

QUALITY PROFESSIONAL PRACTICE ENVIRONMENT STANDARDS (2013)



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE



Association of
Registered Nurses
of Newfoundland
and Labrador



This Standards document was approved by ARNNL Council in 2013 and replaces *Quality Professional Practice Environment Standards* (2006).

Introduction

Quality Professional Practice Environment (QPPE) is the term used to identify the attributes of a good place to work. A healthy work environment is “a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes and organizational performance and societal outcomes” (RNAO, 2006). Consequently the need to address QPPE indicators has been the focus of numerous national and provincial studies and reports, incorporated into the Accreditation Canada Standards, identified as an essential mandate of Health Canada’s Office of Nursing Policy and supported by the Canadian Nurses Association.

There is a growing understanding of the need to achieve such a healthy work environment by identifying underlying workplace and organizational factors necessary to create a workplace that benefits not only nurses but all members of the health care team. By identifying the essential environmental components shown to support professional practice, nurses can initiate activities to improve their work environments and consequently the quality of client care.

Creating healthy work environments is both a collective and an individual responsibility shared by individual nurses, employers, nursing organizations and governments. The nurse contributes to and promotes measures that optimize positive client health outcomes at the individual, organizational and system level by advocating for and contributing to quality professional practice environments (ARNNL Standards of Practice 3.7). It is essential for all stakeholders to work together to maintain quality professional practice environments.

A quality nursing practice environment has organizational and human support allocations for safe, competent and ethical nursing care (CNA, 2007). The following six standards, with corresponding criteria, have been shown to influence the quality of a professional practice environment.

The Association of Registered Nurses of Newfoundland (ARNNL) and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL) have articulated six standards with corresponding criteria that have been shown to influence the quality of the professional practice environment.

The six standards address:

- **Workload Management**
- **Nursing Leadership**
- **Control Over Practice and Worklife**
- **Professional Development**
- **Organizational Support**
- **Communication and Collaboration**

The QPPE Standards are broad in scope so they may be applied to all domains and to all settings. The criteria illustrate how each standard can be met; they are not in any order of priority and are not all inclusive. The intent is for nurses and other stakeholders to collaboratively explore each standard for relevance to their own environment and develop ways to identify and implement the improvements required to create QPPEs.



External Dimensions

A number of events/forces external to the health care system have been shown to have an effect upon the quality of internal health care environments (O'Brien-Pallas & Baumann, 1992). It is, therefore, recommended that all agencies evaluating the quality of their professional practice environment examine their own external environment. This information can be used to develop a comprehensive and more accurate framework upon which to plan QPPE activities and interpret results.

These factors include but are not limited to:

- a. Agency budgets/funding
- b. Client and Staff profile
- c. Demographic changes (e.g., aging population)
- d. Shorter lengths of hospital stay
- e. Advances in health care and information technology
- f. Client empowerment/role in decision making
- g. Public interest in quality health care
- h. Changing directions for the delivery of care
- i. Health related legislation and regulations
- j. Regional variations in community needs and services
- k. Roles and expectations related to Health Care Professionals organizations (professional and union)
- l. Health care professional staff shortages and competition for human resources

Standard: Workload Management

Definition: *There are sufficient* nurses to provide safe, competent, and ethical care.*

Criteria:

1. The nursing care delivery model supports continuity of care and enables nurses to develop a therapeutic relationship with their clients.
2. The nursing care delivery model allows nurses to practice to the full scope of their education and experience.
3. Sufficient time is available to assess, plan, coordinate, implement, evaluate and document client care.
4. Sufficient time is available to provide holistic care that addresses clients' emotional, psychosocial, and spiritual needs.
5. Sufficient time is available to address clients' counseling and teaching needs.
6. Nurses have sufficient time to obtain the information needed to provide safe and competent client care.
7. Nurses have sufficient time to participate in relevant clinical/professional educational opportunities and to act as preceptors and mentors.
8. Nurses participate in decisions regarding staff-to-client assignments to ensure that care is provided by the most appropriate health care worker.
9. There are sufficient support staff to complete non-nursing tasks.
10. Nurses have opportunity for input and participation in decisions to adjust staffing levels (e.g., determining the most appropriate RN/LPN/unregulated worker mix and client/nurse ratios).
11. Nurses are satisfied that they are able to provide safe, competent, and ethical care.

* Sufficient —numbers, skill mix, patterns (e.g., shifts, scheduling)



Standard: Nursing Leadership

Definition: Nurses at all levels are competent and prepared to provide leadership.

Criteria:

1. Nurses at all levels are knowledgeable of and act in a timely manner on, their responsibility to promote and support safe nursing practice.
2. Nurses at all levels provide input into organizational and/or area specific planning to advocate for quality client care.
3. Nurses at all levels are supported in practice by accessible, expert, and experienced nurses e.g., mentorship).
4. Nurses at all levels are encouraged, supported, and mentored to reach their leadership potential.
5. Nurses in formal leadership positions* have the knowledge, skills, and attitudes necessary to direct nursing practice and communicate effectively.
6. The organization has mechanisms in place to provide nursing leadership when nurses do not report to nurse managers.
7. Nurses are in senior administrative positions and provide leadership and support for the profession of nursing.

Standard: Control over Practice and Worklife

Definition: Nurses have autonomy,* and are responsible and accountable for their nursing practice. Nurses participate in decisions affecting client care and the quality of worklife.

Criteria:

1. Nurses participate in collaborative decision making regarding policies, practices and the work environment.
2. Nurses work collaboratively with other health professionals to determine standards for client care.
3. Nurses use evidence to direct, support, and evaluate their practice.
4. Nurses have the opportunity for input and participation in decisions to support nursing practicing to the full scope of their education and experience.
5. Nurses participate in making decisions and developing policy concerning the identification, development, acquisition, use, and evaluation of health care technology and other physical resources.
6. Nurses and employers strive to ensure that overtime** is mutually agreed upon.
7. Balancing personal needs with the needs of the organization, nurses have flexibility to schedule their hours of practice (e.g., job sharing, change shifts, self-scheduling, part-time work).
8. Nurses support the professional, personal and specific health needs of colleagues (e.g., nurses with chronic diseases, nurses who are breastfeeding, injured workers).

Autonomy – having the right or power to make client care decisions within their nursing practice

* Leadership positions – managers, clinical leaders, team leaders, etc.

** Overtime – as defined by NLNU, NAPE/CUPE contracts



Standard: Professional Development

Definition: *The individual nurse demonstrates a commitment to lifelong learning. The organization encourages a lifelong learning philosophy and promotes a learning environment.*

Criteria:

1. An orientation to meet individual learning needs is provided for nurses moving into new positions and/or practice settings. Support includes the availability of nurse educators, preceptors, and mentors.
2. Nurses reflect on their practice to enhance their own professional and personal growth, seek opportunities for continued learning, and establish mentoring relationships.
3. Nurses are responsible to seek out and avail of relevant educational opportunities to maintain and enhance competencies to practice.
4. The organization is committed to providing opportunities and support for nurses to acquire and maintain competence, in particular when nurses are floated or assigned to care for a client with unfamiliar care needs. Support includes continuing education, in-service, and mentoring.
5. The organization is committed to encouraging and supporting evidence-based practice and nursing research aimed at improving client outcomes.
6. Performance evaluation programs such as peer review, management feedback, and self-assessment are in place and utilized effectively.

Standard: Organizational Support

Definition: *The organization's mission, values, policies, and practices support nurses' well being and the delivery of safe, ethical, and competent nursing care.*

Criteria:

1. Appropriate forums are available and accessible for timely and effective resolution of professional practice and ethical issues.
2. Disputes/conflicts and grievances are resolved in a timely manner.
3. Nurses have opportunities to participate in debriefing activities following critical incidents.
4. Nurses have opportunities to participate in organizational committees that impact nursing practice.
5. Creative and innovative ideas, critical thinking, and the pursuit of nursing knowledge and expertise are encouraged.
6. The organizational culture respects individual nurses, values nurses' well being, recognizes professional achievements, and supports career advancement.
7. The provision of quality nursing care is supported by the physical environment, equipment, supplies, and support services/personnel (e.g., house-keeping, dietary, maintenance, laundry, public communication on safe access to homes, car safety).
8. Comprehensive health, wellness, and safety/injury prevention programs are available and accessible.
9. There are measures to help prevent and address discrimination, aggression, abuse, violence, and workplace bullying.
10. Nurses have access to resources required to meet client needs (e.g., policies, equipment, staff, etc.).
11. Nurses have access to information and communication systems which are secure, effective and integrated (e.g., electronic, pen and paper, inter-agency communication).
12. Continuous quality improvement processes and programs are in place. Nurses participate in relevant quality initiatives, are informed of results, and are aware of related initiatives (e.g., measures to address infection control issues, medication errors, falls etc.).



Standard: Communication and Collaboration

Definition: Effective communication and collaboration is promoted within the health care team, the organization and other components of the health care system.

Criteria:

1. The work environment fosters open communication among health care providers, clients, families/communities and the management team.
2. All members of the health care team effectively communicate with one another and feel their opinions are heard and valued.
3. All members of the health care team treat each other with respect.
4. Nurses meet their professional/ethical obligations to maintain privacy and confidentiality.
5. Nurses communicate and collaborate with clients and other members of the health care team to advocate for safe, ethical and competent care.
6. Nurses conduct themselves in a professional manner.

Potential Outcomes from QPPE

Quality Professional Practice Environments support satisfied, empowered nurses, quality client care, and efficient and effective health care systems.

The standards outlined in this document identify the attributes of a good place to work. Embracing these standards can improve nurses' worklife, help to achieve positive outcomes in client care and enhance system efficiency and effectiveness. Recognizing the variety of health care settings, unique local issues and the external influences on health systems, creating and maintaining Quality Professional Practice Environments can potentially benefit the following areas:

Nurse

Improvements in morale and job satisfaction can result from working in a safe and healthy environment. A supportive work environment can enhance nurses' capacity for participatory leadership and collaborative decision making.

Client Care

When properly supported, nurses can achieve greater personal well being and professional growth, thereby enhancing their ability to provide, safe, quality client care. Identifying and implementing measures to create a more professional work environment has the potential to positively impact nurse sensitive client outcomes (e.g., decreasing adverse events, increasing client functional status, and improving symptom management).

Health System Efficiency

Improvements to the work environment have the potential to decrease absenteeism and workplace injuries, improve internal processes and maximize productivity while balancing workload. The organization's ability to address the concerns of their employees and to create work environments that are attractive and supportive to both existing employees and new recruits will influence the success of recruitment and retention initiatives. These outcomes can lead to decreased costs for the health system.

Health System Effectiveness

Creating and maintaining quality professional practice environments for nurses has the potential to impact other members of the health care team who practice in that environment (e.g., students, physicians, allied health professionals, support staff etc.). Enhanced collaboration and communication will result in improved team effectiveness in the utilization and delivery of quality services.



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