Literature Review

TEXTO & CONTEXTO ENFERMAGEM
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THE INFLUENCE OF THE PRACTICE ENVIRONMENT ON NURSING CARE IN CRITICAL CARE UNITS: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: Analyze the influence of the practice environment on nursing care provided to patients in critical care units.
Method: Integrative literature review carried out between April and July 2023, in the PubMed, MEDLINE, Scopus, BDEnf, CINAHL, Web of Science and LILACS databases, using the descriptors: Work Environment, Nursing Care, Intensive Care Units, Hospital Emergency Services with Boolean combinations for the search.
Results: For the analysis, 17 studies published between 2013 and 2023 were selected, covering the national and international spheres. This literature review covered neonatal, pediatric and adult intensive care units, as well as emergency units. The scope of the research included nurses, technicians and nursing aides, as well as patients assisted in the units. Analysis of the studies revealed a strong influence of the work environment on the performance of nursing professionals. Unfavorable environments not only harm the well-being of professionals, but also compromise the quality of care provided to patients, since they increase the risk of adverse events, impacting on patient safety and, consequently, mortality rates.
Conclusion: The practice environment affects the quality of nursing care directly and indirectly.

DESCRIPTORS: Workplace. Professional Practice. Nursing Care. Critical Care Nursing. Intensive Care Units. Emergency Medical Services.

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INFLUÊNCIA DO AMBIENTE DE PRÁTICA NA ASSISTÊNCIA DE ENFERMAGEM EM UNIDADES CRÍTICAS: REVISÃO INTEGRATIVA

RESUMO

Objetivo: Analisar a influência do ambiente de prática na assistência de enfermagem prestada ao paciente internado em unidades críticas.
Método: Revisão integrativa da literatura realizada no período de abril a julho de 2023, nas bases de dados PubMed, MEDLINE, Scopus, BDEnf, CINAHL, Web of Science e LILACS, utilizando os descritores: Ambiente de Trabalho, Cuidados de Enfermagem, Unidades de Terapia Intensiva, Serviços hospitalares de emergências em combinações booleanas para a busca.
Resultados: Para a análise, foi conduzida uma seleção de 17 estudos publicados no período de 2013 a 2023, abrangendo o âmbito nacional e internacional. Esta revisão bibliográfica englobou unidades de terapia intensiva neonatal, pediátrica e adulta, bem como a unidade de emergência. A amplitude da pesquisa incluiu enfermeiros, técnicos e auxiliares de enfermagem, além de pacientes assistidos nas unidades. A análise dos estudos revelou forte influência do ambiente de trabalho na atuação dos profissionais de enfermagem. Ambientes desfavoráveis prejudicam não somente o bem-estar dos profissionais, mas também comprometem a qualidade da assistência prestada aos pacientes, uma vez que aumentam o risco de ocorrência de eventos adversos, impactando na segurança do paciente, e consequentemente, nas taxas de mortalidade.
Conclusão: O ambiente de prática afeta a qualidade dos cuidados de enfermagem de forma direta e indireta.

DESCRITORES: Local de trabalho. Prática profissional. Cuidados de enfermagem. Enfermagem de cuidados críticos. Unidades de Terapia Intensiva. Serviço Hospitalar de Emergência

LA INFLUENCIA DEL ENTORNO DE PRÁCTICA EN LOS CUIDADOS DE ENFERMERÍA EN LAS UNIDADES DE CUIDADOS CRÍTICOS: UNA REVISIÓN INTEGRADORA

RESUMEN

Objetivo: Analizar la influencia del entorno de práctica en los cuidados de enfermería prestados a los pacientes en las unidades de cuidados intensivos.
Método: Revisión bibliográfica integradora realizada entre abril y julio de 2023, en las bases de datos PubMed, MEDLINE, Scopus, BDEnf, CINAHL, Web of Science y LILACS, utilizando los descriptores: Lugar de Trabajo, Atención de Enfermería, Unidades de Cuidados Intensivos y Servicios Médicos de Urgencia en combinaciones booleanas para la búsqueda.
Resultados: Para el análisis se realizó una selección de 17 estudios publicados entre 2013 y 2023, abarcando los ámbitos nacional e internacional. Esta revisión bibliográfica abarcó las unidades de cuidados intensivos neonatales, pediátricas y de adultos, así como las unidades de urgencias. El ámbito de la investigación incluyó a enfermeras, técnicos y auxiliares de enfermería, así como a los pacientes atendidos en las unidades. El análisis de los estudios reveló una fuerte influencia del entorno de trabajo en el rendimiento de los profesionales de enfermería. Los entornos desfavorables no sólo afectan al bienestar de los profesionales, sino que también comprometen la calidad de los cuidados prestados a los pacientes, ya que aumentan el riesgo de que se produzcan eventos adversos, lo que repercute en la seguridad de los pacientes y, en consecuencia, en las tasas de mortalidad.
Conclusión: El entorno de la consulta afecta directa e indirectamente a la calidad de los cuidados de enfermería.

DESCRIPTORES: Lugar de trabajo. Práctica Profesional. Atención de Enfermería. Enfermería de Cuidados Críticos. Unidades de Cuidados Intensivos. Servicios Médicos de Urgencia.

INTRODUCTION

In the 1980s, the United States of America (USA) faced a labor crisis due to a high turnover rate and a shortage of nursing professionals in the country's healthcare institutions. Faced with this unfavorable outlook, the American Academy of Nursing began the first studies on the practice environment, with the aim of understanding the reasons why, even in the midst of the crisis, certain hospitals managed to retain and attract new professionals. Facilities that in the future came to be called magnetic hospitals[1,2].

Further analysis showed that the predominant elements shared by the institutions that maintained their stability during the US crisis period were organizational structure, decentralized and process-based decision-making, professional autonomy, management influence, regulation of nurse practice, good relations between the multidisciplinary healthcare team[3], adequate human resources and professional development[2,4].

Thus, the intersection of these organizational qualities of the work context was categorized as "practice environment", a nomenclature that both promotes and limits the conduct of professional practice, influencing outcomes for both patients and health professionals, as well as for institutions, thus culminating in an intrinsic interference in the quality of care provided[5].

Environments conducive to practice are qualified by providing appropriate conditions for carrying out professional activity, in contrast to unfavorable environments in which there is a shortage of resources, work overload, lack of support from the team, lack of professional recognition and appreciation, and other similar factors. These situations have the potential to negatively impact the quality of care provided, increase the incidence of adverse events and contribute to the manifestation of burnout among professionals[6].

The reality is that the routine in critical care units represents a challenging task due to the multiple barriers associated with the complexities inherent in the practice environment. These include an inadequate ratio of nurses to workload, challenges in organizing activities, worsening patient conditions, and limitations in training and autonomy to make decisions. These factors can have a significant impact on professional satisfaction and, more importantly, patient safety[4,7].

Along these lines, in 2020, the World Health Organization (WHO) stressed the urgency of policy measures that promote an increase in resources for the education, training and performance of nurses. These actions aim to enable these professionals to perform their duties autonomously, confident in their decisions and ready to take on leadership roles[8]. Despite having one of the highest densities of nursing professionals per inhabitant, Brazil has shown an unfavorable performance with regard to the regulation and working conditions of this professional category[9].

Considering that nursing is the professional category that spends 24 hours in care environments and interacts most directly with patients, with the structure and culture of health organizations, analyzing the influence of the practice environment and examining its relationship to care, such as the safety climate, mortality rates, incidence of adverse events and satisfaction with the care received, is of paramount importance to provide subsidies to help improve working conditions for nursing professionals and, consequently, patient care[3,7].

This corroborates the importance of health institutions implementing effective approaches in the search for environments that are favorable to the practice of nursing professionals. This is reflected in the reduction of levels of emotional exhaustion among staff, contributing to improving the quality and safety of patient care. In addition, this approach can have a positive impact by reducing the intention to leave the current job and the profession, reducing the turnover rate and mitigating professional dissatisfaction. These factors, when not properly addressed, have culminated in a growing shortage of the nursing workforce globally[10,11].

The search for data showing the relationship between the nursing practice environment and the occurrence of adverse events, as well as the increase in mortality rates among patients, offers healthcare professionals a more transparent view of the results of their care and the challenges they face. At the same time, this search demonstrates to healthcare managers the crucial need to invest in improving the quality of work in these environments.

In this context, this study was conducted with the aim of investigating the influence of the practice environment on the nursing care provided to patients in critical care units. The research set out to examine how the conditions of this environment impact on the quality of care provided by the nursing team. This work aims to deepen our understanding of care in critical units, highlighting the fundamental importance of an optimized environment to improve the quality of nursing care.

METHOD

This is an integrative review, a method used to deepen knowledge on a given topic and identify possible gaps in the literature[12]. he PICo strategy was used, an acronym for P: population/patient, I: intervention, C: comparison/control, O: outcomes[13] to define the guiding question of the research "How does the professional practice environment influence nursing care in critical units?".

The following terms were identified after defining the themes: Work environment, Nursing care, Intensive care units (ICUs), Hospital emergency services, using the vocabulary of controlled descriptors of Descriptors in Health Sciences (DeCS) and Medical Subject Heading (MeSH). To create the search strategy, Boolean combinations were added, according to each database, ending with: Workplace OR Work environment AND Nursing care AND Intensive care units OR Emergency Service, Hospital, as shown below in Chart 1.

Chart 1 – Database search strategy. Botucatu, SP, Brazil.

Databases	Search strategies
BDEnf, LILACS, MEDLINE	("*work environment*") AND ("*nursing care*") AND ("*intensive care units*" OR "*Emergency Service, Hospital*")
PubMed	(("*work environment*" OR *workplace*) AND ("*nursing care*" OR "*nursing critical care*")) AND ("*intensive care units*" OR "*Emergency Service, Hospital*")
Web of Science	((ALL= (*workplace* OR "*work environment*")) AND ALL= ("*nursing care*" OR "*nursing critical care*" OR "*nurse*" OR "*nursing*")) AND ALL= ("*intensive care units*" OR "*Emergency Service, Hospital*")
Scopus	(TITLE-ABS-KEY (*workplace*) OR TITLE-ABS-KEY ("*work environment*") AND TITLE-ABS-KEY ("*nursing care*") AND TITLE-ABS-KEY ("*Intensive care units*" OR "*Emergency Service, Hospital*")
CINAHL	((*work environment* OR *workplace* OR *working conditions*)) AND ((*nursing care* OR nursing critical care)) AND ((*intensive care units* OR *Emergency Service, Hospital*))

The sample was determined by searching for scientific articles published in journals indexed in the electronic databases BDEnf, LILACS, MEDLINE, Scopus, Web of Science, CINAHL and PubMed, from April to July 2023. The inclusion criteria were: articles published in the last 10 years, available in full text, in Portuguese, English and Spanish, which had been carried out in adult, pediatric or

neonatal intensive care units and emergency units. Articles that did not meet the theme proposed by the authors were excluded. Duplicate articles were excluded using the Zotero reference management software, and only one article was considered.

Data was extracted using a structured instrument with the following information: year, title, journal, author, country, type of study, sample, level of evidence, objectives, main results and conclusions. The Melnyk and Fineout-Overholt classification system was used to assess the level of evidence, listed in levels. Level I – systematic reviews and meta-analyses of randomized controlled studies; Level II – at least one randomized clinical trial; Level III – quasi-experimental; Level IV – descriptive, non-experimental or qualitative; Level V – experience reports and Level VI – consensus and expert opinions[14].

RESULTS

Initially, a total of 1,478 studies were identified, with Cinahl being the most numerous database in this selection with 1,016 articles. In the pre-screening, after applying the exclusive criteria - only articles in English, Portuguese or Spanish which had been published in the last 10 years - a total of 751 articles - were found. This total already included the exclusion of duplicate articles, i.e. those found in more than one database.

The time criterion emerged as a preponderant factor in the exclusion of articles, since studies prior to 2013 were not considered for selection. In the initial screening stage, after analyzing the titles, 651 articles were discarded because they did not align with the theme. Next, the abstracts of the remaining 136 articles were assessed, of which 35 were chosen for a full analysis.

After reading the full 35 papers, 17 articles were selected for this study. The main reasons for excluding the other studies were differences in topic, population/sample or location of the study when they did not include critical units. The flowchart below, based on the PRISMA diagram model[15], explains the stages of this selection (Figure 1).

The summary of the articles found is presented in two charts (Charts 2 and 3) according to the population/sample found in the studies: nursing staff/nurses and inpatients, as well as information related to the authors, year of publication, title, journal published, country of study, type of study, level of evidence, objectives and conclusions.

The three studies found with a sample of patients are international, with level of evidence IV, and most were published in 2016. There was a predominance of studies with patients undergoing mechanical ventilation and which investigated the relationship between the working environment of the nursing team and the clinical outcomes of the patients. In two of the studies, it was observed that more favorable working environments for nursing staff resulted in better survival rates and fewer complications.

Of the 14 studies selected in this investigation, ten have an international focus, encompassing North American, European and Asian nations, while the remaining four studies come from the national sphere. Regarding the period of publication, the years 2016 and 2020 stood out as having the highest incidence of articles related to the topic. With regard to journals, those with the highest volume of publications in the last ten years on this topic were “Intensive and Critical Care Nursing” and “Medical Care Research and Review”, each with two articles. In terms of methodology, the cross-sectional study emerged as the predominant one, and it is important to note that all the authors of the studies belong to the nursing sphere.

In the context of the populations studied, the sample consisted of nurses in 12 studies, ten of which focused on intensive care nurses (adult, pediatric and neonatal) and two involved emergency nurses, all of whom worked in care; two studies included the entire nursing team, including nurses, technicians and nursing aides.

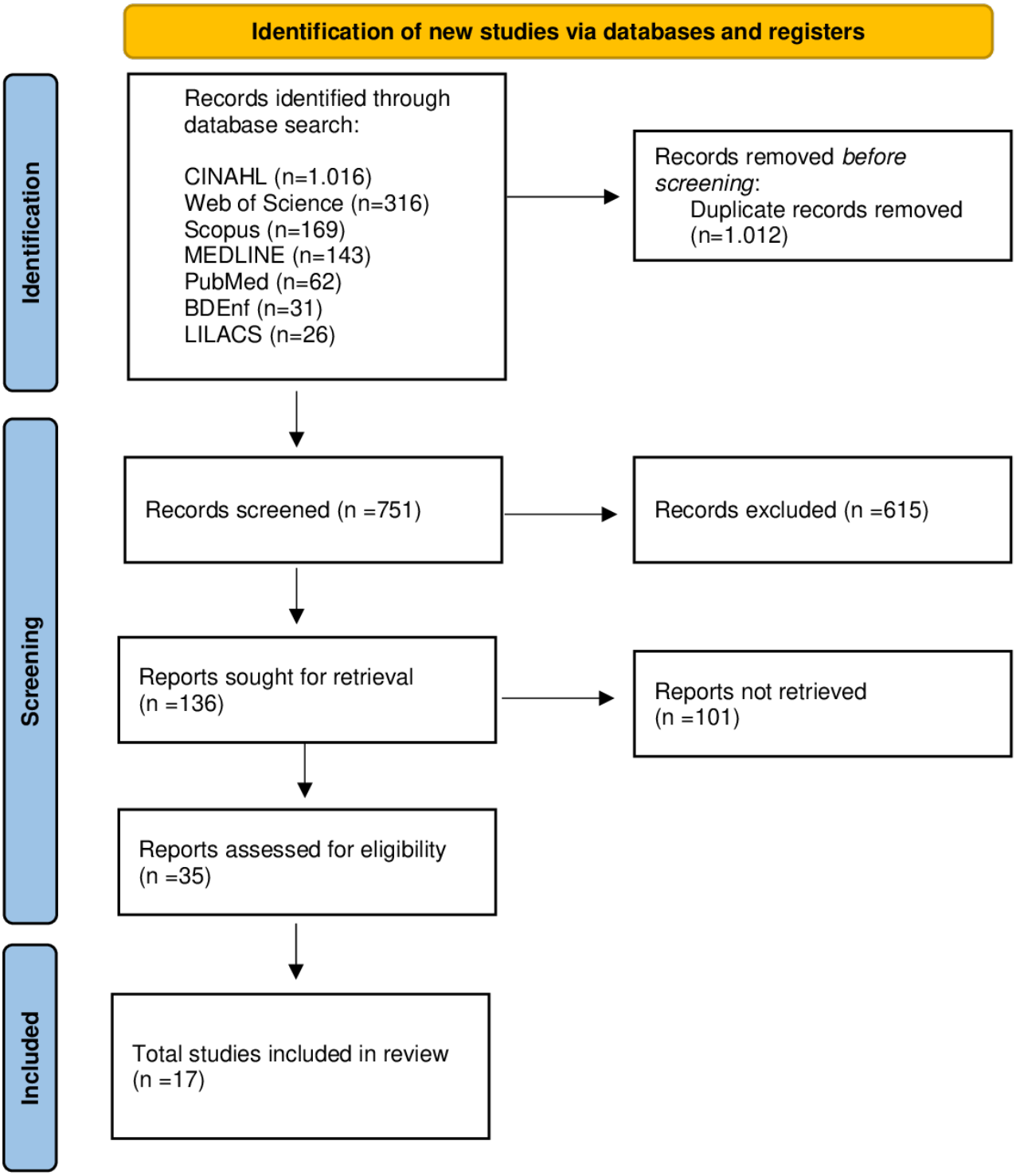

Figure 1 – PRISMA diagram of the review of articles related to the influence of the practice environment on nursing care in critical units. Botucatu- SP, Brazil.

Source: PRISMA 2020 explanation and preparation: updated guide for systematic reviews[15].

Chart 2 – Summary of the articles selected regarding information on the patient population and sample, author, year, country, quality of the study, type of study, objectives, main results and conclusions. Botucatu, SP, Brazil, 2023.

Author/ year	Type of study	Country	Level of evidence	Population and sample	Objective	Conclusions
Kelly et al[16]/2014	Multi-state cross-sectional study	USA	IV	Patients on mechanical ventilation (n=55,159)	To determine the extent to which variation in ICU nursing staff characteristics, work environment, education and experience is associated with mortality.	Impact of nursing care on 30-day mortality in mechanically ventilated older patients.
McHugh et al[17]/2016	Retrospective observational study	USA	IV	Patients assisted for in-hospital cardiac arrest (IHCA) (n=14,001)	Determine the association between nursing staff, nursing work environments and survival after IHCA.	Higher chances of survival for patients after IHCA in favorable working environments.
Costa et al[18]/2016	Cross-sectional study	USA	IV	Patients on mechanical ventilation (n=1,653)	To assess the relationship between the working environment of ICU nurses and medical staff and the rate of ventilator-associated pneumonia (VAP).	Better working environments for nurses can have a positive effect on minimizing the risk of VAP in the absence of an intensive care physician.

Chart 3 – Summary of the articles selected with regard to information on the population and sample of nurses/nursing staff, the author, year, country, quality of the study, type of study, objectives, main results and conclusions. Botucatu, SP, Brazil, 2023**.**

Author/ year	Type of study	Country/ Level of evidence	Population and sample	Objective	Conclusions
Kelly et al[19]/2013	Retrospective, cross-sectional study	USA/ IV	Nurses (n=3.217)	To determine whether the work environment of critical care nurses is predictive of healthcare-associated infections.	Healthcare-related infections are less likely in favorable working environments.
Liu et al[20]/2016	Cross-sectional study	China/ IV	Nurses (n=1.890)	To estimate the effects of the work environment on the quality of care in intensive care units.	Better quality of care in favorable working environments.
Enns et al[21]/2016	Qualitative study	Canada/ IV	Nurses (n = 17)	To understand the care practices of emergency nurses.	The working environment has a direct impact on the ability of emergency nurses to provide quality care to patients.
Stalpers et al[22]/2017	Multicenter research study	The Netherlands/IV	Nurses (n=1.031)	To explore the associations between the characteristics of the working environment and the quality of care perceived by ICU nurses.	Adequate resources, nurse autonomy, opportunities for personal development, organizational support, a collaborative and appropriate environment and staff sizing are all characteristics that affect patient care.
Liu et al[23]/2018	Cross-sectional study	China/IV	Nurses (n=459)	To investigate the effects of the work environment on nurses' outcomes and the quality of ICU care, through the mediating effects of neglected nursing care.	Favorable working environments and adequate nursing staff are predictors of better quality of care in the ICU.
Lake et al [24]/2020	Cross-sectional correlational study	USA/ IV	Nurses (n= 5.861)	To examine the relationship between patient acuity and omission of nursing care in neonatal intensive care units (NICUs) in the United States.	Nurses with high workloads in precarious working environments showed more omission of care. The most common activities not carried out were patient comfort and parent education.

Chart 3 – Cont.

Author/ year	Type of study	Country/ Level of evidence	Population and sample	Objective	Conclusions
Ibrahim et al[25]/2020	Descriptive cross-sectional study	Sudan/ IV	Nurses (n=234)	To evaluate the relationship between nurses' working environment and patient safety.	The study concludes that the working environment of nurses has an effect on patient safety and its improvement depends on different factors such as workload, professional skills required, specific activities, length of experience in a particular job category and working hours impact on patient safety.
Wolf et al[26]/2020	Qualitative study	USA/ IV	Nurses (n=125)	To investigate the prevalence of traumatic stress in US emergency nurses and describe the impact of traumatic stress on emergency nursing practice and the working environment.	Traumatic stress in the working environment can negatively affect nurses' ability to provide patient care.
Boeck et al[27]/2019	Qualitative study	Brazil/ IV	Nurses n=6	To identify the risks that nursing workload can generate for patient safety in the view of nurses.	Nurses' workload increased the risk of medication errors and patient falls.
Silva et al[28]/2020	Cross-sectional study	Brazil/ IV	Nurses n=29	To characterize the omission of nursing care according to nurses' perceptions, the professional practice environment and the nursing workload in ICUs in Brazil.	The professional practice environment as well as workload were predictive factors for omission of care.

Chart 3 – Cont.

Author/ year	Type of study	Country/ Level of evidence	Population and sample	Objective	Conclusions
Vincelette et al[29]/2022	Cross-sectional correlational study	Canada/ IV	Nurses (n=493)	To examine the associations between the characteristics of the working environment, omission of care and the outcomes reported by nurses in the ICU.	Characteristics of the ICU practice environment influence the ability to provide care. Unfavorable environments favor the omission of care.
Larsson et al[30]/2022	Retrospective descriptive study	Sweden/ IV	Nurses	To describe the results of the use of structured daily reflection assessments among health professionals in an ICU over the course of a year.	Better communication, continuous learning, reduction of errors and greater professional satisfaction contribute to the overall improvement of patient care.
Valera et al[31]/2016	Cross-sectional study	Brazil/ IV	Nursing team (n= 212)	To investigate the working conditions and relationships of nursing professionals in critical care units.	Excessive workload with long working hours, inadequate physical conditions, interpersonal relationships and work organization have an impact on the care provided.
Maziero et al[32]/2020	Cross-sectional study	Brazil/ IV	Nursing team (n= 203)	To investigate the association between the working conditions of nursing staff and the occurrence of adverse events in patients in neonatal and pediatric ICUs.	Although there was no statistical association between the study variables, the results show that public management and professionals are committed to patient safety and quality of care.

Source: Prepared by the authors, 2023.

The analysis of the studies revealed a strong influence of the working environment on the performance of nursing professionals. Unfavorable environments affect not only the well-being of professionals, but also have a negative impact on the quality of care provided to patients. In these environments, the lack of institutional support, high workloads, interpersonal conflicts and ineffective communication increase the risk of adverse events, compromising patient safety.

DISCUSSION

Within hospital settings, nursing staff play a crucial role in direct patient care, especially in intensive and emergency settings, influencing the outcome of every prognosis. Ensuring a supportive working environment for these professionals not only ensures quality care and patient safety, but also strengthens the institution by attracting and retaining talent, as exemplified by magnetic hospitals in the United States. In this literature review, research investigating the direct impact of the nursing practice environment on the provision of patient care stands out, revealing factors intrinsically linked to the working environment that influence the quality of care[11]. Omission of care, often mentioned in these scenarios, is a prominent example of these factors.

Most of the studies available in the databases have focused on analyzing the influence of the working environment among nursing professionals, investigating issues such as work overload, professional burnout and intention to leave the job or profession. Liu et al. point out that the omission of nursing care is associated with negative outcomes for nurses, such as lower job satisfaction, indicating that dissatisfaction with the working environment can lead to a reduction in the care provided to patients. Furthermore, when nursing professionals are faced with an excessive workload, a lack of human resources, limited resources and insufficient support from management, this can result in them being unable to carry out all the necessary tasks, increasing the likelihood of essential care being omitted and adverse events occurring[16–18] .

Vincelette et al, by stating that healthy working environments have a direct correlation with a reduction in omission of care and a more favorable perception of the quality and safety of patient care in intensive care units, reinforce the importance of a favorable working environment for nursing teams[29]. In this sense, Lake et al. contribute to this view by highlighting that improving the working environment of nursing teams can effectively reduce omission of care by up to 32%[24]. It is clear that both studies converge in identifying the most omitted activities, which are intrinsically linked to patients' basic needs.

Pereira Lima Silva et al. present the concept of "involuntary omissions", describing a challenging environment with inadequate resources and high demand that leads nurses to face the complexity of selecting priority care, highlighting the influence of a negative professional environment on motivation and ability to provide quality care, leading to an increase in the occurrence of omissions. Similarly, the study by Stalpers et al. reinforces the importance of a positive working environment in nurses' perceptions of the quality of care, emphasizing the influence of clinical autonomy and patient-centeredness on job satisfaction. This connection between environment and care is also evidenced by Silva, who highlights the significant impact of environment and workload on the omission of basic care, showing that nurses who are satisfied with their environment omit less care[22,28]. In addition, Boeck points out that medication errors occur in greater numbers in overburdened nursing teams due to a lack of staff sizing[27].

The intrinsic relationship between a favorable working environment and improved patient outcomes is notable in the literature. Kelly et al. demonstrate this connection by investigating the impact of nurses' working environment on mortality in mechanically ventilated older patients in ICUs, finding that nurses who reported favorable working environments were associated with a 16% reduction in mortality in these patients. Similar studies by Liu et al. and Kelly et al. also explored the link between

the working environment in ICUs and the incidence of healthcare- associated infections (HAIs), showing that environments with adequate staff, staff engagement and harmonious relationships[18] are correlated with a decrease in the rate of infections such as ventilator-associated pneumonia (VAP), bloodstream infections (BSI) and urinary tract infections (UTI). On the other hand, unfavorable environments were associated with an increase in the incidence of infections[16,18–19,29].

Ibahim and Fadlalmola's study, conducted in ICUs in Sudan, explored nurses' opinions and intentions about the effective working environment and its influence on patient safety, with 80.3% of nurses agreeing that the environment can impact patient safety and outcomes such as readmission, cardiorespiratory arrest[13], hospital-acquired pneumonia and other adverse events[25]. This series of studies demonstrates the extent of the influence of the working environment on clinical outcomes and patient safety, emphasizing the continued importance of promoting healthy and supportive working environments for nursing staff. In addition, optimizing outcomes for patients in critical situations requires a supportive working environment and a well-staffed nursing team, as highlighted by McHugh et al. when investigating data from 75 hospitals in the USA, where supportive nursing practice environments in critical units indicated greater patient survival after cardiac arrests[17].

Establishing a positive and healthy working environment not only increases the satisfaction and well-being of healthcare professionals, but also results in a substantial improvement in the quality of patient care. Larsson et al. point out that the working environment can be influenced by organizational and environmental factors, lack of control and moral stress, with the potential to negatively impact the quality of patient care[30]. On the other hand, a national study in neonatal and pediatric ICUs conducted by Maziero et al. failed to establish a relationship between the working conditions of the nursing staff and the occurrence of adverse events, even when the sizing of the nursing staff and working conditions were considered adequate, contrasting with other studies in the area[32].

The challenges faced in emergency environments are also similar to those identified in the intensive care setting. As in the study by Enns and Sawatzky, who analyzed the perspective of nurses in this setting, such as shortage of time, insufficient support, increased workload and limited resources, including lack of managerial support, which affect their abilities to provide quality care to the 14 patients[21]. Furthermore, the stressful nature of the environment, as highlighted in the study conducted by Wolf et al, can adversely impact the quality of care, making it difficult for stressed nursing staff to establish emotional connections with patients and to recognize signs of clinical decompensation. These observations have significant implications for patient safety[26].

The aforementioned studies highlight obstacles that compromise the quality of care in intensive care, urgent and emergency units, emphasizing the importance of understanding and mitigating these challenges to ensure high-quality care and patient safety. These investigations indicate that favorable working environments are linked to a reduction in the omission of nursing care, the occurrence of adverse events, better patient safety and quality of care. Satisfied nurses in supportive environments are more likely to adopt best practices, highlighting the relevance of approaches to improve the working environment for nursing staff. This highlights the need to understand the causes of professional dissatisfaction, since actions to promote satisfaction can improve patient care. In addition, the findings of this review confirm the relationship between favorable environments and better results, highlighting the importance of further studies, especially in critical units, to guide improvements[20,29–30].

CONCLUSION

The studies examined not only corroborated this influence, but also outlined elements that contribute to the deterioration of the nursing practice environment, including work overload, emotional exhaustion, omission of care and professional satisfaction. These factors emerge as essential markers that unit managers can use as pointers to avoid when building healthier practice environments.

However, it is important to note that the availability of recent publications, both nationally and internationally, on the nursing practice environment in critical care units is limited. In this context, it is strongly recommended that future research be carried out using innovative designs and more in-depth qualitative approaches. The purpose of this recommendation is to deepen our understanding of how the practice environment effectively compromises the quality and safety of patient care. From such studies, we will be able to gain critical insight capable of instigating changes in the reality observed and, consequently, drive the consolidation of a high standard of excellence in the care offered.

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NOTES

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