

NZNO Nurse Managers New Zealand Section

Monthly news bulletin #36

Friday 3 November 2017



Consultation

NZNO is presently consulting with members on a range of issues. The full outline can be found at: http://www.nzno.org.nz/get_involved/consultation

Up for consultation are:

Advanced Nursing Practice Position Statement Revision

NZNO adopted a position statement on Advanced Nursing Practice in 2000. This is the 4th revision of the document and includes recent work by the National Nursing Consortium on specialty practice standards, Dr Kathy Holloway on a New Zealand nurse specialist framework, and the Nursing Council of New Zealand work on competencies for nurse prescribers and nurse practitioners. While drafting the revision we have focused on making the position statement clear, concise and current.

Read or download: [Advanced Nursing Practice](#) (PDF 347KB)

Feedback due: Please send feedback to sueg@nzno.org.nz by **24 November 2017**.

Reprocessing of reusable medical devices in health service organizations - Amendment 2

Standards New Zealand is consulting on the above document available from this link: www.standards.govt.nz

Feedback due: to marilynh@nzno.org.nz by **1 December 2017**.

Assessment

Routine Dyspnea Assessment on Unit Admission

AJN, American Journal of Nursing

November 2013, Volume 113 Number 11 , p 42 - 49

Overview: Dyspnea assessment is valuable in diagnosis, prognosis, symptom management, and targeted intervention, and in the allotment and management of patient care resources. The assessment of dyspnea, like that of pain, depends on patient self-report. Expert consensus panels have called for dyspnea to be measured quantitatively and documented on a routine basis, as is the practice with pain. But little information is available on how to measure and record dyspnea ratings systematically. Consequently, the prevalence of dyspnea in hospital settings may be greater than is generally recognized, and dyspnea may be insufficiently managed. This article describes a pilot study that sought to test the feasibility of measuring dyspnea as part of the initial patient assessment performed by nurses within several inpatient units of a large urban hospital.

[Read more here](#)

Head-to-toe: Organizing your baseline patient physical assessment

Nursing2017

December 2015, Volume :45 Number 12 , page 58 - 61 [Free]

EACH DAY, clinical nurses on acute care nursing units perform physical assessments on their assigned patients at least once each shift. On average, hospital-based nurses assess five patients at the beginning of each shift. In a report on nurse outcomes in Magnet^(R) versus non-Magnet hospitals, Kelly, McHugh, and Aiken report a mean patient-to-nurse ratio of 4.84:1 (+/- 0.73) in 46 Magnet hospitals and 5.02 patients per nurse (+/- 1.08) in 521 non-Magnet hospitals.¹

[Read more here](#)

Care delivery

Authentic caring: Rediscover the essence of nursing

McClendon, Pat DNP, RN

Nursing Management: October 2017 - Volume 48 - Issue 10 - p 36–41

A myth exists in today's healthcare landscape that all forms of caring are equal.

But *authentic caring* provides deeper meaning for both patients and nurses. It has a reciprocal nature; both the patient and nurse benefit. Authentic caring moments can significantly impact patients' lives and renew nurses' commitment to their work.^{1,2} For patients experiencing a health crisis or event, this level of connection with a nurse can create a lasting sense of well-being and healing.

Formulaic caring dominates in today's healthcare organizations. This creates confusion and resistance among nurses, fuels workplace conflicts, and results in nurse dissatisfaction and attrition. In contrast, authentic caring generates patient and nurse satisfaction. Nurse leaders are called on to form a collective voice advocating for the transformation of caring. Here, we explore the distinctions and benefits of authentic caring and provide strategies to help your staff achieve this level of patient connection.

[Read more here](#)

Clinical judgement

A nationwide survey of patient problem occurrence across different nursing

healthcare sectors. Kieft R, de Veer A, Francke A, Delnoij D *Nursing Open*. 2017;00:1–11.

The aim of this study was to determine the patient problems that nurses encounter in different clinical settings and the extent to which they report being able to influence those patient problems.

[Read more here](#)

Conflict management

Resolving Team Conflict

Building Stronger Teams by Facing Your Differences

Conflict is pretty much inevitable when you work with others.

[Read more here](#)

How to Manage Passive-Aggressive People

Bringing Hidden Hostility to Light

Passive aggression is a masked way of expressing feelings of anger.

Do you know people who are frequently sarcastic? Do they tease others cruelly or put them down, either directly or behind their back? If so, do they then use the phrase "just kidding" to appear to lessen the blow?

[Read more here](#)

Delegation

Providing nursing direction and delegation with confidence, wisdom, and respect.

Direction and delegation are vital skills inherent within nursing practice, so why do many struggle to facilitate these effectively? This article and learning activity aims to help nurses to direct and delegate with confidence, wisdom and respect. By Noreen McLoughlin

[Read more here](#)

How to Accept Delegation

Managing Confidently When You're Assigned an Extra Task

Ramón's flattered when his manager delegates an important task to him. It's great to be trusted with such work so early in his career.

[Read more here](#)

Difficult people / conversations

9 Ways to Work With Difficult People (Infographic)

Effectively navigate tensions in the workplace to improve your day and your career with these tips.

[Read more here](#)

How to Manage a Narcissist

George, a senior executive of a large internet provider, was a participant in one of my leadership development programs. Although a very talented individual, he was seen as a nuisance within the group. He tended to monopolize the conversation, whatever the topic. All agreed that he was not a good listener. Whenever someone else spoke, he would quickly become impatient and try to change the topic to something closer to his interests. And he had a habit of devaluing others' work while overemphasizing his own successes. It was quite clear to the other participants that George viewed most people as far below his standards. It wasn't surprising that most of group did not like George and found it very difficult to deal with him.

[Read more here](#)

Economics

Improving the accuracy of admitted subacute clinical costing: an action research approach
Sharon Hakkennes ^{A C}, Ross Arblaster ^A and Kim Lim ^B

[+ Author Affiliations](#)

Australian Health Review 41(4) 443-448

Objective The aim of the present study was to determine whether action research could be used to improve the breadth and accuracy of clinical costing data in an admitted subacute setting

Methods The setting was a 100-bed in-patient rehabilitation centre. Using a pre-post study design all admitted subacute separations during the 2011–12 financial year were eligible for

inclusion. An action research framework aimed at improving clinical costing methodology was developed and implemented.

Results In all, 1499 separations were included in the study. A medical record audit of a random selection of 80 separations demonstrated that the use of an action research framework was effective in improving the breadth and accuracy of the costing data. This was evidenced by a significant increase in the average number of activities costed, a reduction in the average number of activities incorrectly costed and a reduction in the average number of activities missing from the costing, per episode of care.

Conclusions Engaging clinicians and cost centre managers was effective in facilitating the development of robust clinical costing data in an admitted subacute setting. Further investigation into the value of this approach across other care types and healthcare services is warranted.

[Read more here](#)

Feedback

Why Do So Many Managers Avoid Giving Praise?

One of the most difficult parts of a manager's job is giving feedback. In a survey of 7,631 people, we asked whether they believed that giving negative feedback was stressful or difficult, and 44% agreed. When talking with managers about giving feedback we often hear comments such as, "I did not sleep the night before," "I just wanted to get it over quickly," "My hands were sweating and I was nervous," and "They don't pay me enough to do this job." We find that because of this anxiety, some managers resist giving their direct reports any kind of critical feedback at all: when we asked a different group of 7,808 people to conduct a self-assessment, 21% admitted that they avoid giving negative feedback.

[Read more here](#)

Leadership

Nurse leader emotional intelligence: How does it affect clinical nurse job satisfaction?

Nursing Management: [September 2017 - Volume 48 - Issue 9 - p 26–32](#)

Effective nursing leadership is critical to successful organizational outcomes and employee job satisfaction. Strong leaders are skillful in relating to others and creating relationships that are essential to achieving their goals.¹ Emotional intelligence (EI) has been recognized in the social psychology literature and is now receiving attention in the nursing theoretical and empirical literature as having a significant impact on leadership success.² The concept of EI is defined as the ability to accurately perceive, appraise, and express emotion.³ EI encompasses the ability to control impulses and delay gratification, regulate one's mood, and continue to be motivated and empathize with others when faced with frustrating situations.⁴

[Read more here](#)

Patient safety

The ethics/advocacy connection

Smith, Mary Atkinson DNP, FNP-BC, ONP-C, CNOR, RNFA

Nursing Management: [August 2017 - Volume 48 - Issue 8 - p 18–23](#)

What are the ethical leadership qualities of nurses, and how do these traits contribute to competent, safe patient care?

[Read more here](#)

Building a safe unit culture with CUSP

Slade, Jill MS, RN; Hata, Rose MS, RN, APRN, CCRN, CCNS
Nursing Management: December 2016 - Volume 47 - Issue 12 - p 8–12

Improving care delivery quality and patient safety is a growing priority for many facilities in the modern healthcare landscape, and nurse managers play an important role in ensuring the success of new safety measures. Research has shown that the way nurse managers engage RNs in decision making and problem solving has a direct influence on improving care delivery quality and patient safety.¹ In addition, frontline RN engagement positively impacts satisfaction rates.²

[Read more here](#)

Relationship building

How Approachable Are You?

Building Relationships With Your Team

Being approachable is key to building relationships with your colleagues, and to creating a strong team in which trust, confidence and ideas can flow. When you're approachable, team members do not sit on, or cover up, problems. This means that they are able to bring issues to you before they become full-blown crises, because they know you won't react badly.

[Read more here](#)

How to Stay "in the Loop"

Avoiding Nasty Surprises on Your Team

Do you ever get that nagging feeling that you don't know what's really going on with people on your team? Maybe you feel like they're talking about you behind your back. Or, worse, deliberately leaving you out of important decisions.

[Read more here](#)

Time management

Prioritization

Making Best Use of Your Time and Resources

Prioritization is the essential skill that you need to make the very best use of your own efforts and those of your team. It's also a skill that you need to create calmness and space in your life so that you can focus your energy and attention on the things that really matter.

[Read more here](#)

How Can I Stop Procrastinating?

Overcoming the Habit of Delaying Important Tasks

It's Friday afternoon and the clock is ticking. You're working furiously to complete a task before the five o'clock deadline, while silently cursing yourself for not starting it sooner.

[Read more here](#)

Bullying and violence

Bullying on the unit

Lockhart, Lisa; Davis, Charlotte

Nursing Made Incredibly Easy!: September/October 2017 - Volume 15 - Issue 5 - p 1–3

Bullying is defined as the usage of direct or indirect influence to intimidate, harass, oppress, or embarrass another. It's prevalent in our society, whether in person or over social media, and the clinical nursing setting is no exception.

The question is why is bullying so widespread in nursing? Girl Wars and Mean Girls Grown Up author Cheryl Dellasega states, "Nurses are really vicious to each other. It's not one hospital. It's not one type of nurse. It's the new nurse, it's the nurse who transferred from another floor, it's the ICU nurses feeling superior to the med-surg nurses—it's endless."

[Read more here](#)

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Nurse Managers New Zealand section.

It is provided on the first Friday of each month and contains an overview of news items, articles and research papers of interest to the Section members.

All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: DianaG@nzno.org.nz

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