Healthy Work Environment Advocacy Guide

Characteristics of a Healthy Nursing Work Environment

Overview
Kramer and colleagues identified eight attributes, which came to be known as essential for a healthy nursing work environment in hospitals and which are necessary for the provision of quality care (Kramer, Schmalenberg, 2002; 2004; 2005). These attributes are:

- Support for education
- Working with clinically competent coworkers
- Collegial/collaborative nurse-physician and interdisciplinary relationships
- Autonomous nursing practice
- Control over nursing practice
- Supportive nurse managers
- Perceived adequacy of staffing
- Culture in which concern for the patient is paramount

AMSN supports medical-surgical nurses in meeting the increasingly complex demands of their work environment and endorses these attributes. The descriptions below explain each attribute.

Support for education
Supporting education is an important element because education is strongly correlated with quality patient care, job satisfaction, and thus recruitment and retention. Education includes continuing education, internships, educational courses, and degrees. Measures of support of education are availability, financial assistance, rewards for education from the organization, and others’ value of education (Kramer, Schmalenberg, and Maguire, 2008).

Working with clinically competent coworkers
Nurses rate this of high importance. Lack of the presence of this damages job satisfaction and hinders quality patient care. Clinical competency is exhibited by
coworkers with degrees, national specialty certifications, and peer review and reinforcement whether formal or informal.

**Collegial/collaborative nurse-physician and interdisciplinary relationships**
This essential is the key to improved patient care. It also decreases nurses’ stress levels and increases retention. Nurse and physician work for the patient have become more interdependent, so the relationship between the two must improve. According to Kramer and colleagues, that this can only happen when physicians recognize the need for assessments and knowledge that only nurses can provide. Education and clinical competence aid this process.

**Autonomous nursing practice**
Whereas once the meaning of autonomy meant that a nurse could carry out her duties unsupervised, that is now considered standard practice for RNs. “Clinical autonomy” is defined as “the freedom to act on what you know, to make independent clinical decisions that exceed standard nursing practice, in the best interest of the patient.” Freedom, then, is about “trust and organizational sanction for autonomous practice.” (Kramer, Schmalenberg, and Maguire, 2008) Nurses need to know what to do for patients. Evidence-based practice is the biggest need to increase nursing autonomy.

**Control over nursing practice**
Nurses have control over their practice when they are able to be a part of decision making in policies and personnel issues. Nurses give their input in the areas that affect their practice. The enabling structure must be visible, viable, and supported to foster this (Kramer, 2008). Successful control over nursing practice is demonstrated by others recognizing it, and achieving outcomes.

**Supportive nurse managers**
Much success of these essentials depends on the nurse manager. Nurse managers’ roles have changed significantly in the years, and now include managing personnel, patient placement, and budgets. A successful nurse-manager counsels staff, obtains and allocates resources, creates opportunities for growth, orients physicians, and oversees a highly skilled staff to work together (Kramer, 2008). Support of nurse managers affect the four outcomes of healthy work environment – productivity, nurse attraction, retention, and job satisfaction.

**Perceived adequacy of staffing**
Adequate staffing gives the nurse the capability to provide excellent care to his or her patients. Perception of adequate staffing is the only tool used to measure this essential (Kramer, 2008). Discussions between staff and other leaders should take place to formulate and implement changes. Nurse-managers especially are positioned to assess and affect perceptions of support and adequacy of staffing.
Culture in which concern for patients is paramount

Cultural norms aren’t published. They are shared understandings for acceptable behavior in the work setting with two components: values and norms. Values are shared in the concerns, goals, and beliefs that shape behavior. Norms are best seen in feedback, and guide “right” action that control and regulate acceptable behavior. A culture of excellence values the quality of patient care and the lives of the nurses who care for them.

Additional Resources:


- This article describes the importance of a healthy work environment, identifies three outcomes, and addresses the differences in perception of a staff nurse and nurse leader.


- This article evidences 4 key points, including quality patient care’s relationship to a nurse’s satisfaction, using the Essentials of Magnetism tool, the structure-process-outcome model, and staff nurses confirming a healthy work environment.

Healthy Work Environment assessment tool available at http://www.hweteamtool.org/main/index

- The American Association of Critical Care Nurses (AACN) has a healthy work environments assessment tool as part of their Healthy Work Environment Initiative.

References:


