



The Canadian Association of Critical Care Nurses



Position Statement

Healthy Work Environments

Introduction

Growing evidence suggest the work environment impacts health and safety, quality of care, effective patient outcomes, job satisfaction and the retention of staff. Creating a healthy work environment is the responsibility of both the individual and the organization.

- The *National Survey of the Work and Health of Nurses* highlighted that registered nurses have some of the highest reported illness and injury rates for workers in the country. Musculoskeletal problems, pain, and mental health concerns were noted to be particularly high in nurses when compared to other occupational groups (Shields & Wilkins, 2009).
- Poor health is associated with high levels of work stress and the physical demands of shift schedules and the physicality of nurses' work. In a study carried out by the Canadian Nurses Association and the Registered Nurses Association of Ontario (2010), nurses reported concerns that patient safety is threatened by poor work environments. Concerns about staffing resources, increased workload, and fatigue were prevalent in the nurses' discourse.
- Heavy workloads and workplace stress have been identified as key factors contributing to medication errors in critical care settings (Frith, 2013).
- The practice experience of individual nurses is also noted to impact the quality of care and patient outcomes. Retaining the wisdom and expertise of experienced critical care nurses is essential to maintaining a safe and productive quality work environment. Research has shown that average annual turnover rates of nurses in Canada are highest within critical care at 26.7% (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010).
- Emerging evidence indicates moral distress and burnout continue to be problems for nurses working in critical care settings and may contribute to nurse attrition from the critical care practice environment (Epp, 2012; Hamric & Blackhall, 2007; Huffman & Rittenmeyer, 2012). It is becoming increasingly evident that maintaining a safe and productive practice environment for critical care nurses not only benefits the care experience of patients and their families but also impacts patient health outcomes, team functions, and individual nurse satisfaction.

CACCN Position

The Canadian Association of Critical Care Nurses (CACCN) acknowledges the importance of healthy work environments for the provision of safe and effective care, including improved outcomes for patients, families, critical care nurses, and all members of the interprofessional health care team. Accountability for ensuring a healthy work environment is a shared responsibility between nursing, leadership, the organization and community stakeholders.

Six key elements are identified as necessary for the establishment of a healthy work environment include:

1. **Communication:** Open respectful and effective communication between all members of the health care team is necessary for a healthy work environment. Respectful communication supports collaboration, negotiation, Effective communication ensures that the contributions of every team member, including patients and families, are valued. Healthy work environments provides tools and systems which support a culture of communication.
2. **Collaboration/Teamwork:** Respectful communication is the foundation for collaborative teamwork that is characterized by respect, trust, and recognition of each team member's knowledge and skills. In a healthy work environment, opportunities (space and time) to discuss challenging situations are present and team members are comfortable vocalizing their concerns.
3. **Autonomy:** Healthy work environments empower critical care nurses to utilize their knowledge and skills to practice their full scope. Environments which support and promote nurses to participate in the design and delivery of care enable nurses to make positive contributions to the care of present and future patients and families. Supportive cultures foster autonomy, strengthen the nurses' voice and promote clear accountability for nursing practice.
4. **Safety:** Healthy work environments ensure the safety of patients, families, and staff. They promote accountability, and support an effective reporting culture which encourages team members to bring forward safety concerns. Healthy work environments provide team members with safety feedback and ensure there is a clear understanding of appropriate expectations for reducing harm and improving workplace safety.
5. **Professional Development:** Opportunities for professional reflection and development are essential components of a healthy work environment. Critical care nurses must receive support to remain current and competent in a rapidly changing environment. Shared accountability exists between the nurse and their organization for professional development within work environments.
6. **Leadership:** Healthy work environments require leadership at all levels and ranges from the critical care nurse at the bedside to the hospital's Chief Executive Officer (CEO) and board of trustees. Leadership which is accessible, authentic, actively involved, clearly communicates and sets reasonable expectations will contribute to the further development of a healthy work environment.

Organizational commitment towards creating and sustaining healthy work environments is evident when leadership strategies are aimed at improving employee engagement and supporting health care provider teams.

Developing and sustaining a healthy work environment requires a commitment to each of the above principles. The presence of a strong nursing voice in designing and advancing this environment is essential. The creation and maintenance of a healthy workplace environment will promote staff retention and high quality patient care and outcomes.

Approved by the CACCN Board of Directors
Date March 24, 2018

References

- American Association of Critical-Care Nurses. (2016). *AACN Standards for Establishing and Sustaining Healthy Work Environments (2nd ed.)*. Aliso Viejo, California: Author. Retrieved from: <https://www.aacn.org/nursing-excellence/healthy-work-environments/hwe-resources>
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association and Registered Nurses Association of Ontario. (2010). *Nurse fatigue and patient safety. Research report. Executive summary*. Retrieved from: https://www.cna-aiic.ca/~media/cna/page%20content/pdf%20en/2013/07/26/10/39/fatigue_safety_2010_summary_e.pdf
- Canadian Association of Critical Care Nurses. (2017). *Standards for Critical Care Nursing Practice*. London, Ontario: Author
- Epp, K. (2012). Burnout in critical care nurses: A literature review. *Dynamics*, 23(4), 25-31.
- Frith, K. (2013). Medication errors in the intensive care unit. *AACN Advanced Critical Care*, 24(4), 389-404. Doi: 10.1097/NCI.0b013e3182a8b516
- Hamric, A., & Blackhall, L. (2007). Nurse-physician perspectives on the care of dying patients in intensive care units: Collaboration, moral distress, and ethical climate. *Critical Care Medicine*, 35(2), 422-429. doi: 10.1097/01.CCM.0000254722.50608.2D
- Huffman, & Rittenmeyer (2012). How professional nurses working in hospital environments experience moral distress: A systematic review. *Critical Care Nursing Clinics of North America*, 24(1), 91-100. doi:10.1016/j.ccell.2012.01.004
- Masters, J. & Liu, Y. (2016). Perceived organizational support and intention to remain: The mediating roles of career success and self-esteem. *International Journal of Nursing Practice*, 22, 205-214.
- O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X., & Hayes, L. J. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management*, 18, 1073-1086.
- Sawatzky, J.V., Enns, C.L., & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. *Journal of Advanced Nursing*, 71(10), 2315 -2325.
- Shields, M., & Wilkins, K. (2006). *Findings from the 2005 National Survey of the Work and Health of Nurses*. Retrieved from: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2005-nurse-infirm/2005-nurse-infirm-eng.pdf
- Ulrich, B.T., Lavandero, R., Woods, D. & Early, S. (2014). Critical care nurse work environments 2013: A status report. *Critical Care Nurse*, 34(4), doi: <http://dx.doi.org/10.4037/ccn2014731>