



KEY POINT SUMMARY

OBJECTIVES

The study sought to explore ambulatory oncology nursing practice environments.

DESIGN IMPLICATIONS

This study presents some needed insight into features of the built environment that impact professional nursing practice, improve patient outcomes, and enhance nursing job satisfaction in ambulatory care settings. More evidence based design research and practice benchmarks are needed in this area.

Practice Environments of Nurses in Ambulatory Oncology Settings: A Thematic Analysis

Kamimura, A., Schneider, K., Lee, C. S., Crawford, S. D., Friese, C. R.
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Key Concepts/Context

The working environments for nurses in inpatient settings have been studied extensively, but little is known about ambulatory locations. Yet, according to National Center for Health Statistics, 19 million of the 23 million annual visits for chemotherapy occur in ambulatory centers. Therefore, research in this area could contribute to better nursing outcomes and patient care.

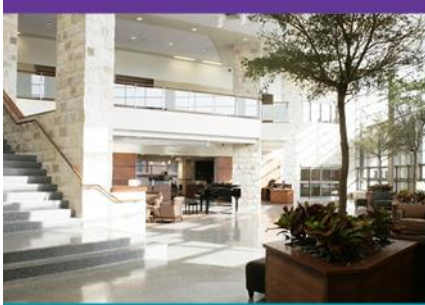
Methods

In 2009-2010, the researchers conducted two focus groups of 13 nurses who cared for adult cancer patients outside of inpatient units. They used a semistructured moderator guide to explore practice environment features that promoted safe, high-quality care and high job satisfaction. They also asked nurses to point out practice environment features that hindered quality care and reduced job satisfaction. The investigators then used thematic analysis to report themes and construct a conceptual framework.

The authors used digital and audio recordings for the focus group. In addition to verbatim transcripts, the data included field notes from three members of the research team. The team developed initial codes from the transcripts and then reviewed the data and coding structure and agreed with the interpretations.

Findings

The data revealed four themes. The authors' first theme was, Practice Environments: Workloads, Support, and Resources. Here the nurses indicated that the lack of physical and supportive resources hampered effective care delivery.



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Further, the authors note, the nurses in smaller practices reported a lack of equipment availability. For example, smaller clinics did not always have the number of infusion pumps they needed, so nurses allocated equipment to patients based on infusion requirements. Finally, the study participants noted that, despite the potential for life-threatening infusion-related reactions, some practices did not routinely stock emergency equipment, such as emergency medications, defibrillators, and cardiac monitors.

The authors report that the second theme was, *Communication With Colleagues: Integral to Patient Care*.

The third theme the authors noted was, *Negative Consequences of Unfavorable Nursing Practice Environment Features*. When nurses were asked to describe the negative consequences of suboptimal practice environments, the authors note that patient delays was the top nursing concern. Further, the study participants said that the physical space of their practices was not conducive to delivering safe patient care or handling patient and family psychosocial needs. In addition, the authors report, poor physical space impacted nurses' physical health in terms of ergonomic injuries. In many instances, the authors found, the space was not designed for the current technologies in place.

The final theme was, *Positive Impacts of Practice Environments and Communication*. The nurses reported that patient continuity, smooth patient flow, on-time orders, availability of requisite supplies, and support from pharmacists were good examples of high-quality patient care.

From these findings, the authors concluded that it is important to consider both the presence and absence of these features when studying the nursing practice environment and its design.

Limitations

The authors note that one limitation of this study is that the data were drawn from two focus groups with small sample sizes, and thus, may not represent ambulatory oncology nurses in general. However, the researchers note that themes were very similar across focus groups, providing additional evidence for data saturation. They also stated that, in contrast to the population of nurses employed in hospitals, the number working in ambulatory settings is relatively small. Finally, the authors note that they made a rigorous effort to recruit nurses from diverse settings and include their data.