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Nurses Elevating Nurses

Nurses at Meridian Health have created an organization focused on supporting its nurses. Read about how the Ann May Center generates and disseminates ideas that move nursing forward.

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Guest editors Susan Torres (left), Teri Wurmser (center), and Jane Bliss-Holtz (right)

Evidence in Collaboration. In this issue, the guest editors point ENK readers toward an array of places and ideas where the nursing work environment is being re-formed and re-imagined.
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FROM THE EDITOR

ENK EXCELLENCE IN NURSING KNOWLEDGE

This was our goal: Create a forum where nurses could encounter nursing's best ideas, tested by the challenge of real world nursing. You're looking at the result. Every month, a new issue of ENK will be shaped by a guest editor whose work deserves a larger audience. These are nurses working in settings where nursing knowledge is directly applied — where research and reality are engaged in a lively debate.

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Greg Perry
Managing Editor
ENK
Indianapolis, Indiana
greg@stti.iupui.edu

Scanning the Horizon

In this issue, guest editors Teri Wurmser, Susan Torres, and Jane Bliss-Holtz point ENK readers toward an array of places and ideas where the nursing work environment is being re-formed and re-imagined.

Our fifth issue of ENK presents both landmarks and pathways for nursing to emulate and follow. Forming the dynamic core of the issue is Meridian Health (MH), the three-hospital system in New Jersey that was the first health system in the United States to achieve 100% Magnet status twice. What MH has done after Magnet demonstrates that the designation itself is but one step in the journey toward ever-deepening excellence.

The lead essay defines Meridian Health's Model of Care units that are laboratories for the incorporation of enhanced Magnet components and for standardizing processes that allow for a more rapid diffusion of evidence-based practice and change. These units are setting standards for other units within MH, and for all of nursing.

In this issue, you'll enter Meridian Health's Ann May Center for Professional Nursing and witness some of the work taking place there to advance the professional nursing practice. The CNO of MH, Richard Hader, has contributed an essay on the particular challenges facing that office after the Magnet goal has been reached—offering something for every nurse leader, no matter what goals they are moving toward.

Two related pieces explore how bedside nurses can engage in nursing science and be recognized and rewarded for their efforts—as researchers and clinicians. MH's C.A.R.E. program moves beyond the traditional clinical ladder with new thinking on the practice and knowledge expectations placed upon nurses.

This ENK also profiles an oncology unit staffed by newly empowered nurses who are taking leadership in developing a shared governance plan.

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Greg Perry
Editor

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Inside the Ann May Center for Nursing

Teri Wurmser, PhD, MPH, CNAA
Founding Director
Ann May Center for Professional Nursing
Neptune, New Jersey
TWurmser@meridianhealth.com


Terri Wurmser

Jane Bliss-Holtz, RN, DNSc, BC
Nurse Researcher
Ann May Center for Professional Nursing
Nursing Research Coordinator
Meridian Health
Neptune, New Jersey
JBliss@meridianhealth.com


Jane Bliss-Holtz

Susan Torres, RNC, BSN
Process Specialist
Ann May Center for Professional Nursing
Neptune, New Jersey
STorres@meridianhealth.com

Nurses at Meridian Health have created an organization focused on supporting its nurses. Read about how the Ann May Center generates and disseminates ideas that move nursing forward.

Health care organizations that receive the prestigious Magnet designation are recognized for providing the very best nursing care in “a milieu that supports professional nursing practice” (ANCC, 2004). After being designated a Magnet facility, the ongoing challenge is to continue to generate ideas for improvement, to keep initiatives fresh, and to maintain engagement of the nursing staff in the process. It should come as no surprise that the first health system in the country to achieve 100% Magnet status twice has frequently used innovative strategies to support its nurses. One such strategy was the creation of the Ann May Center for Nursing (AMC) by Meridian Health (MH).

Transforming a Loss into a Promise

The leaders of forward-thinking organizations envision crisis as opportunity and then seize those opportunities to turn potentially morale-diminishing events into triumphs. Such was the case when the closure of a cherished school of nursing was transformed into an opportunity to respect the past and at the same time shape a brighter future for MH nurses.

Since its inception in the early part of the 20th century, the Ann May School of Nursing provided the hospital with a steady stream of well-educated and clinically competent registered nurses. Yet, the school's diploma program was inadequate as the move to employ only baccalaureate nurses grew. It was a wrenching development, as many of these nurses still worked at the hospital and lived in the surrounding communities. Many of them were concerned that the Ann May legacy of nursing excellence would die. However, as plans were finalized for the closure of the school, a new tradition of nursing excellence was being born.

Working closely with alumni, MH nursing administration and staff members developed a plan of action for the transition between closure of the school and the opening of a center for nursing excellence. The Ann May Center for Nursing officially opened its doors 6 months prior to the closure of the school, ensuring that school archives and records would be properly maintained. With a primary mission of promoting excellence in practice through education and research, the AMC is staffed by doctorally prepared nurses and provides opportunities for the continued growth of nurses and nursing students toward the goal of enhancing health care outcomes.

Support for Academic Education

Meridian Health's commitment to continued learning is fueled by the belief that well-educated nurses will have a greater impact on patient outcomes. Thanks to generous endowments from the school, an extensive scholarship program offers financial incentives for nurses to obtain advanced nursing education. Currently funded at more than $2,000,000, the scholarship program's most vocal champion is the president of Meridian Health who has secured more than $250,000

annually to ensure the scholarship program remains viable. In addition to financial support, the AMC offers counseling to assist students in selecting the most appropriate program of study for their career goals.

Well aware of the current and projected shortage of nursing staff, AMC staff developed several innovative programs to recruit nurses into the profession. One such program is called the “OFFER” program, which provides a pathway for non-nurse hospital employees to enter nursing programs. Through the OFFER program, students work 24 hours every weekend during the semester and get paid for a 36-hour work week with full benefits. Flexible scheduling helps employees to meet the rigorous requirements of a nursing education program while financially supporting themselves and their families. The AMC provides these individuals with counseling, mentoring, and tutoring services to assure academic success. Since the program's inception, more than 50 employees have made successful transitions into a nursing career.

An assessment of MH nursing staff indicated that the percentage of RNs with a baccalaureate degree was 24.8%, which was below the national average of 33.2%.

Recent literature (Aiken et al., 2003) demonstrates that as the percentage of baccalaureate-prepared RNs increases, the rates of surgical inpatient mortality and morbidity decrease. Thus, increasing the number of RNs with baccalaureate degrees became a focus for the AMC. Unfortunately, there were no generic baccalaureate nursing programs in Meridian Health's service area, and the majority of MH nurses were recruited from local community colleges. With Meridian 's commitment to improving patient outcomes, the lack of an accessible generic BSN program was problematic.

One approach to increasing the number of baccalaureate-prepared nurses is to tap the populations of individuals with non-nursing degrees who wish to enter the profession.

The AMC was instrumental in creating an innovative partnership between Georgian Court College in Ocean County and Seton Hall University in northern New Jersey to fast-track talented individuals into the profession of nursing. Students are financially sponsored by MH and mentored through the nursing program, resulting in a win-win situation for all involved.

Enhanced Educational Opportunities for Nurses

The AMC coordinates education and practice initiatives for advanced practice nurses (APNs) to encourage integration of advanced practice roles throughout the system and to assist MH advanced practice nurses assume leadership positions within the profession. Advanced practice nurses look forward to monthly educational and networking meetings where clinical updates are provided and ideas are exchanged. The AMC also takes the lead in providing leadership education for MH nurse managers through the Nursing Leadership Academy of the Advisory Board Company, which provides on-site seminars on evidence-based leadership and management practices. The AMC also coordinates a monthly “lunch and learn” program that taps the talents of Meridian 's own managers. Additionally, the AMC coordinates conferences with nationally recognized speakers to enhance the professional knowledge base of all MH nurses.

Nurses with master's degrees who remain at the bedside as staff can apply for the MH Master Clinician Program. This program, called Master’s Prepared Clinical Scholars, is designed to leverage the talents and skills of master's-prepared nurses for the advancement of the practice and profession at Meridian. As Master's Prepared Clinical Scholars, these nurses are matched with other nurses by career needs, interests, and advanced nursing expertise within unit and

hospital initiatives to improve nurse and patient outcomes. The program allows 12 hours of weekly release time and seed money to complete a proposed project leading to improvement of patient outcomes.

Research Focus

A major focus of the Ann May Center is to produce fundable nursing research projects related to improving patient, institutional, and professional outcomes and to disseminate research findings. This is achieved through fostering the development of clinically related questions; offering consultation in the areas of research design, methodology, statistical analysis, and writing for publication; identifying appropriate funding organizations; producing and editing project proposals; serving as a conduit for research funds; and publicizing research findings through poster and podium presentations and research conferences. Two doctorally prepared nurse researchers conduct research and provide mentoring for nurses new to the research arena.

An example of the services offered by the AMC is the center's participation in MH's "Bloodless Care Program" at Jersey Shore University Medical Center (JSUMC). The state of New Jersey solicited competitive proposals from hospitals for "bloodless" cardiac surgery—the catch was that the proposal had to contain a strong research element. The AMC was tapped to head the development of the research methodology to be included in the proposal, and JSUMC was one of two hospitals whose proposals were accepted. Initially a 3-year project, the AMC staff has maintained and analyzed data from more than 2,500 cardiac surgery cases. Preliminary results have been presented nationally and internationally, and AMC staff are anticipating publication of the final data analysis. On the strength of the patient and financial outcomes, the Bloodless Care Program, a nurse-run endeavor, is being continued by MH and is now housed in the AMC.

The AMC also was consulted in aiding the newly formed APN-run Heart Failure Center (HFC) in collecting and analyzing clinical data to meet state reporting mechanisms and to produce financial and patient outcome reports that justified the HFC's existence. Today, the HFC is a thriving enterprise, employing three APNs and support staff.

Ideas in Action

The Ann May Center takes great pride in generating and harnessing ideas to move the profession forward. When challenges arise, nursing administration and staff often turn to the center for support. From a respected past, the AMC has helped to forge a promising future for nurses at Meridian Health.

About the Authors

Teri Wurmser, PhD, MPH, CNAA, is the founding director of the Ann May Center for Professional Nursing. She is a site reviewer for the National League for Nursing Accrediting Commission and was the principal investigator for "An Innovative Process for Work Environment Enhancement," a grant that was funded by The Robert Wood Johnson Foundation as part of the New Jersey Health Initiatives Workforce Agenda. She has published and presented extensively on the nursing work environment, as well as on the treatment of patients with AIDS and the prevention of HIV.

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Susan M. Torres, RNC, BSN, is a process specialist with the Ann May Center for Professional Nursing where she incorporates the principles of organization development, change theory, mentoring and role modeling, performance improvement, and evidence-based practice to support Meridian Health's Magnet Model of Care units. She is a former clinical program manager for the Bloodless Care Program at the Jersey Shore University Medical Center. She is expected to complete her MSN in 2005. In 1985, Torres earned her baccalaureate nursing degree after a decade in the microcomputer industry.

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After Magnet: Creating and Evaluating Model of Care Units

Teri Wurmser, PhD, MPH, CNAA
Founding Director
Ann May Center for Professional Nursing
Neptune, New Jersey
TWurmser@meridianhealth.com


Terri Wurmser

Jane Bliss-Holtz, RN, DNSc, BC
Nurse Researcher
Ann May Center for Professional Nursing
Nursing Research Coordinator
Meridian Health
Neptune, New Jersey
JBliss@meridianhealth.com


Jane Bliss-Holtz

Susan Torres, RNC, BSN
Process Specialist
Ann May Center for Professional Nursing
Neptune, New Jersey
STorres@meridianhealth.com

Meridian Health has created model of care units that are test sites for the incorporation of enhanced Magnet components and for standardizing processes that allow for a more rapid diffusion of evidence-based practice and change. Read about the work to define the units and take lessons learned from the rest of the system.

In the year 2000, Meridian Health (MH) was experiencing a 14% RN vacancy rate throughout the system. Although this vacancy rate was consistent with the national picture (Erickson, Holm, & Chelminiak, 2004), MH nursing leaders decided to address the issue on both the short-term and long-term levels. A multidisciplinary task force was formed to evaluate, plan, and implement initiatives addressing immediate nurse recruitment and to develop and evaluate a new model of care whose primary objective was to change the practice environment and increase RN retention.

Immediate short-term initiatives included:

- Recruiting nurses from the Philippines.
- Increasing the number of nurse recruiters.
- Making market salary adjustments at a cost of more than $2,500,000 over a 3-year period.
- Developing a program for non-nurse employees to enter and graduate from nursing programs with full tuition paid and full-time pay and benefits for a 24-hour work week.
- Implementing leadership seminars for nurses in management positions.

The second job of the task force was to create a new nursing model of care that addressed both the issue of recruitment and retention.

Figure 1: The resulting nursing practice model for Meridian Health.

A Model of Care in a Realistic Context

The aims of this model were to

- Improve patient care through enhancing the quality of the practice environment.
- Create an environment of excellence.
- Improve efficiency.
- Increase nurse, physician, and patient satisfaction.

The new Meridian nursing practice model consists of four dimensions:

- Clinical Practice
- Education
- Shared Governance
- Research

The deliverables for this model included an integrated nursing philosophy across Meridian Health, initiation of a new clinical recognition program (the C.A.R.E. program), development of a nursing leadership initiative, and implementation of pilot model of care (MOC) units at each hospital campus.

The model of care units were specifically designed to infuse the new nursing practice model into the practice setting and to test and evaluate the long-term impact of substantial changes to the nursing work environment.

Characteristics of the Model of Care Unit

The characteristics of each model of care unit were to include:

- Improved staffing with an increase of 0.5 hours of direct patient care, based on patient acuity.
- A “no-float” policy.
- A dedicated unit-based nurse educator, a clinical nurse specialist.
- A physician champion/liaison.
- Enhanced technology, including cell phones, laptop computers, and clinical equipment.

Manager and Staff Qualifications

All nurses working on a MOC unit were expected to participate in the new outcomes-based clinical recognition program, and, within 2 years, they were expected to attain national certification in their area of specialty. Qualifications for MOC nurse managers included a minimum of a baccalaureate degree in nursing and national certification. Additionally, candidate interviews were conducted by steering committee members to ascertain leadership ability and experiences and their congruence with the MOC nursing philosophy. Candidates for new staff on the MOC were also selected on the outcomes of their interview, philosophy buy-in, willingness and ability to participate in the C.A.R.E. program, and ability to become nationally certified within their specialty within 2 years.

The areas of shared governance and research, inherent in the MOC philosophy, would be two areas that were mostly new for the nursing staff. Shared governance consists of a partnership between nursing and medical staff on decision-making, accountability, and responsibility for outcomes (Hess, 2004). Instead of bedside decisions being made from the top down, staff nurses would make decisions for changing clinical practice based on research evidence and by implementing process improvement projects. Pilot studies would be implemented for evaluation of the changes and for potential conversion to full-scale research studies (Daneshgari, Krugman, Bahn, & Lee, 2002).

In February 2003, one MOC unit was initiated at Jersey Shore University Medical Center (Neptune, New Jersey), Ocean Medical

Center (Brick, New Jersey), and Riverview Medical Center (Red Bank, New Jersey). In October 2003, the Ann May Center for Nursing received a New Jersey Health Initiatives (NJHI) Workforce Agenda grant from The Robert Wood Johnson Foundation (RWJF). The project, called "Innovative Process for Work Environment Enhancement," addressed the nursing shortage of hospital-based nurses by developing a standardized innovative process in which staff identified areas for outcome improvement, developed strategies for creating changes, and evaluated the outcomes. This process was to be used within the MOC units and would then be evaluated and replicated on next-generation MOC units if successful.

Working Toward an Ideal

The driving concept of the project was that the ideal practice environment can be defined as one that accentuates core Magnet hospital components; empowers nurses to participate in clinical decision-making; recognizes the knowledge and expertise contributions of nurses to organizational and patient outcomes; and emphasizes quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability (JSMCF, p. 1).

Included in the RWJF grant is funding for a process specialist (PS) whose role is to aid in the creation, implementation, and evaluation of these processes and ensure they are transportable to other areas and units. Process activities include "just-in-time" education of nursing staff, staff identification of issues that impact clinical outcomes, team building, information gathering, problem solving, strategy implementation, and project outcome evaluation. Several indicators are being tracked to determine the effectiveness of the MOC units. These include patient and nursing satisfaction, patient falls, nosocomial infection rates, nosocomial pressure sore rates, and staff turnover rates. Each MOC unit monitors these indicators and issues a monthly report card to the units. These are then examined at steering committee meetings for future action.

Collecting the Data

In December 2004, a survey was conducted of the staff members of the three MOC units and eight comparison units with equivalent patient populations. The collected data were used to assess the impact of the MOC unit implementation and to provide baseline information before grant interventions were initiated. The survey returned a response rate ranging from 75.1% to 80.1% from the MOC units and 13.0% to 78.6% from the comparison units, with 111 nurses responding. The survey instrument was the revised Nursing Work Index (NWI-R; Aiken & Patrician, 2000). The NWI-R is comprised of 51 Likert-type items with a scoring range of 1 (strongly disagree) to 4 (strongly agree). Cronbach's alpha was a =.96 for entire scale, with a range of 84 to.91 for the subscales.

The overall NWI-R scores were significantly higher for the MOC units ($p < .001$). Additionally, comparisons for each item on the scale were performed; 37 of the 51 items (72.5%) were significantly higher ($p < .05$) on the MOC units. The category "Administrative/ Management Support" contained the most items that were significantly higher on the MOC units (87.5%; 8 total items), while the category "Interdepartmental Relations" contained the least items that were significantly higher on the MOC units (28.6%; 7 total items).

Staff members' perceptions of the quality of the hospital, satisfaction with the present job, and plans to leave MH were also measured. Nurses on the MOC units were more likely to rate their hospital campus as having improved over the past year (Figure 2), more likely to feel moderately or very satisfied with their present job (Figure 3), and less likely to leave within the next 6 months to a year (Figure 4).

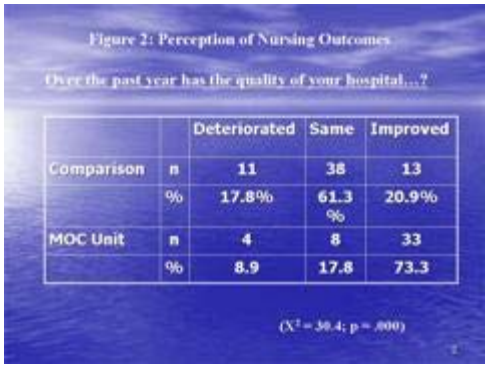

Figure 2: Perception of nursing outcomes.

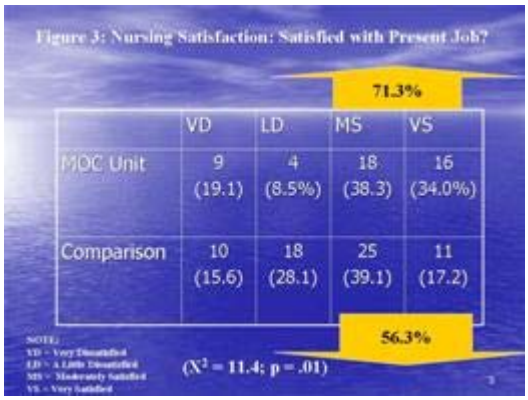

Figure 3: Satisfaction with current nursing position.

Figure 4: Intent to leave current position.

In addition to quantitative data, focus groups were held with the staff of each MOC unit at a 1-year anniversary retreat. Content analysis of the interviews found the following themes:

- Higher expectations of the MOC staff members for themselves and for nursing management and administration.
- The impact of better staffing on the ability to provide quality patient care.
- Improved communication.
- Strong staff cohesiveness.

To date, four more MOC units have been created within the Meridian

Health system. It is hoped that the MOC template, already proven successful, will aid in the dissemination of an improved work environment to the remaining nursing units across the Meridian Health system.

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About the Authors

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Richard Hader, RN, PhD, CHE, CNA, CPHQ
Senior Vice President and Chief Nursing Officer
Meridian Health
Neptune, New Jersey
rhader@meridianhealth.com


Richard Hader

The CNO's Role After Magnet: Moving Beyond Excellence

The work of the CNO takes on a new dimension after achieving Magnet status. Read about one CNO facing the challenges and the opportunities that follow one of nursing's highest honors.

One of the most gratifying experiences as a chief nursing officer (CNO) is to receive a phone call from the American Nurses Credentialing Center Magnet Commission informing you that your hospital has received the Magnet Award for excellence in nursing. Years of hard work, commitment, and dedication have finally paid off, and the nurses in the organization can celebrate—their exceptional efforts have been recognized!

From that moment on, a new chapter in the work of the CNO begins. The challenge is to build on the established excellence while sustaining the fundamental principles that made Magnet possible. The celebration concludes quickly, but yet, what happens next can be just as satisfying.

The Emerging Role of the Informed Patient

Consumer expectations have risen as clinical and service outcome data become more publicly accessible. There is a rising level of consumer understanding of how hospitals can be “scored.” And thanks to the marketing flourish that typically follows Magnet, informed and inquisitive patients can easily find out what that means.

What it means for nurses and the CNO is raised expectations. Often, dramatically so. All of which places a new premium on the CNO's ability to maintain clear and effective communication with patients, staff, and physician constituents.

Staying on Course Amid Rising Expectations

With excellence as the minimum performance threshold, standards and performance expectations can climb so high that anxiety can quickly replace the focused and spirited collaboration that drove the push to Magnet.

The solution is familiar to the people who have been a part of the process all along—keep talking and keep working together.

Teamwork, partnerships, and effective leadership are essential to meet—and even exceed—higher standards. Staff must be empowered to make decisions to best meet the needs of the workplace and improve the care delivered at the point of interaction with the patient. Good staff decisions must be supported, rewarded, and recognized as a best practice standard. It is the same culture that made Magnet possible. But it is by no means self-sustaining.

Elevate, Support, and Repeat

The CNO must elevate the standards of performance and keep the resources moving upward with them. High-functioning partnerships with ancillary and service areas are essential. It's also essential to

keep nurses focused on what patients are now focused on. Online comparisons between health care providers are increasing in availability and sophistication. Consumers are comparing more and taking less for granted. As a result, the CNO must be thoroughly familiar with the data available to health care consumers, paying particular attention to nurse-sensitive indicators such as patient falls, nosocomial infection rates, wound management, and patient satisfaction indicators. These outcomes have always been important to manage upward. However, they've never been so visible.

Deepening a Legacy of Magnetism

Establishing think tanks with the nursing staff to establish strategic priorities to ensure the sustainability of the Magnet culture is essential. Through effective collaboration with the nursing staff, the CNO can build on, and deepen, the professional culture. This is what makes a legacy, and it reinforces the best parts of an organization's culture. Magnet, then, becomes not a goal but a state of being.

Incorporating and Developing Evidence

A professional nursing practice is evidence-based and data driven. The CNO must be leading the effort by advocating for and supporting original nursing research. The results of recent research must be made available to the staff in a way that is useful and practical so that staff members can incorporate changes in their practice and begin to implement these changes at the bedside.

It's also important for the CNO to engage with other organizations that are doing the hard work to achieve Magnet recognition. Mentoring others can both instruct and inspire. Both of which are necessary for the CNO committed to maintaining the high standards of Magnet.

After Magnet, Magnet Continues

It is the CNO's obligation, and rich opportunity, to keep the momentum going. It's a continual process of challenging the staff to excel and exceed. They are the best of the best, and together they will achieve even more than they have already—more, in fact, than they ever believed possible.

About the Author

Richard Hader, RN, PhD, CHE, CNA, CPHQ, is senior vice president and chief nursing officer for Meridian Health. He has led a distinguished 20+-year career devoted to promoting the highest standards of nursing practice. Under his leadership, Meridian Health was the first health care system in the United States to achieve Magnet status. He is editor-in-chief of *Nursing Management* and is a frequent lecturer and keynote speaker at professional organizations, at conferences, and in health care systems.

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Re-Imagining the Clinical Ladder: The Meridian Health C.A.R.E. Program

Teri Wurmser, PhD, MPH, CNAA
Founding Director
Ann May Center for Professional Nursing
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Terri Wurmser

Jane Bliss-Holtz, RN, DNSc, BC
Nurse Researcher
Ann May Center for Professional Nursing
Nursing Research Coordinator
Meridian Health
Neptune, New Jersey
JBliss@meridianhealth.com


Jane Bliss-Holtz

Susan Torres, RNC, BSN
Process Specialist
Ann May Center for Professional Nursing
Neptune, New Jersey
STorres@meridianhealth.com

Is there a better way to recognize nurses' clinical expertise and accomplishment? The authors are part of a multi-hospital recognition and advancement program that does more than create boxes waiting for a checkmark. They have developed a program with new thinking about what nurses should be expected to know and to do.

Rewarding and recognizing nurses through clinical ladder programs is a well-known retention strategy. The three hospitals that make up Meridian Health (MH) were each pioneers in the establishment of clinical ladders in the early 1980s. After the hospitals merged in 1997, the best aspects of each of the hospitals' ladder programs were adopted and continued as a shared and cherished tradition. So, when a total revision of the existing clinical ladder program was proposed to reflect a newly developed nursing model of care, it was only natural for the proposal to be greeted with skepticism and a degree of hostility by many members of the nursing staff. “Why fix it if it's not broken?” seemed to be a logical if not totally appropriate question.

The Problems with Ladders

Meridian Health's former clinical ladder program looked like many of the other programs across the country. Nurses participating in the clinical ladder needed to accumulate a certain number of points from a broad menu of activities. However, the majority of the activities had little to do with the experience and expertise of the nurses making the journey up the ladder, and although it was exceptionally objective, there was little or no differentiation of practice that could be discerned.

For example, under the old clinical ladder, credit for being a member of a committee was defined as being present (evidenced by the sign-in sheet) for at least one-half of the meetings in a given year. Under the C.A.R.E. (Clinical Advancement and Recognition of Excellence) program, evidence of active participation, such as leading or participating in a committee project, is needed.

The impetus, therefore, for a new clinical recognition program was both to reflect the levels of expertise that existed among the nursing staff and to engage more staff nurses in the process. The goal was for all eligible nurses in Meridian hospitals to become actively involved in the clinical advancement program and to be recognized for their unique contributions to patient care.

Redesigned by Staff Nurses to Recognize Staff Nurses

In 2002, the redesign of the clinical ladder program was undertaken to reflect the new nursing care model and to improve the environment of nursing practice. The C.A.R.E. program was created by and for staff nurses from across the three hospital campuses. Senior nurse leaders acted as facilitators in the program's development, but it was the staff nurses who designed the program and developed the criteria for each level of achievement. Staff members, including HPAE (Health Professionals and Allied Employees) union leaders, were included in every aspect of the design and development of the program. The

group worked diligently for several months until a process was conceived that was portfolio-based and that everyone felt they could support.

The C.A.R.E. program was rolled out in 2003, with the committee members taking full ownership, including the responsibility for educating the other RN staff members about the new processes. Initially, staff had difficulty conceptualizing the switch from purely objective criteria, such as possession of certification or committee participation, to a model that required peer evaluators to apply criteria to identified behaviors. It was the staff nurse members of the C.A.R.E. program who sold the program to their peers.

A New Vision for Recognizing Clinical Excellence

The Meridian Health C.A.R.E. program utilizes a competency-based approach that identifies indicators of clinical expertise at four different levels, and it utilizes an appraisal system that fosters objective evaluation. Based on the new MH nursing model of care, nurses must demonstrate increasing levels of expertise and address criteria in clinical practice, education, shared governance, and research areas.

There are four advancement levels in the C.A.R.E program: Clinical Nurse I, Clinical Fellow (Level II), Clinical Resource (Level III), and Clinical Scholar (Level IV). Nurses may advance to Clinical Nurse I after completing orientation and an individual development plan with goals and objectives for professional growth. Nurses at the Clinical Fellow level have accumulated experiences in caring for patients and families and begin to recognize patterns that influence future practice. Nurses advancing to the Clinical Resource level display an in-depth understanding of the clinical picture as a whole and act as resources to colleagues. The highest level of achievement is the Clinical Scholar level. Nurses at this level display an in-depth knowledge of the entire clinical practice environment and function at the highest level of clinical practice, education, research, and shared governance. They are recognized by peers as experts in their practice areas, and they actively and positively exert influence on the clinical practice of all staff. The committee designed recognition pins for each level of achievement. Beyond the first level, nurses earn an additional dollar an hour for each level achieved.

Each of the four levels in the model has indicators that are based on the practice model and that explicate the requirements for each level of practice. Examples of behaviors that reflect each indicator are given as guidance, and evaluation is supported by a variety of tools such as case study forms, questionnaires, and portfolio guidelines.

Nurses applying to the program must submit a portfolio documenting how they meet the criteria in clinical practice, education, shared governance, and research. For clinical practice, applicants must answer a battery of questions or complete a case study demonstrating how they meet the criteria for the specific level of advancement and how their practice patterns have impacted on specific patient outcomes.

For the remaining three areas—education, shared governance, and research—the applicant presents evidence in the portfolio to make his/her case. In education, nurses document not only that they have attended a program but also to what extent that information was used to improve patient care. They must also provide documentation that they contribute to the education of their peers as well as patients and families.

Evidence might include evaluations from a continuing education program that the nurse designed and delivered or include patient education materials developed. Shared governance criteria can be met

by showing how the nurse specifically contributed to a new policy or to changing an existing policy based on evidence of practice. To meet research standards, depending on the level of advancement, nurses may participate in, design, or disseminate information either through a performance improvement, research, or evidence-based practice project.

Nurses maintain their status for a period of 3 years at which time they must complete a maintenance application. It is an expectation that all staff nurses will participate in the new program, and there has already been a marked increase in the number of staff members who have enrolled in the program since the revisions have been enacted.

The new C.A.R.E. program requires that nurses reflect on their practice and professionalism and document their contributions to patient care through the portfolio process. Performance improvement and research activities help to advance the evidence base for nursing practice. Participation in unit and organizational shared governance gives the staff nurse a voice and helps to improve the practice environment. Nurses engage in educational activities to increase their own knowledge and skills, as well as those of their peers, and to benefit their patients and patients' families.

Nurses who have participated in the program have come to realize the impact that they make on an everyday basis. Staff nurse peer reviewers have been impressed by the quality of the applications that are submitted and are amazed at the work that is being accomplished. Thanks to the newly designed C.A.R.E. program, all those involved can see that what nurses do at Meridian on a daily basis truly makes a difference!

Examples of C.A.R.E. Entries
An outpatient oncology nurse described some of her patient education efforts:

I have produced new and revised patient handouts this year. … The comprehensive introduction to the radiation process is new. I have added a "most asked questions" sheet. It deals with the basic information needs of the new patient. … A revised discharge handout deals with steroid tapering. … It helps ensure compliance.

A performance improvement project:

Maintaining IV sites and prevention of negative outcomes was our goal. Policies and procedures for IV therapy were reviewed with staff. IV site indicators and documentation indicators were assessed quarterly. The outcome was 100% compliance in practice and 95% compliance for documentation. Improved patient satisfaction was reflected in the Press Ganey Survey scores.

A clinical practice exemplar:

With a 2-week history of nausea, vomiting, and weakness … a 12-year-old pediatric patient came to the emergency department (ED) triage nurse carried by her father. … She had parched, dry lips and mouth. She was pale and thin with shallow labored breathing. … She was listless and weak, and she could hardly speak. I immediately checked a fingerstick blood sugar. As I suspected, the blood sugar was too high to be recorded … backing up my assessment of DKA. Immediate, appropriate treatment was instituted. Three weeks later the patient and family returned to thank the ED nurse.

About the Authors

Teri Wurmser, PhD, MPH, CNAA, is the founding director of the Ann May Center for Professional Nursing. She is a site reviewer for the National League for Nursing Accrediting Commission and was the principal investigator for "An Innovative Process for Work Environment Enhancement," a grant that was funded by the Robert Wood Johnson Foundation as part of the New Jersey Health Initiatives Workforce Agenda. She has published and presented extensively on the nursing work environment, as well as on the treatment of patients with AIDS and the prevention of HIV.

Jane Bliss-Holtz RNC, DNSc, BC, is a nurse researcher with the Ann May Center for Professional Nursing where she is responsible for coordinating nursing research efforts in the Meridian Health system. She is a former nursing administrator with a focus on quality and resource management. She has published and presented extensively, especially on the use of computers in the nursing work environment, and on her clinical specialty, neonatal care.

Susan M. Torres, RNC, BSN, is a process specialist with the Ann May Center for Professional Nursing where she incorporates the principles of organization development, change theory, mentoring and role modeling, performance improvement, and evidence-based practice to support Meridian Health's Magnet Model of Care units. She is a former clinical program manager for the Bloodless Care Program at the Jersey Shore University Medical Center. She is expected to complete her MSN in 2005. In 1985, Torres earned her baccalaureate nursing degree after a decade in the microcomputer industry.

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Christine Hedges, RN, PhD, CCRN, CCNS, APRN, BC
Nurse Researcher
Ann May Center for Nursing
Jersey Shore University Medical Center
CHedges@meridianhealth.com


Christine Hedges

Promoting Research Through Clinical Recognition Programs

By building an expectation of research into its clinical recognition program, Meridian Health is creating a new generation of clinical scholars. Read about its efforts to empower nurses to develop the evidence they need to improve care.

The nursing profession is at the threshold of an explosion in knowledge development, and the value tied to nursing research and evidence-based practice has never been stronger. However, for the nurse practicing at the bedside—the primary recipient of nursing knowledge—there remains a perception of nursing research as a time-consuming, esoteric activity undertaken by doctorally prepared nurses, graduate students, nurse research committees, and nursing faculty. There also remains a perception, to some, that nursing research findings are relegated to research journals, symposia, and conferences attended by the elite of nursing. A paradigm shift regarding nursing research is occurring. This is due in large part to the availability of electronic databases, Internet resources, and online journals. The availability of these resources is not just a matter of personal and professional edification; it is instead a necessity as those in direct care must now account for evidence-based outcomes of nursing practice.

Once considered a worthy goal, outcome-oriented care is now a mandate in the provision and financing of health care (Gallagher & Rowell, 2003). As a result, there has been an explosion in the last decade of research tying nursing care to directly measurable patient outcomes with significant implications for health care costs and accountability to the consumer, as well as identification of Magnet institutions as designated centers of high quality care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). As a result of such research, the Magnet designation is sought after by an increasing number of institutions as a testimony to excellence and an indication of positive outcomes.

However, as the nursing shortage and retention issues challenge attainment of quality care, nurses have identified many reasons for leaving the profession, including heavy workload, moral distress, lack of voice, and powerlessness (Sumner & Townsend-Rocchiccioli, 2003). “Knowledge is power” is an old maxim that should be recalled in these turbulent times. If nurses want to reverse the tide of powerlessness, they need to embrace the knowledge and not leave research as the sole purview of nurse scientists. Although it is the scientists who are educated in and knowledgeable about the process of conducting research, it is the practicing nurse who has the daily “laboratory,” and who will be the consumer of the knowledge. Ultimately, of course, it is the patient who will benefit from nursing knowledge.

Recognizing Research as a Clinical Accomplishment

It was with this intent that when Meridian Health launched its new Clinical Recognition Program, C.A.R.E., (LINK TO CARE PROGRAM) that a strong research component was included. During the transition

to the new C.A.R.E. program, one particular challenge has been supporting the nurses in the development of research projects and the translation of research into practice.

Within Meridian Health, the Ann May Center for Nursing Excellence has a staff of nurse researchers, educators, and administrative support personnel to ensure the vital link between the researcher and the staff nurse is realized. Even so, potential barriers exist in the translational process. Barriers to implementation of a successful research program can include:

- Lack of organizational commitment to nursing research.
- Absence of doctorally prepared nurse researchers.
- No link among research, performance improvement, and evidenced-based practice.
- Limited access to databases/library.
- Limited or absent computer skills.
- No research course in nursing program or has never participated in research beyond a basic course in nursing school.
- Time and support to complete projects.

At Meridian Health, we are fortunate to have strong organizational support for research initiatives, along with doctorally prepared nurses in research, education, and administration. In addition, Meridian Health houses an outstanding library collection, partners with schools of nursing, and provides Internet access to numerous medical, nursing, and evidence-based databases, all of which can be accessed from any computer. Therefore, our challenge remains bringing the practice of research to nurses with multiple levels of research expertise, assisting nurses to design realistic and achievable projects in a busy, hectic environment, disseminating results, and effecting practice change.

The Research Component of C.A.R.E

The four levels of achievement within the C.A.R.E. model reflect the continuum of expertise from beginning clinical nurse, clinical fellow, clinical resource, and finally clinical scholar. It was recognized that while research is an important component at each level, it would not be necessary or realistic for each nurse to complete an individual research project at each level. Instead, each could participate as part of a team in completing outcomes-based performance improvement (PI) research or evidence-based practice changes, thereby building research expertise throughout her or his career.

A clinical fellow, for example, is a nurse with at least 1 year of experience who has identified a clinical problem or is working as part of a team to identify and investigate a pertinent clinical issue. The fellow begins her or his investigative journey by exploring the available literature and identifying at least one research study or piece of evidence related to the problem.

This information is then shared at a staff meeting or on a poster or any other creative way that will disseminate what the nurse has discovered about the problem. The fellow may begin as a novice data collector on a performance improvement project with a clinical scholar. As a clinical resource, the nurse is expected to become more comfortable with the research process and is expected to be able to perform a more comprehensive review of the literature; take a more active role in performance improvement activities; and be able to formulate a research question, identify an area for performance improvement, or propose an evidence-based practice change.

By the time the nurse achieves clinical scholar, she or he will be able to

- Design and implement a research project based on an identified clinical issue or design.
- Implement and evaluate a PI project on an identified clinical issue or design.
- Implement and evaluate an evidence-based practice change.
- Work with a team of nurses at various levels of clinical expertise.

In this way, the most expert nurses are constantly coaching and mentoring other nurses in the investigative process.

While the new research activities are evolving, the Meridian Health Ann May Center for Professional Nursing offers support in design and conduct of research. By placing value on the research process and incorporating it into the clinical recognition program, Meridian Health hopes to be able to create an environment of research—one in which every registered nurse, regardless of type of educational preparation or years of experience, will feel knowledgeable and powerful.

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About the Author: Christine Hedges is a nurse researcher with the Ann May Center for Nursing at Meridian Health's Jersey Shore University Medical Center. She also is an adjunct faculty member at William Paterson University in Wayne, New Jersey. Her clinical specialties are cardiac surgery, telemetry, general surgery, and critical care. She is the chairperson of the nursing research committee at the Jersey Shore University Medical Center and is the principle investigator for sleep, mood, memory, and verbal learning in off-pump coronary artery bypass patients. She has published and presented extensively, with a recent focus on sleep and the cardiac patient.

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Matt Nye, RN, OCN
Charge Nurse, Staff Nurse, and Preceptor
Ocean Medical Center,
Oncology Unit
Toms River, New Jersey
matt0257rn@hotmail.com


Matt Nye

Tara Mount, RN
Registered Nurse
Ocean Medical Center,
Oncology Unit
Toms River, New Jersey
chiliee@comcast.net


Tara Mount

Shared Leadership in Progress: One Magnet Model of Care Unit's Efforts to Improve Oncology Care

Nurses on the oncology unit at Ocean Medical Center are advocating a shared leadership program that aspires to change how—and where—every patient with cancer in the hospital is treated. Read about how they are making their case and how they are supported by nursing leadership.

Creating an empowering and healthy work environment is one way to retain talented people in the nursing profession. A shared-leadership management model supports staff nurses in extending their influence regarding decisions affecting their practice, their work environment, their professional development, and their self-fulfillment (Walker, 2001). This model can also strengthen and enhance relationships between staff nurses and management and with each other.

The oncology unit at Ocean Medial Center (OMC) is a 20-bed unit that has grown into its specialization over the years. The unit first served medical-surgical patients, and then specialized in chemotherapy before focusing on oncology patients. Nurses on the unit are leading an effort to change how the unit is governed by working together to have every cancer patient in the hospital in their care.

The team members for this project are very enthusiastic and passionate about having this unit recognized as a “specialty unit.” The unit is a Magnet Model of Care (MMOC) unit and as such has certain criteria that all staff members must meet in order to remain on the unit. Some of these criteria are:

- All nurses must have national certification (Oncology Nurse Certification) within 2 years of the start of the MMOC unit.
- All nurses must be actively pursuing a ranking with the Clinical Advancement & Recognition of Excellence (C.A.R.E.) program.

Nurses who have specialty education and certification in oncology should provide the unique and special care oncology patients seek. The result of a specialty unit with oncology certified nurses will be better treatment outcomes for similar kinds of patients; lower lengths of stay; and increased patient, nurse, and physician satisfaction.

The team proposal is to create a specialty unit for oncology patients and related hematological disorders. Specifically, the goal is to implement a plan with administration, bed board, and night nursing supervisors to direct all oncology patient and related hematological disorders to this specialty unit. Some of the related hematological disorders include gastrointestinal bleeding, suspected lung disorders with positive chest x-ray for mass, low blood counts, and abnormal white blood cell counts for suspected leukemia or lymphomas. In addition, all patients receiving radiation for cancer and end-of-life care patients, especially those needing control of terminal pain.

The team members have drafted a proposal that draws from the

literature on oncology treatment, with connections to their own observations. Some examples are:

- Pain management, which is a critical issue for oncology patients and one in which an oncology nurse has advanced training on current treatment modalities.
- Newly diagnosed cancer, which is a very frightening time for the patient and family and where timing is essential. Oncology nurses have the experience and education to listen to the patient and family, provide the necessary teaching material, and, most importantly, provide the shoulder to lean on for strength and support.
- End-of-life issues, which is another area where oncology nurses have expertise and experience in palliative care, which has been shown to improve the quality of end of life care and decrease the associated costs (Smith, Coyne, Cassel, Penberthy, Hopson, & Hager; 2003). Family members still come to see the nurses even after the death of their loved one because of the continued support and understanding they receive.

The support the team is receiving has been very positive. The team sees their nurse manager as a collaborative leader—one who inspires commitment and action to change and values each person's input. She ensures that the many voices and different perspectives of the staff are employed in the change process in order to get the best outcomes for the patients and staff. Physicians at OMC want the best outcomes for their patients, and they are supporting the team in gathering data. The Ann May Center for Nursing is helping the team articulate the specifics that need to be included in the proposal. For instance, identification of stakeholders, what impact the proposed changes will have on each stakeholder, and the development of algorithms with specific criteria in order to meet the needs of all patients. The team is also learning that structure is essential in shared leadership. Also, it's essential to observe the proposed changes from every angle, which is quite a challenge and something new for the team members. Developing partnering relationships, cooperation, shared accountability, risk taking, and knowledge seeking are key characteristics that develop within a shared leadership environment (Porter-O'Grady, 2004).

It is the vision of the oncology unit team members to incorporate their knowledge, expertise, and passion in developing a culture that fosters a partnering relationship with management and shares the decision-making and responsibility of a specialty unit.

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About the Authors

Tara Mount, RN, is a registered nurse at Ocean Medical Center in the oncology unit where she has worked for 2 years. She graduated from Ocean County College with her associate in nursing degree in December 2002. She is currently enrolled in Seton Hall University 's

BSN-MSN bridge program in the College of Nursing. She will be eligible to sit for the Oncology Nursing Society's (ONS) certification test in October 2005, and she is a member of the Central Jersey ONS chapter. She is an active participant in the "Save Your Breath" smoking cessation campaign.

Matt Nye, RN, OCN, is a charge nurse, a staff nurse, and a preceptor for the oncology unit at Ocean Medical Center. He is currently enrolled in Seton Hall University 's BSN-MSN bridge program in the College of Nursing. Matt is a member of the national Oncology Nursing Society and the Central New Jersey chapter as well, where he serves as the chairman of the nomination committee and has been a board member since 2000. He has been instrumental in several “Relay for Life” (supports cancer research) and “Save Your Breath” (supports smoking cessation) campaigns.

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Geri Dickson, RN, PhD
Founder and Executive Director
New Jersey Collaborating Center for Nursing
Rutgers University College of Nursing
Newark, New Jersey
dickson@nightingale.rutgers.edu


Geri Dickson

Shaping the Future Through Evidence-Based Policy

The New Jersey Collaborating Center for Nursing is applying the principles of evidence-based nursing practice to develop innovative health policies. Read about their efforts to investigate, develop, and disseminate knowledge.

Studies of trends in the United States health care system reveal a politicization of health care that has grown over time and continues to the present. Basically, health policy is a purposeful course of action that influences health care decisions, which can be private or public in nature. As nurses recognize their role in shaping public (governmental) policy, the profession's political acumen has grown to quite a sophisticated level of competence. Yet, despite these gains in political know-how, few of the current models of nursing activism are data-driven to develop and promote evidence-based health policy. This type of policymaking, similar to evidence-based practice, is rooted in valid and reliable data that are used to define the problem, guide legislative recommendations, facilitate bi-partisan endorsement, and direct outcomes-driven evaluation (DePalma, 2002).

The development of evidence-based policy is particularly appropriate for addressing significant health care issues, such as those that have an impact on patient safety. A significant imbalance between the supply and demand of professional nurses poses a potentially serious public health problem with economic and safety implications. On the one hand, nurse surpluses often result in less than optimal use of scarce educational and funding resources and also cause a diminished interest in nursing education. Research indicates that a shortage of nurses, with resultant lower nurse staffing levels, poses a threat to patient safety as well as to positive health outcomes.

An Example of the Implementation of Public Policy

The focus of this article is the reasoned political activism process of New Jersey nurses, commenced in 1996, to create a data-driven model to forecast the supply and demand of nurses and to use those forecasts as a basis for health policy resulting in a new structure for ongoing data collection, analyses, and policy recommendations and evaluations. This successful process culminated in a legislatively established New Jersey Collaborating Center, which serves as a future-oriented research, development, and advisory organization to state legislators and the governor in regard to nursing workforce resources, innovations, and policy. Centers such as this are sprouting up around the country following the lead of the first such publicly created and funded organization, The North Carolina Center for Nursing (Cleary & Kuykendall, 2000). These centers have been developed to ensure a stable nursing workforce and to provide data-driven recommendations for long- and short-term health policies that address nursing workforce issues.

The New Jersey center is the only center to include the word “collaborating” in its formal title. This was done purposefully to indicate a core value of the Center and to honor the legacy of the Robert Wood Johnson Foundation funded project, Colleagues in Caring—Regional Collaboratives for Nursing Workforce Development

(CICs). That national project, with 20 sites, began in 1996 and ended in 2002. It challenged nurses to break down the historic barriers that had separated practice and education while working together to address nursing workforce issues. Those issues included exploring educational and practice models; identifying trends, forecasting the demand for the nursing workforce; and developing a mechanism for sustaining the work of the projects. Through the national sharing of "lessons learned" at the state levels, the CIC projects provided the impetus for the expansion of the concepts of collaboration and health policy in relation to workforce issues.

The New Jersey work groups formed during their CIC project developed products in each of the four project areas: data, education, practice, and sustainability. Work groups for each of the areas were convened with nurse volunteers from all areas of nursing working together in relation to each one of the four components. The two most significant groups for policy change were the Nursing Demand Workgroup and the Health Policy Workgroup. Team members of the Nursing Demand Workgroup, along with consultants, collected and analyzed data from employer focus groups, existing educational and nurse supply databases, educational and employer surveys, health-related databases, and national nursing databases. At the same time, the Health Policy Workgroup developed a network of supportive legislators and health care stakeholders. They also identified three foundational concepts to sustain the work of the CIC project—visibility, credibility, and neutrality. In other words, nursing must have a visible place in the state, earned through credible data-based information, and representing all sectors of nursing education and practice.

The CIC Nursing Demand Forecasting Group developed an econometric, multiple-regression model with forecasts of nurse demand for all 21 New Jersey counties, as well as the state as a whole. Existing county-level data were used in the regressions for all counties for 1986, 1990, 1994, and 1996 to develop projections for 2006 for RN/LPNs in all employment sectors and in acute care only. Comparing the demand forecasts with the existing supply data resulted in a projected shortage of 14,000 RNs (18% shortfall) by 2006. Communicating these trends in a succinct and straightforward manner to the state leaders and stakeholders resulted in legislation to create a state-sponsored center for nursing. This center was intended to become a primary source for continued data-based evidence from which to create further policy changes regarding the education and practice of nurses. As a result of nurses' and health care stakeholders' efforts, the New Jersey Collaborating Center for Nursing was created on December 12, 2002, when the governor signed the bill (NJ PL, 2002, c116).

However, by 2002 the state had a huge budget deficit, and the bill carried no financial appropriation. With significant collaborative efforts, funds for set-up and operation were received through a public/private partnership between the Robert Wood Johnson Foundation and subsequent state funding. The center, as was the CIC, is located within the College of Nursing, Rutgers, The State University of New Jersey, Newark campus.

Conclusion

As a future-oriented research and development organization, the center continues to provide data for evidence-based state policy makers and health care stakeholders. Health outcomes research, similar to that of Aiken and colleagues, is our envisioned future for shaping health care policy. Health outcomes research has the ability to connect nurse staffing and educational levels directly to patient outcomes. The "bottom line" of the center's work will always be to provide the evidence to foster change in health care and, consequently, in the health of New Jersey's citizens through safe and ever-improving nursing care.

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About the Author
Geri L. Dickson, RN, PhD, is the founder and executive director of the New Jersey Collaborating Center for Nursing, Rutgers University College of Nursing. The legislative mandate describes the Collaborating Center as “an independent nursing center, which will function as a future-oriented research and development organization to develop and disseminate objective information, as well as to provide an ongoing strategy for the allocation of state resources directed toward the nursing workforce.” The Center's mission builds upon the previous work of Dr. Dickson as the project director for the New Jersey Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development, funded jointly by the Robert Wood Johnson Foundation and New Jersey health care stakeholders.

Currently, her research is focused on issues relating to the nursing workforce, especially the nursing shortage, as well as solutions to address such issues. Dr. Dickson also recently served as co-chair of the Governor's Advisory Council for the Promotion of the Profession of Nursing in New Jersey. Internationally, she has been actively involved in guiding the development of the first university-based nursing program in Romania. Dr. Dickson received her BSN from Alverno College, her MSN from Marquette University, and her PhD from the University of Wisconsin.

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Mary Jo Assi, RN, MS, APNC, HN-BC
APN Clinical Projects Coordinator
The Valley Hospital
Ridgewood, New Jersey
massi@valleyhealth.com


Mary Jo Assi

Marie Shanahan RN, BSN, HNC
President/CEO
The BirchTree Center for Healthcare Transformation
Florence, Massachusetts
mshanahan@birchtreecenter.com


Marie Shanahan

Holistic Care & Nursing Science: Retaining Magnet Excellence

Nurses in a Magnet hospital have an obligation to keep improving. Read about what nurses are doing at The Valley Hospital in New Jersey to integrate the principles of holistic care—for patients and nurses—as a way to advance how care is delivered.

The Valley Hospital (TVH), a 451-bed hospital in Ridgewood, New Jersey, received Magnet designation in December 2003. Several benefits are realized by Magnet institutions, including high regard by community members and health care professionals and—in some competitive environments—an increased market share. In organizations that thrive on clinical innovation and strive to provide superior patient care, the challenge is not to maintain the status quo but to reach beyond and establish new markers of excellence.

Because nurses express greater satisfaction with the care they provide when they have more input into practice decisions, Linda Cuoco, CNO of TVH, introduced the Shared Governance Model in 1998. This plan offers members of the Patient Care Services department the accountability and responsibility to co-create the practice environment. This model has matured at TVH and now consists of 85% staff nurse representation. The model's structure provides a platform for creative and autonomous nursing practice at TVH.

Working within a holistic nursing framework in her own practice, Ms. Cuoco noted “When I came to Valley, I felt the soul of nursing had atrophied and we needed to return to the core of nursing, which is the recognition of the need for care of the whole person—body, mind, and spirit—including the nurse.”

With participation from all nurses in the organization, a new philosophy and vision for nursing practice was established at TVH—relationship-centered care based on caring science, driven by holistic caring theory, and supported by nursing research.

A Collaboration in Holistic Care Grounded by Nursing Science

In October 2001, TVH formed a partnership with The BirchTree Center for Healthcare Transformation, Florence, Massachusetts, to design a training program that would assist TVH in actualizing holistic caring practice. The training that was created is based on the Integrative Healing Arts Certificate Program™ (IHAP) created and taught by The BirchTree Center. IHAP provides nurses with the opportunity to ground their nursing practice in holistic principles and healing modalities using a curriculum focused on caring theory, caring research, spirituality, transformational leadership, nutrition, complementary therapies, and self-care and renewal for the nurse. Participants in this training program are guided through self-reflection and self-renewal practices as a pathway to cultivating therapeutic presence.

Caring science and holistic caring theory is a distinct body of knowledge within the meta-paradigm of nursing that supports care for the whole person, mind-body-spirit. Caring is and remains “the

essence and central focus of nursing" (Leininger, 1984). It is also a concept that is seeing an increase in nursing inquiry. As Jean Watson notes, caring is "a core phenomenon of nursing that needs to be made more explicit in both our practices and our outcomes" (2002).

Learned Concepts, Put into Practice

With holistic caring practice as their objective, the first IHAP class of 20 nurses, including Cuoco, completed the training in February 2003. A second group of 16 participants graduated from the course in March 2004.

One of the principles of the holistic training practice is the setting of intention. The manager of the same-day surgery unit, a graduate of the first class, asked her staff to experiment with setting a *group* intention prior to beginning work one day. Setting of intention is the technique of using one's thoughts to visualize a positive outcome and setting one's intention to align thought and action. Skeptical at first, but intrigued by their manager's enthusiasm, the staff received unit-based education on the concept and gave it a 2-week trial. Coming together at the start of their shift, group members quietly focused their minds on improving communication with each other and supporting one another in taking self-care breaks throughout the day.

At the conclusion of the trial, Press-Ganey patient satisfaction scores had risen significantly. In addition, the staff documented anecdotes describing a greater sense of cohesiveness, more camaraderie, less interpersonal conflict, and the sense that the workday had gone by quickly and with improved workflow.

Staff members concluded that the practice enhanced their therapeutic effectiveness and job satisfaction, and they elected to adopt it as part of their daily routine.

The Funding to Continue the Momentum

Based partly on these and other congruent findings, a larger scale TVH project was funded by the Robert Wood Johnson Foundation to study the effect of a caring practice model on retention of nurses in TVA. The project, called " A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses," was one of nine initiated by the New Jersey Health Initiatives to address RN recruitment and retention issues in New Jersey and is a work environment project designed to create the cultural change necessary for holistic practice to take root and thrive.

Prior to receiving the grant award, TVH created a holistic nursing council and incorporated it into TVH's existing shared governance structure. The mission of this multidisciplinary council is to guide the development of holistic practice as it unfolds within TVH's health care system. Services represented on the council include nursing, pastoral care, massage therapy, physical therapy, food and nutrition services, and social services.

Measuring the Impact

With the holistic nursing council providing a supportive infrastructure for the development of procedures and appropriate clinical applications, the stage was set to introduce a comprehensive research study. An additional 36 registered nurses from two in-patient clinical units were selected to attend the Integrative Healing Arts Certificate Program over a 1-year period with the intention of developing a "critical mass" of nurses with the requisite training. A control unit that had not yet received the IHAP training was included in the study.

Research related to the project was developed to include measurements of:

- Unit-specific nursing turnover rates
- Unit-specific clinical patient outcome measures
- Patient satisfaction scores (Press-Ganey)
- Nursing job satisfaction measurements (the revised Nurse Work Index)
- Perception of caring practices (Peer Group Caring Interaction Scale and the Organizational Climate for Caring Questionnaire)
- Focus groups of nurses on study units to obtain the actual experience of nurses related to implementation of the caring model.

Baseline data were collected in January 2004, and midline data were collected in August 2004. Final data collection is anticipated to begin in the late spring of 2005 after conclusion of the IHAP for the two pilot units. To date, participants have completed three of the four IHAP training sessions with anticipated completion of the program in early 2005.

As part of the project, a holistic practice nurse position was developed. The person hired for the new position was an early graduate of the IHAP program and is board certified as a holistic nurse (HN-BC) through the American Holistic Nurses Credentialing Center. The holistic nurse's practice responsibilities focus on patients, families, and staff members, including support of staff members on the study units as they move through the program and strive to implement holistic practice principles on these units. Additional responsibilities of the position include development of policy and procedure related to holistic practices such as clinical aromatherapy, music therapy, and touch therapies. This nurse maintains a professional diary to add to the development of nursing knowledge in this area.

Goals Met and Successes Integrated

While goals for the first year of this 2-year project have been met well within the time frame set forth in the proposal, it is interesting to note the ripple effect this project has created within TVH. Consults for holistic practice services have increased significantly every month, with requests commonly seen from non-study units such as the intensive care unit and the women's health unit. In addition, several departments outside of nursing, including information systems and the education department, have initiated consultations for staff education on setting of intention, which is a cornerstone of the holistic caring model.

Setting of intention is now routinely conducted before many major patient care services meetings including patient care services leadership, nurse practice education council, and performance improvement council. A guided imagery exercise was recently presented at a system-wide leadership session. The evaluation by hospital leadership was overwhelmingly positive with a subsequent request to create a guided imagery CD for staff and leadership. Requests by staff for on-site continuing education related to holistic practice are growing. A Reiki I* class recently filled to capacity. Clinical Aromatherapy, a 5-module course running over a 1-year period, was initiated at the request of previous IHAP graduates and started in the fall of 2004.

In conclusion, The Valley Hospital has used a research-based strategy to clarify the context of professional caring in nursing practice. This approach has paved the way for successful integration of holistic practice into the mainstream of the health care system. Indeed, it is re-defining the culture and continuing their commitment to excellence.

*Reiki is a natural healing technique that works by channeling a life force that's then used to assist the self or others.

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About the Authors

Mary Jo Assi's career in nursing includes experiences in critical care nursing, clinical education, home care, and, more recently, as a nurse practitioner. She is Advanced Practice Nurse Clinical Projects Coordinator at The Valley Hospital, Ridgewood, NJ. In this position, she is responsible for oversight of advanced practice nursing (APN) and development of new APN services and projects throughout the Valley Health System. She is a past graduate of the Integrative Healing A rts Program and project director for the New Jersey Health Initiatives grant, “A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses.”

Marie Shanahan, RN, BSN, HN-BC is the founder and president of The BirchTree Center for Healthcare Transformation in Florence, Massachusetts. She is nationally board certified in Holistic Nursing (HN-BC). She received her BSN from Seton Hall University. Ms. Shanahan has received advanced training in holistic nursing, complementary care, and alternative therapies. Her nursing experience includes clinical, administrative, and educational roles. She established and coordinated the first hospital-based holistic nursing center in New Jersey in 1996. Marie served as faculty and program director for Seeds and Bridges, Inc., Center for Holistic Nursing Education from 1997-1999. She is a co-founder of the North Jersey American Holistic Nurses’ Association network and served as the AHNA Northeast educational coordinator from 1995-1997. Ms. Shanahan is a Reiki master/teacher, and her work integrating Reiki in the hospital setting is documented in “Reiki Energy Medicine: Bringing the Healing Touch into Home, Hospital, and Hospice” by Barnett and Chambers. She is an author, frequent public speaker to community and health care groups, and has conducted numerous programs and workshops for nurses and other health care providers nationally. Marie founded The BirchTree Center for Healthcare Transformation in 2000 with a vision to continue the evolution and transformation of healthcare.

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Gretchen Hartling
Co-Director
New Jersey Health Initiatives
Camden, New Jersey
ghartling@njhi.org


Gretchen Hartling

Quality of Care as a Factor of the Current Nursing Crisis

There is consensus in the health care field that the nurse staffing shortages over the past few years differ dramatically from past shortages. Read about initiatives undertaken by The Robert Wood Johnson Foundation that focus on increasing nurse retention by changing the hospital environment and health care culture.

In 2001, The Robert Wood Johnson Foundation (RWJF) commissioned a study on the nursing shortage in the United States in order to gain a better understanding of the shortage drivers and to inform RWJF's response to the situation. This study resulted in a 2004 report called "Health Care's Human Crisis—RX for an Evolving Profession" (Kimball, 2004) that concludes that the current shortage is systemic in nature and will not be alleviated by the typical solutions used in the past such as wage and benefit adjustments, sign-on bonuses, foreign recruitment, etc.

With that in mind, RWJF launched its latest nursing initiative, aimed at the hospital environment and culture that affects retention of nurses, not the recruiting pipeline. While recruiting and training more nurses is essential, the nursing crisis directly affects the larger issue of quality health care. The latter issue is where RWJF's current nursing strategy is focused.

Quality of care is compromised in several ways during a shortage in nursing staff. First, nurses may end up caring for too many patients, leaving less time spent at the bedside or counseling patients along with a commensurate increase in time needed to respond to patient needs. Second, staff shortages are typically covered by nurses working longer shifts and sometimes by "agency" nurses hired from outside temporary services. These inadequate solutions result in nurses on shift who are unfamiliar with the patients or the workings of the unit and—in the case of nurses working longer shifts—the possibility of increased errors as the length of the shift increases.

To improve quality, RWJF recognizes three components of hospital work environments that include: physical design and allocation of space, organization of work and use of information technology, and hospital culture and leadership.

To elaborate, the physical layout of the unit, noise levels, storage space, and amount of daylight all affect stress levels, healing, injury reduction, and staff effectiveness. Design of the day-to-day work process needs to be efficient and effective so nurses can spend more time with patients and less time on administrative tasks, without decreasing the quality of either aspect of their work. And hospital culture and leadership must embody respect, innovation, and patient-centeredness that originates from the top of the organization.

While RWJF supports initiatives focusing on all three components, the bulk of time and funding is currently being spent on organization of work and use of information technology through the national initiative

called Transforming Care at the Bedside. Transforming Care at the Bedside is intended to improve the quality of hospital care by improving the work environment in hospitals, particularly for nurses. It is managed by the Institute for Healthcare Improvement (IHI) and includes 13 leading hospitals in a 2-year pilot phase focusing on some of the most important challenges facing hospitals today—improving quality of care, recruiting and retaining superior staff, enhancing organizational efficiency, reducing errors, adapting to constant health system changes—including technology changes—and maintaining financial viability. RWJF will evaluate this pilot-phase for potential development into a broad-scale demonstration program.

Nationally, RWJF also addresses the issues of employee recruitment and retention in the fields of nursing and long-term care. A top priority is to enhance and promote the practice of nursing and improve the quality of nursing-related care at the bedside. For example, the national program Better Jobs Better Care was launched to improve recruitment and retention of quality direct-care workers who provide necessary care and support to elderly people with chronic diseases and disabilities.

Focusing on Nursing at a Statewide Level

On a more focused local level, RWJF awarded nine grants in the state of New Jersey totaling $3.4 million through its New Jersey Health Initiatives (NJHI) Workforce Agenda program during 2003. The goal of that program is to address the issues of worker supply and quality and the nature of the work environment for registered nurses in the hospital setting and paraprofessionals in the long-term care and home health care settings.

The NJHI Workforce Agenda grantees are implementing innovative practices in recruiting, training, and retaining essential health care workers, as well as redesigning elements of the work environment to establish stronger cultures of professionalism and growth. The 3-year projects represent a variety of collaborations among health systems, individual hospitals, long-term care providers, home care specialists, and educational institutions at high school and college levels.

Some of the practices demonstrated through these projects include enhancing career development programs at the high school level with a nursing apprenticeship program, developing support systems for health care workers to complete the educational requirements to become RNs while continuing to work full time, improving nurses' job satisfaction by presenting opportunities for career advancement, enhancing Magnet hospital components for the individual nursing units, and overcoming language and cultural barriers in recruiting more individuals into the long-term care workforce.

Each of the NJHI Workforce Agenda projects offers a unique approach to expanding, enhancing, and retaining the workforce. It is anticipated that these projects will identify key factors in addressing recruitment and retention issues.

To learn more about The Robert Wood Johnson Foundation's current nursing strategy as well as its other funding priorities, visit RWJF online at www.rwjf.org. To learn more about New Jersey Health Initiatives and its Workforce Agenda grantees, visit www.njhi.org

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About the Author

Gretchen Hartling is the co-director of New Jersey Health Initiatives

(NJHI), the statewide grantmaking program of The Robert Wood Johnson Foundation. NJHI supports innovative community-based projects across the state of New Jersey that address one or more of RWJF's goals of assuring access to quality care, improving the quality of care for individuals with chronic conditions, promoting healthy communities and lifestyles, and reducing the harm caused by substance abuse. Prior to joining NJHI, Ms. Hartling was the senior vice president of St. Christopher's Hospital for Children, a pediatric tertiary care hospital and academic teaching center in Philadelphia, Pennsylvania. In her 15 years at St. Christopher's, she managed new program and network development, medical staff and faculty relationships, strategic planning, marketing, and external relations—including government and community constituencies.

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Greg Perry
Managing Editor
ENK
Indianapolis, Indiana
greg@stti.iupui.edu

Next Month in ENK

Next Month in ENK

In February's ENK, guest editor Alyce A. Schultz, RN, PhD, FAAN, presents multiple views of her clinical scholar program that is helping nurses leverage clinical expertise to assess, integrate, and develop nursing evidence.

Schulz is the director of the Center for Nursing Research/Quality Outcomes at Maine Medical Center.

The issue will include essays and articles on how the model has been implemented and how it can be duplicated. Read about lessons learned from bedside nurses in the critical assessment of evidence and how nurses are using education to generate momentum for change.

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To submit conference report recommendations or to comment on conference reports, contact:

Greg Perry
Managing Editor
ENK
Indianapolis, Indiana
greg@stti.iupui.edu

January Conference Report

In October 2004, nurses and physicians gathered in Phoenix, Arizona, for the 19 th annual Clinical Symposium on Advances in Skin and Wound Care.

Barbara M. Bates-Jensen, RN, PhD, CWOCN, presented at a session devoted to wound issues in palliative care, where she stressed the need to incorporate sound wound care treatment early in the palliative care process and concurrent with the disease treatment. Palliative care has a psychosocial and spiritual component, and wound care must be integrated with the particular complexities that come with end-of-life care.

Wound assessment, diagnosis, and clinical course are only parts of the approach. Understanding the psychosocial wound issues is essential. What loss is associated with the wound? How is the patient responding to the wound? What is his or her coping style? What information does the patient need around etiology, prevention, and care? Understanding answers to these questions can lead to more appropriate treatment.

Treatment must also be integrated into the ongoing grief of the progressing disease. Key questions include the presence of depression and grief response to the wound. Are there agitated movements or disturbed moods?

Bates-Jenson further presented suggestions for repositioning and turning, support surfaces, nutrition, infection, bleeding, and pain assessment and control, all contextualized within palliative care.

Future advancements in wound care for the palliative care patient will depend on focused inquiry. The literature lacks qualitative studies examining meaning and preferences, as well as quantitative studies examining risk factors, effective regimens for odor, exudates, and pain.

Barbara M. Bates-Jensen, RN, PhD, CWOCN, is a researcher and adjunct assistant professor with the Borun Center for Gerontological Research at UCLA. With Carrie Sussman, Dr. Bates-Jensen is the author of *Wound Care: A Collaborative Practice Manual for Physical Therapists and Nurses.* Contact her at batesjen@ucla.edu

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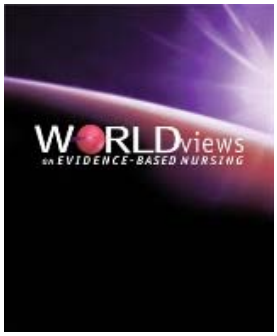

Worldviews on Evidence-Based Nursing

Worldviews Report

***Worldviews* editors select 10 abstracts you should read from the evidence-based preconference that was held this summer in Dublin.**

In the fourth quarter issue of *Worldviews on Evidence-Based Nursing*, we present a picture of the evidence-based preconference "Evidence-Based Nursing: Strategies for Improving Practice" held in Dublin in July 2004.

More than 60 abstracts were selected for oral presentation, and more than 50 for poster presentation. *Worldviews* is committed to disseminating useful information for the achievement of evidence-based practice internationally and to providing a forum for the exchange of ideas supporting the fostering of potential collaborations.

With this in mind, the editorial team has selected some abstracts for publication in this issue. The abstracts published are those that were assigned the highest scores in the submission process for conference presentations and represent the top ten submitted.

As readers will see, these abstracts reflect a wide range and scope of practice, including, for example, implementing clinical guidelines, care of brain-injured patients, and the management of indwelling catheters. Hopefully the publishing of these abstracts will facilitate the harvesting of knowledge for improving patient care throughout the international community.