



RESTRUCTURING AND REDESIGNING NURSES' WORK ENVIRONMENTS

I. STATEMENT OF POSITION

The Center for American Nurses (the Center) is committed to assuring that adequate numbers of qualified registered nurses are available to provide high quality safe care for patients across the health care continuum. In order to ensure an adequate supply of nurses who can deliver optimum patient care, nurses' work processes, workspaces, and workforce structures must be designed to be efficient, effective and safe. Fundamental aspects that must be addressed include: (a) design of work processes to promote efficiency and prevent musculoskeletal injury, (b) design of workspaces, and (c) appropriate nursing workforce structure (e.g., staffing levels, skill mix, etc.). It is the position of the Center that registered nurses must be active participants in design decisions and the redesigning or restructuring of work processes, workspace or the workforce in order to promote quality care and promote a culture of safety. The Workforce Ecosystem needs to be considered in the design of work environments (Center for American Nurses, 2006). Elements of the Ecosystem include: staffing, workflow design, personal/social factors, physical environment and organizational factors (see attachment 1).

II. PURPOSE

The purpose of this position statement is to outline the need for on-going assessment of professional work environments and active involvement of professional nurses in decisions regarding workforce structure in order to provide safe quality patient care.

III. HISTORY/PREVIOUS POSITION STATEMENTS

The American Nurses Association has addressed Workplace Restructuring in 1993, and in a 1995 position statement "Restructuring, Work Redesign, and the Job and Career Security of Registered Nurses" (American Nurses Association, 1995).

IV. SUPPORTIVE MATERIAL

A. Changing Healthcare Environment

In the past two decades, multiple changes in the delivery of health care occurred as a result of changes in reimbursement practices and the subsequent cost-containment efforts by health care organizations. Increasingly, hospitals changed their services, levels of care and staff mix. The result of these changes was a declining nursing workforce caused by nurses leaving nursing and fewer entering the profession. Unsafe working conditions have been cited by nurses as interfering with the ability to provide safe patient care. (American Nurses Association, 2001b). It has been noted “if the staffing levels and work environments are not safe for the nurses, they will not be safe for the patients.” (Joint Commission on Accreditation of Healthcare Organizations, 2002, p. 12).

There is little dispute that health care is now in the midst of a nursing shortage not seen before and one that will not be short-lived (Buerhaus, Staiger and Auerbach, 2000). The disparity between supply and demand makes it imperative that nurses’ work processes and environments be designed as safely, efficiently, and effectively as possible – for the patient and for the nurse. Additionally, improving the design of the individual nurse’s work can increase satisfaction with their professional role as well as improving patient outcomes and cost of care (Hess, 2004).

B. Professional Responsibility

Foundational documents for the practice of nursing, namely *The Code of Ethics for Nurses* and *Nursing: Scope & Standards of Practice* support nurses’ active involvement in the design/redesign of work processes, workspace, and workforce structure.

(1) **Code of Ethics:** Provisions 3 and 6 of the *Code of Ethics for Nurses* (American Nurses Association, 2001a) address the responsibility for nurses to promote, advocate for, and strive to protect the health, safety, and rights of patients. This responsibility includes active participation in establishing, maintaining, and improving health care environments that promote patient safety, help reduce errors, and address environmental system factors and human factors that present risk to patients.

(2) **Scope and Standards of Nursing Practice:** Standards 7,11,and 14 (Quality of Practice, Collaboration, and Resource Utilization) of ANA Scope and Standards of Practice address nurses’ role in decisions that impact work processes, workplace design, and workforce structure (American Nurses Association, 2004). These standards address and delineate the professional responsibility of nurses to enhance the quality of care Standard 14 states “the registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services” (American Nurse Association, 2004, p. 42).

C. The Changing Workforce

The nursing workforce is aging. The average age of a nurse in 2004 was 46.8 years (Department of Health and Human Services Health Resources and Services Administration Bureau of Health Professions, 2004). The Center hosted a conference in June 2005, *Workplace of the Future* to address the workplace climate surrounding mature nurses. The conference highlighted a number of issues facing the nation's maturing nursing workforce and implications for quality patient care. The incidence of musculoskeletal disorders such as back injuries persists at high rates for nurses (American Nurses Association, 2004, Nelson *et al.*, 2003). A 2006 Robert Wood Johnson report underscores the importance of addressing the changes in the nursing workforce and highlights the importance of retaining the experienced nurses in the workforce (Hatcher et al, 2006).

D. Appropriate Staffing Mix

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has recommended a number of tactics to create a culture of retention by; delegating authority to nurses for "patient care and resource deployment decisions," adopting information, ergonomic and other technologies designed to improve workflow and reduce risks of error and injury," "minimizing excess paperwork and tasks that take nurses away from direct patient care" and "fair and competitive compensation for nurses." (Joint Commission on Accreditation of Healthcare Organizations, 2002, p. 26-27).

The American Hospital Association Commission on Workforce for Hospitals and Health Systems report, *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce* (2002), calls for fostering meaningful work as well as redesigning work processes.

In 2004, the Institute of Medicine report "*Keeping Patients Safe: Transforming the Work Environment of Nurses*" clearly established the strong connection between nurses and patient safety. The report outlined findings and recommendations based on review of various studies for the design of work processes and workspaces. The studies reviewed for the IOM report confirm that a shortage of nurses in hospitals deteriorates quality care and puts patients' at risk for increased errors and breaches in safety (Institute of Medicine, 2004). The cost of medical errors in terms of financial impact (Institute of Medicine, 2000) and human suffering (Gibson & Singh, 2003) have been well documented.

E. Technological Innovation

The use of technology and workplace design and redesign have been shown to create a more satisfying and supportive workplace for nurses (Institute of Medicine, 2004). By improving work environments to keep nurses at the bedside and redesigning physical space, the available nurse hours for direct care can be increased and patient safety can be enhanced (Institute of Medicine, 2004).

Health care has begun to use information technology (IT) to redesign work processes, adding safety and efficiency to nurses' work. By automating work processes that are currently manual (e.g., medication administration) IT systems can improve accuracy and build redundancy to enhance patient safety. However it is critical that nurses have input into the design and implementation process of IT systems as nurses' workflow will be one of the areas most affected by such IT innovations as computerized order entry systems (CPOE) (Institute for Safe Medication Practices, 2002). Technology per se is not a panacea for the many systems problems encountered by nurses in the delivery of quality patient care. However technology does offer intriguing solutions that need to be assessed for application and implementation in today's health care environment (Center for American Nurses, 2005).

V. RECOMMENDATIONS

Critical to successful work design and structure is research and the involvement of those who are closest to the work; in this case, nurses. Unfortunately, there has been limited nursing research on how to design nurses' work and work environments to make them more efficient and safer for patients and nurses.

- A. Additional research is needed to provide the required evidence needed to assist in the design and redesign of workplaces, work processes to support nurses throughout their career span. Research should target these areas:
 - Development of technology solutions for safe patient handling.
 - Evaluation and dissemination of outcomes associated with implementation of technology solutions for patient care.
 - Analysis of the effect of technology solutions on nurse satisfaction, retention, and prevention of injuries to nurses.
- B. Nurses should function as full partners in workplace design and redesign decisions.
- C. Promote education relating to current evidence-based practices of ergonomics, technology, and workplace design.
- D. Enhance nursing skills relating to designing safe, efficient and effective work processes that are evidence-based.
- E. Identify, promote, and implement work design and redesign models that are conducive to patient safety and resist and eliminate those that are detrimental.
- F. Provide a national forum to disseminate best ergonomic practices and workplace design.

- G. Create, disseminate, and engage in public information campaigns and social marketing to inform consumers about the link between nurses' work, workplace design and patient safety.
- H. Use the Workforce Ecosystem framework in promoting a holistic approach to workforce redesign.

VI. SUMMARY

The Center for American Nurses (The Center) strongly supports nurses' active participation in assessment and restructuring and redesign of nurses' work when it is evidence-based and positively impacts patient safety, nurses' safety, and nurses' satisfaction. Inherent in the success of these initiatives is the active participation of nurses who are closest to the work processes that are being restructured and redesigned.

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ADDITIONAL SOURCES

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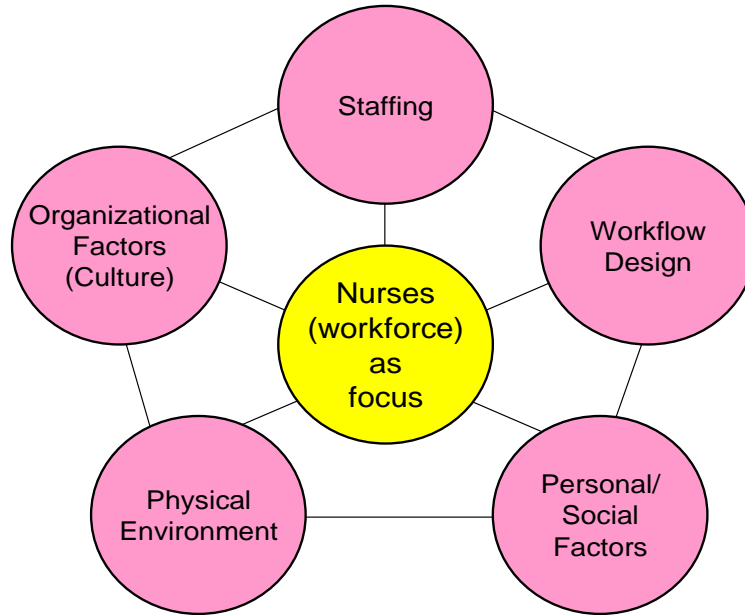
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ATTACHMENT I

Workforce Ecosystem



Staffing - refers to job assignments, including: the volume of work assigned to individuals, the professional skills required for particular job assignments, the duration of experience in a particular job category, and work schedules.

Workflow design - pertains to on-the-job activities of health care workers, including interactions among workers and the nature and scope of the work.

Personal/social factors - refers to individual and group factors such as stress, job satisfaction, and professionalism.

Physical environment - includes aspects of the workplace such as light, aesthetics, and sound.

Organizational factors – relate to structural and process aspects of the organization as a whole, such as the use of teams, divisions of labor shared beliefs and in increasing leadership capacity among nurses.

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Hickam, D. H., Severance, S., Feldstein, A., Ray, L., Gorman, P., Schuldheis, S., et al. (2003). *The Effect of Health Care Working Conditions on Patient Safety. Evidence Report/Technology Assessment* (No. 74). Rockville, MD: Agency for Healthcare Research and Quality.