Essential Elements of an Optimal Clinical Practice Environment

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Objective: This study describes essential elements for an optimal clinical practice environment wherein scholarly nursing practice flourishes.

Background: Existing literature confirms that a healthy work environment that supports professional scholarly nursing practice is essential to retention and satisfaction of clinical nurses, enhanced patient safety, and improved patient/family outcomes.

Methods: A subset of data from a larger qualitative study was analyzed using content analysis. Semi-structured interviews were conducted at the workplaces of 36 experienced clinical nurses. Data on workplace facilitators and barriers to scholarly nursing practice are reported.

Results: The major study finding is that the optimal practice environment embraces scholarly nursing practice and balances care giving with professional development. The 4 themes integral to this balance included the following: (1) the practice environment needs to openly value scholarly nursing practice, (2) seamless support is needed at every level of the organization, (3) even clinical scholars have professional development needs, and (4) it is a 2-way street.

Conclusion: This study provides new insights into unique key elements essential for the development of scholarly nursing practice in hospital environments.

A healthy work environment that supports scholarly nursing practice is essential to retention and satisfaction of clinical nurses, enhanced patient safety, and improved patient/family outcomes. The American Association of Nurse Executives, American Association of Critical-Care Nurses, and American Association of Colleges of Nursing have identified key factors that support a healthy work environment. These include the following: a philosophy of quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability; leadership development and effectiveness; nursing leadership at the executive level; nursing skill expertise; appropriate staffing; empowered collaborative decision making; work design and service delivery innovation; use of technological advances; clinical advancement programs; and recognition/reward for nurses' knowledge and expertise related to quality and patient outcomes.

The Joint Commission has recommended that hospitals should create organizational cultures of retention through adoption of Magnet hospital characteristics. Literature published in the past 2 decades confirmed that an unhealthy work environment contributes to medical errors; ineffective care delivery; and conflict, overwork, and stress. A nurse manager who respects, values, and supports the work of clinical nurses decreases stress and positively affects satisfaction and retention. Most published research was primarily quantitative and focused on leadership and work-related stressors. None reported on what highly experienced nurses believe are work environment
elements that develop and sustain scholarly nursing practice. Although scholarship is traditionally associated with academe, scholarly nursing practice is the core work of nurses in every practice setting. Figure 1 is derived from the findings of a larger qualitative study that described what clinical nurse scholars revealed about themselves and their practice. Both personal attributes of “who I am” (active learner, out-of-the-box thinker, passionate about nursing, available, and confident) and “what I do” (being a leader, caring, sharing knowledge with others, evolving, reflecting on practice) are core drivers for scholarly nursing practice. This article reports on a subset of data from that study that described essential elements for an optimal practice environment where scholarly nursing practice flourishes.

The Study

Using a descriptive qualitative design, data were collected using an open-ended interview guide that had been validated. After obtaining institutional review board approvals, participants were purposefully recruited by mail from 3 tertiary medical centers and 1 community hospital in the northeastern United States. Two of the institutions had attained American Nurses Credentialing Corporation Magnet status. Participants had either earned the highest clinical status in their institutions or had received an institutionwide competitive award for clinical practice excellence.

Interviews were conducted in a private location at the nurse’s workplace, audiotaped, and transcribed verbatim. Content analysis was conducted using the NVIVO (QSR International Pty Ltd., Cambridge, MA) software program. Analytical rigor was maintained by achieving full consensus on identified codes, the development of an audit trail, and focus groups conducted with the participants to verify findings. The open-ended questions that addressed workplace facilitators and barriers to scholarly nursing practice are reported here.

Results

The sample included 36 female registered nurses with a mean age of 47 years and with a mean of 24 years of experience. Most held professional practice certifications, were highly educated (bachelor of science, 97%; master of science, 47%), and worked mostly full time as direct care givers. All were professionally active and recognized by colleagues or through performance evaluation to be the best of the best in their workplaces.

The major finding of this study is that the optimal practice environment that embraces scholarly nursing practice is a place that balances care giving with professional development. Participants addressed the importance of working in a milieu...
that sets dual expectations for high standards of patient care along with high expectations for professional development. There was universal clarity that best practice dictates that professional development should be ongoing, consistent, and integrated into daily practice activities. However, the participants added a unique perspective to the scope of professional development. One nurse noted that the milieu of the workplace needs to shift to become a place where “there’s room for thinking about problems in a different way, coming to different solutions that may have better outcomes.” The duality of expectations for high patient care standards and professional development results in an environment that fosters enthusiasm and optimism and has the important outcome of “raising the level of professionalism and refreshing [nurses’] pride” in their profession. “It is a good place to work because they [the hospital] foster independent thinking and collaborative practice.”

Participants also cautioned that there is an “inherent problem” in this dual expectation. They addressed the dilemma posed by efforts to integrate ongoing rather than episodic professional development into a professional practice model that rightly prioritizes expert care giving. One nurse said, “I think that an inherent problem in nursing is how you can foster professional growth and take care of patients at the same time.” She said “You have to have an environment that allows nurses not to be at the bedside all the time, but [provides time] to be growing and learning... There are ways for the structure and management to allow that [to happen].”

Four themes integral to balancing care giving with professional development emerged from statements that the participants made about their work environments. These included the following: (1) the practice environment needs to openly value scholarly nursing practice, (2) seamless support is needed at every level, (3) even clinical scholars have professional development needs, and (4) it is a 2-way street.

Openly Valuing Scholarly Nursing Practice

Participants stated that explicit organizationwide statements about the importance of safe quality care and value for professional care givers exist in their workplaces. An organization that openly values nursing and scholarly nursing practice brings out the best in their nurses and patient care. One nurse summed it up when she said, “The culture of the hospital respects nursing. So therefore, when you feel that [respect], you give your best and the patient gets the best.”

However, an inherent gap between the expectation and the reality of how a workplace values scholarly nursing practice surfaced. “On paper, [the administration] says, ‘yes, we value you.’ But will that garner me any more resources? Probably not.” Most participants voiced frustration with their belief that they were not adequately supported for their level of practice expertise. One participant offered this collective view, “I don’t think nurses get that kind of administrative support when they are at an advanced practice level.”

Even Scholars Need Support

Participants spoke of continually evolving and growing professionally. They all shared the belief that support for professional growth is different at places on the career trajectory, consistently focused on early career development. Resources such as time, flexibility, administrative support, and encouragement to continue to grow as an experienced clinical scholar were consistently mentioned as lacking yet critical to scholarly nursing practice. One participant stated, “I need help from the institution... time and expertise. I want to publish but I don’t know how.” Of all the resources cited as essential, time was the predominant theme. One participant shared her frustration when she said, “I am free to do it [solving a challenging clinical problem] on my own time. I’m just not supported.”

To establish and sustain scholarly nursing practice, hospitals need to sanction the provision of time for clinical nurses to reflect on how to give the best patient care and thereby support professional development.

Despite having been acknowledged as experts, scholars, and mentors, the participants strongly believed that mentors continue to be essential at all levels of career development, even for those at the pinnacle of their careers. As one nurse stated, “You need mentors who can see what you bring to the table that you may not necessarily see in yourself.... I know what is required to be a scholar and I love it. I am thankful to those around here who expect the best from all of us.”

Seamless Support at Every Level

Participants spoke that support from the nurse manager, chief nursing officer, and their peers is key to developing and sustaining a scholarly nursing practice. They overwhelmingly felt that a nurse manager who “makes things happen” and supports nurses at all levels of professional growth is critical. “I have had good nurse managers, but M brings out the best in people. She enables me to think beyond what I think of myself.” Another
participant spoke at length about her current nurse manager who was very concerned about the professional growth of her staff. This concern felt so supportive and unusual that the participant thought that it was a “fairy tale.” Nurse managers who not only saw potential in a nurse but also “poked at it constantly” are paramount to growing scholars.

Support for the development of scholars and scholarly nursing practice is also needed from the nurse executive team. In reference to the nurse executive, one nurse stated, “When you have the top ones focusing on better development in nursing practice, that's the trickle down effect. If you don’t have it from the top, then the ones down below aren’t going to get that sense of accomplishment.”

Support from peers was also considered essential. Enthusiasm and encouragement were noted to be important, as was “working with positive people who are upbeat and not with somebody who is going to be negative or lazy. If they are not enthusiastic then you feel that you can’t get enthused around them because they will think that you are crazy.”

Participants shared that there were too many hurdles and obstacles to developing a scholarly nursing practice. There should be a seamless system of encouragement and nurturing in all levels of the workplace for scholars to flourish. One captured the essence of this when she stated, “I think that it would be good if the opportunities were made easier to achieve... It’s not difficult to go to a conference. But if [the logistics] were instead of hard, made easy... and on top of that encouraged as opposed to ‘Oh I really need this switch for the conference day’ and ‘Can you please put the conference day through?’ and ‘Well I’ll have to go on my own time then...’ I think that definitely would make it easier.” Addressing the ripple effect of this seamless support, she continued, “I also think that once you get a couple of people hooked, it’s infectious. It takes very little motivation to get the ball rolling, but once it gets rolling, you have to keep it going.”

Nurses also spoke about the importance of working in an environment where mistakes or misjudgments made in practice are viewed as opportunities to think about practice and professional growth. They spoke of the tangible value of an environment that supports learning from mistakes, that is, the opportunity to change patterns of practice that improve patient care and provide greater satisfaction to the nurse in the delivery of care. One nurse described an experience she had in learning about a specific patient care problem in her practice. She said, “I had this plan. Okay this didn’t work out so well, but maybe it didn’t work out well at [this] particular time... I [know] I’m responsible for how it turns out. But this great plan doesn’t work out the right way.” She continued her dialogue, describing a process of reaching out to her nurse manager to address the problem. “You knock on her door, [she says] oh come on in, have a seat and I say look this didn’t quite work out. What did I do wrong?” Although this experienced nurse confirmed her accountability for implementing her care plan, she also believed that, in this workplace, she received help to look at the practice situation in different ways at the time when she most needed it. The workplace supported her personal professional mandate to “fulfill” her responsibility to provide best practice to her patient even in difficult situations.

**It Is a 2-Way Street**

Even when the environment is supportive of nurses, they need to be willing to be supported. One nurse summed up this belief as follows: “The issue is not support... Support is here. It is a willingness to use the support to do something that you think will be useful” that often is missing. Many participants expressed frustration with the lack of motivation in some of their colleagues, which some nurses viewed as generational differences. “Some are not interested in advancing. Some not interested in learning new things.”

Some participants expressed concern about the impact of the work schedule design on scholarly nursing practice. A work schedule that allows for fewer work days with longer hours may be desirable to some nurses but has the unintended consequence of limiting opportunities for professional development. One participant who recently increased her number of workdays per week summarized this impact. “I was only there a couple of days a week. So, as my hours have increased and my access to the people who make things happen has increased, I now have the motivation, the time, the support, and the people to bounce ideas off of.”

**Discussion**

These 36 nurses confirmed key elements of an optimal practice environment that support scholarly nursing practice. Those key elements cited in the literature include an institutional philosophy that embraces professional advancement, recognition, respect, and reward for nurses’ advancement, and a supportive nursing leadership. Key elements not reported in the literature but cited by
the participants included the need for balancing the duality of care giving and professional development, seamless support at every level of the practice environment, and mentors throughout a career trajectory. An optimal practice environment is one in which nurse leaders provide the right structure, processes, and resources so that clinical nurses can easily do the right things not only for care given to patients and families but also to support professional development that underpins care giving practices.

As discussed by the participants, a critical resource in this process is the nurse manager. To that end, nurse executives need to focus on developing the role of the nurse manager in their organizations, as they are the critical lynchpin in the development of scholarly nursing practice. The American Association of Critical-Care Nurses’ standards for establishing healthy work environments support education of nurse leaders to acquire the following core competencies: self-knowledge, strategic vision, risk taking and creativity, interpersonal and communication effectiveness, and inspiration.

Recruitment and development of nurse managers who create environments in which nurses are in control of their practice, have the resources for evidence-based care, and have staff actively participate in the decision-making structure of the department will maximize the capabilities of their staff. Examples of ways to accomplish these goals include strong active staff participation on key departmental and hospital committees, unit-based quality improvement projects developed and owned by staff, highly visible clinical recognition programs, and development of systems that effectively address the increased workload and stress faced by nurses when hospitals operate at or over capacity.

New clinical practice models that incorporate key environmental factors and address inherent tensions between time devoted to patient care delivery and advancing professional development need to be developed and evaluated for their impact on supporting scholarly nursing practice.

One such example is the “Human Becoming and 80/20” model in which nurses spend 80% of their salaried time in direct patient care and 20% on professional development that includes focused mentorship, time for reflective practice, and education about patient-centered care.

Establishing the right balance of time at the bedside and time devoted to ongoing development is likely to require a highly individualized process between nurse managers and their staff. Demonstration of the value of time away from patient care to think and reflect on lessons learned from practice is critical to developing a culture that supports scholarly nursing practice. Exploration into organizational and personal facilitators and barriers to time for scholarly productivity is needed. Nurses at some organizations have accomplished this goal through their involvement in writing and unpacking clinical narratives.

To determine the degree to which scholarly nursing practice is supported in an optimal work environment, baseline and ongoing evaluation of the work environment is required. Erickson et al provide an excellent overview of survey instruments used for this purpose, including their Professional Practice Environment Scale, a 38-item tool designed to examine the professional practice environment of staff working in acute care settings.

Conclusion

Although the generalizability of the findings from this qualitative study is limited by its highly educated sample, the findings provide new insights into unique key elements essential for the development of scholarly nursing practice in hospital environments. Future research focusing on different professional practice models that support scholarly nursing practice is warranted. By helping clinical nurses develop as bedside scholars across their career trajectory, we assist staff to achieve the daily goal of providing the very best care to patients and families, with the very best staff and in the safest environment possible.

References