Florence Nightingale
Culver Pictures, Inc.

If Florence Knew…How & When Did We Get So Lost: Examining Nursing Unique Contribution to Health Care

Kathleen Vollman
ADVANCING NURSING THROUGH KNOWLEDGE & INNOVATION

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Disclosures

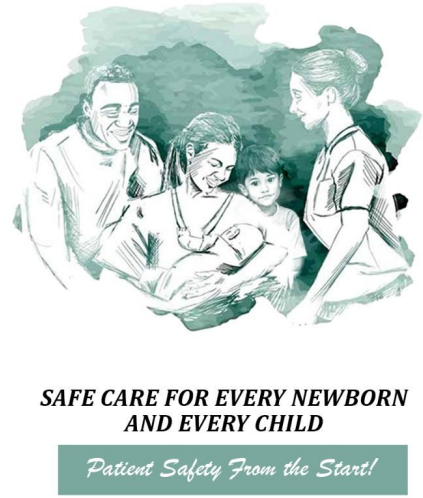
- Subject matter expert for CAUTI, CALBSI, CDI, Sepsis, HAPI and culture of Safety for HIIN/CMS
- Consultant and speaker bureau:
  - Stryker Sage
  - Kurin
  - Vantive
  - Atlas Lift Tech

Objectives

- Identify several concepts that have contributed to unhealthy work cultures in nursing
- Discuss different evaluation strategies to determine current unit values and safety culture
- Compare and contrast the different strategies implemented to alter the unit culture in begin the process of redefining the unit environment
- Describe outcome measures used to identify successful achievement in creating a proactive environment for change in quality improvement

WHO

- 1 out of 10 patients are harmed in hospitals in high income countries
- 3 million deaths per year
- 50% of the harm is preventable/reduces economic growth by.7% a year
- In LMIC 4 in 100 people dies from unsafe care
- Common adverse events etc
  - Medication errors
  - HAI's
  - Falls
  - PI
  - Unsafe surgical procedures



https://www.who.int/news-room/fact-sheets/detail/patient-safety

Good News

- 1st q of 2024 20% ↑in survival compared to 4th q of 2019
- Improved safety led to 200,000 more Americans surviving hospitalization episodes between April 2023 & March 2024 than in 2019
- Lower rates of CAUTI & CLABSI in 2024 than in 2019

Opportunities

- Every year, **1 out of every 31** patients develops an infection while in the hospital—an infection that didn't have to happen.
- A Medicare patient has a **1 in 4** chance of experiencing injury, harm or death when admitted to a hospital
- Today alone, more than **500** people will die because of a preventable hospital error

https://www.aha.org/special-bulletin/2024-09-12-new-report-shows-hospital-patient-safety-performance-improving
https://www.cdc.gov/healthcare-associated-infections/php/data/index.html
https://www.hospitalsafetygrade.org/errors-injuries-accidents-infections
Bates DW, Levine DM, Salmasian H, et al. The Safety of Inpatient Health Care. *N Engl J Med*. 2023;388(2):142-153. doi:10.1056/NEJMsa2206117

Nurse Engagement & Staying
Part of the Quadruple Aim in Healthcare

Work engagement is defined as a positive and satisfying work related state of mind

Bamford M, et al. J of Nursing Management, 2013;21:529-540

Factors That May Chip Away at Nurses:
Making Engagement and Empowerment Challenging

- Lateral violence/verbal abuse
  - Communication issues are 77% of the reason for errors
  - If nurses don't feel respected, they don't share information
  - One of the major reasons why nurses leave the profession, complaint of burnout or job dissatisfaction, lose capacity for caring
- How nurses feel about ourselves
  - If nurses feel belittled, patronized it shatters are confidence making it difficult to advocate
- Poor quality of work environment
  - Low autonomy, missing equipment, insufficient staff, poor design in technology
  - Performing non patient care activities

Gurses AP. Applied Ergonomics, 2008:1-10
Silence Kills, AACN

Impact of Nurse Engagement

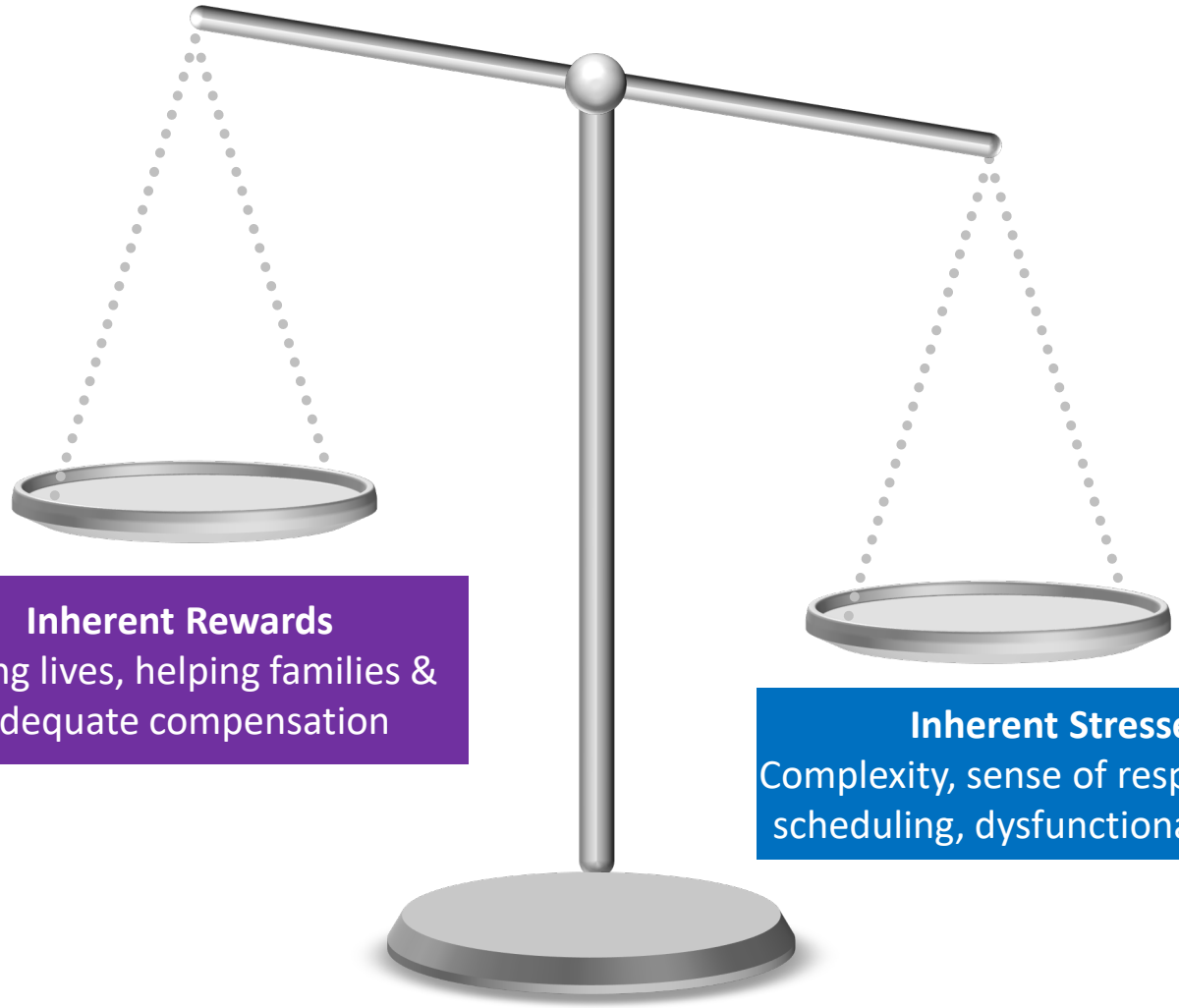
- Influences patient experience
- Improvement in clinical quality (NSO's)
- Patient outcomes
- Nurse retention
- Reduces compassion fatigue & burnout
- Improves teamwork

Impact of Disengaged Nurses

- 15 out of every 100 nurses disengaged
- $22,000 per nurse in loss productivity
- Impact on HCAPS
  - Teamwork, nurse communication & cleanliness as primary drivers
- Turnover

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283

Engagement vs. Burnout

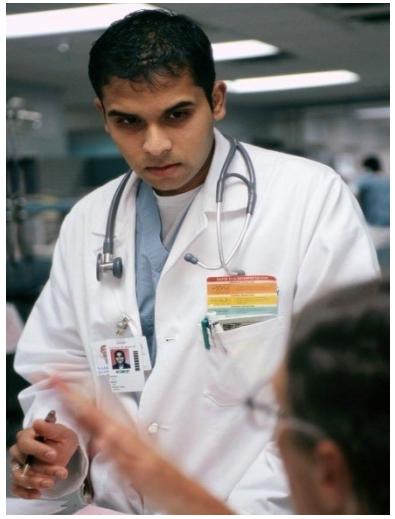


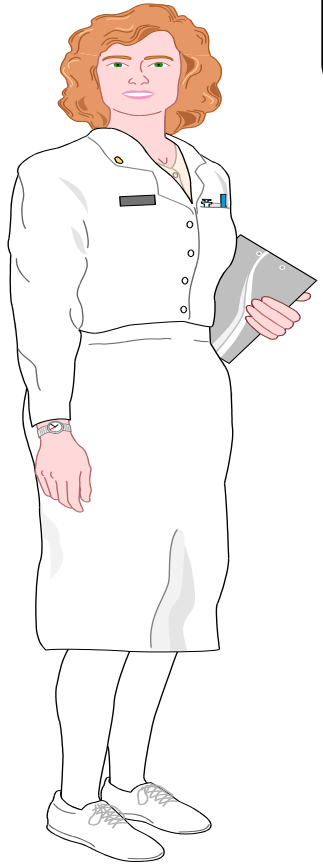
Inherent Rewards
Saving lives, helping families & adequate compensation

Inherent Stresses
Complexity, sense of responsibility, scheduling, dysfunctional systems

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283

What is a Culture?





That's not the way we do it here!!!

Represents a set of shared attitudes, values, goals, practice & behaviors that makes one unit distinct from the next

Assessing the Culture

Assessment of Safety & Work Culture

- SAQ (Safety Attitudes Questionnaire)
  - Teamwork
  - Safety
  - Working conditions
  - Job satisfaction
  - Stress recognition
  - Perception of upper management
  - Perception of unit management

Strive for 80%, if < 60% SAQ scores correlates to decreases in clinical outcomes

AACN Healthy Work Environment Assessment

- Skilled communication
- True collaboration
- Effective shared decision making
- Appropriate staffing
- Meaningful Recognition
- Authentic Leadership

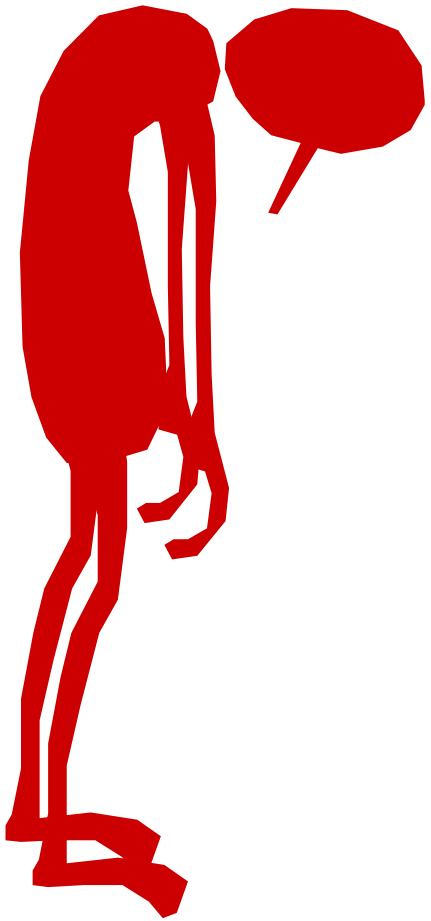
https://mini.aacn.org/dm/HWE/TabbedAdminHome.aspx

Number	Question
1	Administrators, nurse managers, physicians, nurses and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.
2	Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.
3	Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.
4	The formal reward and recognition systems work to make nurses and other staff feel valued.
5	Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).
6	Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words□they "walk their talk."
7	Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.
8	Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.
9	Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.
10	Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.
11	The right departments, professions, and groups are involved in important decisions.
12	Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.
13	Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care, and use this knowledge to work for a healthy work environment.
14	Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.
15	When administrators, nurse managers, and physicians speak with nurses and other staff, it□s not one-way communication or order giving. Instead, they seek input and use it to shape decisions.
16	Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.
17	There are motivating opportunities for personal growth, development, and advancement.
18	Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.

Driving Components in a Work Culture

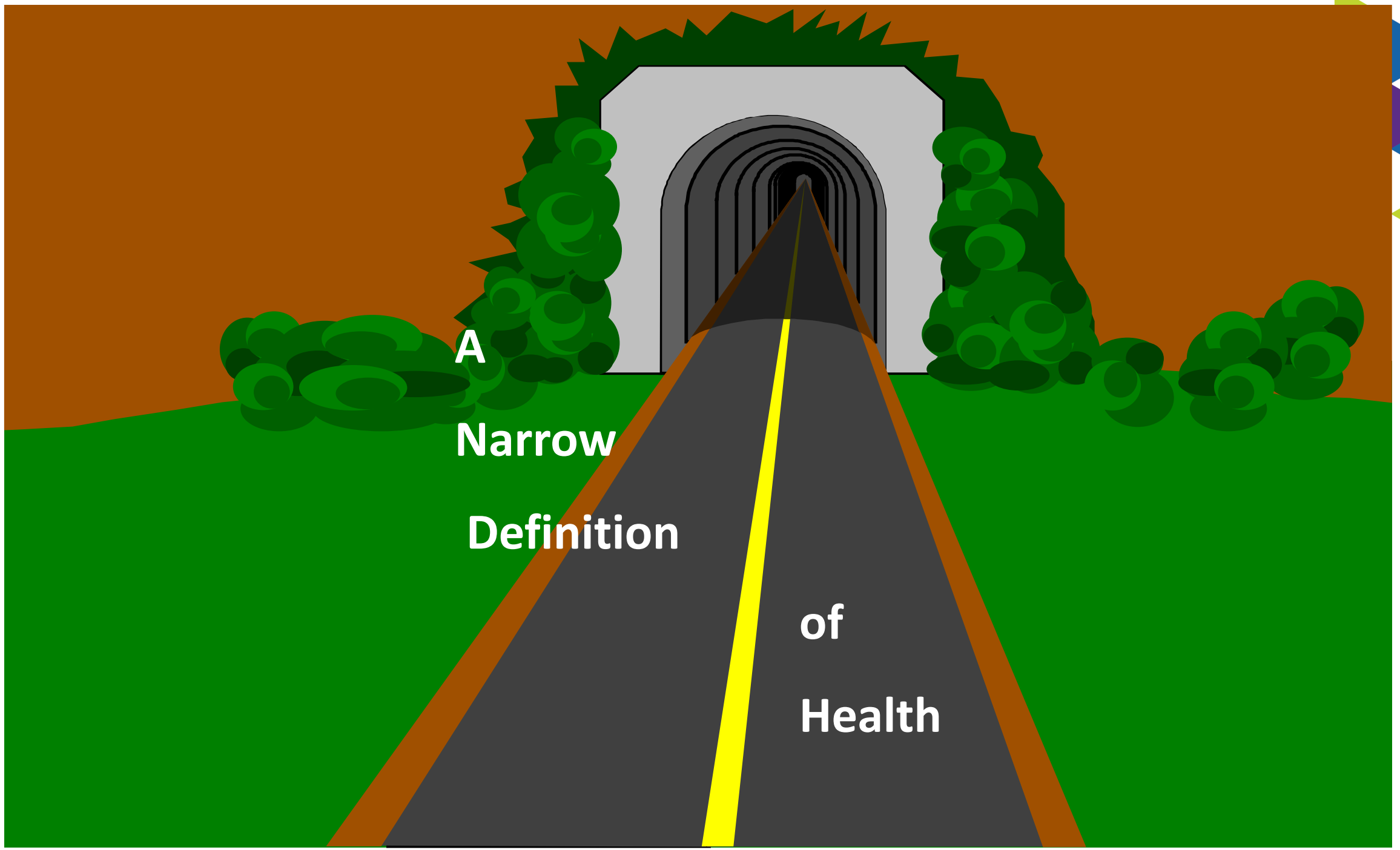
- How many nurses went into the profession with the belief they could help people and be able to make a difference?
- How many nurses graduated from nursing school with a somewhat clear understanding of the skills and interventions used by the profession to achieve quality nurse patient outcomes?

- How many nurses still feel the ability to make a difference and understand what nursing uniquely contributes to quality patient outcomes?



Reasons for Confusion & Disillusionment in Nursing

- A narrow definition of health
- How we define autonomy
- Nursing's unique contribution
- Absence of recognition for basic nursing care activities
- Disrespect


A
Narrow
Definition
of
Health

Medicine’s Health Definition

The absence of disease and measured in terms of morbidity and mortality

Nightingale’s Health Definition

Health is not only to be well but to be able to use what ever power we have.

American Nurses Association's Health Definition

1st Definition: A dynamic state of being in which the development and behavioral potential of an individual is realized to the fullest extent possible.

New Definition: The protection, promotion and optimizing health and an individual's abilities

Lyon's Health Definition

Health is the dynamic subjective quality of person-environment interaction which is expressed in a person's composite evaluation of the somatic sense of self and functional ability.

Wellness & Illness

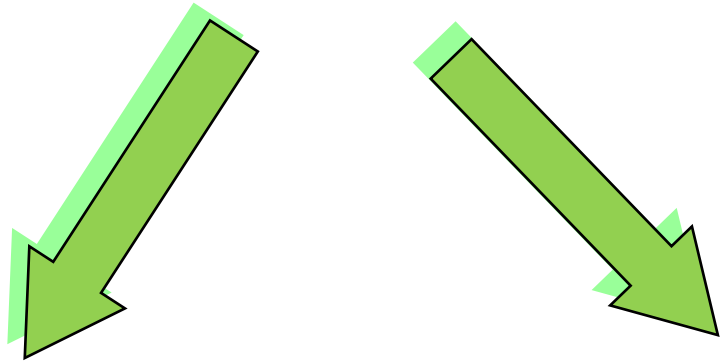
Wellness is comfortable somatic sensations accompanied by optimal functional ability whether we have a disease or not	**Illness** is uncomfortable somatic sensations or a decreased functional ability whether we have a disease or not

We help people feel better and function better whether they have a disease or not!!

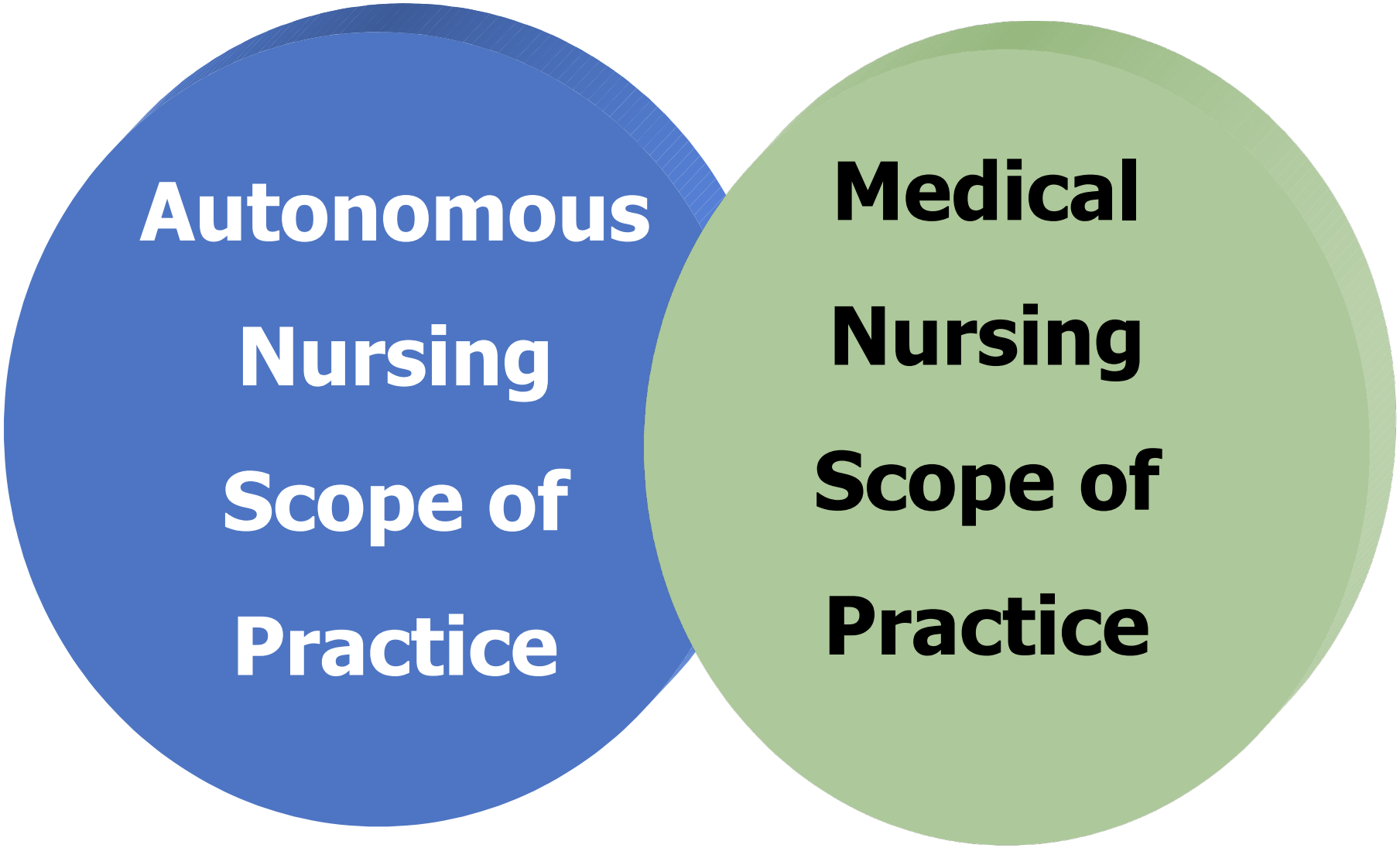
Autonomy

Means the self-directed diagnosis & treatment or it is a self determined and controlled action that does not require authorization from another

Confusing Autonomous Scope of Practice



- Setting
- Judgments


Autonomous Nursing Scope of Practice
Medical Nursing Scope of Practice

Florence Nightingale …

An expert in nursing's autonomous scope of practice

- Surveillance & monitoring of patient conditions for early detection of problems
- Preventing complications

"I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all of these at the least expense of vital power to the patient"

Notes on Nursing (1860/1969 p. 8)

Florence Nightingale on:

The distinction between disease and illness

"… so deep-rooted and universal is the conviction that to give medicine is to be doing something or RATHER EVERYTHING; to give air, warmth, cleanliness, etc., is to do nothing."

(emphasis added) Notes on Nursing, (1860/1969, pg. 9)

Diagnosis Manifestations of The Human Experience of Illness

- nutrition
- rest
  - sleep
  - activity
- skin care
- ventilation
- circulation
- elimination
- inability to concentrate
- problem solve

- sense of powerlessness
- lowered self esteem
- fatigue
- feeling different abnormal
- pain & discomfort
- negative/troublesome emotions
- impaired social relationships, role strain
- inadequate self care or functional abilities

Self Directed Treatment Categories for Nursing

- Hygiene-related activities
- Nutrition-related activities
- Elimination-related activities
- Comfort-related activities
- Movement-related activities
- Rest/activity relate activities
- Learning and development-related activities
- Safety-related activities

- Sense of normalcy-related activities
- Interaction-related activities
- Coping-related activities
- Physical environment-related activities
- Alteration in ADL-related activities

Recognition & Reprimand Structures within Acute Care Settings

Recognition

- Physiologic assessment
- Completing medical treatments in a timely fashion
- Assisting physicians with activities

Reprimand

- Medication administration
- Questioning content of medical orders

Behavior that is recognized and reinforced continues

Behavior that is ignored or not reinforced does not continue

Number 1 Respected Profession

Nursing

Gallup Poll: 82% Honesty & Ethical Rating

So Why Don’t We Feel Respected?

Reclaiming Professional Respect

Work Environment

Quality of Care You Provide to Patient & Families

Feeling of Respect or Not being Respected

- Respected
  - Feeling listen to
  - Feeling revered for their knowledge
  - Feeling trusted
  - Feel part of the group
  - Being acknowledged
  - Sense of belonging/contributing
  - Persons look out for each other and their support
  - Fairness
  - Free to speak
  - Opportunities to excel

- Not Being Respected
  - Disregarded
  - Not revered
  - Not trusted
  - Not supported
  - Not recognized
  - Closed conversation
  - Speaking in a tone that is demeaning
  - Ideas and opinions not considered a value priority
  - Unsafe, guarded, pressured, put down

Bournes DA, et al. Nursing Science Quarterly, 2009;22(1):47-56

Self Respect

Internal Dialogue

External Dialogue

Culture of Respect

- Develop effective methods for responding to episodes of disrespectful behavior
- Initiating cultural changes needed to prevent the episodes
- Organization set up a code of conduct and it must be enforced
- Culture of respect requires building a shared vision

The Road to Respect

I spoke.

You listened.

I felt valued and honored.

You shared your opinion.

I trusted your wisdom.

The circle of respect was complete.

We saw in each other's eyes are common humanity.

Now, moving to a zone of mutual affirmation, we felt safe to trust and learn and nurture in the give-and-take of life.

Yasmin Morais 2006

How do We Get There?

Grass Roots Unit-Based Culture Change

Re-valuing & recognition of nursing unique contribution

Engagement
Safety Climate

Missed Nursing Care

- Any aspect of required patient care that is omitted (either in part or whole) or significantly delayed.
- A predictor of patient outcomes
- Measures the process of nursing care

Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Hospital Variation in Missed Nursing Care

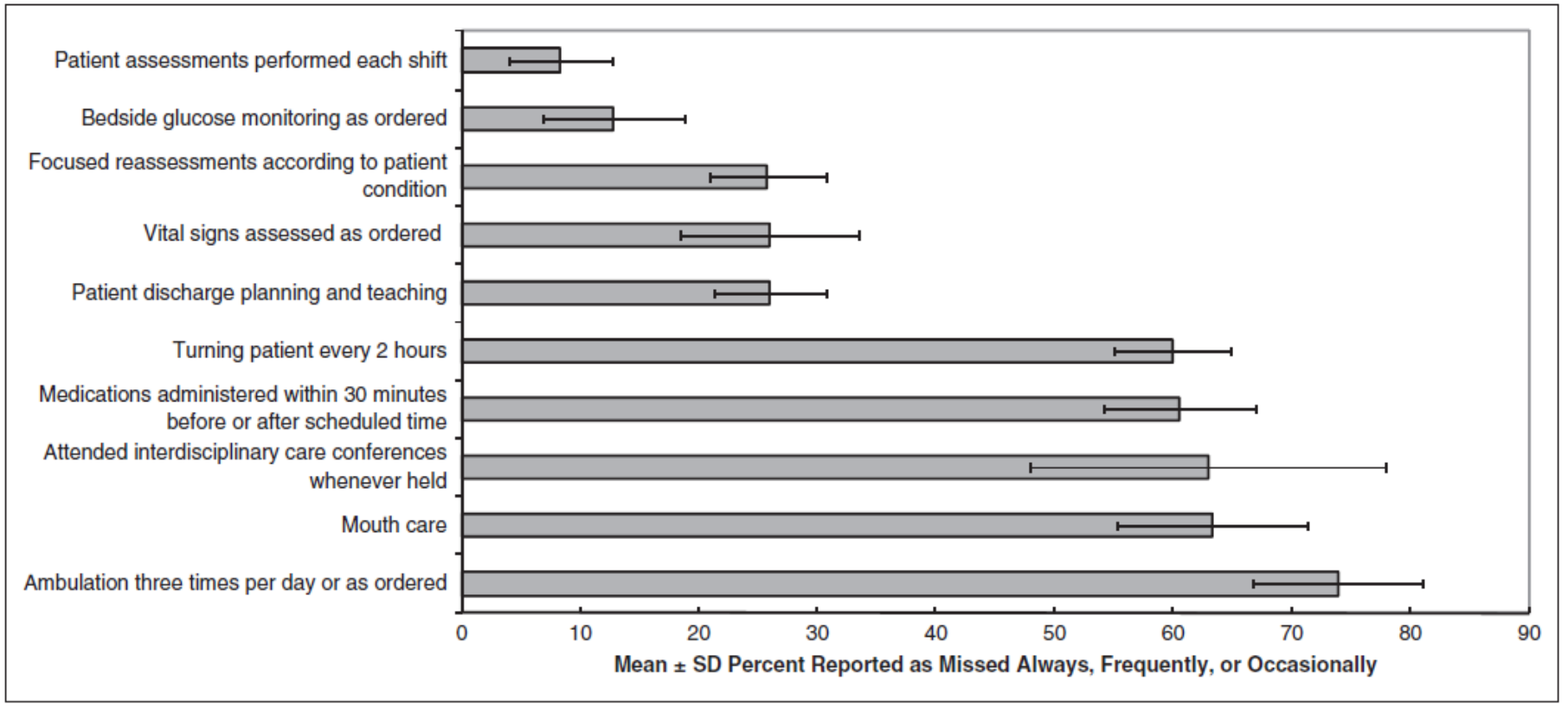


Figure 2. Elements of care most and least frequently missed. The solid bars represent the means across all 10 hospitals, and the range lines indicate the standard deviations.

Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Reconnect With Our Professional Purpose

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

Florence Nightingale

Advocacy = Safety

Protect The Patient From Bad Things Happening on Your Watch

Implement Interventional Patient Hygiene

Interventional Patient Hygiene

- Hygiene…the science and practice of the establishment and maintenance of health
- Interventional Patient Hygiene….nursing action plan directly focused on fortifying the patients host defense through proactive use of evidence-based hygiene care strategies

Hand Hygiene

Catheter Care

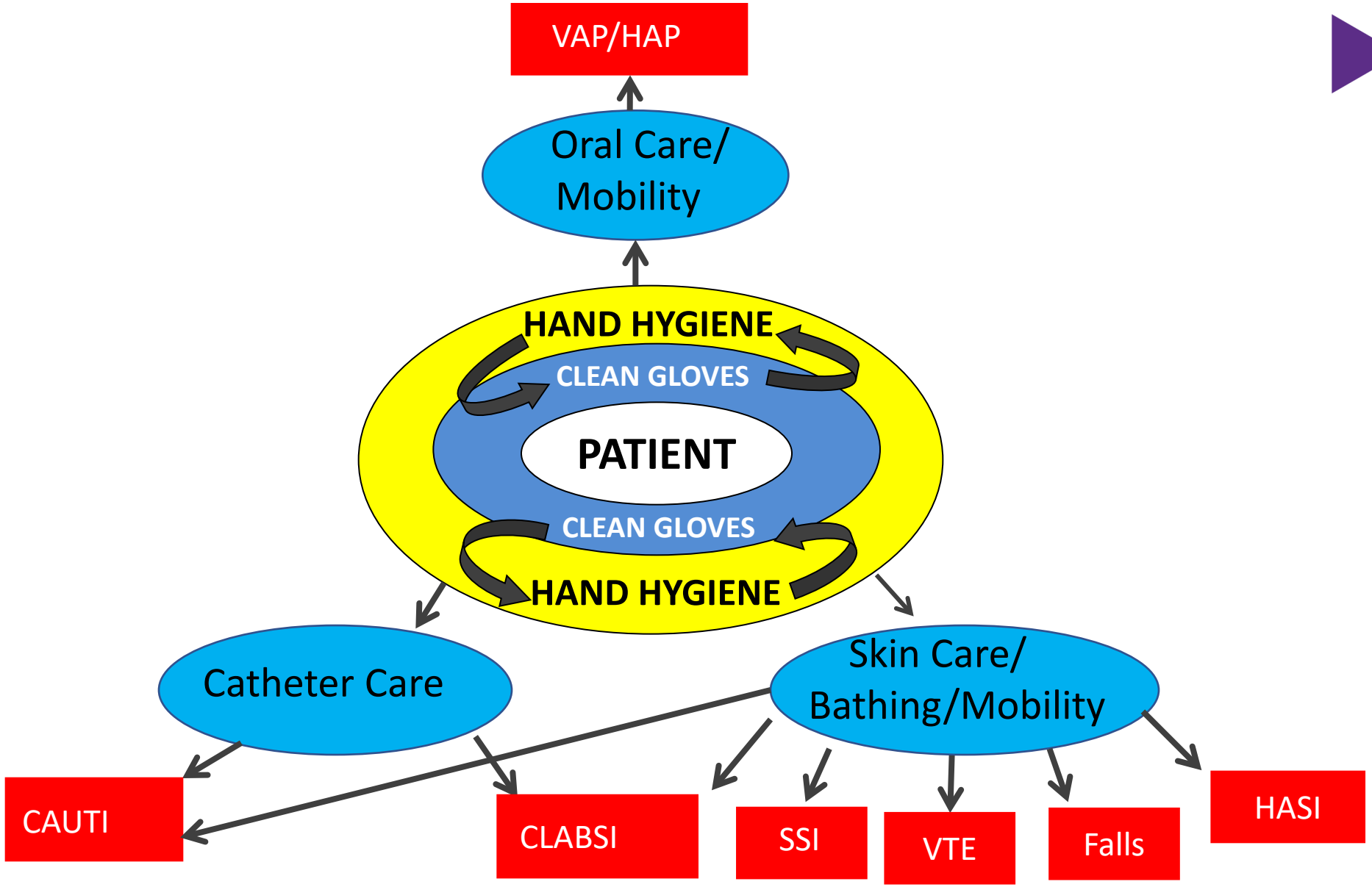
Comprehensive Oral Care Plan

Incontinence Associated Dermatitis Prevention Program

Bathing & Assessment

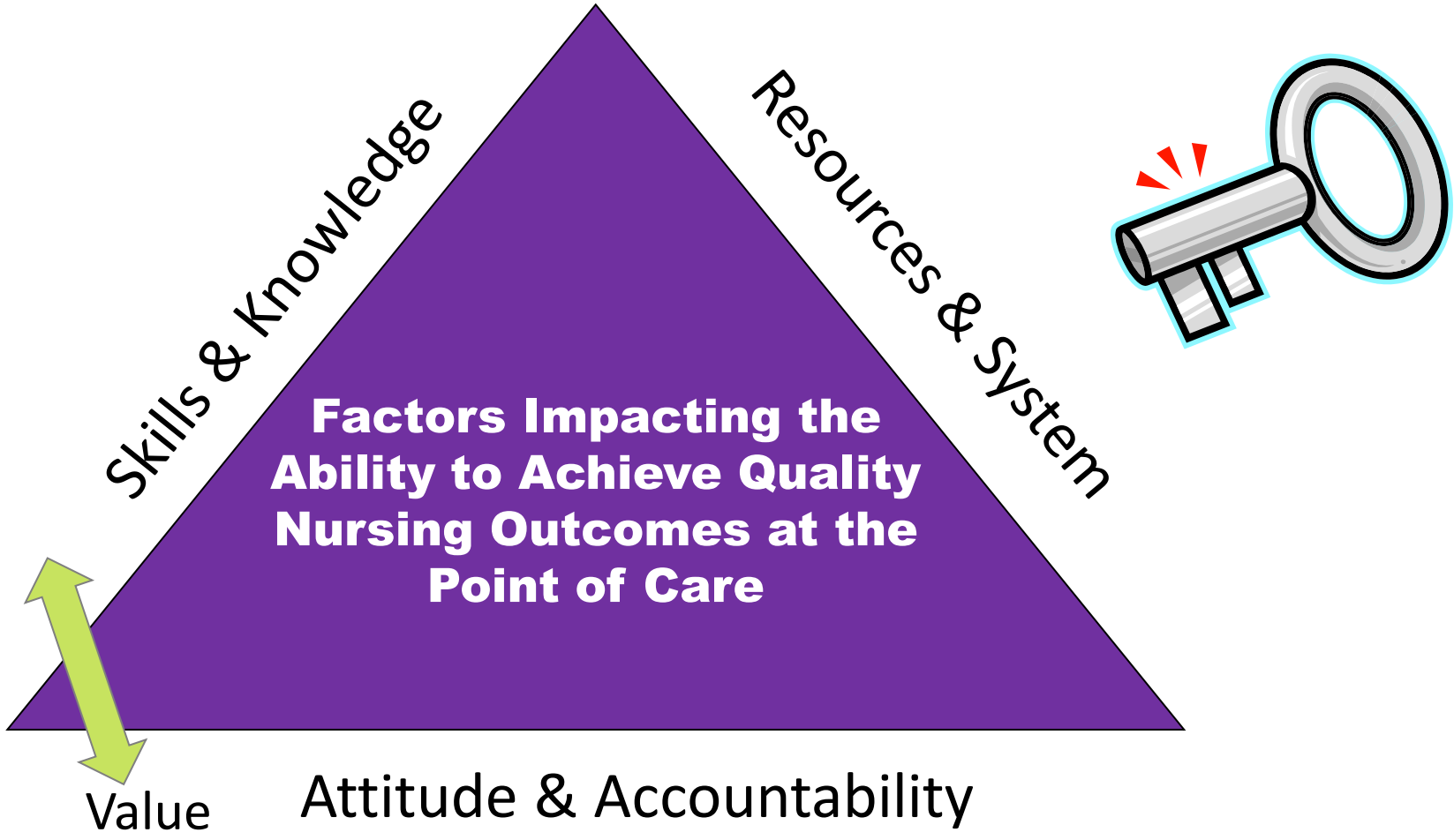
Pressure Ulcer Prevention

INTERVENTIONAL PATIENT HYGIENE(IPH)



Vollman KM. Intensive Crit Care Nurs, 2013;22(4): 152-154

Achieving the Use of the Evidence



Vollman KM. Intensive Crit Care Nurs, 2013;22(4): 152-154

Organizational & Unit Structures that Supported the Empowerment & Engagement

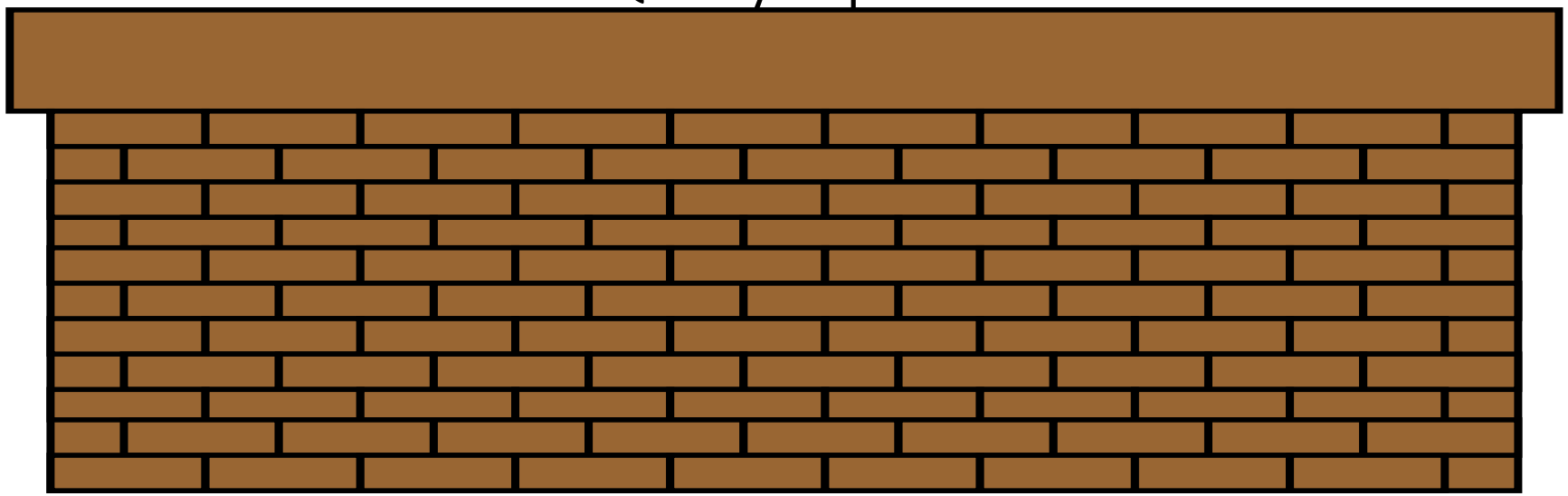
Shared Governance Model

Professional Practice Model/Clinical Ladder

Unit Based Leadership Model

Educational Support

Continuous Quality Improvement Model

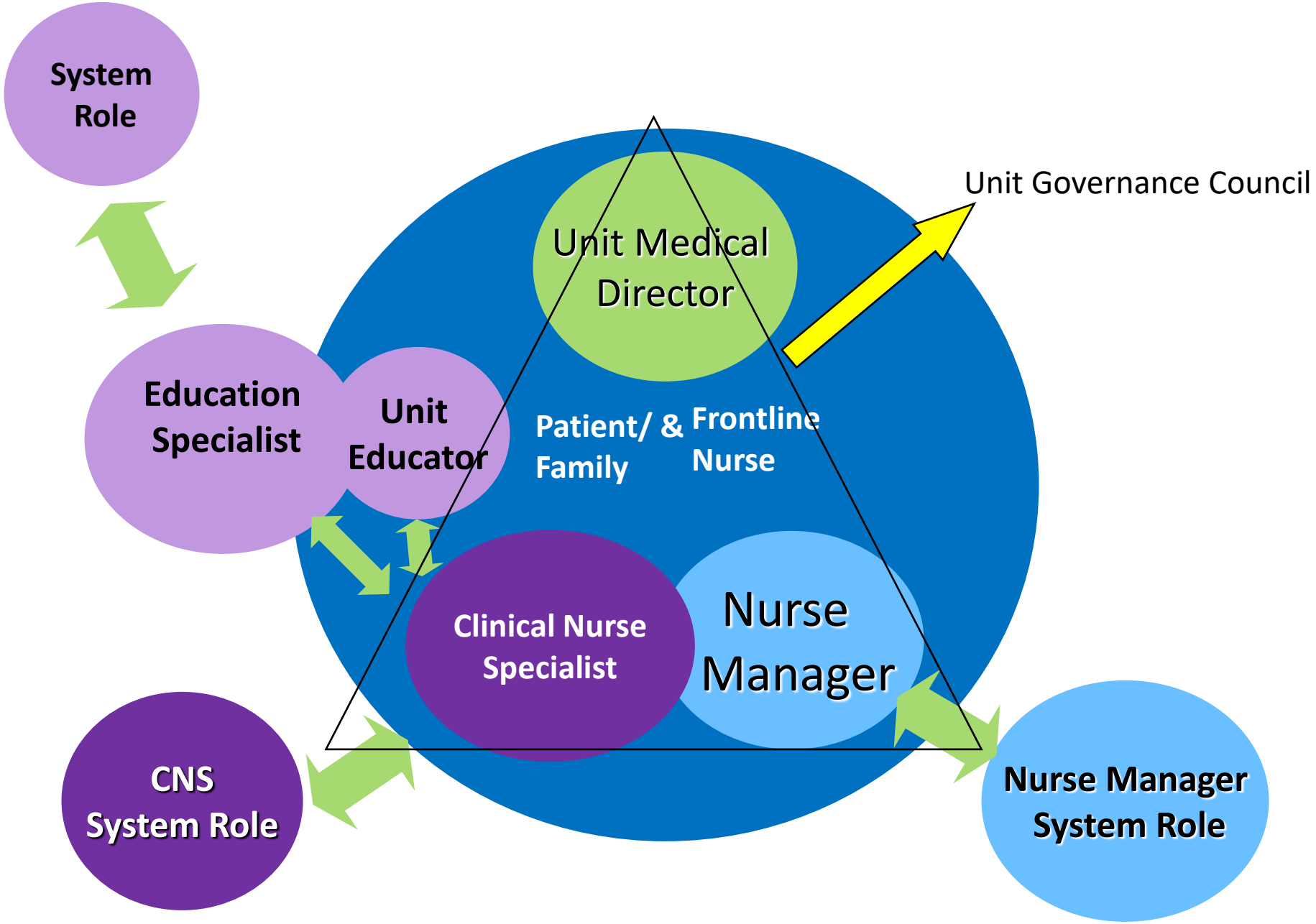


Creating an Environment that Fosters Autonomy

- Nurses sense of control over their own practice (Manager)
  - Ability to make decisions about daily nursing practices
  - Ability to perform their job independently by creating clinical decision-making guidelines
  - Through participative leadership support shared governance, involvement in interview process, involvement in evidence-based practice, policy and procedures and find creative ways to engage staff and get opinions.
- More staff engagement over their work (Manager)
  - Self scheduling
  - Open/closed units, on call
  - Set value structure-family, school, etc
  - Time to participate
  - Visability

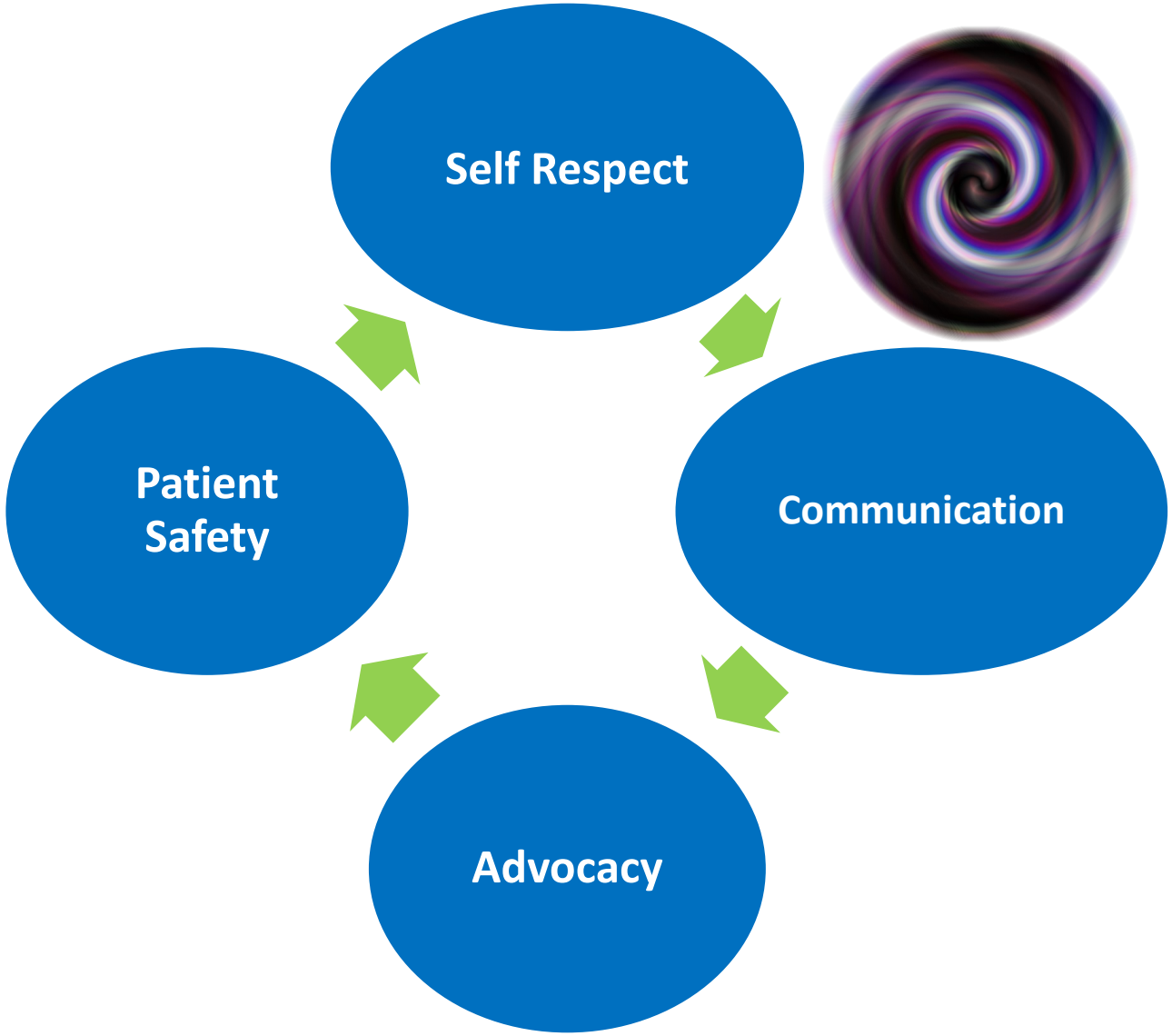
Tang JHC, et al. Journal of Gerontological Nursing, 2019;45:11-19

Empowered Work Environment



Communication

Why Effective Communication May Be Challenging for Nursing



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The single biggest problem with communication is the illusion that it has taken place

George Bernard Shaw

The Silent Treatment: April 2011

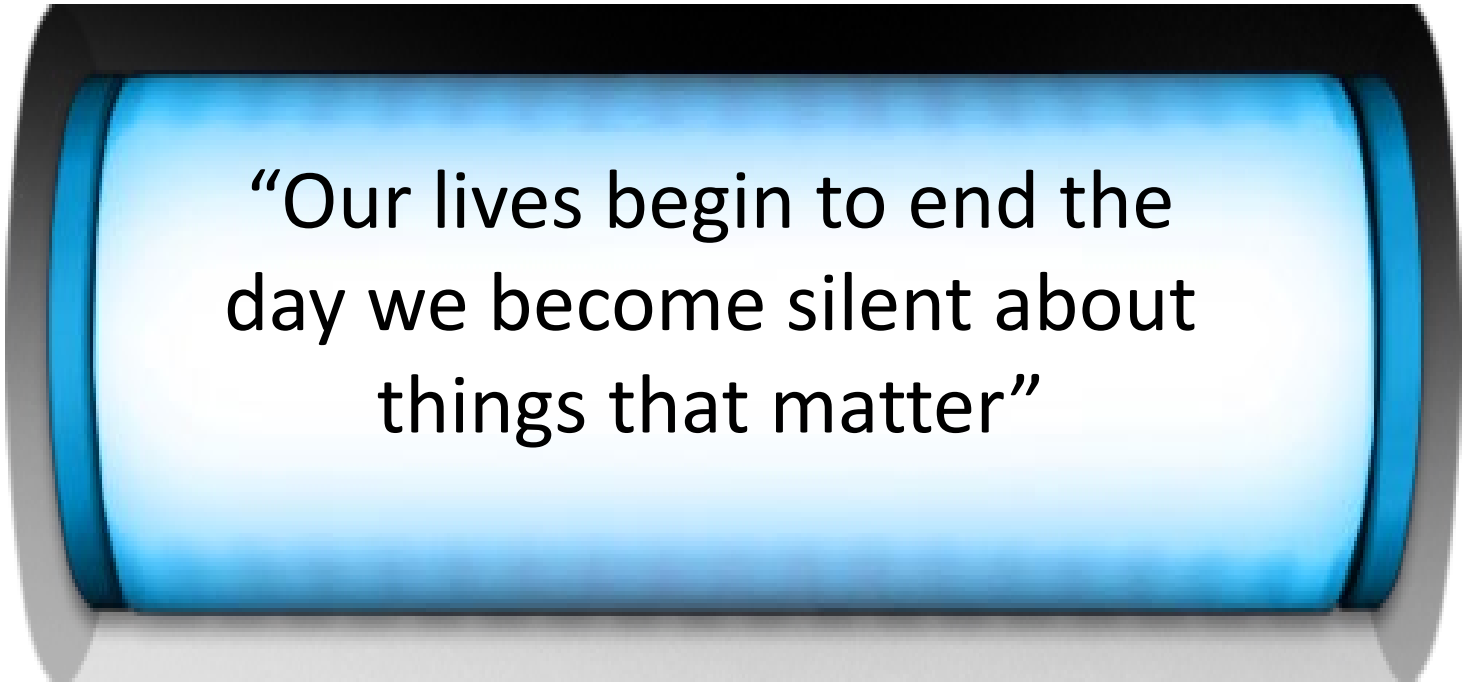
- 85% of workers- safety tool warned them
- Safety tools include: handoff protocols, checklists, COPE, automated medication dispensing machines.
- 58% said they got the warning but didn't speak up

Why:

- 1/2 say shortcuts lead to near misses
- 1/3 say incompetence leads to near misses
- 1/2 say disrespect prevented them from getting others to listen or respect their opinion

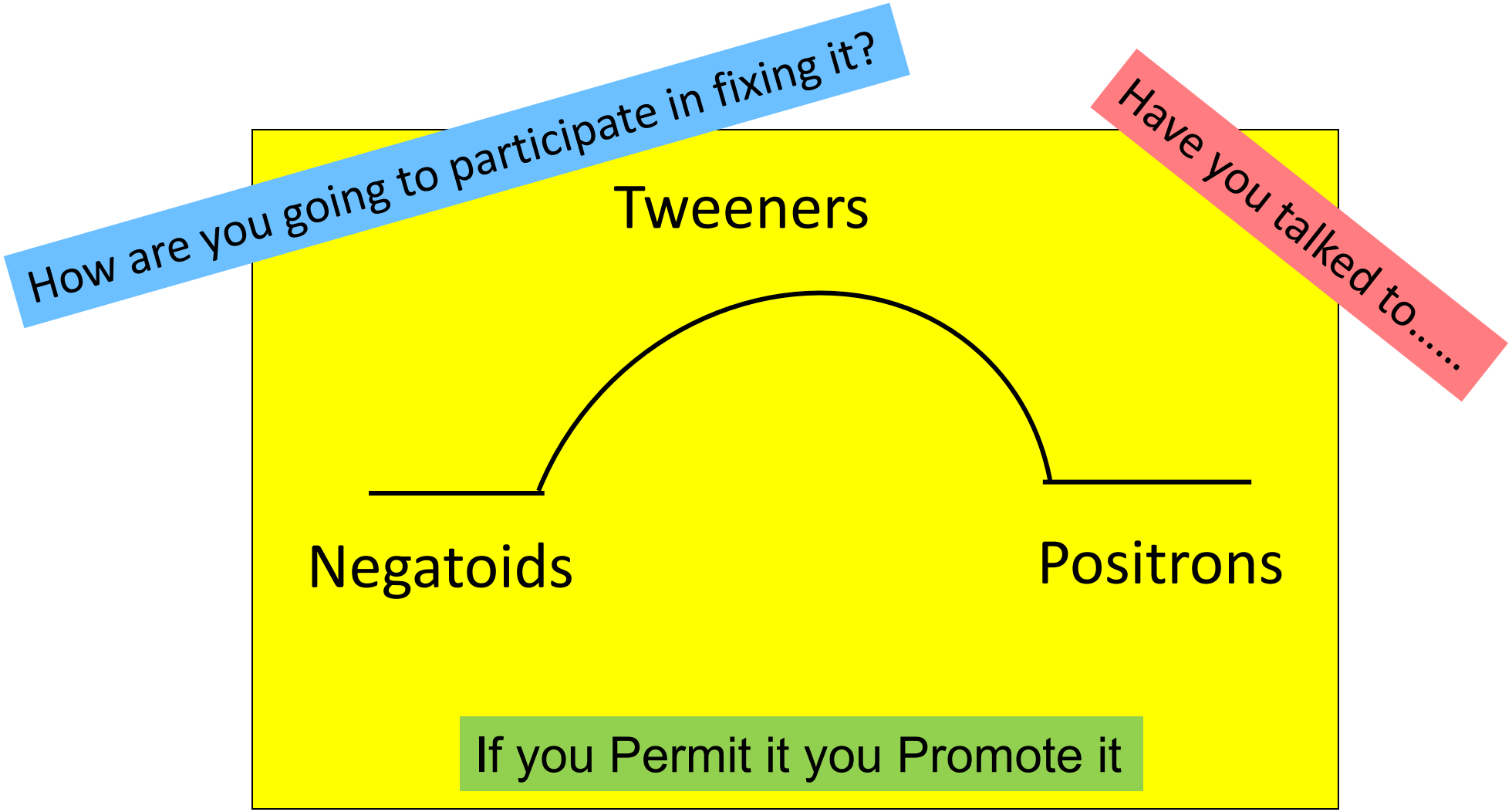
Only 16% confronted the disrespectful behavior

http://www.silenttreatmentstudy.com



Martin Luther King Jr.

Unit Culture Assessment & Communication



What to Do?

- Prevent from occurring through training on effective communication
- Deal in real time to prevent staff or patient harm
- Initiate post event reviews, action and follow-up
- Make it as transparent as possible
- Zero-tolerance policy and procedure
- Intervention strategy: code white

Leadership Communication Critical to Engagement

- Establish strategic clinical plan and goals with unit governance council
- Listening, sharing and follow up
- Be visible and available for staff to ask questions, express concerns
- Solicit opinions
- Multimodal communication
  - Huddles
  - Bulletin boards
  - Emails
  - Suggestion boxes
  - Newsletters
  - Generational communications

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Tang JHC, et al. Journal of Gerontological Nursing, 2019;45:11-19

Recognition Strategies

- Provide verbal acknowledgement and feedback to frontline nurses (immediate & private)
  - Sincere
  - Directed at an action/behavior
- Written acknowledgement
  - Handwritten thank you's/place in file
  - Any patient/family letters
- Acknowledge Performance & achievements publicly
  - Nominate a nurse for outstanding performance
  - Congratulate in front of peers
  - Post hand written family/patient letters
- Provide opportunities for staff growth
  - Provide support/resource to shared governance roles
  - Help staff develop a specialty
  - Help pursue higher education

New Culture
New Rules
New Values

Shift Culture from Individual Blame to System/Process Errors

Clinical Indicators of Nursing Practice Problems

- 23% incident in pressure ulcers
- Limited use of mobility techniques
- Limited use of PT/OT & social work
- Complication of foot drop
- Absence of oral care

Strategies to Impact Nursing Value Structure & Engagement

- Patient Care Conferences
- Role Modeling
- Bedside Consultation
- Infrastructure for staff projects (clinical ladder)
  - How to develop an in-service
  - Review of a research article
  - Format for documentation of activities/committees (shared governance)
- Engage staff in unit process improvement projects

Strategies for Valuing Basic Nursing Care & Engagement

- Patient Care Conference
- Alternating medical focus with nursing therapeutics focus
- Evolution into nursing round
  - Impact care practices which have the potential to prolong LOS or create complications
  - Reinforce Ownership of nursing practice
  - As a Nursing practice reward structure
  - To enhance continuity of care
  - To build intellectual confidence
- Evolution into structured multidisciplinary rounds

Nursing Rounds Format

1) **Brief Medical History:** Past history, reason for admission, stable/unstable
2) **Pulmonary:** Secretions/type and amount, single use or in-line catheter, ability to tolerate repositioning, assess need for continuous lateral rotation therapy and/or the prone position, assessment of functional readiness to wean
3) **Psych/Coping:** Assess for agitation/ Dx of anxiety, pain and/or delirium, safety issues, sleep/rest pattern, use of diversional activities, Dx of powerlessness
4) **Family:** Coping, support systems, discussion of code status, evaluation of home environment/discharge needs
5) **Activity:** Physical therapy needs, activity/exercise schedule, prevention of contractures
6) **Skin:** Braden score, support surface/specialty bed, preventive measures, skin status, management of incontinence, nutrition/goal achievement
7) **Communication issues:** Family, collegial, collaborative

Vollman KM, Stewart KH. AACN Clin Issues. 1996 May;7(2):315-23.

Bedside Consultation:

Creating the

Ah-hah

Experience

Bedside Consultation: Changing Care Practices

Medical Assessment & Interventions

inservices

journal clubs

bedside consultations

self study modules

Unit Process Improvement Projects:
Evidence of Practice Ownership

- Standards of practice
- Reduction of pressure injuries
  - Air overlay followed by mattress replacement
  - Multiple skin product evaluations
- Bowel protocol
- Agitation protocols
- Warm & Fuzzy program (staff peer rewards)
- Product/Policy & Procedure
  - Continuous lateral rotation/Prone position
  - Oral care product evaluation
  - Bath evaluation
  - Hair care product evaluation
  - Heel boot product evaluation
- Staff lead research/Abstracts/Presentations
  - Cooling by convection
  - Noise reduction
  - Bereavement program

Measuring Success:

- Retention of qualified staff
- Improvement in clinical outcomes
- Evidence of staff engagement in change
- Growth in clinical ladder
- Professional development opportunities

The Recipe for Success: Transforming the Culture

- Vision for the future
- Pursing change to create unwavering focus on quality and safety of care
- A culture of respect
- Visibility
- Promotion of autonomy support professional development
- Interprofessional rounds and team building
- Huddles to improve communication and teamwork
- Use of data and evidence to support decisions in practice

Dempsey C, et al. Nurs Admin Q. 2018;42(3):278-283


WHEN WOULD NOW BE A
GOOD TIME TO DO THIS?

Capturing the Essence

"nursing primarily assists the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or a peaceful death) that he would perform unaided if he had the strength, will or knowledge. It is likewise the unique contribution of nursing to help the individual to be independent of such assistance as soon as possible.

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ADVANCING NURSING THROUGH KNOWLEDGE & INNOVATION

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