

POSITIVE PRACTICE ENVIRONMENTS: JUST TO SMILE MORE?

Pozytywne Środowisko Pracy: uśmiechać się

Eleni Kletsiou

University of Attikon, Athens, Greece

adres do korespondencji: eklets@nurs.uoa.gr

STRESZCZENIE

Wstęp. Liderzy pielęgniarstwa i decydenci mają za zadanie zapewnić pozytywne środowisko pracy jako środka poprawy wydajności siły roboczej i jakości opieki przez połączenie środków finansowych i niefinansowych, które są elastyczne i skuteczne w realizacji celów polityki związanej z rekrutacją i utrzymaniem pracownika. Powinny być ogólnie dostępne, opłacalne i promujące jakość usług, posiadające odpowiednie ramy regulacyjne oraz zasady, standardy i mechanizmy, które będą ustalane i stosowane jednakowo, zarówno w prywatnych, jak i publicznych miejscach pracy.

Słowa kluczowe: opieka zdrowotna, pozytywne środowisko pracy, pielęgniarka, jakość opieki.

SUMMARY

Background. Nurse leaders and policy makers are challenged to provide positive practice environments as a means of improving workforce performance and quality of care through a combination of financial and non-financial incentives that are responsive and effective in meeting policy objectives related to recruitment and retention. Accessible, cost-effective and quality services, appropriate regulatory principles and frameworks, standards and mechanisms, and positive practice environments need to be established and applied equally to both private and public health services.

Key words: healthcare, positive practice environments, nurse, quality of care.

The cost of healthcare is rising worldwide largely driven by the heavy and growing burden of noncommunicable diseases (NCDs) including mental health disorders, ageing societies, innovations of expensive treatments and techniques, and increasing demands of clients [1]. The rising cost of healthcare is placing a heavy financial burden on health systems and populations globally. Costing information is important for the planning and decision-making process on how to do better within the constraints of financial, human and other resources. In many countries around the world, governments have cut back on expenditure on healthcare and, in particular, on nursing. In many developing countries, progress towards universal health coverage is hindered by the shortage of health workforce in the right numbers, right location, and with the proper skills to deliver quality services to the entire population [2]. In addition, the crisis has resulted in many nurses being forced to seek work elsewhere, whether outside their home country or outside the profession.

Nurses are the largest group of health professionals and account for a large proportion of total healthcare cost. As a result, at times of economic austerity nurses are often the first to be reduced which is detrimental to patient safety and quality of care. A study of nurses in 12 European countries showed a high percentage were dissatisfied and expressed their intention to leave their jobs. Nurse dissatisfaction was related to wages, educational opportunities and lack of professional advancement [3].

It is prudent to make best use of available resources. Nurses, as the single largest component of the health workforce, are well positioned to do more with less while providing quality care and optimal patient outcomes. It is imperative that nurses develop a proper understanding of health care financing, budgeting, resource allocation and strategic planning. Such competencies will facilitate nurses' participation in policy making and resource allocations in order to lead from the frontline as the force for change and as cost effective and care effective professionals.

Whilst adding more nurses to a workforce has an initial cost, improving the working environment does not require the same level of resources but does require the health system to manage and lead itself differently. Positive Practice Environments are settings that support excellence and decent work. In particular,

they strive to ensure the health, safety and personal well-being of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organizations. Positive practice environments are characterized by some occupational health, safety and wellness policies that address workplace, hazards, discrimination, physical and psychological violence. Also, they deal with issues pertaining to personal security, fair and manageable workloads and job demands/stress, organizational climate reflective of effective management and leadership practices, good peer support, worker participation in decision-making, shared values, healthy work-life balance, equal opportunity and treatment, opportunities for professional development and career advancement, professional identity, autonomy and control over practice. Job security and decent pay and benefits, safe staffing levels, support and supervision, open communication and transparency, recognition programs and access to adequate equipment, supplies and support staff are also essential characteristics of a positive practice environment.

This can also have wider benefits for patients and their families. The Penn team found that each additional patient per nurse was associated with a 6 percent to 9 percent increase in the odds of a patient's readmission with 30 days, depending on the condition. Good nurse working environments were associated with 7 percent, 6 percent and 10 percent lower rates for heart failure, acute myocardial infarction and pneumonia, respectively [4]. Research evidence shows that hospitals with a higher ratio of nurses to patients have lower mortality rates [5]. Similarly, lower nurse staffing, increased workload, and unstable nursing unit environments were linked to negative patient outcomes including falls and medication errors [6].

Improved work environments and reduced ratios of patients to nurses were associated with increased care quality and patient satisfaction [7]. The study also found that deficits in hospital care quality were common and concluded that improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care and to increase patient satisfaction. Some of the benefits of PPEs include lower rates of absenteeism and turnover, increase in staff morale and productivity, and improved work performance [8].

Launched in 2010, the Positive Practice Environments campaign aimed to improve the quality of health services by raising awareness, identifying good practice and developing tools for managers and health professionals, and implementing national and local projects to improve practice environments. The campaign promoted safe, cost effective and healthy workplaces, thus ultimately strengthening health systems and improving patient safety [8].

Nurse leaders and policy makers are challenged to provide positive practice environments as a means of improving workfor-

ce performance and quality of care through a combination of financial and non-financial incentives that are responsive and effective in meeting policy objectives related to recruitment and retention. Accessible, cost-effective and quality services, appropriate regulatory principles and frameworks, standards and mechanisms, and positive practice environments need to be established and applied equally to both private and public health services.

Source of funding: This work was funded by the author's resources.

Conflict of interest: The author declares no conflict of interests.

BIBLIOGRAFIA

1. Organisation for Economic Co-operation and Development. *Public Spending on health and long-term care: a new set of projects*. OECD Economic Policy Papers (2013). No.06. Available at: www.oecd.org/eco/growth/Health%20FINAL.pdf.
2. World Health Organization. *The World Health Report 2006. Working together for health*. Geneva: WHO; 2006.
3. Aiken LH, Douglas MS, Bruyneel L, et al. Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *Int J Nurs Stud* 2013; 50: 143–153.
4. Wood D. *Health care briefings: creating a great nurse work environment to improve the bottom line*. Press release, PI Worldwide, posted 18 January 2013. Available at: www.piworldwide.com/healthcare-briefings-creating-a-great-nurse-work-environment-to-improve-the-bottom-line/.
5. Aiken LH, Sloane DM, Bruyneel L, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet* 2014; 383: 1824–1830.
6. Duffield CM, Diers D, O'Brien Pallas L, et al. Nursing staffing, nursing workload, the work environment and patient outcomes. *Appl Nurs Res* 2011; 24: 244–255.
7. Aiken LH, Sermeus W, Van den Heede K, et al. Patient Safety, satisfaction and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ* 2012; 344: e1717.
8. International Council of Nurses (2013). ICN Fact Sheet on Positive Practice Environments. Available at: www.icn.ch/images/stories/documents/publications/fact_sheets/9d_FS-Positive_Practice_Environments.pdf.

Address for correspondence:

Dr Eleni Kletsiou
University of Attikon
Athens, Greece
E-mail: eklets@nurs.uoa.gr

Received: 18.09.2015

Revised: 26.09.2015

Accepted: 27.09.2015