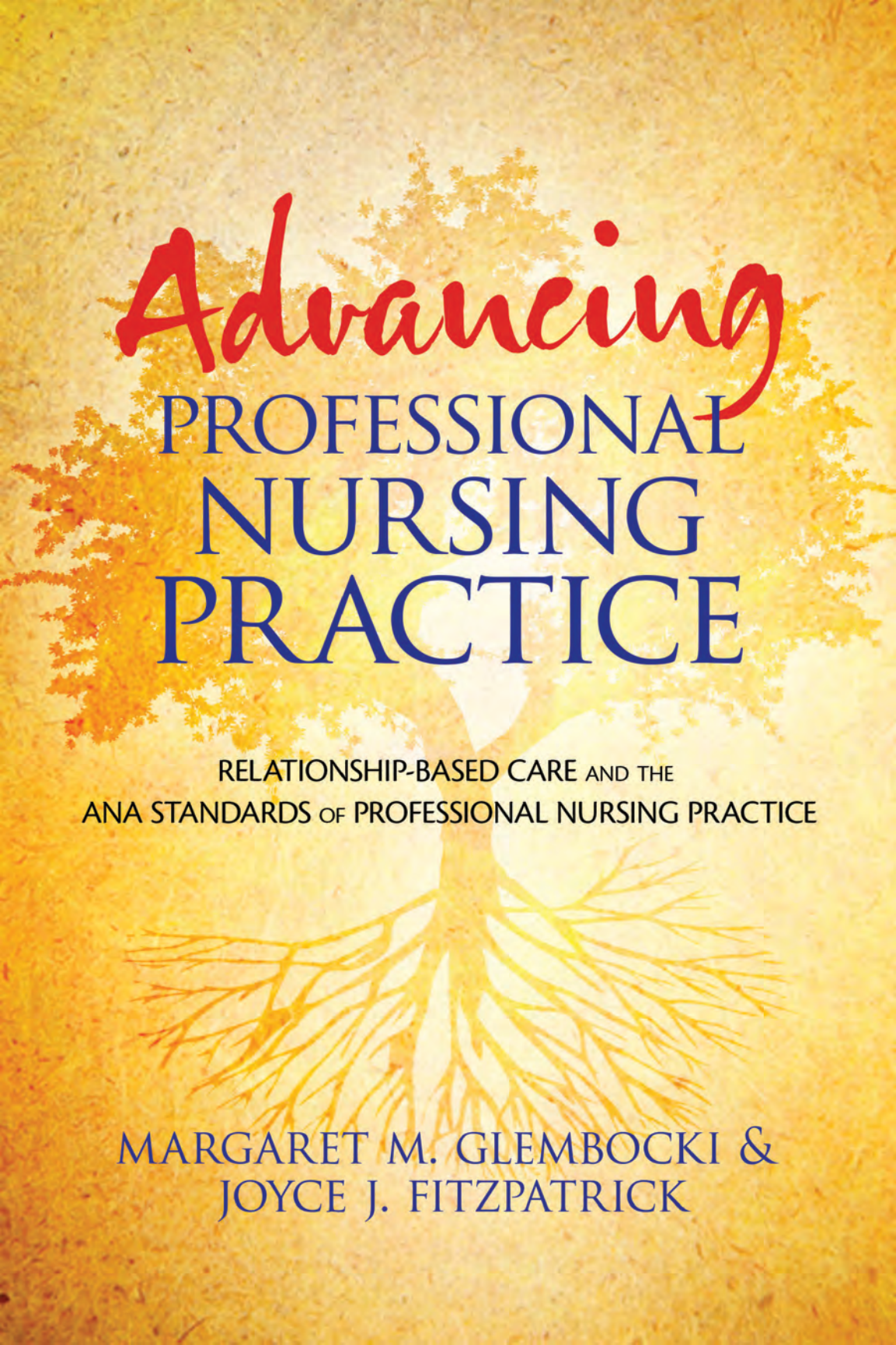
Advancing
PROFESSIONAL
NURSING
PRACTICE
RELATIONSHIP-BASED CARE AND THE
ANA STANDARDS OF PROFESSIONAL NURSING PRACTICE
MARGARET M. GLEMBOCKI &
JOYCE J. FITZPATRICK

ADVANCING PROFESSIONAL NURSING PRACTICE: Relationship-Based Care and the ANA Standards of Professional Nursing Practice

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This book is dedicated to my dear husband, Patrick,
who has supported me every step of the way.
Thank you for your friendship, love, and endless encouragement.
And to my daughter, Lilliana, whose amazing little smile
has brought so much joy and happiness to my life.

—Margaret M. Glembocki

This book is also dedicated to the nurses at
Crittenton Hospital Medical Center for their tireless efforts
to practice our profession with the expertise and grace
that exemplifies Relationship-Based Care.

—Margaret M. Glembocki & Joyce J. Fitzpatrick

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Foreword

Craig Luzinski

Few nurses have a comprehensive knowledge of the Professional Practice of Nursing. It is possible to do the work of nursing, and even to do it with a high level of professionalism, while remaining functionally unaware of what makes nursing a profession.

According to Marie Manthey, there are four characteristics generally agreed to by sociologists as what makes something a profession as opposed to an occupation:

1. An identifiable body of knowledge that can best be transmitted in a formal educational program
2. Autonomy of decision-making
3. Peer review of practice
4. Identification with a professional organization as the standard setter and arbiter of practice (Manthey, 2002, p. 2)

One of nursing's most esteemed professional organizations is the American Nurses Association (ANA), creators of the ANA Standards of Professional Nursing Practice (2010). The ANA Standards, which are based in research and expert contributions, are widely respected. For this reason, I believe that it is unfortunate that they are so underutilized by nurses at all levels of practice. This book reviews each of the standards and then offers stories and case studies illustrating how each of the standards can be used in a way that directly improves the patient experience. I appreciate this

book for the breadth of information it provides and for its contribution to the detailed and in-depth understanding of the standards that it offers to its readers.

The real value of this book, however, is that it weaves together the ANA Standards with a care delivery model that puts patients and families at the center of our care. The Relationship-Based Care (RBC) Model (which will be explained in depth in the first few chapters of this book) is more than a care delivery model. It invites every member of the organization into the care of the patient and family. In RBC cultures, it is common for people working in support departments such as Laundry and Environmental Services to be considered important members of the patient and family care team. Their extraordinary work is daily proof of their dedication to improving the patient experience.

In prior leadership roles, I observed many organizations embrace care models with varying degrees of success. The RBC Model is effective because it is comprehensive, interdisciplinary, outcomes focused, and sustainable. There are no quick fixes in the world of cultural transformation. Sustainable change requires a long-term commitment to doing what it takes to make a care environment strong and healthy. It also requires the commitment of individual caregivers—particularly nurses—to creating a culture in which patients and families come first and professional nursing practice is a minimum standard rather than a distant goal.

This book incorporates the nursing theories of such luminaries as Florence Nightingale, Kristen Swanson, and Jean Watson, and it marries that content with current research and recommendations found in the Institute of Medicine (IOM) reports, the ANA Social Policy Statement, the ANA Code of Ethics, and the ANA Standards and Practices. For that reason alone, this book serves as a valuable resource for nursing students and nurses at all levels. It is the stories and case studies, however, which will assist readers in really experiencing the challenges and successes involved in advancing professional nursing practice.

If there is an unstated call to action in this book, it is this: Identify your role, whether it is as an individual nurse or as a person of influence in your organization, in advancing the profession of nursing on a local, regional, national, and global scale. If the scope of your influence as a nurse is currently limited to your ability to provide the highest level of professional nursing practice to the patients and families you serve, know that your contribution is making an important difference. If you are fortunate enough to work in an organization that has unit-based practice councils, contribute your time, creativity, and passion for professionalism to those groups. If the scope of your influence is broader than that, use your influence to advance professional nursing practice at a unit, organizational, or even system level. The only people who can advance the profession of nursing are nurses.

Craig Luzinski, MSN, RN, NEA-BC, FACHE
March 28, 2013
VP of Strategic Development at
Creative Health Care Management

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Foreword

Marie Manthey

A painting is not created by a free floating hand making marks with oils on canvas. The hand belongs to an artist connecting with his or her mind, body, and spirit, not only to the process of creating a painting, but to those who will one day see the painting. The hands of the artist are not where the skill lies. Without the whole person showing up in the creation of the painting, there is no art; there is just painting.

The art of nursing can be thought of in much the same way. The nurse can show up as little more than a pair of hands doing tasks, but this is not nursing; this is just doing tasks.

The art of nursing (as is perhaps true of any art) is about connection. In the art of nursing, the nurse connects to the patient, and the nurse also connects to the profession of nursing. This book is about the art of both of those connections. It is a book in which the ANA Standards are named and explained, connecting nurses to the practice and performance standards of their profession. It is also a book about Relationship-Based Care, which is a care delivery model that connects nurses to patients and families by removing barriers to the nurse-patient/family relationship and improving relationships throughout the organization.

I'm always happy for nurses who get to work in cultures that support healthy relationships throughout the organization, and I share the distress of those who work in environments that seem to be fueled by chaos and competition. It is the choice of the nurse,

however, to show up in either environment as a whole person, fully invested in the care of patients and families or as a technically competent task doer.

In 1966, the way I viewed nursing was changed forever by an article I read in the *American Journal of Nursing*. It was written by Sister Madeleine Clemence, and it was called "Existentialism: A Philosophy of Commitment." The way I saw it, this learned nun, a woman far ahead of her time, was challenging me, a young nurse leader, to show up as a whole person in my work. Her article challenged me to change my own practice and to mentor others to do the same:

> Commitment can mean many things: a promise to keep, a sense of dedication that transcends all other considerations, an unswerving allegiance to a given point of view. In existentialism, commitment means even more: a willingness to live fully one's own life, to make that life meaningful through acceptance of, rather than detachment from, all that it may hold of both joy and sorrow. (Clemence, 1966, p. 500)

It was no accident that Sister Madeleine was talking about "acceptance of, rather than detachment from, all that life may hold" in the context of the nurse's work. As a nurse herself, she could see that the work of the nurse is secular for all, but sacred for only those who commit themselves to making it so. As we go about the work of nursing, are we solving problems or are we entering into the mystery of what it means to be with a person who is suffering, vulnerable, and afraid? She quotes philosopher Gabriel Marcel, writing, "A mystery is a reality in which I find myself involved... where as a problem is [merely] in front of me."

It raises a provocative question for nurses: Am I *involved* with my patients, or are they merely in front of me?

Over a century-and-a-half ago, Florence Nightingale helped to make nursing an art through bringing compassion into her own practice and then writing about it so that others might see that

when the basic relational needs of the patient are tended to, there is a healing that takes place whether cure is possible or not. She famously encouraged the soldiers of the Crimean War to write to their loved ones. She understood the simple human truth that connection is healing—connection with loved ones (be they near or far), connection with one's own thoughts and feelings, connection with the realities of one's current situation.

The compassionate focus on connection that Florence Nightingale brought to nursing is still there, but it has gotten lost in the shuffle throughout history every time there was a major change in the world of healthcare. Here is some historical background:

Prior to the Great Depression, private duty nursing was the main avenue of employment for the nation's RNs. As the Depression eliminated this avenue for many, RNs returned to their home hospitals as temporary workers, often on a volunteer basis, sometimes working for their room and board. As such, they found themselves working in a highly regimented, task-based, time-focused system of care that was designed to control practice and teach student nurses. This eventually became the main avenue for employment of RNs and remained so until fairly recently. This move from more autonomy for RNs to less autonomy is a pattern that has repeated itself throughout modern history.

After WWII, the proliferation of new hospital beds coupled with the baby boom (which greatly reduced the nursing workforce), resulted in team nursing, a delivery system designed to maximally utilize technical expertise and assistive support staff under the direction and supervision of an RN. Again, the focus was on assigning and supervising the performance of tasks, since the only person educated to provide a therapeutic relationship was nearly always consumed with supervision and the performance of tasks requiring a higher skill level than that of her staff.

The system upheaval that characterized the last 30 years of the twentieth century, which was driven by finance, technology, and regulation, resulted in most healthcare organizations dealing

with higher patient acuity coupled with severe cost cutting, which again resulted in a focus on managing the tasks of care rather than managing therapeutic relationships. The resulting dehumanization within the care system drove a spiral of regulations and system constraints that further complicated (and continue to complicate) an already maximized complex adaptive system.

The age we live in is no different. As we deal with the myriad changes of healthcare reform, we're seeing, once again, a return to task-based practice. This time, however, it feels different to me. I'm heartened by the numbers of organizations that are embracing Relationship-Based Care and books such as *See Me as a Person* which address the need for nurses and other caregivers to be "in it" with their patients rather than merely ministering to their bodies. As the next major societal shift in healthcare advances, whatever it is, the profession of nursing must continue to define itself. Society trusts us to do so, and our covenant requires it.

Nurses must ask themselves some important questions: What exactly is it that must always be present in order for nursing to really be nursing? What is the actual core of nursing? What strengthens that core? And what must be present in order for that core to even exist? In short, what is the nursing imperative?

I would ask you to mount your own inquiry, and come up with your own answers. Here are mine:

The nursing imperative is a two sided coin. On one side there is the imperative to be clinically competent in both technical skills and clinical judgment. The other side is the willingness to step into *being with* the human being for whom the nurse is caring. In healthcare, people experience vulnerability at every level of their being: mental, emotional, physical, and spiritual. The privilege of nursing is having the knowledge and skill, the position and relationship, to interact with a vulnerable human being in a way that alleviates pain and increases mental, emotional, physical, and spiritual comfort. This is the privilege of nursing—the *being with* a vulnerable human being. If this privilege is ignored or overlooked, nursing

isn't happening. No matter what is happening in a care environment, authentic human connection with the vulnerable human beings in our care can and must happen. That, to my mind, is the nursing imperative.

It's clear that half of the nursing imperative is that we have a mastery of the technical aspects of nursing, but the other half of the nursing imperative—and it truly is no less than half—is staying present to the vulnerability of others. This book seeks to address the dual nature of the nurse's work, both the instrumental and relational. If you are a nurse (or about to become one), I'd ask you to keep this dual nature in mind as you read this book.

Marie Manthey, MNA, FRCN, FAAN, PhD (hon.)
March 8, 2013
Pioneer of Primary Nursing,
author of The Practice of Primary Nursing*, and*
founder of Creative Health Care Management

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Preface

Why We Created This Book

In this book, nurses tell their stories of Relationship-Based Care (RBC) within the context of the American Nurses Association Standards of Professional Nursing Practice. The core relationships that the nurse must develop are with self, with colleagues, and with patients and families. As a professional nurse, each of us builds these relationships every day in our work lives and in our personal lives because professional nursing permeates who we are and what we do.

We are proud to be professional nurses and are committed to advancing the profession. We initiated this project because we believe that the stories from the field will help future nurses in their quests for excellence. We believe that the therapeutic nurse-patient relationship embedded in RBC is at the very heart of professional nursing. We also believe that the values nurses bring to that relationship—values that include respect, integrity, and compassion—are central to enhancing health and wellness among patients, families, and communities. Professional nurses make a difference in the lives of those they serve with intentional, directed, compassionate care.

How This Book Can Help Nurses Improve Their Practice

This book affirms the spirit of nursing and acknowledges the professional acts that are central to Professional Nursing Practice. The stories included could have been written by thousands of nurses throughout the world who are delivering expert care to patients and families in a wide range of settings. In short, this book tells the story of what millions of nurses do every day. The Moments of Excellence stories provide instructive, often heartrending examples of expert Professional Nursing Practice.

Benefits for Patient Care

Providing excellent care is what gives the nurse's work meaning. RBC transforms the culture of care for nurses and patients. Its focus on the primacy of the nurse-patient relationship ensures safe and effective care because, as professional nurses, we are attuned to the patient and his or her needs for health and wellness.

It is in the spirit of caring relationships that we want to chart the future of nursing. This book represents an investment in the future not just of Professional Nursing Practice, but also of exemplary healthcare for patients, families, and communities.

A Note about Language

It was important to us to use language in this book in reference to nurses that would elevate the work they do. As a result, we have passed over terms such as "staff nurse" and "bedside nurse" in favor of the term "clinical nurse." We believe that this term captures the work of the professional nurse of any level of preparation who has direct contact with patients.

Margaret M. Glembocki
Joyce J. Fitzpatrick

Acknowledgments

We wish to thank all of the dedicated individuals who contributed to this book. We wish to especially thank our executive sponsors Kathleen Van Wagoner, Chief Nursing Officer, Crittenton Hospital Medical Center (Rochester, MI); Mary Koloroutis, Vice President, Creative Health Care Management (Minneapolis, MN); and Kerri D. Schuiling, Professor and Dean, Oakland University School of Nursing (Rochester, MI). Without your support and that of our respective organizations, this effort would not have been successful.

We are grateful to the faculty of Creative Health Care Management who reviewed each chapter for the consistent application of current thinking on Relationship-Based Care. They include Suzanne Cleere, MSN, MSBA, CENP, RN, Consultant; Jayne A. Felgen, MPA, RN, President Emeritus; Mary Griffin Strom, MS, BSN, Consultant; and Shirley Ruch, MEd, RN, C-LNC, Consultant.

We would also like to thank the American Nurses Association, and specifically Dr. Marla Weston, for their support of this effort. The ANA continues to hold the flame of nursing high and visible. We hope we have contributed in some way to the advancement of the profession of nursing.

Publishing a successful book truly takes a village. We would like to thank the following people for their invaluable contributions:

Chris Bjork: project management, procurement, copy editing, proofreading

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Introduction

Kathleen Van Wagoner

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

American Nurses Association

Nurses are in an extremely influential position, ready to support the future of healthcare in America. Professional nurses have the skills and abilities to strengthen their practice by applying the best evidence available. Information, when processed and applied, becomes knowledge; knowledge, when applied, becomes wisdom; wisdom becomes magnificent and sage when applied to a broad spectrum and shared with passion, intention, and purpose. Nurse leaders, courageous and hopeful, have taken risks over the years to position nursing for the opportunities it now has for leadership in healthcare delivery.

Several questions are considered in this book. Nurse clinicians in a range of positions throughout the United States have delineated their application of the Relationship-Based Care (RBC) Model (Koloroutis, 2004) to their practice of professional nursing. Questions that are addressed implicitly include the following:

- Will the profession of nursing be able to articulate the wisdom that has brought us to our current realities?

- Are nurses able to identify how the essence of compassionate care supports vulnerable members of society as they navigate complex healthcare processes and systems?
- How will the application of caring science influence Professional Nursing Practice?
- How will nursing continue to articulate the essential values supporting scholarship?
- How will these values be expressed in the clinical environment to teach, practice, and prepare future generations of professional nurses?

Nursing has unlimited possibilities that can be developed only through thoughtful reflection and understanding. Collectively, nurses need to focus their practice on the essential aspects of developing the nurse-patient relationship. There is an exciting journey ahead, as nurses develop their potential and apply their knowledge and skills in the care of patients throughout the healthcare delivery system.

It is important for practicing nurses to realize the professional commitment that includes intentional deliberative practice and a commitment to social justice for all people. In my conversations with practicing nurses and students in nursing, I have discovered that they are committed to providing compassionate nursing care. The desire to advocate, collaborate, and educate is strongly repeated and valued. At this time it is important to delineate the characteristics of our Professional Nursing Practice, including the intentional caring dimension. It is equally important that we communicate these attributes to the public so that they may be easily understood and articulated by the patient and family, by the multidisciplinary team, and, of course, by nurses themselves.

Patients and their families intuitively know when they are receiving professional nursing care that supports healing and respects their need to be safe at a most vulnerable time. Nurses

consider themselves compassionate caregivers and should always place the patient at the center of their care. Education that promotes patients' and family members' active involvement in their care is another important goal of professional nursing.

In a recent conversation I had with Marie Manthey, founder of Creative Health Care Management and one of the originators of Primary Nursing, she stated that many nurses still practice the FRED model of patient care delivery: frantically running every day. Patients and families will often comment about the frenetic pace of the nurse caring for them and will admit that they hesitate to ask nurses for anything that will add more to their already too-busy day. Yet nurses need to value the opportunity to slow down and spend a few moments getting to know their patients and families. Nurses are surprised at what they learn when they intentionally engage in conversations with patients and families about their care. Nurses who have made the time to engage in these intentional conversations report that they are perceived as being more organized in their care delivery, that they need to answer fewer call lights, that they better understand the plan of care, and that they enjoy a more meaningful nurse-patient relationship.

The following chapters are written to promote and influence the practical understanding and professional application of the American Nurses Association (ANA) Standards of Practice and professional nurse competencies (ANA, 2010) within the context of the RBC nursing care delivery model (Koloroutis, 2004). Moments of Excellence from academia, clinical practice, community settings, and boardrooms are aligned with the ANA Standards of Practice and professional competencies. These Moments of Excellence demonstrate the attributes and values that will continue to support the work of professional nurses.

The recent Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* (2011), includes clear recommendations that will assist the nursing profession in articulating the value we provide to the communities we serve. The IOM

report contains eight recommendations, all of which will help position the profession for future contributions to the health of society and, more specifically, for significant contributions to healthcare delivery. The IOM recommendations are as follows:

Recommendation 1. Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training. (p. 279)

Recommendation 2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Private and public funders, healthcare organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the healthcare team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices. (p. 279)

Recommendation 3. Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government, and healthcare organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas. (p. 280)

Recommendation 4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80

percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan. (p. 280)

Recommendation 5. Double the number of nurses with a doctorate by 2020. Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity. (p. 281)

Recommendation 6. Ensure that nurses engage in lifelong learning. Accrediting bodies, schools of nursing, healthcare organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competency needed to provide care for diverse populations across the lifespan. (p. 282)

Recommendation 7. Prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental healthcare decision makers should ensure that leadership positions are available to and filled by nurses. (p. 283)

Recommendation 8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data. The National Health

> Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on healthcare workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible. (p. 284)

I believe that intentional caring is the true vision for nursing. We must clearly understand our nursing worth and translate this worth for the communities we serve.

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Dr. Glembocki is focused on empowering and advancing nurses at all levels as well as improving quality of health care through education, practice, and research. She will be inducted as a Fellow in the American Association of Nurse Practitioners in 2013.

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Dr. Fitzpatrick is widely published in nursing and healthcare literature, with over 300 publications. She served as co-editor of the *Annual Review of Nursing Research* series, vols. 1-26; she edits the journals *Applied Nursing Research, Archives in Psychiatric*

Nursing, and *Nursing Education Perspectives,* the official journal of the National League for Nursing. She edited three editions of the classic *Encyclopedia of Nursing Research (ENR)* and a series of nursing research digests. Dr. Fitzpatrick's research has focused on meaningfulness in life, including meaningfulness of nurses' work life related to satisfaction, turnover, and empowerment.

About Crittenton Hospital Medical Center

Crittenton Hospital Medical Center (CHMC) provides a full scope of inpatient, outpatient, and surgical care to over 30,000 community members each year. CHMC is a fully accredited teaching facility, providing learning opportunities for residents from two distinguished campuses. In partnership with Creative Health Care Management, CHMC continues to integrate Relationship-Based Care (RBC) into its professional nursing, ancillary, and supporting department practices. The RBC model is the framework for empowering employees to create meaningful and intentional relationship with their patients and families, their team, and themselves. CHMC has experienced improved outcomes in indicators of patient and employee satisfaction and service excellence since implementing RBC.

All royalties from the sale of this book go to the Crittenton Hospital Medical Center (CHMC) nursing scholarship fund. This fund supports the work of clinical nurses who wish to engage in clinical research, presentations, or writing to support the advancement of clinical practice.

This book is an example of CHMC's commitment to creating and disseminating educational and inspirational resources that promote excellence in clinical practice under the model of Relationship-Based Care.

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