

Nurse Practice Environments and Outcomes: Implications for Oncology Nursing

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Purpose/Objectives: To examine practice environments and outcomes of nurses working in oncology units or Magnet hospitals and to understand the association between the two.

Design: Secondary analysis of survey data collected in 1998.

Setting: Medical and surgical units of 22 hospitals, of which 7 were recognized by the American Nurses Credentialing Center Magnet program.

Sample: 1,956 RNs, of whom 305 worked in oncology units.

Methods: Chi-square tests compared nurse-reported outcomes by work setting, analysis of variance tested practice environment differences by setting, and logistic regression estimated the effects of practice environment, specialty, and Magnet status on outcomes.

Main Research Variables: Practice environments, emotional exhaustion, job satisfaction, and quality of care.

Findings: Oncology nurses had superior outcomes compared with nononcology nurses. Emotional exhaustion was significantly lower among oncology nurses working in Magnet hospitals. Scores on the Collegial Nurse-Physician Relations subscale were highest among oncology nurses. Outcomes were associated with Practice Environment Scale of the Nursing Work Index scores and Magnet status. Oncology nurses with favorable collegial nurse-physician relations were twice as likely to report high-quality care.

Conclusions: Oncology nurses benefit from working in American Nurses Credentialing Center Magnet hospitals. Adequate staffing and resources are necessary to achieve optimal outcomes. Collegial nurse-physician relations appear to be vital to optimal oncology practice settings.

Implications for Nursing: In addition to pursuing American Nurses Credentialing Center Magnet recognition, nurse managers should assess practice environments and target related interventions to improve job satisfaction and retention. High-priority areas for interventions include ensuring adequate staff and resources, promoting nurse-physician collaboration, and strengthening unit-based leadership.

Since the mid-1980s, research studies have documented the relationship between the characteristics of nurses' work settings and patient outcomes; however, the nursing profession still struggles to determine how to organize practice environments best to retain nurses and keep patients safe. This article uses previously collected data to draw conclusions about the practice environments of RNs and differences related to nurse specialty and hospital recognition for nursing. The results presented here can be used to understand the organizational features associated with favorable nurse-reported outcomes. The findings point to promising strategies for improving nurse and patient outcomes in oncology.

Background and Significance

The Institute of Medicine's (IOM's) (Page, 2004) fourth volume in the *Crossing the Quality Chasm* series, titled

Key Points . . .

- Nurses' reports regarding their practice environments were associated strongly with job dissatisfaction, burnout, and perceived quality of care.
- Oncology nurses perceived their environments and outcomes differently from other inpatient nurses, which suggests that future studies should sample to detect differences by specialty.
- To improve outcomes, practice environments should be assessed routinely and systematically to optimize the success of interventions.

Keeping Patients Safe: Transforming the Work Environment of Nurses, addressed nursing work environments and their impact on patient safety. The IOM's Committee on the Work Environment for Nurses and Patient Safety identified areas of healthcare organizations that needed improvement, including evidence-based staffing standards, work-hour regulations, the creation of interdisciplinary teams, and the establishment of visible and responsive nursing leadership. The intended result of these recommendations was to create healthcare settings that reduce the likelihood of errors and subsequent poor patient outcomes (Page). Key stakeholder groups also have identified practice environment transformations as imperative to attracting and retaining nurses (American Hospital Association, 2002; American Nurses Association, 2002; Joint Commission on Accreditation of Healthcare Organizations, 2002; Kimball & O'Neil, 2002; U.S. General Accounting Office, 2001).

The concerns expressed by IOM and others build on two decades of research that has found that poor work environments result in undesirable nurse and patient outcomes. In a

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