

# Joint Position Statement

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## PRACTICE ENVIRONMENTS: MAXIMIZING CLIENT, NURSE AND SYSTEM OUTCOMES

### JOINT CNA AND CFNU POSITION

The Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU) believe that quality practice environments maximize outcomes for clients, nurses and systems.<sup>1</sup> Nurses have an obligation to their clients to promote “quality practice environments that have the organizational structures and resources necessary to promote safety, support and respect for all persons in the practice setting.”<sup>2</sup> Such environments are essential in all domains of nursing practice (clinical practice, education, research, administration and policy).

Developing and supporting quality practice environments 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. CNA, CFNU and the other nine national health organization partners in the Quality Worklife-Quality Healthcare Collaborative state that it is “unacceptable to fund, govern, manage, work in or receive care in an unhealthy healthcare workplace.”<sup>3</sup> Nurses must contribute to processes that create and maintain quality practice environments.

Quality practice environments demonstrate the following characteristics:

1. **Communication and collaboration** – Quality practice environments promote effective communication and collaboration throughout the system: among nurses, between nurses and clients, between nurses and other health and non-health professionals, between nurses and unregulated workers, and between nurses and system managers and employers.
2. **Responsibility and accountability** – Nurses are professionals; they are responsible and accountable for their practice. Therefore, nurses must be supported in their practice environments to participate in decision-making that affects their work, including developing policies, allocating resources and providing client care.
3. **Realistic workload** – Quality practice environments support continuity of care and enable nurses to maintain competence, develop holistic therapeutic relationships and create work-life balance.<sup>4</sup> There must be sufficient nurses to provide safe, competent and ethical care. Together with supportive employer policies and effective relationships with team members, sufficient time will allow nurses to practise at their full level of competence, to meet the *Code of Ethics for Registered Nurses* and to meet jurisdictional standards of practice.

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<sup>1</sup> (Canadian Council for Practical Nurse Regulators, Canadian Nurses Association, Canadian Practical Nurses Association, & Registered Psychiatric Nurses of Canada, 2005, p. 2.)

<sup>2</sup> (Canadian Nurses Association, 2002, p. 17)

<sup>3</sup> (Quality Worklife-Quality Healthcare Collaborative, 2006)

<sup>4</sup> (Canadian Health Services Research Foundation [CHSRF], 2006)

4. **Leadership** – Effective leadership is important in all nursing roles and is an essential element for quality practice environments. Nurses who are employers have a direct impact on nurses’ work environments, but nurses who act as collaborators, communicators, mentors, role models, visionaries and advocates for quality care also play a leadership role.<sup>5</sup>
5. **Support for information and knowledge management** – Quality practice environments include enabling technologies to support optimal information and knowledge management as well as critical thinking (e.g., electronic health records and decision support tools). Adequate time for nurses to access these technologies is important.
6. **Professional development** – Quality practice environments must be adequately funded to allow nurses to access professional development opportunities to develop and maintain competence. These opportunities include continuing education, formal education, online learning and mentoring.
7. **Workplace culture** – A quality practice environment creates a workplace culture that values the well-being of clients and employees. The culture must be continually assessed and evaluated with an interest in “developing practical knowledge, contributing to positive change, disseminating successful practices and strengthening health-care workplace cultures,”<sup>6</sup> thereby improving client, nursing and system outcomes. Contributions to a positive workplace culture include, but are not limited to, policies that address ethical issues, support safety, promote employee recognition<sup>7</sup> and ensure adequate resources.

## BACKGROUND

The quality of nurses’ professional practice environments has a direct impact on job satisfaction, work production, recruitment and retention (and therefore, the nursing shortage), the quality of care, and ultimately, client outcomes.<sup>8</sup> In fact, in Ontario, 66 per cent of nurses show signs of burnout within their first two and one-half years in the workforce.<sup>9</sup>

Nursing leadership and professional development are essential to improving this situation. Professional development helps advance health systems in addition to the nursing profession “and is directly linked to the maintenance of high quality care delivery.”<sup>10</sup> It also helps retain experienced nurses.<sup>11</sup>

Canadian organizations are interested in identifying, implementing and evaluating quality practice environment criteria. In 2001, the Canadian Health Services Research Foundation document *Commitment and Care: The Benefits of a Healthy Workplace for Nurses, Their Patients and the System* identified the impact of the work environment on nurses’ health. It also identified potential solutions to improve work environments and therefore, patient outcomes. As a result of this work, CNA consulted the nursing community for indicators of a healthy workplace.<sup>12</sup> Several of these indicators were incorporated into the Canadian Council on Health Services Accreditation’s Achieving Improved Measurement accreditation program. Subsequent work developed strategies for evaluating work-life indicators and interventions.<sup>13</sup> A comprehensive review of the literature identified key indicators of nurse staffing and quality practice environments.<sup>14</sup>

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<sup>5</sup> (College of Registered Nurses of British Columbia, 2005)

<sup>6</sup> (Lowe, 2006, p. 2)

<sup>7</sup> (International Council of Nurses [ICN], 2001)

<sup>8</sup> (O’Brien-Pallas & Baumann, 1992; Aiken et al., 2000; Baumann et al. 2001; O’Brien-Pallas et al., 2004)

<sup>9</sup> (Cho, Laschinger, & Wong, 2006)

<sup>10</sup> (ICN, 2001, p.1)

<sup>11</sup> (Canadian Federation of Nurses Unions, 2005)

<sup>12</sup> (Lowe, 2002)

<sup>13</sup> (Lowe, 2006)

<sup>14</sup> (McGillis Hall, 2005)

A number of projects, initiatives, studies and guidelines are being developed on local, provincial/territorial, regional and federal levels to recommend ways to develop and maintain quality practice environments. Once it is recognized that improving practice environments increases patient safety and cuts costs, these recommendations will be implemented, maximizing outcomes for clients, nurses and systems.

*Approved by the CNA Board of Directors  
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**Also see:**

Related CNA publications:

*Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring* (2004)

*Interprofessional Collaboration* (position statement, 2006)

*National Planning for Human Resources in the Health Sector* (position statement, 2006)

*Nursing Leadership* (position statement, 2002)

“Nursing Leadership in a Changing World” (*Nursing Now*, January 2005)

*Nursing Professional Regulatory Framework* (position statement, 2001)

*Promoting Continuing Competence for Registered Nurses* (joint position statement with the Canadian Association of Schools of Nursing, 2004)

*Promoting Culturally Competent Care* (position statement, 2004)

*Scopes of Practice* (Joint position statement with the Canadian Medical Association and the Canadian Pharmacists Association, 2003)

*Staffing Decisions for the Delivery of Safe Nursing Care* (position statement, 2003)

*Violence* (position statement, 2002)

Related International Council of Nurses position statements:

*Abuse and Violence Against Nursing Personnel* (2006)

*Career Development in Nursing* (2001)

*Health Human Resources Development* (1999)

*Nurse Retention, Transfer and Migration* (1999)

*Occupational Health and Safety for Nurses* (2006)

*Socio-Economic Welfare of Nurses* (2004)

Related provincial and territorial documents:

*Alberta RN “Healthy Solutions” column* (College of Registered Nurses of Alberta)

*Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario* (Registered Nurses’ Association of Ontario, 2000)

*Healthy Work Environment Best Practice Guidelines: Developing and Sustaining Nursing Leadership* (Registered Nurses’ Association of Ontario, 2006)

*Practice Environment Collaboration Program* (College of Registered Nurses of Nova Scotia, 2006)

*Practice Setting Consultation Program* (College of Registered Nurses of Manitoba, forthcoming)

*QPPE Standards: Quality Professional Practice Environment* (Association of Registered Nurses of Newfoundland and Labrador, 2006)

**Replaces:**

*Quality Professional Practice Environments for Registered Nurses* (2001)