

The quality of nursing care in the nursing practice environment: a scoping review

La calidad de la atención de enfermería en el entorno de la práctica de enfermería: una revisión de alcance

A qualidade dos cuidados de enfermagem no ambiente de prática de enfermagem: revisão scoping

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Abstract

The aim of this study is to examine the scientific evidence about the Quality of Care in the Nursing Practice Environment. It is increasingly important for the satisfaction of clients, nurses and the efficiency of organizations to understand the relationship between the nursing practice environment and the quality of nursing care. A scoping review was carried out during the month of November 2020, in which studies published between 2015 and 2020 were included to provide an overview of which characteristics of the practice environment influence the quality of nursing care. Of the 940 titles and abstracts identified, 21 studies were included, of which 10 studies are cross-sectional studies and 7 are descriptive studies. Evidence indicates that there are several factors that affect the quality of nursing care and the nursing practice environment. Job satisfaction, nurse manager support and support, career progression, sleep disorders and computer systems are characteristics of the nursing practice environment that interfere with the quality of nursing care.

Descriptors: Quality of Health Care; Work Environment; Nursing; Health Facility Environment; Review.

Resumen

El objetivo de este estudio es examinar la evidencia científica sobre la Calidad de la Atención en el Ambiente de la Práctica de Enfermería. Es cada vez más importante para la satisfacción de los clientes, las enfermeras y la eficiencia de las organizaciones comprender la relación entre el entorno de la práctica de enfermería y la calidad de la atención de enfermería. Se realizó una revisión de alcance durante el mes de noviembre de 2020, en la que se incluyeron estudios publicados entre 2015 y 2020 para brindar una visión general de qué características del entorno de práctica influyen en la calidad de la atención de enfermería. De los 940 títulos y resúmenes identificados, se incluyeron 21 estudios, de los cuales 10 estudios son estudios transversales y 7 son estudios descriptivos. La evidencia indica que hay varios factores que afectan la calidad de la atención de enfermería y el entorno de la práctica de enfermería. La satisfacción en el trabajo, el apoyo y apoyo del gerente de enfermería, la progresión profesional, los trastornos del sueño y los sistemas informáticos son características del entorno de la práctica de enfermería que interfieren con la calidad de la atención de enfermería.

Descriptores: Calidad de la Atención de Salud; Entorno de Práctica; Enfermería; Ambiente de Instituciones de Salud; Revisión.

Resumo

O objetivo deste estudo é examinar a evidência científica acerca da Qualidade dos Cuidados no Ambiente de Prática de Enfermagem. É cada vez mais importante para a satisfação dos clientes, dos enfermeiros e para a eficiência das organizações, perceber a relação entre o ambiente de prática de enfermagem e a qualidade dos cuidados de enfermagem. Foi realizada uma revisão scoping, durante o mês de Novembro de 2020, em que foram incluídos estudos publicados entre 2015 e 2020 para fornecer uma visão geral sobre quais as características do ambiente de prática que tem influência sobre a qualidade dos cuidados de enfermagem. Dos 940 títulos e resumos identificados, 21 estudos foram incluídos, dos quais 10 estudos são estudos transversais e 7 são estudos descritivos. As evidências indicam que existe vários fatores que interferem na qualidade dos cuidados de enfermagem e no ambiente de prática de enfermagem. A satisfação profissional, o apoio e suporte do enfermeiro gerente, a progressão da carreira, os distúrbios do sono e os sistemas informáticos são características do ambiente de prática de enfermagem que interferem com a qualidade dos cuidados de enfermagem.

Descritores: Qualidade dos Cuidados de Saúde; Ambiente de trabalho; Enfermagem; Ambiente de Instituições de Saúde; Revisão.



Introduction

In health, the evolution of the concept of quality took place based on the growing concern with the continuous improvement of the quality of care provided by health professionals to clients, meeting their expectations and needs, as well as the progress of the whole society.

Quality is defined as the acquisition of benefits with the least risks for the client, guaranteeing the ethical and legal rights of the client and preserving its integrity, so it is the results of the entire care process that allow the analysis of efficiency, effectiveness, equity and customer satisfaction with the care they received¹. There are several factors, internal and external to health organizations, that influence the quality of nursing care, and the nursing practice environment is one of these factors². The presence of autonomy and control of the environment, and multidisciplinary collaboration can contribute to a more favorable work environment for the development of care, aiming at better results for the client, for the health professional and for the institution itself, resulting in improvement the quality of nursing care provided³. The quality of nursing care is only attainable if nurses experience better professional quality in the context of clinical practices, in order to promote professional and client satisfaction⁴. The quality of nursing care is a fundamental component in the profession and refers, among other aspects, to the direct relationship between the client and the nurse⁵. The quality of nursing care depends on many factors, mainly the nursing practice environment⁵.

The nursing practice environment is crucial to the success of health systems⁶ and is related to the quality of nursing care, the safety and effectiveness of client care, as well as the efficiency of organizations⁷.

Lake defines nursing practice environment as the organizational characteristics of a work context that facilitate or constrain professional nursing practice⁶. A favorable nursing practice environment is characterized by the adequacy of human and material resources, active participation of nurses in the governance of organizations, quality of care and provision of nursing care, and good relations between the different professional groups in health services^{2,6}. According to the scientific evidence of the last decades, a favorable nursing practice environment has significant impacts on the levels of quality and safety of client care, well-being of health professionals, quality and productivity, and effectiveness of services, organizations and health systems⁶. On the other hand, an unfavorable nursing practice environment, lack of management support, weak leadership and poor multidisciplinary relationship are associated with: decreased quality of nursing care; adverse customer events⁸; conflicts and stress among health professionals⁹; professional dissatisfaction and increased turnover of nurses^{5,10}.

A safe nursing practice environment is characterized by good relationships between the multidisciplinary team, management support to professionals, balanced work schedules^{5,11,12}, adequacy between workload and nurses' skills, professional autonomy, adequate resources and opportunities for progression professional^{5,10,11,12}.

Nurse managers play a key role in creating a safe nursing practice environment¹¹ and promoting quality care^{5,7}. Nurses, as leaders, are essential to improve communication with and among the team to achieve goals, aiming at the quality of nursing care, client safety and health innovation^{7,13}.

This review was based on the methodology proposed by the Joanna Briggs Institute (JBI). The objective of this review is to examine the scientific evidence about the Quality of Care in the Nursing Practice Environment. The guiding question is: "How is the Quality of Care characterized in the Nursing Practice Environment?"

Methodology

Were performed a preliminary search to identify the relevant studies, in the databases of CINAHL, MedLine, PubMed, JBI Data Base of Systematic Reviews and Implementation Reports, Cochrane Library, Epistemonikos and the Open Access Scientific Repository in Portugal. We searched for published reviews on the proposed topic and it was found that they did not exist.

The review question was formulated from the PCC strategy, which considered: Population (P) - Nurses; Concept (C) - Quality of Care and Nursing Practice Environment; Context (C) - all health care delivery contexts. The inclusion criteria for preparing this review are: Participants - Studies with nurses of all age groups, from all areas of expertise and professional development; Concepts - Studies that address the concepts of Quality of Care and Nursing Practice Environment; Context - Studies that include all care contexts: hospitals, primary health care, integrated continuing care, residential structures for the elderly and home care.

In this review, a three-step research strategy was applied: Initially, with the aim of appropriating the concepts and identifying the information, we searched the MEDLINE and CINAHL databases to identify the most appropriate search terms to answer the question. Subsequently, a second search was carried out in the remaining databases of the EBSCOHost platform using the following terms: "Nurse", "Quality in health", "Quality of care", "Work environment", "Practice environment", "Hospital", "Primary health care", "Long-term care" and "Home care". The period between 2015 and 2020 was defined, and all articles found in Portuguese, English and Spanish would be included.

Subsequently, in order to understand the characteristics of the quality of nursing care, other additional studies emerged through the bibliographic reference lists of the identified articles. Thus, we were able to obtain as many relevant articles as possible to answer the review question. Studies that reported the relationship between the nursing practice environment and the quality of care were included. In addition, studies were included in which the results were related to safety, quality of care or professional satisfaction of nurses.

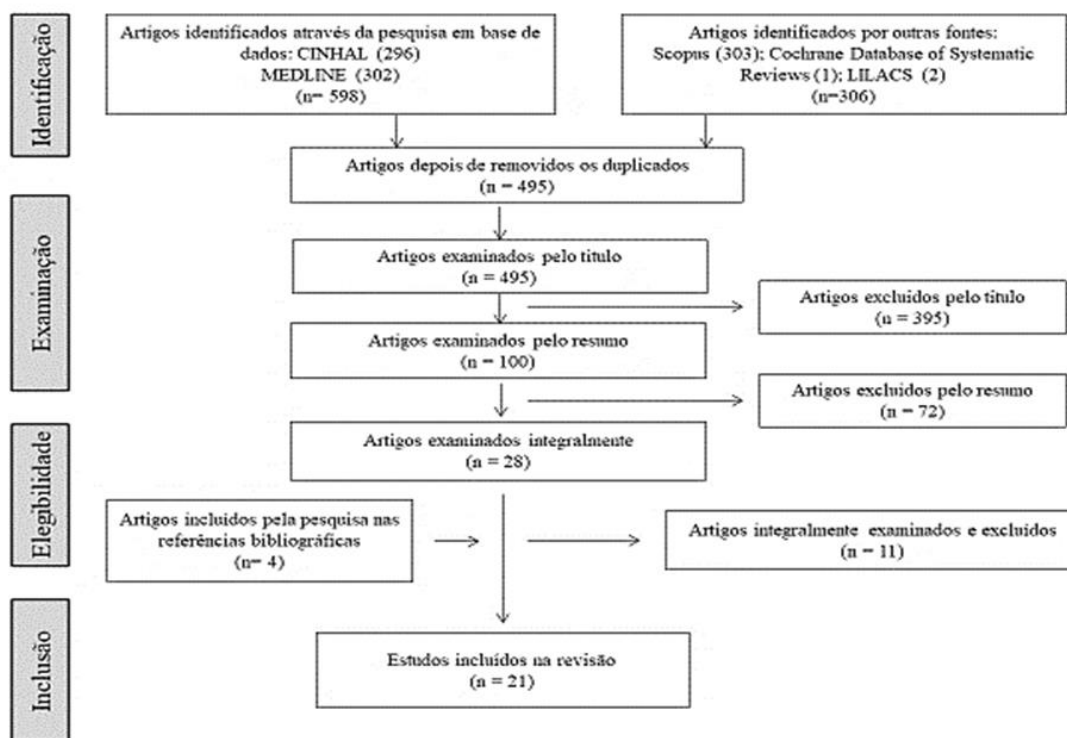
Studies that focused on patient satisfaction or that analyzed other issues unrelated to the topic were excluded. Quantitative and qualitative studies were included. The final analysis included evaluation of the study design, sample, instruments used to assess the quality of care, the variables



studied and the associations found in the study, main results, and limitations of the included studies. Editorials, opinion and reflection articles were not included. The selection of studies took place in November 2020.

In Figure 1, a PRISMA Flow Diagram¹⁴ flowchart illustrates the results of the analysis steps performed.

Figure 1. Selection process - PRISMA Flow Diagram. Lisbon, Portugal, 2020



Results

The selection of studies started with 904 articles, 409 were removed as duplicates. After selecting the articles by title and abstract, 470 were excluded, leaving 25 articles to be read in full. A review of references was also performed to include relevant articles, which resulted in the selection of 4 articles. After selecting the articles by reading them in full, 21 studies were included in the literature review.

The final analysis included twenty-one studies, of which ten are cross-sectional studies and seven are descriptive, and publication dates ranged from 2015 to 2020. We obtained ten studies in Asia, four studies in Europe, two studies in America, one study in Africa and a study in Oceania. The sample size used in the studies ranged from 30 to 13,077 nurses. Most studies were carried out in hospitals, some central and others district and only two were carried out simultaneously, with primary health care. Within the theoretical framework of the articles, only two articles refer to the models, one of which refers to the Mitchell Health Quality Outcomes Model¹⁵, to the Dubois Nursing Care Organization Model¹⁶ and Doran's Model of Effectiveness of Nursing Care¹⁷, the other refers to the Donabedian Structure, Process and Outcome Model¹⁸. As a data collection instrument, several scales were used, the Practice Environment Scale of the Nursing Work Index was the most used (7 studies), followed by The Maslach Burnout Inventory (3 studies), and 2 studies from the RN4CAST.

Associations between Quality of Care and Nursing Practice Environment

The factors reported by Nurses that interfere with the quality of care were the following: Nurse Satisfaction; Engagement; Safety in the Workplace; Autonomy; burnout; Stress due to Workload; sleep disorders; turnover; Nurses' perceptions. These are associated with a favorable nursing practice environment that also influences: Teamwork; Communication; Leadership; Interpersonal Relations; Manager/Supervisor/Organization Support; Organizational culture; Physical, material and human resources; Education/Career Progression; Compensation and Benefits; Technology; Professional Life/Personal Life; Cultural diversity; Pace and Working Hours; Nurse's Productivity.

According to a study carried out in Ethiopia¹⁹, nurses who reported an unfavorable work environment were 10 times more likely to experience reduced quality of care than those who reported a favorable work environment. To obtain data on the quality of care in the nursing practice environment, 7 studies used a qualitative questionnaire and 3 studies used institutional databases.

Discussion

The objective of this review was to examine the scientific evidence about the Quality of Care in the Nursing Practice Environment. Most recent studies were carried out in Asia and Europe, which demonstrates the importance of this topic. One of the most important associations found in the literature focuses on a favorable nursing practice

environment that has a positive impact on the quality of care provided by nurses. Many studies have reported nurses' job satisfaction as the main factor for the quality of nursing care.

Professional satisfaction, when related to transformational leadership and an adequate implementation of human, physical and material resources, reduces turnover intention and increases customer satisfaction²⁰. The increase in professional satisfaction through teamwork promotes an opportunity for greater interaction, communication and support between professionals²⁰⁻²³.

The turnover intention and the intention to leave the profession are impacted by the nurse's satisfaction, as well as by the adaptation to work stress^{20,24,25}. The low salaries and benefits of nurses are one of the explanations for the high percentages of nurses who reported turnover intention²⁶.

The workload is another factor that causes more concern for nursing professionals. This is often increased, due to organizational policies and the lack of nurses. This factor includes direct customer service and indirect service (communication with the family and administrative work). This is due to organizational policies, the lack of nurses and other elements of the multidisciplinary teams^{25,27}. In another study, they reported that 86% of nurses reported that at least one client care activity was not performed due to lack of time²³. In this follow-up, one of the main reasons for the omission of nursing care was the appearance of an emergency, with 74.5% of nurses indicating this phenomenon²⁸.

In the study carried out in Ethiopia, almost two-thirds of nurses (62.1%) reported that in their workplace they work more than recommended, including performing tasks not related to nursing work, and 158 nurses (62, 5%) expressed that they do not have the autonomy to make decisions regarding client care. However, 146 of respondents (57.7%) reported that there are sufficient staffing of nurses in their workplaces¹⁹. According to another study, 90% of nurses stated that they had performed tasks unrelated to nursing and 35% that they had omitted care plans due to lack of time²⁵. In yet another study, 70.8% of nurses (431) performed tasks outside the nursing competence, 52.2% of nurses (317) were often responsible for acquiring material and equipment, and 72.5% of nurses (446) did administrative tasks and answering the phone²⁹. On the other hand, nurses with a higher workload than their due tend to report more health problems and more difficulties in providing care to clients³⁰.

Another factor that influences the nursing practice environment is the support and support of nurse managers. Their reduced support and inadequate communication contribute to professional dissatisfaction³⁰. In order to counter this problem, nurses consider that they should be led by competent and efficient managers, who represent the interests of the team in the organization, including them in political decision-making, considering the organizational culture^{22,31}. These leaders, according to nurses, should inspire and motivate the team, provide feedback, facilitate communication between the team, establish standards of

quality of care and promote the involvement of nurses in organizational decisions²³. In a study that addressed this factor, 152 respondents (60.1%) reported that there is no support from their managers^{19,32}.

Some studies indicate that career progression through education and research still does not happen in all countries, for example in Bangladesh, it is still according to seniority in the service³⁰. Only 85 of the nurses interviewed (33.6%) agreed that it is important to have the opportunity to continue their training in nursing, without leaving the profession, but 188 of the participants (74.3%) reported that their organizations do not offer opportunities suitable for professional progression¹⁹. The presence of greater professional skills is associated with reduced mortality, greater customer satisfaction and a lower occurrence of errors in care^{20,26,33}.

Another factor mentioned was the lack of benefits for those who work overtime, night shifts or weekend shifts^{30,34}. Nurses who work 12 hours or more have 40% more job dissatisfaction and turnover intent compared to nurses who work 8 hours or less. Also, nurses without night shifts are more satisfied with their nursing practice environments than those who work night shifts³⁵. The flexibility of hours, on the part of many managers, is not taken into account when working hours, thus contributing to professional dissatisfaction²⁵.

The instability of the profession can affect the quality of the nursing practice environment and, simultaneously, professional satisfaction, which may have implications for turnover and the quality of nursing care²⁴. This instability may result from the turnover of their hierarchical superiors or from possible restructuring of the organization^{23,24,27,32}. Migration and organizational turnover of healthcare professionals are sources of concern for healthcare organizations at European and global level. From 2009 to 2015 more than 10,000 Portuguese nurses requested a declaration to be able to practice nursing in another European Union country²⁶. This request does not imply that the same number of nurses have actually emigrated, but it does express great interest or intention to do so²⁶.

In Australia, some studies report that improving the nursing practice environment could reduce the shortage of nurses by 80% by 2025²³. Also, a study in Taiwan states that there will be a deficit of 8,000 nurses (about 6% of nurses needed) in the next 5 years if the nursing practice environment does not improve^{35,36}. In a study carried out in Europe, almost 1 in 5 nurses would not recommend their hospital to friends or family and rated the quality of care in their hospital unit as being mediocre³³. The lack of nurses in healthcare organizations reduces the efficiency and quality of nursing care, which directly affects customer satisfaction³⁶. Regarding professional/personal life, 217 respondents (88.5%) report that they cannot reconcile professional and personal life¹⁹. Two-thirds of respondents (66.4%) feel that their healthcare organization's vacation policy is not appropriate for their personal life¹⁹.

Another important factor is sleep disorders, with 51.8% of nurses (311) having excessive daytime sleepiness after night shifts²⁵. Nurses who work night shifts have worse



sleep quality than those who work fixed day shifts²⁵. Therefore, adequate sleep hours and days off are favorable factors for the retention of nurses, reducing burnout rates and the occurrence of errors in the workplace^{34,37}. Another study reports that almost 30% of nurses had a high rate of burnout and dissatisfaction in the workplace³³. The favorable nursing practice environment is a motivating factor to improve psychological well-being and engagement, as well as a protective factor to reduce stress and physical exhaustion³⁸. Nurses' social interactions outside their workplace and supportive behaviors towards their colleagues decreased work-related stress, and increased job satisfaction²⁰.

Computer systems were inserted in health organizations with the aim of improving the quality of care and sharing information between professionals and organizations. According to a study³⁹, computer records proved to be better than records written on paper, as well as confirmed that there is resistance to change on the part of nurses, due to lack of knowledge, skills and understanding. This resistance to change is indicated by nurses, as they report that computer systems do not reflect their daily clinical practice, nor do they focus on individualized care³⁹. Computer systems promote assessment and planning of health care, teaching more facilitated to clients and their families, communication and coordination of health care, management of problems and symptoms, and planning for hospital discharge, thus having results both at the level of the nurse (increased perception of the quality of care and responsibility), as well as of the client (increased safety, comfort, quality of life, empowerment, satisfaction and experience)²⁴.

The relationship with the client and his family was another important factor for the quality and safety of care, with verbal aggression occurring more frequently in sectors with greater contact with the population²⁵. In this study, with 1,783 nurses, 28% reported violence at work and 16% reported sexual harassment. Verbal abuse was also a common experience reported in the workplace, with nurses understanding that having a sense of physical and mental security was a basic need in the workplace²⁰.

Nurses from different countries tend to have different views on the quality of care due to differences in cultural origins, in perceptions of care characteristics and in the self-concept of the quality of nursing care. Cultural

diversity between nurses and clients can affect nurses' performance in client care, as they have different standards and attitudes³⁷. The lack of communication between the team or the difficulty of nurse/client communication is one of the points that nurses most value in professional satisfaction, as there may be pairs and clients who present, for example, different languages³⁷.

Managers play a key role in increasing the autonomy and involvement of their team, in order to promote a sense of responsibility and organizational commitment, as well as increasing the motivational quality of work characteristics and creating a favorable nursing practice environment^{20,22,28,38}. A favorable nursing practice environment must present policies that include cost-effectiveness⁴⁰, good outcome effectiveness in the nursing profession, as well as good support and support from managers as well as healthcare organizations³².

The limitations of this study include the possibility that relevant studies did not appear in the consulted databases and that some variables or associations between the nursing practice environment and the quality of nursing care were not reported. In addition, one of the limitations was the analysis of studies published only in English, Portuguese and Spanish. Although extensive research has been carried out, the inclusion of other terms/concepts may be necessary to find more studies that analyze nursing practice environments and the quality of care provided by nurses. However, the present literature review provides a broad overview of the areas that have been studied within this topic.

Conclusion

It is essential for organizations to promote a favorable nursing practice environment to obtain adequate levels of quality in nursing care. The favorable nursing practice environment that promotes the quality of nursing care has an impact on achieving results for clients and nurses. Professional training is another element that, in addition to differentiating and enabling nurses, is essential to improve the quality of nursing care and, consequently, the nursing practice environment.

Nurse managers reveal that they have a crucial role in promoting nursing practice environments and the quality of nursing care in their health services, units and organizations.

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