needs of the organization, nurses have flexibility to schedule their hours of practice (e.g., job sharing, change shifts, self-scheduling, part-time work).

8. Nurses support the professional, personal and specific health needs of colleagues (e.g., nurses with chronic diseases, nurses who are breastfeeding, injured workers).

* Autonomy – having the right or power to make client care decisions within their nursing practice

** Overtime – as defined by NLNU, NAPE/CUPE contracts

Standard: Professional Development

Definition: The individual nurse demonstrates a commitment to lifelong learning.
The organization encourages a lifelong learning philosophy and promotes a learning environment.

Criteria:

1. An orientation to meet individual learning needs is provided for nurses moving into new positions and/or practice settings. Support includes the availability of nurse educators, preceptors, and mentors.

2. Nurses reflect on their practice to enhance their own professional and personal growth, seek opportunities for continued learning, and establish mentoring relationships.

3. Nurses are responsible to seek out and avail of relevant educational opportunities to maintain and enhance competencies to practice.

4. The organization is committed to providing opportunities and support for nurses to acquire and maintain competence, in particular when nurses are floated or assigned to care for a client with unfamiliar care needs. Support includes continuing education, in-service, and mentoring.

5. The organization is committed to encouraging and supporting evidence-based practice and nursing research aimed at improving client outcomes.

6. Performance evaluation programs such as peer review, management feedback, and self-assessment are in place and utilized effectively.

Standard: Organizational Support

Definition: The organization's mission, values, policies, and practices support nurses' well being and the delivery of safe, ethical, and competent nursing care.

Criteria:

1. Appropriate forums are available and accessible for timely and effective resolution of professional practice and ethical issues.

2. Disputes/conflicts and grievances are resolved in a timely manner.

3. Nurses have opportunities to participate in debriefing activities following critical incidents.

4. Nurses have opportunities to participate in organizational committees that impact nursing practice.

5. Creative and innovative ideas, critical thinking, and the pursuit of nursing knowledge and expertise are encouraged.

6. The organizational culture respects individual nurses, values nurses' well being, recognizes professional achievements, and supports career advancement.

7. The provision of quality nursing care is supported by the physical environment, equipment, supplies, and support services/personnel (e.g., house-keeping, dietary, maintenance, laundry, public communication on safe access to homes, car safety).

8. Comprehensive health, wellness, and safety/injury prevention programs are available and accessible.

9. There are measures to help prevent and address discrimination, aggression, abuse, violence, and workplace bullying.

11. Nurses have access to resources required to meet client needs (e.g., policies, equipment, staff, etc.).

12. Nurses have access to information and communication systems which are secure, effective and integrated (e.g., electronic, pen and paper, inter-agency communication).

13. Continuous quality improvement processes and programs are in place. Nurses participate in relevant quality initiatives, are informed of results, and are aware of related initiatives (e.g., measures to address infection control issues, medication errors, falls etc.).

Standard: Communication and Collaboration

Definition: Effective communication and collaboration is promoted within the health care team, the organization and other components of the health care system.

Criteria:

1. The work environment fosters open communication among health care providers, clients, families/communities and the management team.

2. All members of the health care team effectively communicate with one another and feel their opinions are heard and valued.

3. All members of the health care team treat each other with respect.

4. Nurses meet their professional/ethical obligations to maintain privacy and confidentiality.

5. Nurses communicate and collaborate with clients and other members of the health care team to advocate for safe, ethical and competent care.

6. Nurses conduct themselves in a professional manner.

Potential Outcomes from QPPE

Quality Professional Practice Environments support satisfied, empowered nurses, quality client care, and efficient and effective health care systems.

The standards outlined in this document identify the attributes of a good place to work. Embracing these standards can improve nurses' worklife, help to achieve positive outcomes in client care and enhance system efficiency and effectiveness.

Recognizing the variety of health care settings, unique local issues and the external influences on health systems, creating and maintaining Quality Professional Practice Environments can potentially benefit the following areas:

Nurse

Improvements in morale and job satisfaction can result from working in a safe and healthy environment. A supportive work environment can enhance nurses' capacity for participatory leadership and collaborative decision making.

Client Care

When properly supported, nurses can achieve greater personal well being and professional growth, thereby enhancing their ability to provide, safe, quality client care. Identifying and implementing measures to create a more professional work environment has the potential to positively impact nurse sensitive client outcomes (e.g., decreasing adverse events, increasing client functional status, and improving symptom management).

Health System Efficiency

Improvements to the work environment have the potential to decrease absenteeism and workplace injuries, improve internal processes and maximize productivity while balancing workload. The organization's ability to address the concerns of their employees and to create work environments that are attractive and supportive to both existing employees and new recruits will influence the success of recruitment and retention initiatives. These outcomes can lead to decreased costs for the health system.

Health System Effectiveness

Creating and maintaining quality professional practice environments for nurses has the potential to impact other members of the health care team who practice in that environment (e.g., students, physicians, allied health professionals, support staff etc.). Enhanced collaboration and communication will result in improved team effectiveness in the utilization and delivery of quality services.

References and Resources

Aiken, L. H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A.M., & Shamian, J. (2001). Nurses' reports of hospital care in five countries. *Health Affairs*, 20 (3), 43-53.

ARNNL (1995) Standards of Nursing Practice. St. John's: Author.

Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blythe, J., Bourbonnais, R., Cameron, S., Doran, D.I., Kerr, M., McGillis-Hall, L., Vezina, M., Butt, M., & Ryan, L. (2001). *Commitment and care: The benefits of a healthy workplace for nurses, their patients and the system* [On-line]. Available at: http://www.chsrf.ca/final_research/commissioned_research/policy_synthesis/pdf/pscomcare_e.pdf

Canadian Nursing Association (2001). *Quality Professional Practice Environments for Registered Nurses.* Position Statement. Ottawa: Author.

College of Nurses of Ontario. (2000). *Building Quality Practice Settings: An Information Guide.* Toronto: Author.

Gleason-Scott, J., Sochalski J., & Aiken, L. (1999). Review of magnet hospital research: Findings and implications for professional nursing practice. *Journal of Nursing Administration*, 29 (1), 9-19.

Harnett, L. & Coady, R. (June, 2002). *Recruitment and Retention in the Health System: A Discussion Paper.* Health and Community Services Human Resource Sector Study: Government of Newfoundland and Labrador.

Skelton-Green, J. (May, 2004). *Health Workplace Initiative: Report of Regional Consultations.* Office of Nursing Policy: Health Canada.

Human Resource Planning Steering Committee. (June, 2003). *Final Report.* Health and Community Services Newfoundland and Labrador & Newfoundland and Labrador Health Boards Association.

Registered Nurses Association of British Columbia. (2002). *Guidelines for a Quality Practice Environment*. Vancouver: Author.

Saskatchewan Registered Nurses Association. (2002-present). *Quality Workplace Program.* Regina: Author.

Way, C., Baker, N., Chubbs, D., Davis, J., Gregory, D., Barrett, B., & Parfrey, P., (2001). *The impact of health care reforms on registered nurses*. St. John's: Memorial University of Newfoundland.

Way, C., Gregory, D., Pond, M., Barrett, B., & Parfrey, P. (2000). *The impact of health care reforms on licensed practical nurses in the acute care setting*. St. John's: Memorial University of Newfoundland.