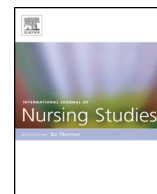




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Review

Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings



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ABSTRACT

Objectives: This paper summarises and critically reviews strategies identified in the literature which support retention of nurses by the creation and enhancement of positive practice environments in the clinical setting.

Design: Literature review.

Data sources: A literature search was undertaken in February 2012 of major healthcare-related databases, Cinahlplus, Medline, and Proquest.

Review methods: The keywords “nurs* AND practice AND environment” were used in the first instance. Additional keywords “retention strategies” were also searched. Abstracts were reviewed and articles which potentially outlined strategies were identified. Reference lists were scanned for other potential articles. Articles in languages other than English were excluded. Lake’s Practice Environment Scale of the Nursing Work Index provided a framework from which to assess the strategies.

Results: Thirty-nine papers reported strategies for creating a positive practice environment. Only two articles reported on a pre-test post-test evaluation of the proposed strategy. Strategies included: empowering work environment, shared governance structure, autonomy, professional development, leadership support, adequate numbers and skill mix and collegial relationships within the healthcare team.

Conclusions: Creating positive practice environments enhances nurse retention and facilitates quality patient care. Managers and administrators should assess and manage their practice environments using a validated tool to guide and evaluate interventions.

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What is already known about the topic?

- Positive nursing practice environments improve nurse retention and quality of care for patients.
- Organisations with positive practice environments have lower turnover and higher retention rates of nurses.

What this paper adds

- This paper identifies and critically reviews strategies outlined in the literature for enhancing the practice environment of nurses.

- This paper also outlines instruments that may be used to assess practice environments.

1. Introduction

The global nursing shortage is a challenge for health-care systems around the world and solutions are critical to prevent escalating adverse health outcomes ([International Council of Nurses, 2006](#)). While the exact extent of the shortage is unknown, several reports provide estimates of the size of the problem. The [World Health Organisation \(2006\)](#) estimated a shortage of almost 4.3 million doctors, midwives, nurses and support workers globally. [Buerhaus \(2008\)](#) predicted a deficit in Registered Nurses (RNs) in the United States, relative to projected demand, will begin in

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2015 and continue to worsen with projected shortages of 285,000 RNs by 2020 and 500,000 RNs by 2025. More recently a [Health Workforce Australia report \(2012\)](#) identified projected shortages of 20,079 nurses in 2016 increasing to 109,490 in 2025. If Australia aimed for medium self-sufficiency of the nursing workforce with a 50% reduction in migration (self-sufficiency is defined as meeting health workforce requirements from domestic training), the shortage in 2025 would increase to 129,818 nurses.

The shortage of healthcare workers has forced governments and employers to address not only training and recruitment issues but staff retention strategies as cost effective and beneficial to health outcomes ([Gaynor et al., 2007](#); [Hayes et al., 2006](#)). For example, Australian data suggest if retention was improved by sustaining exit rates at 2% of the total workforce, the shortage would fall to 25,000 in 2025, a reduction in the nurse shortage of over 100,000 nurses ([Health Workforce Australia, 2012](#)).

In the last decade, the relationship between staff retention and positive practice environments has been well established ([Aiken et al., 2008a](#); [Kramer and Schmalenberg, 2004](#); [Laschinger et al., 2003](#); [Upenieks, 2003](#)). The nursing practice environment can be examined from many perspectives, however for the purposes of this discussion it will be defined as: 'the organisational characteristics of a work setting that facilitate or constrain professional nursing practice' ([Lake and Friese, 2006](#), p. 2). Health service managers may need guidance as to the development and implementation of a positive practice environment. This paper summarises and critically reviews strategies identified in the literature which support retention of nurses by the creation of positive practice environments.

2. Background

Research suggests that administrative interventions aimed at improving the quality of the practice environment, have more effect on staff retention and maintenance of adequate staffing levels than increasing recruitment or salaries ([Hayes et al., 2006](#)). Factors contributing to a favourable hospital work environment were consistent across countries ([Clarke and Aiken, 2008](#)). Hospitals with more highly educated registered nurses, adequate staffing and positive practice environments had more satisfied nurses and demonstrated more favourable patient outcomes ([Clarke and Aiken, 2008](#)). A Western Australian study ([Naude and McCabe, 2005](#)) identified factors that motivated the nurse to remain at the hospital. These factors included: supportive/friendly staff (the most frequently reported factor), followed by supportive/effective management, good physical environment and equipment, and job satisfaction. While both money and proximity to home were important, other factors relating to the work environment were pivotal in nurses' decisions about where they sought work and whether or not they stayed at that hospital ([Naude and McCabe, 2005](#)).

Nurses who were more satisfied with their role had greater autonomy, control over their practice setting, sufficient resources, effective nurse leaders and perceived

the existence of positive nurse–physician relationships ([Clarke et al., 2001](#); [Upenieks, 2003](#)). In addition, organisations that promote the status of nursing ([Chan and Lai, 2010](#)), encourage staff involvement in decision making ([Flynn et al., 2010](#)), promote excellence in patient care and support new staff in adoption of these values, enhance the practice environment ([Kramer et al., 2004](#)).

Positive practice environments influenced nurses' abilities to practise professionally and therefore provide safe quality care ([Laschinger et al., 2003](#); [Upenieks, 2003](#)). [Aiken et al. \(2008b\)](#) suggested that up to 40,000 patient deaths may be avoided annually by improving practice environments, nurse staffing and education levels; this estimate is based on achieving an ideal situation for each of the above factors across all hospitals in the United States. [Aiken et al. \(2008b\)](#) concluded that maximising these elements—nurse staffing, nurse education and the practice environment—provide three options to minimise the risk of adverse outcomes for patients and improve nurse retention. A further study examining the association of nursing work environments to patient satisfaction concluded that patients reported greater satisfaction and perceived increased quality of care in settings with a positive practice environment ([Kutney-Lee et al., 2009](#)). Positive practice environments demonstrate a focus on quality care ([Flynn et al., 2010](#)) and improve job satisfaction and retention ([Trinkoff et al., 2011](#)).

More recently, [Aiken et al. \(2011\)](#) further examined the effect of differing nurse staffing levels on mortality and failure-to-rescue; they found the effect of decreasing the workload of nurses by one patient varied according to the type of work environment. The effect of a 10% increase in Bachelor Degree nurses decreased the odds of death and failure-to-rescue by approximately 4%, regardless of the practice environment and the effect of decreasing the workload of nurses by one patient in poor work environments was negligible. However in average work environments, it reduced the odds of mortality and failure-to-rescue by 4% and in hospitals with the best work environment, it reduced the odds of mortality and failure-to-rescue by 10%. This study underlines the importance of positive practice environments and the need for health executives and managers to carefully manage the practice environment as a means of improving nurse and health outcomes.

2.1. Assessment of the practice environment

Assessment of the practice environment is necessary to identify gaps or to facilitate pre- and post-evaluation of interventions. It is a vital first step towards understanding and enhancing the practice environment. Differences in the practice environment may be evident at a unit level due to factors such as unit size, number of support staff and rate of patient turnover ([Schmidt, 2004](#)); therefore, evaluating the practice environment at a micro and macro level may prove useful.

Several assessment tools have been reported. The first, and most widely used, is [Lake's \(2002\)](#) Practice Environment Scale of the Nursing Work Index (PES-NWI). The use and modification of the PES-NWI has been reported at least

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