Is Your Work Environment Healthy?

PRN Continuing Education
Pamela S. Dickerson, PhD, RN-BC
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Continuing Education

Contact hours: You will earn 1 contact hour for successful completion of this study, as noted above.

Provider Statement:

PRN Continuing Education (OH-145/3-1-15) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Objectives

- Define a healthy work environment for nurses.
- Describe resources to promote healthy work environments that contribute to quality patient care.

Introduction

What is a healthy work environment? Do you work in one? Why does it matter? This study will explore various initiatives in developing and sustaining a work environment that promotes safe nursing practice. This is important, because safe nursing practice translates to safe patient care.

The Evolving Role of Nursing in the Health Care System

The nurse has a key and critical role in the health care system. Promoting patient health and healing, protecting the patient from injury and harm, preventing untoward events, and providing care needed by the patient are key functions in any practice setting. Functioning in a safe, healthy practice environment enables the nurse to focus on patient needs, rather than dealing with issues and stressors related to the milieu in which practice takes place.

The Institute of Medicine/Robert Wood Johnson Foundation report on the future of nursing (2011) talks about the nurse as a key player in the 21st century healthcare system. The report states that “Producing a health care system that delivers the right care – quality care that is patient centered, accessible, evidence based, and sustainable – at the right time will require transforming the work environment, scope of practice, education, and numbers and composition of America’s nurses” (p. 26).

There are eight recommendations in this report. Two of them specifically relate to the role of the nurse in supporting a positive work environment. Recommendation 2 is to expand opportunities for nurses to be leaders in quality patient care throughout the healthcare system. Nurses at the bedside are often the
ones who know best what is or is not working in providing safe patient care. Sharing these findings and promoting quality care are obligations of the nurse. The development of patient-centered, creative, and innovative strategies is well within the knowledge, skill, and ability of the nurse. Organizational support and an environment that embraces innovation and change will allow the nurse to practice to the full extent of his/her capability.

Recommendation 7 is to “prepare and enable nurses to lead change to advance health” (p.282). This speaks to the fact that the nurse’s role is related to the totality of the work environment, impacting all areas of patient care. The nurse, practicing to the full scope of his or her authority, is a key player in the healthcare system. Fully engaging the nurse supports the delivery of quality patient care. To this end, nurses need to seek opportunities to expand their education, both academic and continuing education, and develop new competencies in leadership, change agentry, precepting, and mentoring. Creating an environment that allows nurses to flourish enhances quality patient care.

Consider the case of a patient with congestive heart failure. In the current system, this patient may be seen frequently in the primary care provider’s office for management of the condition. When exacerbations occur, the patient is hospitalized and cared for by the “inpatient” team of nurses and hospitalists. After discharge, the patient may go to a nursing home, return home with home care, or may return to the previous living arrangements. The patient then returns as needed to the primary care provider. If the patient has co-morbidities, he/she may also have visits to an endocrinologist, a cardiologist, or other specialists. The system is fragmented, and none of the care providers have a clear picture of the on-going health status of the patient. This leads to potential problems in management of the primary condition and co-morbidities, mismatches with medications, duplication of diagnostic tests, and other time-consuming, expensive, and potentially safety-threatening challenges.

In the current system, there may be a nurse who cares for the patient in the hospital, a nurse who sees the patient in the primary care office, a nurse who sees the patient in the home, and/or a nurse who cares for the patient in the long-term care setting. There is no common system of communication (each system has its own separate documentation/medical records system), no consistency in care, and no collaboration to assure that the patient’s needs are monitored and comprehensively addressed. This is not a safe environment for the patient! It also jeopardizes the ability of the nurse to feel that he/she has made a significant contribution to the care of the patient. Fragmentation of care does not create an environment that provides a sense of engagement on the part of the nurse as a key contributor to the patient’s overall health status.

Picture a different scenario. The same patient is cared for in an interprofessional practice, supported by a team including the physician, the nurse, the respiratory therapist, and the pharmacist. Because of this patient’s specific needs, a dietitian and social worker are also part of the team. The nurse touches base with the patient weekly by phone to assess needs and validate health status. Quarterly, the patient comes to the office, where he/she is seen by the appropriate members of the team, based on assessed needs. Evidence supports the fact that patients who are cared for in these types of environments (sometimes called “medical homes”) tend to have more stable health status and require fewer and shorter hospitalizations. The Affordable Care Act of 2010 (Stokowski, 2011) addresses this type of care
as an “accountable care organization” or ACO. Reimbursement in this type of system would be to the primary care team, with the payment driver being quality patient care rather than episodic disease management.

If this patient requires hospitalization, the medical record from the office (electronic, of course), is accessible to the hospital team, and there is communication and coordination of all aspects of care. If the patient needs follow-up in long-term care or home care after hospitalization, the primary care team coordinates this care, assuring that communication and consistency are maintained.

This type of practice may well be the wave of the future. The nurse is a key player in the primary care team; the hospital nurse communicates and collaborates with the primary care nurse; other nurses are involved as needed to provide comprehensive, coordinated care. The environment is one that respects the role of the nurse, allows the nurse to practice to the full extent of his/her scope of practice, encourages the nurse to be a leader in advocating for the patient, supports efforts to work toward high quality care, and rewards the nurse through the outcome of “making a difference” in the life and health of the patient.

An example of how this role is currently being implemented in the acute care setting is in the relatively new position of “clinical nurse leader” (American Association of Colleges of Nursing, 2005). Educated at the masters’ degree level, this nurse has accountability for comprehensive patient care delivery for a group of patients on a hospital unit. The clinical nurse leader does not supplant the bedside nurse, but supports the role of the bedside nurse by providing the “behind the scenes” support functions that allow the bedside nurse to truly be at the bedside. Examples would include rounding with physicians, following up on ancillary department services, coordinating care with social services or third party payers, and meeting with anxious family members. Communication, collaboration, and teamwork create an environment where each nurse can practice to the full extent of his/her capability and is empowered to contribute fully to the provision of quality care.

**Code of Ethics for Nurses**

The Code of Ethics for Nurses (Fowler, 2010), published by the American Nurses Association, provides the ethical standards which guide the profession, reflecting our “fundamental values and ideals as individual nurses and as members of a professional group” (p. xi).

The Code of Ethics consists of nine non-negotiable provisions. These are intended to be broad enough to apply to nursing practice in a variety of settings and yet be clear enough to provide a consistent guide for the nurse’s thinking and decision-making. The first three provisions relate to the role of the nurse in relation to the patient; the second three focus on the role of the individual nurse as a professional; and the final three provisions relate to the role of the nurse as a member of the profession of nursing and the healthcare team. While all nine provisions of the Code are important, this study will focus on those provisions related to creating and maintaining healthy work environments for nurses.

Provision 5 (Fowler, 2010, p. 143) relates to the fact that the nurse “owes the same duty to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to
continue personal and professional growth”. Practicing with integrity and protecting safely means practicing according to your values, including those of respect and dignity. Not only does this apply to patients, but it is also a critical element of how we relate to each other, how we work together, how we solve problems, and how we demonstrate respect and courtesy for our colleagues. Bullying and intimidation, behaviors that belittle or demean others, or activities that nurses sometimes refer to as “eating their young” are not acceptable, according to this provision of the Code. A healthy work environment exists when nurses demonstrate respect for each other, value the contributions of each team member, and work assertively to resolve conflict that threatens to create divisiveness.

Provision 6 describes the role of the nurse to include “establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care...” (Fowler, 2010, p. 143). Working to improve the healthcare environment has many dimensions. This may include serving as a member of a quality improvement team that is working to establish processes that increase the quality of care received by patients. It may include looking at factors that impact the physical environment in which nurses practice. There is evidence, for example, that natural light is therapeutic for both patients and nurses, so many new hospitals and healthcare facilities are being designed with ample sources of natural light. Similarly, noise has been found to be a negative factor for both patients and nurses. This is one of the reasons most facilities rarely use overhead pagers today – the discrete pager, cell phone, or other personal communication device allows the right person to be contacted in a timely manner without disrupting everyone in the facility. Less tangible but critical to safe patient care are interruptions that occur in a busy, complex healthcare environment.

Interruptions have been found to be a major cause of errors, because they take the focus of the nurse away from the work at hand. Sometimes, this is a physical task, such as administering a medication; sometimes the work is more cerebral, such as critically analyzing lab values to determine appropriate changes in a patient’s plan of care. While it may appear that the nurse is not busy (and therefore interrupt-able), disruption of this thinking process can lead to disastrous consequences for the patient. Nurses have a responsibility for establishing and maintaining a safe physical environment for the conduct of nursing practice and the safe care of patients.

This provision also addresses the “softer” issues that affect a comfortable work environment. Nurses thrive in environments where they are supported and encouraged in use of their knowledge and skills, have the opportunity to learn and grow, and receive meaningful recognition for their contributions. The charge nurse or front-line nurse manager plays a critical role in addressing these issues. Every nurse has a duty under the Code of Ethics to support colleagues and encourage effective communication, problem-solving, critical thinking, and conflict resolution. Another important consideration of this provision is that of “speaking up” when the nurse becomes aware of unsafe practices or system issues that affect the quality of patient care. Too often, nurses have chosen to remain silent because they think “it’s not my problem”, “I don’t want to rock the boat”, or “I don’t want people to not like me”. However, the problem is that issues not addressed will continue to be issues, which will grow into problems, which will impact patient safety. Reporting unsafe situations or practices in the appropriate way within the organization is a key part of maintaining a safe practice environment.

**Institute of Medicine Reports**
Over the past ten years, the Institute of Medicine (IOM) has published a number of reports focused on the healthcare work environment and its impact on safe patient care. In 2000, the report “To Err Is Human” focused on the fact that errors, while a normal human phenomenon, seriously impact the safety of patients in our healthcare system. The focus of the report was on redesigning the environment in which we provide care to focus on minimizing errors, thus promoting patient safety. While it was clearly recognized that humans do make mistakes, there was clear differentiation between “oops” errors and those lapses in patient care that are caused by malicious intent, such as drug diversion.

“Crossing the Quality Chasm: A New Health System for the 21st Century” was published by the IOM in 2001. This research-based document explore the critical role of the nurse as a key player in the healthcare system and the need to refocus the system from a fragmented, disease/illness-based system to one that truly embraces the full spectrum of health care – health promotion, disease prevention, acute illness management, chronic illness management, and palliative care. The nurse, by virtue of his/her education in these areas, is the logical leader in this type of system.

In 2003, the Institute of Medicine published “Health Professions Education: A Bridge to Quality”. This document, while not specific to nursing, addressed the need for all health professions to improve their educational processes and outcomes, both academic and continuing education, to promote higher quality patient care. As an outgrowth of this study, among other drivers, the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center’s Commission on Accreditation (ANCC COA) have worked diligently to revise their criteria to reflect use of evidence-based educational design principles that facilitate learning. Learning, in turn, is not seen as an isolated event, but as a process that culminates in change of practice. This change in practice helps providers deliver better patient care.

Five core competencies for health professionals were identified in the 2003 report. These include:

- Providing patient-centered care
- Working in interdisciplinary teams
- Employing evidence-based practice
- Applying quality improvement strategies
- Using health informatics

These core competencies have a significant bearing on creating and maintaining a healthy work environment. The nurse who feels that he/she is part of a team focusing on providing evidence-based, high quality patient-centered care will feel a greater sense of belonging, camaraderie, and commitment than the nurse who feels that he/she only goes to work to “do my job”. The nurse who feels empowered to speak up to advocate for a patient or to suggest a change in the way something is done is working in an environment or a culture that respects employees and encourages them to be actively engaged. The nurse who participates on a quality improvement team and sees the results in better patient outcomes recognizes that he/she has made a significant contribution to patient well-being.
These competencies, however, do not occur by accident. They require commitment on the part of both the nurse and the employer. They require continual learning and growth, and not being satisfied with the “status quo”. They sometimes require an adjustment in our thinking process, because most of us were not educated to truly work as members of healthcare teams. Investing in these learning opportunities, however, has tremendous rewards in creating an environment where nurses can thrive. This, in turn, leads to happier, more engaged nurses, decreasing burnout and turnover.

The report “Keeping Patients Safe”, published in 2004, supports the previous reports with increasing evidence of the critical role of the registered nurse in promoting patient safety, particularly for hospitalized patients. The report states that “this evidence revealed that the typical work environment of nurses is characterized by many serious threats to patient safety. These threats are found in all four of the basic components of all organizations – organizational management practices, workforce deployment practices, work design, and organizational culture.” (p. 3). Research supporting the value of a positive work environment in stimulating quality nursing practice, and the clear evidence linking quality nursing practice environments and safe patient care, is described. Specific recommendations are made to transform the work environment in order to provide safer care. These include factors related to safe staffing, modifying work environments to reduce risk of error, creating and sustaining cultures of safety rather than cultures of blame, and supporting ongoing research to substantiate environmental changes that enhance quality patient care.

**Joint Commission Sentinel Alert, 2008**

Based on significant evidence that ineffective communication is a key cause of sentinel events, the Joint Commission (formerly the Joint Commission for Accreditation of Healthcare Organizations), issued a sentinel alert in July of 2008 (TJC, 2008). This alert advised accredited organizations that steps must be taken to stop bullying and intimidation in the workplace. In its statement, the Joint Commission stated that “teamwork, communication, and a collaborative work environment” are crucial to safe patient care. Behaviors that undermine positive professional relationships are not acceptable, because they have been shown to contribute to errors, preventable adverse outcomes, and decreased patient satisfaction.

Organizations were expected to have plans in place by January of 2009 to address poor communication, bullying, intimidation, and other disruptive behaviors that impacted working relationships. While nurse/physician relationships have notoriously been noted as adversarial, nurse/nurse relationships and other communication among all members of the healthcare team are covered under this directive. Current Joint Commission site visits assess the effectiveness of the implementation of this requirement.

**AACN Healthy Work Environments**

The American Association of Critical Care Nurses (AACN) has a major initiative around the development and implementation of a healthy work environment to support safe nursing practice. This organization published its standards for a healthy work environment in 2005 and continues to support this important effort, believing that a healthy work environment is crucial to quality care.
There are six standards espoused by AACN relative to maintaining a healthy work environment. These are:

1. Skilled Communication
2. True Collaboration
3. Effective Decision Making
4. Appropriate Staffing
5. Meaningful Recognition
6. Authentic Leadership

According to AACN (2005, p. 13), the goal of implementation of these standards is to “assure that acute and critical care nurses have the skills, resources, accountability, and authority to make decisions that ensure excellent professional nursing practice and optimal care for patients and their families”. Nurses are educated about the standards, supported in their implementation, and encouraged to assertively advocate for changes needed in the organizations where they work to attain and maintain a healthy environment for safe patient care.

Skilled communication (AACN, 2005, p. 16), is defined as “two way dialogue in which people think and decide together”. This requires respectful sharing of information, thoughtful questioning, and critical analysis of related issues. Skilled communication is based on respect, recognition that “two heads are better than one”, and on the true desire of members of the healthcare team to work together for the benefit of the patient. Communication may be between or among nurses, between nurses and physicians, between nurses and respiratory therapists, or any other combination. The idea is that we are truly a team; that no one individual can do everything needed by the patient – we must work together to creatively and safely develop, implement, and evaluate patient care. Clearly, bullying, intimidation, threats, and other forms of disrespectful communication are not acceptable. These negative communication patterns significantly interfere with the nurse’s ability to provide safe patient care.

True collaboration includes mutual respect, sharing, and what AACN (2005, p. 20) refers to as “synchronous” engagement of those involved in providing quality care. With whom does the nurse collaborate? Clearly, the physician and other members of the direct care team come to mind. Less obvious, but equally important, are the organization’s administration, support departments such as medical records and the health sciences library, and, most significantly, the patient and patient’s family.

AACN (2005, p. 24) indicates that, to be advocates for their patients, nurse must “be involved in making decisions about patient care”. This means engagement of the nurse in making decisions at all levels of the organization. Certainly, nurses at the bedside need to have the autonomy and authority to make decisions directly related to day-to-day, minute-by-minute needs of their patients. Bigger issues, though, also demand the nurse’s attention and engagement. Input from direct-care nurses should be a significant influence in decision-making regarding equipment and supplies, staffing, resource allocation, and other factors contributing to safe patient care. The voice of the nurse needs to be heard equally clearly in the board room and at the bedside.
Appropriate staffing is done to “assure the effective match between patient needs and nurse competencies” (AACN, 2005, p. 28). Inappropriate staffing is one of the key contributors to both patient risk and nurse dissatisfaction. For anyone who has done staff scheduling, it is well known that this is a very complex process, involving multiple factors that must be considered. Staffing involves reflection on anticipated needs of patients over a period of time. Unfortunately, patients’ conditions are not consistent and easily predictable, so staffing must also take into consideration anticipated admissions, discharges, and unexpected events that may occur over the course of a shift. Staffing also needs to take into consideration the knowledge and skills of available nurses. Think about the difference, for example, between staffing a unit with three nurses, all of whom are in their first year of practice and staffing the same unit with three nurses, one of whom has 18 years of experience, one of whom has 8 years of experience and is certified in critical care, and one who is a new graduate. The number of support personnel available also affects staffing decisions. Patient/family needs and patient acuity are also key considerations. Staffing would be different on a unit with six ventilator patients and two patients who had just had major surgery as compared with a unit with eight stable patients, one of whom is scheduled for discharge.

Meaningful recognition is critical to the nurse’s perception that he/she is making a key contribution to quality patient care and advancing the mission of the organization. AACN (2005, p. 32), advocates that meaningful recognition become the “norm” within the culture of the organization, rather than the exception. If nurses do not feel that their work is respected and valued, what incentive is there for them to continue to exert themselves on behalf of their patients and their employers? Recognition can take many forms – acknowledgement in a monthly newsletter, receipt of a gift card to a local restaurant, receiving an award at the employer’s annual recognition dinner. This acknowledgement is very affirming of the “value” of the nurse. Recognition leads to the nurse feeling worthwhile as a significant contributor to the care of patients and the work of the organization. In turn, the nurse who feels valued and respected is much more likely to stay with that employer, rather than resigning in frustration. Higher staff retention relates to lower cost (it’s expensive to replace a valued employee!), higher staff morale (there isn’t always somebody new to orient), and higher quality patient care (consistent, cohesive teams work well together).

In regard to authentic leadership, AACN (2205, p. 36) states that “nurse leaders must be positioned within key operational and governance bodies of the organization in order to inform and influence decisions that affect nursing practice and the environment in which it is practiced”. A plan must be developed and implemented to “grow” leaders and help them learn leadership skills. Contrast this to “making” someone a leader because he or she is a good clinician – unfortunately, a practice that is all too common in healthcare practice! Effective leaders at all levels of the organization are able to advocate for patients, advocate for nurses, and work to ensure that environments are structured in such a way to support quality patient care.

In support of its mission of promoting healthy work environments for nurses, the American Association of Critical Care Nurses offers a complimentary work environment assessment process. Details about accessing and using the assessment tool can be obtained at http://www.hweteamtool.org/main/faq.
The Pathway® to Excellence Program and the Magnet® Recognition Program

The American Nurses Credentialing Center’s newest organizational recognition program is designation of healthcare organizations that “have created positive work environments where nurses can flourish” (Swartwout, 2010). Based on evidence that healthy work environments support both nurse satisfaction and high quality patient care, ANCC has developed criteria and sources of evidence that allow an organization to demonstrate how it promotes a healthy work environment. Receiving Pathway to Excellence® designation demonstrates to the organization’s community and patients that it supports nurses and the environments in which they practice. Twelve standards address issues including a safe and healthy work place, a comprehensive orientation process, a clearly developed and operational way to address patient concerns, opportunities for on-going professional development, work/life balance, and collaborative interdisciplinary relationships.

Similarly, the Magnet® Recognition program designates those facilities that have demonstrated excellence in quality patient care, including maintaining an environment that supports the nurse in providing excellent care. The program is based on quality indicators and standards of nursing practice that are substantiated by research data and demonstrate quality patient outcomes. These benchmarks are used internationally as indicators of quality. This is helpful for nurses who are looking for excellent places to practice and for patients who are looking for places to receive quality nursing care. The focus is on development and maintenance of a “professional environment guided by a strong visionary nursing leader who advocates and supports development of excellence in nursing practice” (ANCC, 2011).

Nursing 2015 Initiative

Currently in Ohio, four groups are working in a collaborative effort to advance the profession of nursing in this state. Titled Nursing 2015, this group is comprised of representatives of the Ohio Organization of Nurse Executives (OONE), the Ohio Hospital Association (OHA), the Ohio Nurses Association (ONA), and the Ohio League for Nursing (OLN). One of the key focal points for this group is the issue of a healthy work environment. Examples of outcomes of their work include passage of the Safe Staffing Legislation in the Ohio General Assembly, publication of a "Just Culture" toolkit to help individuals and organizations develop a safe work environment supportive of accountability and error identification/reduction, and development of a module on use of social networking in the healthcare environment (Rankin, 2011).

Workplace Violence

According to the Emergency Nurses Association (ENA), the healthcare environment is a risky place – it leads other workplaces in terms of non-fatal assaults (ENA, 2011). This organization identifies workplace violence as a significant occupational hazard for emergency department nurses. To help with this problem, ENA released a “workplace violence toolkit” in February of this year. It can be obtained at http://www.ena.org/IENR/ViolenceToolKit/Documents/toolkitpg1.htm

While ENA has been a leader in addressing workplace violence, the emergency department is only one area in which violence against nurses can occur. Other professional associations have also addressed this issue and made resources available. Every workplace should have policies and procedures in place
to keep its workers safe from threats from co-workers, patients, visitors, and intruders. It is important to know the procedures to be implemented in your work environment if your safety or that of others is threatened. Vigilance is important, as well – suspicious people and or activities should be reported to the appropriate person or department.

As of the writing of this study (June, 2011), a bill had been passed by the Ohio House of Representatives that would make assaulting a nurse a fourth-degree felony (it is currently considered a first-degree misdemeanor. The bill is now headed to the Ohio Senate for further consideration. Presuming it is passed by the senate and signed by the governor, it will become law in Ohio.

**What Can You Do To Promote A Healthy Work Environment?**

**Assess Your Work Environment**

There are things you can do as an individual to assess the safety of your current work environment, based on the information presented above. There are also tools, such as the one developed by the American Association of Critical Care Nurses, that are more formal, systematic ways to assess the practice environment. The first step in any change process is to identify the current state of affairs. Only then can the “now” be compared to the “ideal” and steps be developed to change the current state to reach goals that have been set.

Look at physical factors, such as lighting and noise. Consider the teamwork environment – do people enjoy working together? Is there tension that is palpable on the nursing unit when certain people are present? Is there culture of creativity and innovation, or are people expected to “follow the policies and procedures”, essentially doing things “the way we’ve always done them”? What happens when people make suggestions?

**Reflect on Your Own Behaviors**

Kupperschmidt, et. al. (2010) describe healthy work environments as those which have a high degree of employee engagement and organizational commitment, with skilled communication an essential ingredient of effective, empowering relationships. These authors suggest that nurses reflect on their own behaviors that either contribute to or detract from a healthy work environment. The focus here is on each nurse as an individual, rather than “defaulting” to a manager to “fix” a problem.

What do you do at work to support and enhance a safe practice environment? Are you part of the solution – or are you part of the problem? Do you communicate openly and honestly with others? Do you share ideas that might improve patient care? Do you report errors, omissions, or practice problems that you identify? What can you contribute to the creation of a healthy work environment?

**Develop Your Communication and Leadership Skills**

Nurse managers at the unit level play a critical role in creating and maintaining a healthy work environment. What are you doing to develop your leadership skills? The Nurse Manager Leadership Collaborative Learning Domain Framework (Sherman & Pross, 2010) is a competency-based framework that is used by many organizations for leadership development. This model is supported by a number of
professional nursing associations who advocate for development of leadership roles in their specialty areas. The model addresses three key domains of leadership: the leader within (your own perceptions and characteristics as a leader), leading people (developing relationships that lead to positive outcomes), and business management (finance, human and material resources, quality improvement).

Consider a continuing education course or an academic course to enhance your leadership skills. Remember that leadership is not a position on an organizational chart – anyone in the organization can and should be a leader. You have the opportunity to influence colleagues and the practice environment. You can, and should, be a leader in advocating for patient safety and quality care.

Think about communication skills that can enhance respect, collaboration, and collegiality. These include direct, honest, open communication rather than implications, innuendos, and suppositions. Effective communication is based on clear messages, awareness of factors affecting the message as it travels from the sender to the receiver, and decisions about the best method for delivery of a message. In some cases, email or text message are appropriate; at other times, direct personal verbal communication is more effective. Problem solving, conflict resolution, and assertively addressing bullying or intimidating behavior are all important communication tools to be implemented in creating and sustaining a healthy work environment. What can you do to enhance our communication skills and ability?

Support a Safe Culture

Do you feel comfortable making recommendations for change? Do you feel that people are receptive to your suggestions for improvements? If you make an error, do you feel that you will be supported by your organization as it seeks to understand why and how the error occurred? Do you believe that your co-workers feel that they are practicing in an environment where their work is supported? Are you and your colleagues recognized for work well done?

Think about the informal things you can do – the acknowledgement of support provided by a colleague, the offer of assistance to a busy co-worker, making a suggestion about a way to do something differently that might result in more effective use of time, money, or personnel. There are also more “formal” activities you might consider: volunteering to serve on a quality improvement committee, applying for a position as a nurse manager or supervisor, or presenting quality work done at your place of employment at a workshop or conference. Consider recommending that your organization seek Pathway to Excellence® or Magnet® designation if it has not already done so – this would provide a benchmark for your organization to demonstrate presence of a quality practice environment where the work of nurses is supported and valued. If your organization already has Pathway to Excellence® or Magnet® designation, congratulations! You are already working in a supportive practice environment. See how you can be involved in sustaining the success.

Conclusion

There are many ways each nurse can contribute to a healthy work environment. No one is exempt from the responsibility for contributing to an environment that supports the nurse. Clear evidence indicates
that a safe practice environment supports safe patient care. A safe practice environment is not a “nice to have” option – it is a requirement!

References and Resources


