

NZNO Nurse Managers New Zealand Section

Monthly News Bulletin #37

Friday 1 December 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:

National Health Workforce Strategy

In response to strong demand, HWNZ is developing a national strategy, which is intended to be "a comprehensive 'living' document, co-designed with all parts of the sector, incorporating priorities and actions that will be updated and reviewed annually."

Your feedback on health workforce concerns (eg skills and policy gaps, funding & other barriers, changing roles, sustainability, recruitment and retention, safety, cultural diversity, population changes etc.) and *ideas* for developing our workforce to 2030 and beyond is sought.

NZNO encourages members and member groups to take this opportunity to contribute to this long overdue strategy, both directly to HWNZ info@healthworkforce.govt.nz and to NZNO marilynh@nzno.org.nz to inform our input and engagement in stakeholder workshops likely to start in February 2018.

Please note there is no consultation document; the strategy has yet to be developed.

MEDSAFE

NZNO seeks your feedback on MEDSAFE's consultation on the process for observers at Ministerial Advisory Committees. i.e. whether the:

- Medicines Classification Committee should not change, whether observers representing applicants are no longer allowed to attend or whether the observers are widened;
- Medicines Assessment Advisory Committee should not change or whether observers representing the sponsor are no longer allowed to attend;
- Medicines Adverse Reactions Committee should not change, whether there should be no observers other than from the Ministry or whether sponsors should be allowed to attend for section 36 issues to provide a presentation and answer questions; and
- Medicine Review Committee should not change or whether applicants for a review are allowed to present their case to the Committee.

Read here: [Ministerial Advisory Committees](#) (opens in new window)

EDSAFE is also updating its guidance document: [How to change the legal classification for Medicines in NZ](#) (opens in new window)

Feedback due: to marilynh@nzno.org.nz by 20 December 2017.

Assessment

Assessment of the Respiratory System

Home Healthcare Now

September 2015, Volume 33 Number 8 , p 414 - 418

This article on respiratory system assessment is the first of a four-part series. Future articles will include instructions on focused examinations of the cardiac, gastrointestinal, and neurological systems. A systematic method of collecting both subjective and objective data will guide the healthcare clinician to make accurate clinical judgments and develop interventions appropriate to the home healthcare environment.

[Read more here](#)

Strengthening your neurologic assessment techniques

Nursing2017 Critical Care

May 2014, Volume :9 Number 3 , page 32 - 37 [Free]

Neuroscience nursing is challenging, and, possibly due to the lack of measurable criteria, it may be frightening. "I know he's not behaving quite like he did an hour ago" is so much harder to defend to a neurologist than "his systolic blood pressure has increased 50 mm Hg in the last ...". Learning and practicing the following assessment techniques may give you the ability to define those subtle clinical changes and more confidence in your assessment skills.

[Read more here](#)

Compassion and empathy

Coping With Loss in a Virtual Team

Offering Compassion From a Distance

Janet sits back and sighs. She's just had to tell her team that Alina has cancer and needs to take long-term leave. Everyone is shocked.

[Read more here](#)

Discharge management

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Experiences of Nurse Case Managers Within A Central Discharge Planning Role of collaboration between Physicians, Patients and Other Healthcare Professionals: A Sociocultural Qualitative Study. Thoma, J. E. and Waite, M. A. (), *J Clin Nurs*. Accepted Author Manuscript. doi:10.1111/jocn.14166

Aims and objectives

Purpose of this study was to gain knowledge of Nurse Case Managers' (NCM) experiences within the German acute care context of collaboration with patients and physicians in a discharge planning role. Further to learn about patients' assignment to the management of the NCMs. Explicitly, to explore critical incidences of interactions between NCM, patients and health care practitioner in discharge planning to understand the factor that contributes to effective collaboration.

Background and Purpose

The defined role of Nursing Case Manager (NCM) in many contexts is a patient-centred responsibility for a central task of discharge management of patients with complex physical and social needs. Some studies have indicated that the general impact of the role reduces

readmission rates. Given the necessity to work inter-professionally to achieve a safe discharge little is known about how NCMs achieve this collaboratively.

Documentation

Elliott D, Allen E, McKinley S, et al. **User compliance with documenting on a track and trigger-based observation and response chart: a two-phase multi-site audit study.** J Adv Nurs. 2017;73:2892–2902

Aims

To examine user compliance and completeness of documentation with a newly designed observation and response chart and whether a rapid response system call was triggered when clinically indicated.

Background

Timely recognition and responses to patient deterioration in hospital general wards remain a challenge for healthcare systems globally. Evaluating practice initiatives to improve recognition and response are required.

[Read more here](#)

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Akhu-Zaheya L, Al-Maaitah R, Bany Hani S. **Quality of nursing documentation: Paper-based health records versus electronic-based health records.** J Clin Nurs. 2017;00:1–12. <https://doi.org/10.1111/jocn.14097>

Aims and objectives

To assess and compare the quality of paper-based and electronic-based health records. The comparison examined three criteria: content, documentation process and structure.

Background

Nursing documentation is a significant indicator of the quality of patient care delivery. It can be either paper-based or organised within the system known as the electronic health records. Nursing documentation must be completed at the highest standards, to ensure the safety and quality of healthcare services. However, the evidence is not clear on which one of the two forms of documentation (paper-based versus electronic health records) is more qualified.

Evidence based practice

Evidence-Based Practice, Step by Step: Asking the Clinical Question A Key Step in Evidence-Based Practice

AJN, American Journal of Nursing

March 2010, Volume :110 Number 3 , page 58 - 61 [Free]

This is the third article in a series from the Arizona State University College of Nursing and Health Innovation's Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values. When delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved.

[Read more here](#)

Feedback

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Giving and Receiving Feedback: Part II

Karren Kowalski, PhD, RN, NEA-BC, ANEF, FAAN

The Journal of Continuing Education in Nursing

September 2017 - Volume 48 · Issue 10: 445-446

In part one of this article, giving effective feedback was addressed. In part two of this article, helpful strategies for receiving feedback, something most have never been taught and many have not even considered, are explored.

Handover

The art of oral handovers: a participant observational study by undergraduate students in a hospital setting. Giske, T., Melås, S. N. and Einarsen, K. A. (), J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14177

Aims and objectives

This study explores the conditions for oral handovers between shifts in a hospital setting, and how these impact patient safety and quality of care.

Background

Oral handovers transfer patient information and nursing responsibilities between shifts. Short written summaries of patients can complement an oral handover. How to find the balance between a standardised protocol for handovers and tailoring variations to specific patients and situations is debated in the literature. Oral handovers provide time for discussion, debriefing and problem solving, which can lead to increased team cohesiveness.

[Read more here](#)

Incivility

Performance Potential Special: Incivility in nursing practice

De Villers, Mary Jo PhD, RN; Cohn, Tanya PhD, RN

Nursing Management: October 2017 - Volume 48 - Issue 10 - p 42–51

Nursing as a profession entails a commitment to the healthcare of the communities in which nurses practice. In promoting and accomplishing this health-oriented mission, an important focus is the establishment of effective working relationships and collaboration. These relationships are ideally based on trust and the valuing of expertise, power, and respect. Collaborative efforts entail safeguarding the interests of each party within the profession, as well as with other health professionals.¹ When relationships are strained, workplace behaviours may turn to verbal or physical aggression that undermines the nature of nurses' work. The literature has identified this type of behaviour as incivility.²⁻⁹ It's also been described as bullying.^{5,8-18} Yet others describe this behaviour as horizontal violence.¹⁸⁻²² Incivility is common in the workplace and includes various rude behaviours, such as ignoring, yelling, interrupting a speaker, spreading rumours, and assuming credit for work done by someone else.²³ Bullying is often defined as being synonymous with incivility, but may be differentiated by the repetitive nature of its occurrence. Bullying is inherent in horizontal violence, which is defined as situations in which nurses engage in abusive behaviour toward each other.

[Read more here](#)

Managing Unacceptable Behaviour

PUBLICATION CODE : 006272

This new publication outlines how RCN staff, reps and members should approach working with each other. It highlights what steps will be taken when the standards aren't met; provides guidance for reps who are subjected to unacceptable behaviour; and outlines what support is available to them.

[Read more here](#)

Infection control / handwashing

Hand hygiene

Perkins, Amanda MSN, RN

Nursing Made Incredibly Easy!: November/December 2017 - Volume 15 - Issue 6 - p 1–7

A nurse in the ED is caring for Mrs. D, a patient with severe diarrhoea, dehydration, and confusion. A stool sample has been sent to the lab to check for *Clostridium difficile*. Mrs. D is placed on precautions until the lab results are available. While caring for Mrs. D, Mr. M, a patient two rooms down the hall, yells out for help. The nurse removes her personal protective equipment and goes into Mr. M's room to assist him. Mr. M has cancer and came to the ED when he became ill after his last round of chemotherapy.

[Read more here](#)

Leadership

100 Māori Leaders

Kia tū te ihi, te wehi, me te wana! Te Rau Matatini is proud to be launching 100 Māori Leaders, a dynamic online resource that brings to the fore our extraordinary people who are doing extraordinary work in their everyday lives. Our Māori leaders are recognised by their peers and loved ones for their contributions, service, vision, dedication and expertise towards transformational change and improvement to Māori health.

[Read more here](#)

Management

Setting yourself up for success in a new organization

Wiggins, Alexandra R. DNP(c), RN, NE-BC

Nursing Management: November 2017 - Volume 48 - Issue 11 - p 52–54

You've just landed a nurse management job in a new organization. You're surrounded by new faces and names, and new policies and procedures. So, how do you successfully navigate all of this "new?"

With the healthcare industry in flux, it's common to see leaders and staff move from one organization to another. National healthcare employee turnover has been on the rise.¹ In 2015, the total national employee turnover rate was 19.2%, with voluntary turnover at 14.4%, up from 2014, when total national healthcare employee turnover was 17.7% and voluntary turnover, 13.1%.¹ These data illustrate that movement and employee change should be expected.

[Read more here](#)

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Nurse managers and the sandwich support model. Chisengantambu C, Robinson GM, Evans N. *J Nurs Manag.* 2017;00:1–8

To explore the interplay between the work of nurse managers and the support they receive and provide.

Background

Support is the cornerstone of management practices and is pivotal in employees feeling committed to an organisation. Support for nurse managers is integral to effective health sector management; its characteristics merit more attention.

Methods

The experiences of 15 nurse managers in rural health institutions in South Australia were explored using structured interviews, observation and document review.

Results

Effective decision making requires adequate support, which influences the perceptions and performance of nurse managers, creating an environment in which they feel appreciated and valued. An ideal support system is proposed, the “sandwich support model,” to promote effective functioning and desirable patient outcomes via support “from above” and “from below.”

Implications for Nursing Management

The need to support nurse managers effectively is crucial to how they function. The sandwich support model can improve management practices, more effectively assisting nurse managers. Organisations should revisit and strengthen support processes for nurse managers to maximize efficiencies.

Conclusion

This paper contributes to understanding the importance of supporting nurse managers, identifying the processes used and the type of support offered. It highlights challenges and issues affecting support practices within the health sector.

Meetings

Tips for manager peer groups

Nursing Management: [October 2017 - Volume 48 - Issue 10 - p 56](#)

Q Having been elected chairperson of our nurse manager council for next year, I want to improve our meetings. We operate in a silo mentality, follow-through is lacking, and we often end in a gripe session. Attendance is uneven, and we're a poor role model for other councils. Where do I start?

[Read more here](#)

Patient safety

Nonpunitive response to errors fosters a just culture

Battard, Juliet DHSc, RN

Nursing Management: [January 2017 - Volume 48 - Issue 1 - p 53–55](#)

Given the criticality of improving patient safety in healthcare, the goal of establishing and nurturing a just culture, including non-punitive response to errors, grows increasingly predominate among engaged nurse leaders. Non-punitive response to errors is a primary dimension of a hospital's patient safety culture that we can measure through staff surveys.

This article describes a successful hospital nursing staff initiative that resulted in an improved non-punitive environment as measured by responses on the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture.¹

[Read more here](#)

Would You Report This Incident?

You're on a day shift and are slightly understaffed.

Unfortunately, a number of nurses haven't shown up for work and replacements have been hard to find. You're working twice as hard as usual, just to keep up with your normal patient load.

[Read more here](#)

Impact of No-Interruption Intervention on Safety and Efficiency

Journal of Nursing Care Quality

October/December 2017, Volume :32 Number 4 , page 281 - 284

SARA works as a nurse on a busy telemetry unit. She is providing care for Mr Jones who is recovering from coronary artery bypass graft surgery. Sara enters Mr Jones' room to adjust the rate of his insulin infusion when her hospital-provided cell phone rings. The unit secretary tells Sara that Dr Smith needs her immediately in another room. Sara exits Mrs Jones' room. One hour later, Sara's hospital-provided cell phone rings again. This time it is Mrs Jones, Mr Jones' wife. She asks Sara to come to her husband's room because he is lethargic, sweating, and shaking. Sara immediately realizes what is happening: she forgot to go back to Mr Jones' room to adjust his insulin infusion.

[Read more here](#)

Nursing Strategies to Increase Medication Safety in Inpatient Settings

Journal of Nursing Care Quality

October/December 2016, Volume 31 Number 4 , p 335 - 341

Using data obtained through 2 multidisciplinary studies focused on medication safety effectiveness, this article provides nursing recommendations to decrease medication delivery errors. Strategies to minimize and address interruptions/distractions are proposed for the 3 most problematic time frames in which medication errors typically arise: medication acquisition, transportation, and bedside delivery. With planned interventions such as programmed scripts and hospital-based protocols to manage interruptions and distractions, patient safety can be maintained in the inpatient setting.

[Read more here](#)

Processes and protocols

Effects on nutritional care practice after implementation of a flow chart-based nutrition support protocol in an intensive care unit.

Wikjord K, Dahl V, Søvik S. *Nursing Open*. 2017;4:282–291

Enteral nutrition (EN) is associated with improved outcome in critically ill patients and is more affordable. We compared nutritional care practice in our ICU before and after modification of our nutrition support protocol: Several comprehensive documents were substituted with one flow chart and early EN was encouraged.

Design

Retrospective observational study.

Methods

Nutritional data were collected from admission up to 7 days in 25 patients before and 25 patients after protocol modification.

Results

The percentage of patients receiving EN within 72 hr of admission increased from 64% before to 88% after protocol modification. Cumulative percentage energy from EN during ICU days 1–4 increased from 26–89% of total kcal. Overall amount of nutrition administered enterally increased, with a corresponding marked decline in use of parenteral nutrition. Pre-modification, >80% of patients received >65% of their calculated nutrition requirements by ICU Day 4; post-modification this goal was achieved by Day 7.

[Read more here](#)

Quality

Presentations from the 2017 quality improvement scientific symposium

Presentations are now online from the Commission's third annual scientific symposium. This is the only scientific symposium in New Zealand that specifically focuses on the science of health and disability care improvement by highlighting research and methods.

The keynote speaker was Professor Jeffrey Braithwaite, professor and foundation director of the Australian Institute of Health Innovation, and professor and director of the Centre for Health Care Resilience and Implementation Science, both based in the Faculty of Medicine and Health Sciences at Macquarie University, Australia. *Source: HQSC*

[Access presentations here](#)

Research

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Caught between a rock and a hard place: An intrinsic single-case study of nurse researchers' experiences of the presence of a nursing research culture in clinical practice. Berthelsen, C. B. and Hølge-Hazelton, B. (), *J Clin Nurs*. Accepted Author Manuscript. doi:10.1111/jocn.14209

Aims and objectives

The aim of this study was to explore how nurse researchers in clinical positions experience the presence of a nursing research culture in clinical practice.

Background

Higher demands in the hospitals for increasing the quality of patient care engenders a higher demand for the skills of health professionals and evidence-based practice. However, the utilization of nursing research in clinical practice is still limited.

Resilience

To Build Your Resilience, Ask Yourself Two Simple Questions

In an era where business keeps moving faster, it is no small wonder that [resilience has become the new must-have executive skill](#). While executives have always known about the personal benefits of being resilient, they haven't always recognized that it is also needed for the sake of their teams and organizational health.

[Read more here](#)

Risk assessment / management

Nurse manager risk information management for decision-making: A qualitative analysis

Collegian – Article in press

Background

Nurse managers enact changes to practice based on information collected from the local ward environment with the aid of electronic risk management and incident reporting systems. Despite being key users of electronic risk management and incident reporting systems, little knowledge exists on nurse managers' use and communication of information derived from these systems.

[Read more here](#)

Stress management

Nurses Under Stress: Top Ways to Cope

Let's face it; nursing can be a stressful profession. The life-and-death decisions, the hours, the families, the workloads—they all contribute to nursing stress.

[Read more here](#)

Managing Your Emotions at Work

Controlling Your Feelings... Before They Control You

We've all been in one of "those" situations before. You know... when your favorite project is cancelled after weeks of hard work; when a customer snaps at you unfairly; when your best friend (and co-worker) is laid off suddenly; or your boss assigns you more work when you're already overloaded.

[Read more here](#)

Supervision and Management

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Stress and ways of coping among nurse managers: an integrative review. Labrague, L. J., McEnroe – Petite, D. M., Leocadio, M., Van Bogaert, P. and Cummings, G. G. (), *J Clin Nurs*. Accepted Author Manuscript. doi:10.1111/jocn.14165

Aims and objectives

To appraise and synthesize empirical studies examining sources of occupational stress and ways of coping utilized by Nurse Managers (NMs) when dealing with stress.

Background

The Nurse Manager's role is challenging yet draining and stressful and has adverse consequences on an individual's overall health and well-being, patients' outcomes, and organizational productivity. Considerable research has been done; however, an updated and broader perspective on this critical organizational issue has not been performed.

Teamwork

Improving Group Dynamics

Helping Your Team Work More Effectively

Imagine that you've brought together the brightest people in your department to solve a problem. You have high hopes for the group, so you feel frustrated when people can't come to a decision.

[Read more here](#)

Team Management - Start Here

Discover 114 Top Team Management Skills

Whether you're preparing for your first management role, or you've been managing teams for years, there'll always be something new to learn, and existing skills to develop.

[Read more here](#)

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Are characteristics of team members important for quality management of chronic patients at primary care level?. Klemenc-Ketis, Z. and Poplas-Susič, A. (), *J Clin Nurs*.

Accepted Author Manuscript. doi:10.1111/jocn.14002

Aims and objectives

We wanted to determine the possible associations between higher levels of selected quality indicators and the characteristics of providers.

Background

In 2011, an ongoing project on a new model of family medicine practice was launched in Slovenia; the a family physicians' working team (a family physician and a practice nurse), was extended by a nurse practitioner working 0.5 full-time equivalents. This was an example of a personalised team approach to managing chronic patients.

Time management

Time Management for Nurses

Whether it is multiple patients, too many call bells, or the needs of co-workers, nurses deal with many different types of stress and have to know how to juggle all of these wildly different people and events clamouring for their attention with ease. Sometimes life outside of work can also test a nurse's sense of time management skills, so the skills a nurse learns to manage patients can often help make their home life flow more smoothly. To master how to navigate the stressful waters of nursing work and a hectic home life — [the life of a nurse](#) — a nurse needs to deftly organise the information coming at them, prioritise that information to handle the most important tasks first, and learn to roll with the inevitable interruptions.

[Read more here](#)

Effective Scheduling

Planning to Make the Best Use of Your Time

It's the end of another busy working day and, even though you came into the office early and left late, you don't feel as if you've accomplished anything significant.

[Read more here](#)

To-Do Lists : The Key to Efficiency

Do you often feel overwhelmed by the amount of work you have to do, or do you find yourself missing deadlines? Or do you sometimes just forget to do something important, so that people have to chase you to get work done?

[Read more here](#)

Health, safety and wellbeing

How to Let Go at the End of the Workday

Chris, a senior manager at a New York design studio can't sleep. His mind is churning, thinking about the mountain of tasks facing him back at the office. Katrina, the production manager at a well-known publishing house is distracted by a work email at the dinner table. Her partner complains that she "never seems able to turn off."

[Read more here](#)

This article is not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Nurse managers' perception of night-shift napping: A cross-sectional survey. Dalky HF, Raeda AF, Esraa AA. *Nurs Forum*. 2017;00:1–6.

Night-shift work often results in sleep deprivation, and this in turn results in fatigue that jeopardizes both nurse and patient safety. Napping is considered a viable deterrent to fatigue, yet hospital administration has been slow to adopt napping.

Objectives

To identify nurse managers' knowledge and approval of napping practices for nurses on night shifts.

[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

Where to find SNIPS

twitter



Twitter - [@snipsinfo](https://twitter.com/snipsinfo)



Facebook – [Snips Info](#)

Linda Stopforth, BA, Dip Bus; NZLSC, RLIANZA

PO Box 315 WELLINGTON 6140

PH: 04-383-6931 or 021-107-2455

email: stop4th@xtra.co.nz



Stop4th Nursing Information Provision Service

Providing information to nurses and allied health professionals