Fast Facts for the HOSPICE Nurse

A Concise Guide to End-of-Life Care

Patricia Moyle Wright

SPRINGER PUBLISHING COMPANY
OTHER FAST FACTS BOOKS

Fast Facts for the NEW NURSE PRACTITIONER: What You Really Need to Know in a Nutshell, 2e (Aktan)

Fast Facts for the ER NURSE: Emergency Room Orientation in a Nutshell, 2e (Buettner)

Fast Facts About GI AND LIVER DISEASES FOR NURSES: What APRNs Need to Know in a Nutshell (Chaney)

Fast Facts for the MEDICAL–SURGICAL NURSE: Clinical Orientation in a Nutshell (Ciocco)

Fast Facts for the NURSE PRECEPTOR: Keys to Providing a Successful Preceptorship in a Nutshell (Ciocco)

Fast Facts for the OPERATING ROOM NURSE: An Orientation and Care Guide in a Nutshell (Criscitelli)

Fast Facts for the ANTEPARTUM AND POSTPARTUM NURSE: A Nursing Orientation and Care Guide in a Nutshell (Davidson)

Fast Facts for the NEONATAL NURSE: A Nursing Orientation and Care Guide in a Nutshell (Davidson)

Fast Facts About PRESSURE ULCER CARE FOR NURSES: How to Prevent, Detect, and Resolve Them in a Nutshell (Dziedzic)

Fast Facts for the GERONTOLOGY NURSE: A Nursing Care Guide in a Nutshell (Eliopoulos)

Fast Facts for the LONG-TERM CARE NURSE: What Nursing Home and Assisted Living Nurses Need to Know in a Nutshell (Eliopoulos)

Fast Facts for the CLINICAL NURSE MANAGER: Managing a Changing Workplace in a Nutshell, 2e (Fry)

Fast Facts for EVIDENCE-BASED PRACTICE: Implementing EBP in a Nutshell, 2e (Godshall)

Fast Facts About NURSING AND THE LAW: Law for Nurses in a Nutshell (Grant, Ballard)

Fast Facts for the L&D NURSE: Labor & Delivery Orientation in a Nutshell, 2e (Groll)

Fast Facts for the RADIOLOGY NURSE: An Orientation and Nursing Care Guide in a Nutshell (Grossman)

Fast Facts on ADOLESCENT HEALTH FOR NURSING AND HEALTH PROFESSIONALS: A Care Guide in a Nutshell (Herrman)

Fast Facts for the FAITH COMMUNITY NURSE: Implementing FCN/Parish Nursing in a Nutshell (Hickman)

Fast Facts for the CARDIAC SURGERY NURSE: Caring for Cardiac Surgery Patients in a Nutshell, 2e (Hodge)

Fast Facts for the CLINICAL NURSING INSTRUCTOR: Clinical Teaching in a Nutshell, 2e (Kan, Stabler-Haas)

Fast Facts for the WOUND CARE NURSE: Practical Wound Management in a Nutshell (Kifer)

Fast Facts About EKGs FOR NURSES: The Rules of Identifying EKGs in a Nutshell (Landrum)

Fast Facts for the CRITICAL CARE NURSE: Critical Care Nursing in a Nutshell (Landrum)
Fast Facts for the TRAVEL NURSE: Travel Nursing in a Nutshell (Landrum)

Fast Facts for the SCHOOL NURSE: School Nursing in a Nutshell, 2e (Loschiavo)

Fast Facts About CURRICULUM DEVELOPMENT IN NURSING: How to Develop & Evaluate Educational Programs in a Nutshell (McCoy, Anema)

Fast Facts for DEMENTIA CARE: What Nurses Need to Know in a Nutshell (Miller)

Fast Facts for HEALTH PROMOTION IN NURSING: Promoting Wellness in a Nutshell (Miller)

Fast Facts for STROKE CARE NURSING: An Expert Guide in a Nutshell (Morrison)

Fast Facts for the MEDICAL OFFICE NURSE: What You Really Need to Know in a Nutshell (Richmeier)

Fast Facts for the PEDIATRIC NURSE: An Orientation Guide in a Nutshell (Rupert, Young)

Fast Facts About the GYNECOLOGICAL EXAM FOR NURSE PRACTITIONERS: Conducting the GYN Exam in a Nutshell (Secor, Fantasia)

Fast Facts for the STUDENT NURSE: Nursing Student Success in a Nutshell (Stabler-Haas)

Fast Facts for CAREER SUCCESS IN NURSING: Making the Most of Mentoring in a Nutshell (Vance)

Fast Facts for the TRIAGE NURSE: An Orientation and Care Guide in a Nutshell (Visser, Montejano, Grossman)

Fast Facts for DEVELOPING A NURSING ACADEMIC PORTFOLIO: What You Really Need to Know in a Nutshell (Wittmann-Price)

Fast Facts for the HOSPICE NURSE: A Concise Guide to End-of-Life Care (Wright)

Fast Facts for the CLASSROOM NURSING INSTRUCTOR: Classroom Teaching in a Nutshell (Yoder-Wise, Kowalski)

Forthcoming FAST FACTS Books


Fast Facts for the ER NURSE: Emergency Department Orientation in a Nutshell, 3e (Buettner)

Fast Facts on COMBATING NURSE BULLYING, INCIVILITY, AND WORKPLACE VIOLENCE: What Nurses Need to Know in a Nutshell (Ciocco)

Fast Facts for TESTING AND EVALUATION IN NURSING: Teaching Skills in a Nutshell (Dusaj)

Fast Facts for Nurses About HOME INFUSION THERAPY: The Expert’s Best Practice Guide in a Nutshell (Gorski)

Fast Facts About the NURSING PROFESSION: Historical Perspectives in a Nutshell (Hunt)

Fast Facts for the CLINICAL NURSING INSTRUCTOR: Nursing Student Success in a Nutshell, 3e (Kan, Stabler-Haas)
Fast Facts for the CRITICAL CARE NURSE: Critical Care Nursing in Nutshell, 2e (Landrum)

Fast Facts About NURSING PATIENTS WITH MENTAL ILLNESS (MI): What RNs, NPs, and New Psych Nurses Need to Know (Marshall)

Fast Facts About the GYNECOLOGIC EXAM: A Professional Guide for NPs, PAs, and Midwives, 2e (Secor, Fantasia)

Visit www.springerpub.com to order.
FAST FACTS for the HOSPICE NURSE
Patricia Moyle Wright, PhD, CRNP, CNS, CHPN, CNE, has worked in hospice and palliative care for more than 20 years, beginning as a nursing assistant, later as a registered nurse, and now as a family nurse practitioner. She earned bachelor’s and master’s degrees in nursing from Misericordia University, Dallas, Pennsylvania, and a PhD in nursing from Loyola University, Chicago, Illinois. Dr. Wright is a board-certified adult health clinical nurse specialist and family nurse practitioner. She is also a certified hospice and palliative nurse (CHPN) and a certified nurse educator (CNE).

Dr. Wright is an associate professor in the department of nursing at The University of Scranton. She teaches a number of graduate and undergraduate courses, including a course on end-of-life care. Dr. Wright has published numerous articles and book chapters on end-of-life issues, including grief and bereavement. Her most recent work is a coedited book, Perinatal and Pediatric Bereavement in Nursing and Other Health Professions (Springer Publishing), winner of an American Journal of Nursing Book of the Year Award.
This book is lovingly dedicated to the memory of all of the hospice patients who allowed me to care for them during their most sacred and vulnerable hours.
## Contents

Foreword  Betty Ferrell, PhD, MA, RN, FAAN, FPCN, CHNP  xiii  
Preface  xv  
Acknowledgments  xix  

*Share Fast Facts for the Hospice Nurse: A Concise Guide to End-of-Life Care*

<table>
<thead>
<tr>
<th>Part I</th>
<th>OVERVIEW OF HOSPICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Difference Between Hospice and Palliative Care</td>
</tr>
<tr>
<td>2.</td>
<td>History and Evolution of Hospice in the United States</td>
</tr>
<tr>
<td>3.</td>
<td>Hospice Philosophy and the Role of the Nurse</td>
</tr>
<tr>
<td>4.</td>
<td>The Hospice Nurse as a Member of the Interdisciplinary Team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>THE NUTS AND BOLTS OF HOSPICE NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Establishing Goals of Care</td>
</tr>
<tr>
<td>6.</td>
<td>Establishing Hospice Eligibility</td>
</tr>
<tr>
<td>7.</td>
<td>Hospice Basics: Admission and Ongoing Care</td>
</tr>
<tr>
<td>8.</td>
<td>Levels of Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part III</th>
<th>END-OF-LIFE CARE FOR PATIENTS AND FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Recognizing Existential Suffering and Spiritual Needs and Providing Appropriate Support</td>
</tr>
<tr>
<td>10.</td>
<td>Nursing Considerations for Cultural Variations at the End of Life</td>
</tr>
</tbody>
</table>
Foreword

I began working in hospice care in 1980 when the field was in its infancy. There were few resources for nurses. Most people could not pronounce the word “hospice” and few had any idea of what it meant. Much has changed since that time and, fortunately, hospice has steadily evolved to become the gold standard of high-quality, patient-centered, compassionate care. It is now a familiar word and, more importantly, we now have generations of families who have come to know hospice because hospices have cared for those they love.

There are, however, some things that remain unchanged. Today, as in 1980, there remains an urgent need for practical resources to guide the daily practice of hospice nurses. Dr. Patricia Moyle Wright, editor of the beautiful text *Perinatal and Pediatric Bereavement*, has created another great resource for nurses through this book on hospice. The content of this book takes us back to our roots in hospice, with content on hospice philosophy, real “nuts and bolts” on hospice requirements, and a concise summary of often-neglected topics, such as existential suffering, cultural concerns, and quality assurance. The book also addresses the important topic of self-care. This is a book for the busy hospice nurse who has great compassion but limited time.

Betty Ferrell, PhD, MA, RN, FAAN, FPCN, CHNP
Professor and Director
Nursing Research
City of Hope Medical Center
Duarte, California
Every nurse cares for a patient facing end-of-life issues at some point in his or her career, sometimes when it is least expected. *Fast Facts for the Hospice Nurse: A Concise Guide to End-of-Life Care* is intended to be a valuable, up-to-date resource for nurses who provide end-of-life care in hospice, long-term care, or even acute care settings. This book is for nurses who are seeking to specialize in hospice, as well as for those who are seeking to enhance their knowledge of end-of-life care within other specialties. Each part of the book addresses topics that help orient the nurse to hospice philosophy and approaches to end-of-life care. Numerous resources are provided throughout the book, and “Fast Facts in a Nutshell” boxes highlight important pieces of information. Each part of the book is designed to provide nurses with a concise overview of another facet of end-of-life care.

Part I differentiates hospice from palliative care. Hospice care is presented as a specialized area of nursing practice, which incorporates aspects of palliative care, but also has unique features. Also in this part, a timeline is provided, tracing the hospice movement and highlighting the various social and legislative changes that supported the growth of hospice care in the United States. As hospice became a recognized specialty, the scope and standards of practice were delineated, and specialty certification became an option. Part I closes with an overview of the specific role of the registered nurse within the hospice interdisciplinary team.

In Part II, the “nuts and bolts” of hospice nursing are reviewed. Advanced skills, such as discussing end-of-life wishes and documenting patients’ wishes in an advanced care plan, are discussed. Hospice admission criteria are also presented. Using these criteria, nurses can
have a powerful impact by identifying patients who might benefit from hospice care. When a patient is medically appropriate for hospice and chooses to forgo curative treatment, a hospice admission can take place. This part closes with an overview of the hospice admission process and how to determine the appropriate level of hospice care for each patient.

Part III covers crucial aspects of direct end-of-life nursing care, with a focus on spiritual and physical suffering. An overview of several major world religions, including Buddhism, Christianity, Hinduism, Islam, and Judaism, is provided with information on common religiously based end-of-life preferences. Additionally, this part provides information on how to assess and respond to various physical symptoms that are common at the end of life. These include anxiety, edema, constipation, delirium, dyspnea, nausea and vomiting, pain, and terminal secretions.

Also in Part III is a discussion of how to help caregivers and family members identify signs of approaching death and how to provide support throughout the dying process. Current understandings of grief and bereavement theories provide a foundation for nurses to assess families’ responses to the loss of a loved one, identify “red flags,” and implement effective interventions with the interdisciplinary team.

In Part IV, the emphasis shifts from providing direct patient and family care to ensuring consistent delivery and documentation of quality care. An overview of the development of guidelines for hospice and palliative care is provided, along with a discussion of how these clinical guidelines led to the development of quality indicators. Therefore, quality reporting, which was at one time voluntary, is now mandatory for full reimbursement from Medicare. Quality reporting requirements for Medicare reimbursement, as well as quality indicators that may be useful for internal benchmarking, are reviewed. Use of the electronic health record, including its usefulness in ensuring that documentation includes vital information for regulators, and internal quality monitoring initiatives are also discussed.

Part V, the final part of the book, focuses on the often-overlooked, but extremely important topic of self-care. In this part, sources of job stress for hospice nurses are noted, with a particular emphasis on interpersonal issues such as lateral violence, generational differences in the workplace, and personality types. The consequences of job stress on individuals and organizations are discussed, followed by recommendations for addressing job stress. This part ends with an overview
of how to navigate a toxic workplace and how to utilize various self-care techniques.

*Fast Facts for the Hospice Nurse* is a vital resource for nurses who work with patients facing terminal illness. This portable guide is packed with information regarding the growth of hospice in the United States, hospice certification, criteria for hospice admission, levels of care in hospice, working with the hospice interdisciplinary team, recommendations for the nursing care of hospice patients and families, and treatment options for common end-of-life symptoms. A unique feature of this book is the special emphasis on job stress in hospice nursing, working in a toxic environment, and the use of self-care techniques for health care professionals. This book is a critical resource for anyone who wishes to learn more about caring for patients and families facing end-of-life issues.

Patricia Moyle Wright
I gratefully acknowledge the love and support of my family, particularly my parents, who taught me to do work that has meaning and helps others. I also gratefully acknowledge the hard work and support of my in-house editors, David and Dominic, and the encouragement of my personal cheerleader, Vivian.

I am grateful for the support of my hospice colleagues, some of whom have been my friends for more than 20 years. They are a source of inspiration for me. In particular, I wish to acknowledge Judith Spitale, MSN, RN, who gave me my first hospice job as a nursing assistant and has been a steadfast role model for many years.

Special acknowledgement is due to Elizabeth Nieginski and Rachel Landes, editors at Springer Publishing Company, for their support and encouragement throughout the production of this book and for their unrelenting dedication to publishing meaningful resources for health care professionals.
Share

Fast Facts for the Hospice Nurse: A Concise Guide to End-of-Life Care
The original Christian perspective that Sanders infused into hospice work ensured that each life was valued until its natural end and that each person received the highest quality of care until that time came (Wright & Clark, 2012). This outlook remains the bedrock for hospice nursing. However, over time, the development of scope and standards for hospice nursing has helped clarify and delineate the role of the hospice nurse.

**After reading this chapter, you will be able to:**

- Define the role of the nurse in hospice and palliative care
- Explain how patient care differs in the hospice setting
- Identify resources for hospice and palliative nurses

**NURSING AND THE RELIEF OF HUMAN SUFFERING**

The nurse has always been a central figure in the care of dying patients. But, over the past 40 years, the role of the hospice nurse in the United States has evolved considerably. Today, the hospice nurse is expected to have demonstrable expertise not only in the nursing care of patients who are actively dying, but also in palliative interventions.

Thus, the expertise of the hospice nurse is in alleviating symptoms, which aligns closely with the original goal of nursing as stated by
Florence Nightingale (1860) and has been reaffirmed by the American Nurses Association (ANA) in the following statement: “the aims of nursing actions (also nursing interventions) are to protect, promote, and optimize health; to prevent illness and injury; to alleviate suffering; and to advocate for individuals, families, communities, and populations” (2010a, p. 11).

### HOSPICE NURSING AS A SPECIALTY AREA

In 1987, the first American organization for hospice nurses, the Hospice Nurses Association (HNA), was formed. This organization later created the National Board for Certification of Hospice Nurses (NBCHN) to develop a certification process for hospice nurses (Hospice and Palliative Nurses Association, 2004).

**Fast Facts in a Nutshell**

“The goal of hospice and palliative nursing is to promote and improve the patient’s quality of life through the relief of suffering along the course of illness, through the death of the patient, and into the bereavement period for the family” (American Nurses Association/Hospice and Palliative Nurses Association, 2007, p. 1).

In 1994, the first certification exam for hospice nurses was offered. Those who passed this test earned the credential CRNH (Certified Registered Nurse Hospice; Hospice and Palliative Credentialing Center, 2014a).

In 1997, the HNA conducted a role delineation study and found that palliative care expertise was required of hospice nurses. Thus, in 1999, the NCBHN recognized this competency and offered the credential of CHPN (Certified Hospice and Palliative Nurse) to those who successfully completed the exam (Hospice and Palliative Nurses Association, 2004). The CRNH was retired in 2002, the same year that the credential CHPN was awarded accreditation by the American Board of Nursing Specialties (Hospice and Palliative Credentialing Center, 2014a). To more accurately represent the goals of these organizations, the HNA was renamed the Hospice and Palliative Nurses Association.
The NCBHN also incorporated palliative care into its scope and was renamed the Hospice and Palliative Credentialing Center (HPCC). This board offers certification exams for administrators, licensed practical nurses, nursing assistants, registered nurses, and advanced practice nurses in hospice and palliative nursing. The hospice and palliative nursing examination for registered nurses covers seven areas that reflect required competencies:

1. Patient care: Life-limiting conditions in adult patients
2. Patient care: Pain management
3. Patient care: Symptom management
4. Care of the patient and family
5. Education and advocacy
6. Interdisciplinary/collaborative practice
7. Professional issues
   (Hospice and Palliative Credentialing Center, 2016)

The areas that are included on the HPCC certification exam align with the Scope and Standards for Hospice and Palliative Nursing, as outlined by the American Nurses Association/Hospice and Palliative Nurses Association (2007), which indicate that expertise in the following areas is required:

- Clinical judgment
- Advocacy and ethics
- Professionalism
- Collaboration
- Systems thinking
- Cultural competence

**Question:** Why should nurses become certified in hospice and palliative care?

**Answer:** Certification helps nurses:

- Demonstrate competency in pain and symptom management
- Improve end-of-life outcomes
- Validate nursing expertise
- Demonstrate a personal commitment to quality end-of-life care

(Hospice and Palliative Credentialing Center, 2014b)
Facilitation of learning
Communication

STANDARDS OF PRACTICE

The American Nurses Association/Hospice and Palliative Nurses Association (2007) also outlined 16 standards of practice for hospice and palliative nursing. Six of these standards are related to professional practice:

Standard 1: Assessment
Standard 2: Diagnosis
Standard 3: Outcomes identification
Standard 4: Planning
Standard 5: Implementation
Standard 6: Evaluation

And 10 of the standards relate to professional performance:

Standard 7: Ethics
Standard 8: Education
Standard 9: Evidence-based practice and research
Standard 10: Quality of practice
Standard 11: Communication
Standard 12: Leadership
Standard 13: Collaboration
Standard 14: Professional practice evaluation
Standard 15: Resource utilization
Standard 16: Environmental health

Fast Facts in a Nutshell

In 2013, the ANA released a position statement on euthanasia, assisted suicide, and aid in dying. This and other position statements can be accessed at www.nursingworld.org/MainMenuCategories/EthicsStandards/Ethics-Position-Statements.

The ANA (2010b) released a position statement on the roles and responsibilities of the registered nurse in providing end-of-life care.
CONCLUSION

The role of the nurse in hospice and palliative care has expanded exponentially within the past 40 years. Today, certification for hospice and palliative nurses is available, and programs such as ELNEC provide a cohesive way of communicating the body of knowledge unique to this specialty. As a valued member of the hospice team, the nurse is responsible for coordinating the plan of care and must have the essential expertise to do so.

References


Addressing Occupational Stress

Both employees and employers suffer the consequences of workplace stress. Several strategies can be used to minimize occupational stress and decrease interpersonal conflict and toxicity in the workplace.

After reading this chapter, you will be able to:

■ Identify approaches to mitigating workplace stress
■ Navigate a toxic workplace
■ Identify the steps of conflict resolution

STRATEGIES TO MINIMIZE OCCUPATIONAL STRESS

Employers have traditionally used two different approaches to address workplace stress. The first is to address organization culture and processes. To do this, management focuses on (Orly, Rivka, Rivka, & Dorit, 2012; Roberts, Grubb, & Grosch, 2012):

■ Internal processes
■ Management practices
■ Workflow issues
■ Employee assignments/workload
■ Clearly defining employee expectations
Improving communication
Providing opportunities for positive social interactions among employees
Reducing uncertainty about career ladders

Individual managers can help alleviate occupational stress by:

- Regularly recognizing employees’ contributions
- Monitoring assignments to be sure they are manageable
- Listening to employees and making changes as needed to improve working conditions
- Monitoring internal stress and taking steps to manage it
- Recognizing that change is a challenge for employees and offering support through times of transition
- Making small gestures, such as leaving a card signed by office mates on employees’ birthdays or work anniversaries, to show employees they matter
- Offering to pitch in and help when workers are overwhelmed

Another approach to reducing occupational stress is to focus on employees through targeted educational or stress-reduction programs. For example, employers might offer:

- Meditation areas
- Exercise programs
- Wellness programs, including weight management and addictions counseling
- Cognitive behavioral therapies
- Stress-reduction skill-building sessions, such as time management programs
- In-services on conflict resolution
- Team-building activities

Workplaces bring together individuals from varied backgrounds and levels of professional experience in one setting. Ideally, all the talents of a diverse team would be brought to bear within an organization, maximizing productivity. However, individual personalities, workflow preferences, and problem-solving approaches can vary so greatly that a team can devolve into conflict when faced with stressful situations.
CONFLICT RESOLUTION

Conflict occurs when two or more people disagree and is almost inevitable in work situations where many personalities and work styles come together (Dahlin & Wittenberg, 2015; Tjosvold, Wong, & Yi Feng Chen, 2014). Mallidi (2015) noted that engaging in successful conflict resolution helps build leadership skills. But, before one can take on the task of resolving conflict, it is important to recognize the various ways individuals handle conflict. The four main styles are as follows (Saltman, 2006, as cited by Mallidi, 2015):

- **Avoidance**: In this approach, the person simply sidesteps the issue, which may be appropriate when the issue is not significant. However, it is not effective when the issue is ongoing or significant.
- **Accommodation**: With this approach, the person listens carefully to the other person and accepts his or her position. This is a good approach when a person understands that his or her own position is flawed.
- **Competition**: With this approach, the person forcefully defends his or her own position. The approach does not support good teamwork.
- **Collaboration**: Using this approach, each person involved in the conflict engages in negotiation to find a solution that meets everyone’s needs. This is generally considered the most effective style of resolving conflict.

The approaches to conflict resolution tend to vary according to a person’s personal preference, as well as the perceived power differential in a given situation. When conflict occurs, the steps of navigating a resolution are as follows (Dahlin & Wittenberg, 2015):

- Gathering facts about the conflict
- Identifying the goal of conflict resolution
- Addressing the conflict with the other person or persons involved
- Identifying each person’s stake in resolving the conflict
- Discussing the conflict
- Engaging in problem solving
- Determining outcomes that meet the needs of both parties

When conflict is resolved successfully, it can be a constructive process that results in mutual benefit (Tjosvold et al., 2014). However,
when conflict is very challenging or deep-rooted and ongoing, mediation may be beneficial.

**Fast Facts in a Nutshell**

Many countries have enacted legislation against workplace bullying due to the numerous negative effects it has on employees and organizations (Yamada, 2015).

**MEDIATION**

Mediation is a process in which conflict is resolved through a third party whose interest is in encouraging reflection and enhancing communication among parties. Typically, the need for mediation arises from disputes about budgets, staffing, or direction within a workplace. The purpose of mediation is primarily to rebuild relationships (Brubaker, Noble, Fincher, Park, & Press, 2014). The steps of the mediation process are as follows (Employment Practices Solutions, 2011):

- Opening statements
- Identifying the problem
- Identifying issues and agenda setting
- Finding solutions
- Reaching agreement

Mediation can be a powerful strategy for mitigating conflict. But, sometimes, conflict is not direct or easily apprehensible. Rather, conflict and harsh behaviors may be so ingrained in a workplace that they become part of the environment in an ongoing way. Such environments are stressful and toxic and specific strategies must be used to help nurses navigate these toxic workplaces.

**NAVIGATING A TOXIC WORKPLACE**

A toxic workplace is one that has a negative effect on employees as well as the entire organization. This type of environment develops over time as a result of poor organizational practices, undesirable working conditions, and ineffective leadership, which results in widespread
negative emotions within the workplace (Harder, Wagner, & Rash, 2014).

A toxic work environment in nursing threatens patient safety and can lead to medical errors. Some strategies to help nurses protect themselves within a toxic environment include the following (White & Schoonover-Shoffner, 2016):

- Document all work accurately and carefully
- Ask leaders to put instructions and requests in writing
- Include a third party at important meetings
- Focus on direct communication
- Avoid engaging in negative behaviors

CONCLUSION

Nurses are faced with numerous stressors within the work environment. Successfully overcoming conflict may involve the use of conflict mediation strategies or mediation from a third party. When the workplace itself is riddled with negativity, it can be considered toxic. Nurses must be aware of how to traverse a toxic work environment in order to protect themselves and maintain quality patient care.

References


©Springer Publishing Company

