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 Association 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