



## Creating a Healthy Practice Environment: A Call to Action for Oncology Nurses

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For the remainder of 2015, this column will focus on topics and interventions that concern oncology nurses as they strive to provide quality care for patients and families and support their own well-being. Oncology care settings have reported higher amounts of psychological morbidity for nurses, which can have a deleterious effect on their ability to care for patients and families. The following article highlights the characteristics of and measurable standards for a healthy practice environment (HPE) and is geared toward oncology nurses who wish to establish an HPE in their own work setting.

When nurse researcher Marlene Kramer published *Reality Shock: Why Nurses Leave Nursing* in 1974, her seminal work launched a national discussion related to the distress felt by many baccalaureate-prepared novice nurses about leaving the academic setting and transitioning to the clinical setting. In particular, Kramer (1974) highlighted conflict between the values these new nurses had been taught in school and the reality of practicing as a professional nurse in a clinical setting. For example, in an educational setting, nursing students may focus on one or two patients at a time, whereas in the clinical setting, nurses must practice simultaneously with multiple patients with varied and numerous health deficits. This conflict is felt acutely by novice and experienced oncology nurses who are tasked with providing quality physical care, as well as emotional care and support to patients with cancer and their families.

Having a healthy practice environment (HPE) for nursing is one way of creating a safe and effective healthcare delivery system. Two professional nursing organizations, the American Associa-

tion of Critical-Care Nurses (AACN) and the Academy of Medical-Surgical Nurses (AMSN), have identified key attributes of an HPE that are listed in Figure 1. Several structures and characteristics of an HPE have been described by Pearson et al. (2006), who, in their comprehensive review of evidence, analyzed the characteristics, impact, and structure of nursing teams, as well as the team processes that compose an HPE. Pearson et al. (2006) also noted findings from successful HPEs, including that “individual enthusiasm and a supportive culture encourage teamwork” among nursing teams (p. 132); that “the success of nursing practice units can be judged by establishing patient-oriented services,” such as patient satisfaction (p. 133); and that “nursing units that work collaboratively across professions are able to provide a more integrated service for patients and their communities” (p. 133).

The AACN and the AMSN have published guidelines to promote, facilitate, and support nurses in HPEs. The American Nurse’s Credentialing Center, the Joint Commission for Accreditation of Hospitals, and the Institute of Medicine, among other organizations, have also embraced the idea that HPEs can increase patient and nurse safety and satisfaction, as well as promote nurse retention.

### Standards for Measurement

The AACN (2005) has established six standards for establishing and sustaining healthy practice environments. *Skilled communication* is described as having proficient communication and clinical skills. The AACN also contends that nurses must continually pursue and foster *true collaboration*; examples of true collaboration include interdisciplinary rounding and the ability to speak up

without fear of repercussion when highlighting safety concerns. *Effective decision making* is described as nurse-led partnerships with administrators to develop policy, direct and evaluate clinical care, and lead organizational operations. *Appropriate staffing* is defined as a good match between patients’ needs and acuity and nurses’ competencies. *Meaningful recognition* involves nurses being recognized and recognizing others for what they contribute to the organization. *Authentic leadership* entails nurse leaders fully embracing the mission of the HPE, as well as promoting it to others. The AACN has also developed an assessment tool for units to measure their penetration of the HPE standards by scoring individual items on a survey. With this Likert-type scale, clinical nurses are asked whether administrators, nurse managers, nurses, and physicians maintain frequent communication to prevent one another from being surprised or caught off guard by decisions (AACN, 2005).

### Characteristics

Much like the AACN, the AMSN (2010) created an advocacy guide that identifies key characteristics of an HPE. Numerous hospitals and clinics have mixed populations that include patients with cancer, making the topic of HPEs relevant for medical-surgical and oncology nurses alike. Because oncology nurses often practice in medical-surgical environments, as opposed to dedicated oncology units, these key characteristics of an HPE could be considered applicable to oncology nurses; they could also

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be adapted to meet the unique needs of the dedicated oncology practice setting.

*Support for education* is considered an important component of an HPE because education is strongly correlated with quality patient care, along with job satisfaction and retention. Education includes many forms of lifelong learning (e.g., residencies and internships, academic degrees, continuing education), and support for education involves rewarding employees for lifelong learning and providing financial assistance (Kramer et al., 2008). Maintaining *collegial and collaborative interdisciplinary relationships* in an HPE is essential to fostering effective communication, patient advocacy, and improvements in patient care. Providers being able to collaborate with and respect different disciplines is also cited as being important to ensuring patient safety and quality. For example, physicians must recognize the distinct expertise and knowledge that nurses provide (Kramer et al., 2008).

*Autonomous nursing practice* is tied to nursing satisfaction and retention in an HPE. Nurses must be able to develop policies, protocols, and strategies for their practice environment. Practice and quality councils comprised of nurses who are passionate about problem solving and who have the budgetary control to affect nursing practice are an example of autonomous nursing practice. With *perceived adequacy of staffing*, professional clinical nurses are given the time

to provide a high standard of excellent nursing care to their patients. Adequate staffing boosts patient and nurse satisfaction scores because outstanding care is perceived by both to be that which is offered in a safe, efficient, and unrushed manner. Kramer et al. (2008) explained that obtaining nurses' perceptions of staffing adequacy is the only reliable way to measure staffing.

*Practicing with clinically competent nurses* can be demonstrated through academic degrees, certifications, or peer review committees. Peer feedback and formal periodic reviews that provide nurses with an opportunity for self-appraisal and peer appraisal have been identified as important. *Supportive nurse managers* act as advocates for their staff members and provide them with coaching opportunities to advance their careers. Nurse managers also should involve their staff in improving the practice flow of their units. *Control over nursing practice* includes nurses in the making of policies and decisions. Evidence-based decision making, which contributes new knowledge and improvements to nursing, also provides influence in areas of nursing practice that were previously permitted only to nurse managers. *A culture in which concern for the patient is paramount* is imperative in achieving patient safety.

## Healthy Practice Environments and Oncology Nursing

Oncology nurses provide care for patients of all ages, from the onset of diagnosis through either survivorship or end of life. In addition, they face daily decisions that affect the quality of life of patients with cancer, help to manage their pain, and assist the healthcare team with determining the appropriateness of interventions that may prolong life or carry a high risk of individual harm to patients.

The stress experienced by patients with cancer and their families makes the practice of oncology nursing particularly challenging and difficult. Oncology settings have reported higher amounts of psychological morbidity for nurses and physicians than have other practice settings. Higher levels of emotional exhaustion brought on by long periods of high stress levels, depersonalization that results in a lack of empathy, and higher feelings of failure and professional dissatisfaction have all been cited as occur-

ring more frequently in the oncology setting. Caring for patients and families who are experiencing the dying process is also a common occurrence in the oncology setting (Grunfeld et al., 2000).

In a pilot study, Barnard, Street, and Love (2006) discovered that most support for oncology nurses comes from their peers, followed by their supervisors, and lastly from their specific oncology environment. Although various organizations cannot actually create an HPE for their members, they can promote and embrace several characteristics and standards, such as true collaboration and support for education. Providing research dollars to study the relationships between the oncology environment and the level of stress and burnout among oncology nurses is another way to promote an HPE. Grants for research that examine measurement tools used to identify unique and defining characteristics of oncology nurses, as well as how those characteristics affect practice environments, are another way to support the oncology practice environment.

Oncology nurses can promote HPEs by joining organization-wide task forces, committees, and shared leadership councils to implement changes that foster a healthy environment. Unit-based groups that provide a forum for oncology nurses to support one another and grow in their roles as caregivers is another way to sustain an HPE.

As professionals, nurses are responsible for their nursing practice. Consequently, providing clinically competent care and engaging in lifelong learning as a means of supporting colleagues, while also delivering the highest quality patient care, is essential. In all, the establishment of an HPE for oncology nurses in all settings will help to improve the satisfaction and safety of patients with cancer, their families, and nurses, as well as promote oncology nurse retention.

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- Appropriate staffing
- Authentic leadership
- Autonomous nursing practice
- Collegial and collaborative interdisciplinary relationships
- Control over nursing practice
- Culture in which concern for the patient is paramount
- Effective decision making
- Meaningful recognition
- Perceived adequacy of staffing
- Practicing with clinically competent nurses
- Skilled communication
- Support for education
- Supportive nurse managers
- True collaboration

### Figure 1. Characteristics of a Healthy Practice Environment

*Note.* Based on information from Academy of Medical-Surgical Nurses, 2010; American Association of Critical-Care Nurses, 2005.

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