

Principles of a Healthful Practice Environment for Nurses

[AQ00]

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Issue

[AQ02]

The nursing practice environment influences the quality of nursing care (Cho & Han, 2018). Medical errors and patient harm are associated with the fear of speaking up in an unhealthy practice environment (Hinsley et al., 2016).

Unhealthy practice environments contribute to nurses' job dissatisfaction and stress, influencing nurses' intent to remain in the workforce (Sherwood et al., 2018).

Nurses face incivility, bullying, and workplace violence from patients, visitors, physicians, supervisors, and coworkers. The most common type of violence in healthcare is attacks from patients and visitors to nurses and healthcare workers, regardless of the effort made by nurses to meet all possible patient needs (The Joint Commission, 2018). Violence can be classified as physical, sexual, or verbal; nurses are threatened, accused, disrespected, spit upon, bitten, pushed, scratched, or hit by patients and families (Mann, 2018). The history of our profession is based in altruism and service, and nurses may wrongly feel they should accept workplace violence as occupational risk.

Other physical risks to nurses include risks of infection, injury from sharps, and musculoskeletal disorders from unsafe patient handling practices (Academy of Medical-Surgical Nurses [AMSN], 2016).

NAON's Position

The National Association of Orthopaedic Nurses urges that all nurses have the right to a healthy practice environment, including:

- The opportunity to practice in a setting that allows the nurse to act ethically in accordance with professional standards and scope of practice and to fulfill the obligation to those receiving nursing care (American Nurses Association [ANA], n.d.).
- Zero-tolerance policy for any type of abuse, verbal, physical, or sexual, from any source. This includes incivility, bullying, and workplace violence from patients, visitors, physicians, supervisors, and coworkers (AMSN, 2016).

- Mechanisms to report unsafe staffing, working conditions, or workplace violence or abuse without fear of reprisal (AMSN, 2016; ANA, n.d., 2015; The Joint Commission, 2018).
- Availability of appropriate personal protective equipment and education in its use (AMSN, 2016).
- Protective systems to prevent injury from sharps (AMSN, 2016).
- Devices to facilitate safe patient handling, as well as an adequate number of trained staff to move patients safely (AMSN, 2016).
- Optimal staffing policies that assess patient care needs to assign staff, and opportunities for voluntary rather than mandatory overtime (AMSN, 2016; Halm, 2019).
- Adequate equipment/supplies in good working condition in order to appropriately provide care for patients.

Background/Rationale

There is no doubt that having a healthy practice environment for nursing helps create a safe and effective healthcare delivery system. A culture of excellence can increase patient safety and satisfaction. Healthy practice environments are associated with improved patient outcomes, fewer falls, fewer incidences of failure to rescue, and decreased complications, such as hospital-acquired pressure injuries, catheter-associated urinary tract infections, surgical site infections, sepsis, and heart failure. There is a greater likelihood that patients will recommend the hospital (Halm, 2019).

The American Association of Critical-Care Nurses ([AACN], 2016) developed standards for a healthy work environment that focus on the vital human factor of the practice environment. These six standards include

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skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.

INCIVILITY, BULLYING, AND WORKPLACE VIOLENCE

“Incivility, bullying, and workplace violence are part of a larger complex phenomenon, which includes a ‘constellation of harmful actions taken and those not taken’ in the workplace” (ANA, 2015, p. 2). This framework includes displays of uncivil or violent acts, as well as the failure to act when action is warranted in the face of instances of bullying or incivility.

Incivility can take the forms of overt and covert non-physical hostility. Actions include gossiping, spreading rumors, sabotaging, name-calling, and using a condescending tone, as well as withholding information or refusing to assist a coworker (ANA, 2015; Armmer, 2017).

Bullying is repeated, harmful actions that humiliate, offend, undermine, and degrade the target. Occurring with a greater frequency and intensity than uncivil actions, they include verbal attacks, threats, intimidation, and withholding support. Bullying presents serious health and safety concerns to the recipient. Bullying may occur in employers against employees, employees against employers, or employees against other employees. “Workplace mobbing is a collective form of bullying ... an expression of aggression aimed at ostracizing, marginalizing, or expelling an individual from a group” (ANA, 2015, p. 3).

For too long, displays of incivility and bullying have been accepted and culturally condoned. They touch many members of the nursing profession, affecting every nursing specialty, occurring in every practice and academic setting, and extending into every educational and organizational level of the profession (ANA, 2015). Early career nurses are especially vulnerable to verbal abuse and bullying, leading the new graduate to consider leaving their first job within 6 months or leaving the profession altogether (Clark et al., 2016). Those who witness workplace violence, either as victims or bystanders, and “fail to acknowledge it, who choose to ignore it, or who fail to report it, are in fact perpetuating it” (ANA, 2015, p. 2). Sources of verbal violence toward nurses come from coworkers (39.6%), patients (39.3%), and physicians (36.1%) (Mann, 2018). The entire nursing profession is responsible to drive a cultural change to end this destructive behavior.

Uncivil encounters, which can lead to the fear of speaking up, can contribute to serious mistakes, preventable complications, and harm to patients, even death. Joint Commission data indicate that a top contributor to sentinel events is related to breakdowns in team communication (AACN, 2016; Hinsley et al., 2016). Incivility in the work environment results in decline in work performance, commitment to the organization, quality of work, and lost work time due to stress (Clark et al., 2016).

Workplace violence is commonly found in certain settings, such as emergency departments, nursing homes, and long-term care facilities. Examples include physical assaults, threats, harassment, and homicide and can involve patients, families, or other employees

(ANA, 2015). According to the Occupational Safety and Health Administration, about 75% of the nearly 25,000 workplace assaults annually occur in healthcare and social service settings (The Joint Commission, 2018). Patients (79%) and families (48%) make up the dominant sources of violence and aggression. Although these numbers seem high, it is expected the actual number of incidents is even higher due to underreporting (Mann, 2018).

A culture of respect is vital within the halls of academia between faculty, administrators, and students. Incivility and bullying may contribute to the loss of qualified faculty members and can affect the ability to attract new nurses to the profession (ANA, 2105).

RECOMMENDED INTERVENTIONS FOR NURSES AND EMPLOYERS

“All RNs and employers ... must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence” (ANA, 2015, p. 1).

Registered nurses

- Should be proactive in receiving education about workplace violence and aggression. This includes training to identify vulnerabilities in the workplace and how to reduce them to prevent violence from occurring, as well as recognizing potentially violent patients and families and what interventions to take to minimize risk to themselves and others on the team (Mann, 2018).
- Are urged to report perpetrators of incivility, bullying, and violence, regardless of the source so that measures can be taken to prevent further instances.
- Must be committed to establishing healthy interpersonal relationships with members of the healthcare team, treating others with respect, dignity, and collegiality. Encourage and support others, including new and experienced nurses.
- Need to be cognizant of their own interactions and communication with others, using clear communication verbally, nonverbally, and in writing. Nurses should rely on facts and not conjecture, avoid gossip and spreading rumors, and apologize when indicated.
- Should participate in effective communication and conflict negotiation and resolution training. Nurses should demonstrate openness to other points of view, perspectives, and ideas.
- Should be prepared to deflect incivility and bullying by using predetermined phrases and rehearsed responses.
- Should establish an agreed-upon code word or signal to seek help from others on the team when feeling threatened.
- Support education in schools of nursing for bullying identification and prevention (ANA, 2015).

Employers

- Must establish a zero-tolerance policy for all forms of incivility, bullying, and workplace violence against nurses. This policy should outline reporting mechanisms, investigation protocol, and neutral

third-party involvement, protecting nurses and punishing the perpetrators.

- Must treat all cases of incivility, bullying, and workplace violence in the same manner, regardless of who is involved. Nurses should not be retaliated against for reporting incidents.
- Should provide education on identification of incivility, bullying, and workplace violence, and strategies for conflict resolution and respectful communication. Employers should encourage nurses to report perpetrators of violence and aggression.
- Must have leaders who are committed to creating and supporting a culture of safety and zero tolerance for all types of incivility, bullying, and workplace violence. These leaders must demonstrate respectful communication and honor professional codes.
- Must provide a safe workplace environment. This may include conducting an analysis of each unit or department to identify areas vulnerable to workplace violence and develop plans to address the weaknesses (ANA, 2015).
- Must ensure that the organization's mission, vision, and values are aligned with a culture of safety and respect. As part of the team, employees should be given the opportunity to assist in development of these statements.

PHYSICAL SAFETY FOR NURSES

A healthy practice environment promotes the physical safety of the nurse by:

- Clearly defining workplace violence, giving nurses education and tools to help identify the potential for violence and actions to take when it is encountered (The Joint Commission, 2018).
- Providing appropriate personal protective equipment as stipulated by the Centers for Disease Control and the Occupational Safety and Health Administration.
- Ensuring that protective systems are in place to reduce the risk of injury from sharps, both during use and during disposal.
- Providing devices available for safe patient handling, and a sufficient number of trained staff to assist in moving patients (AMSN, 2016).

Autonomous nursing practice in which nurses develop policies, protocols, or strategies for their practice environment is tied to nursing satisfaction and retention (Halm, 2019; Lacovara, 2015). Participation in shared governance allows direct care nurses to raise relevant issues and create systematic approaches to resolve concerns closest to the point of care, resulting in greater levels of empowerment and engagement. The significance of shared governance is one of the key components of the Magnet Recognition program, resulting in improved financial performance, positive patient outcomes, and decreased staff turnover (Brull, 2015; Cho & Han, 2018).

Meaningful recognition, being recognized and recognizing others for the value brought to the organization,

is identified as a primary contributor to preventing burnout in nurses by sustaining joy in the profession. In addition to leaders providing real, specific, and focused recognition to the nurse, nurses at the point of care can provide authentic recognition of their team members. Meaningful recognition increases the nurse's self-awareness of their unique contribution (AACN, 2016; Hertel, 2019; Sherwood et al., 2018).

Focusing on the elements of a healthy work environment and striving to achieve or improve them is a win-win for all members of the organization, including patients. (Clark et al., 2016, p. 561)

Additional Resources

- Occupational Safety and Health Administration:
 - Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (<https://www.osha.gov/Publications/OSHA3148.pdf>).
 - Preventing Workplace Violence in Healthcare (https://www.osha.gov/dsg/hospitals/workplace_violence.html).
- The Joint Commission:
 - Crisis Prevention Institute: Top 10 De-Escalation tips (https://www.jointcommission.org/assets/1/6/CPI-s-Top-10-De-Escalation-Tips_revised-01-18-17.pdf).
 - Workplace Violence Prevention Resources (https://www.jointcommission.org/workplace_violence.aspx).
- Improving Patient and Worker Safety (<https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>).
- Centers for Disease Control and Prevention:
 - Workplace Violence Prevention for Nurses (https://www.cdc.gov/niosh/topics/violence/training_nurses.html).
 - Home Healthcare Workers: How to Prevent Violence on the Job (<https://www.cdc.gov/niosh/docs/2012-118/pdfs/2012-118.pdf>).

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