NZNO Nurse Managers New Zealand Section Monthly News bulletin
Friday 5 April 2019

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

Official Information Act (OIA)

The OIA allows people to request official information held by Ministers and specified government agencies. It contains rules for how such requests should be handled and provides a right to complain to the Ombudsman in certain situations.
NZNO seeks your feedback on how the OIA is working in practice to inform a decision by MoJ as to whether to progress a review of this legislation. Your feedback will help to inform a decision on whether to review the OIA or whether instead to keep the focus on practice improvements.

Please find links to more information at https://consultations.justice.govt.nz/policy/access-to-official-information/ and MoJ's privacy policy at:
https://consultations.justice.govt.nz/privacy_policy/
Please send feedback to leanne.manson@nzno.org.nz **by 11 April 2019.**

Assessment/appraisal

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

Williamsson, A, Dellve, L, Karltun, A. **" Nurses' use of visual management in hospitals—A longitudinal, quantitative study on its implications on systems performance and working conditions**". *J Adv Nurs.* 2019; 75: 760– 771.
The aim of this study was to examine potential benefits provided by daily visual management tool use and explore its association with systems performance and working conditions among hospital nurses.
Background
Visual management tools used in everyday work and improvement work in health care theoretically contribute to shared understanding of complex work systems and provide certain user benefits. Cognitive load, miscommunication within and between professional groups, and pressure to engage in care process redesign add to nurses' strained working conditions.

Bullying and workplace violence

What if you're the bully?
American Nurse Today
January 2019 Vol. 14 No. 1
 Self-awareness and honest feedback can help you make a change.
Takeaways:
Bullying and incivility are prevalent in the nursing profession, so we each need to determine if and how we contribute to the problem.
If you've recognized your behaviors may be considered bullying, make a commitment to yourself and your coworkers to get the help you need to adapt your behavior.

Verbal de-escalation for clinical practice safety
January 2019 Vol. 14 No. 1
American Nurse Today
The right tools—and support from your organization—will protect you and your patients.
Takeaways:
Nurses and other healthcare workers are harmed by violent patients and family members and need to be safe in practice.
Many nurses believe workplace violence is part of the job.
Learning and practicing de-escalation techniques can help protect nurses and patients.

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Heckemann, B. , Hahn, S. , Halfens, R. J., Richter, D. and Schols, J. M. (2019), **Patient and visitor aggression in healthcare: a survey exploring organizational safety culture and team efficacy**. J Nurs Manag. Accepted Author Manuscript. doi:10.1111/jonm.12772
Aims
This study investigates nurse managers' perception of organizational safety culture and team efficacy, in managing patient and visitor aggression (PVA), and determines the predictors of team efficacy.

Communication (including workplace, team, and interprofessional)

Solving for Unproductive Workplace Conversations
How many conversations at work have you participated in or observed that went nowhere? Chances are, you can think of more than a few.

3 mindsets that increase conflict competency
Managers who avoid conflict are costing your company. According to research from Vital Smarts, 95% of a company's workforce avoids engaging in difficult conversations. And, every avoided conversation costs an organization $1,500 and 8 hours of productivity.

[**Attitudes about health affect how older adults engage with negative health news**](#)
To get older adults to pay attention to important health information, preface it with the good news about their health. That's one takeaway from a study that found older adults are more willing to engage with negative health information when they have a positive attitude about their health.

[**Relationship of Staff Information Sharing and Advice Networks to Patient Safety Outcomes**](#)
Brewer, Barbara B.; Carley, Kathleen M.; Benham-Hutchins, Marge M.; More
JONA: The Journal of Nursing Administration. 48(9):437-444, September 2018.
OBJECTIVE
The aim of this study was to compare information sharing and advice networks' relationships with patient safety outcomes.
BACKGROUND
Communication contributes to medical errors, but rarely is it clear what elements of communication are key.

Compassion and empathy

[**How to develop and increase empathy**](#)
Empathetic leaders often display strong emotional intelligence and are better at creating an inclusive workplace

[**How can employers support staff in a time of tragedy?**](#)
The workplace should serve as a 'safe space' for all workers reeling from devastation

Conflict management

[**Confronting cliques on your unit**](#)
Drake, Kirsten, DNP, RN, OCN, NEA-BC
Nursing Management: [March 2019 - Volume 50 - Issue 3 - p 56](#)
I recently became the manager of a small unit and, over the past few months, I've noticed that there are cliques. What's the best way to address this situation?
It's important to address issues such as cliques that are poisonous to the unit's culture. First, assess if the groups are cliques or merely close friends. The difference is that a clique can become exclusive, not allowing others to join them to the extent of excluding others, which may lead to incivility on the unit.

Efficiency

On the clock: Reorganizing for unit efficiency and satisfaction
Stotts, Michelle; Keithley, Erika; Beams, Melissa; More
Nursing2019. 49(4):20-22, April 2019.
Reorganizing for unit efficiency and satisfaction

Emotional intelligence

How to Talk with a Coworker Who's Having a Tough Time by Deborah Grayson Riegel

What to say, and what not to say.

Evidence based practice

Implementation: The linchpin of evidence-based practice changes
American Nurse Today
March 2019 Vol. 14 No. 3
Author(s): Sharon Tucker, PhD, RN, FAAN
Take a strategic approach to translating research into practice.
Takeaways
Implementation is a major step in the evidence-based practice (EBP) process that's often underappreciated and under-resourced, resulting in delays in using evidence in clinical practice settings.
Implementation models for promoting uptake of EBP through strategic efforts and use of a toolbox of strategies can promote successful practice changes.
The success of EBP initiatives depends on multiple strategies that are aligned with the stage or phase of readiness for a practice change.

Renolen, Å, Hjälmhult, E, Høye, S, Danbolt, LJ, Kirkevold, M. **Evidence-based practice integration in hospital wards—The complexities and challenges in achieving evidence-based practice in clinical nursing**. Nursing
Open. 2019; 00: 1– 9. https://doi.org/10.1002/nop2.259
Exploring the processes involved in two different strategies to integrate evidence-based practice into nursing practice.

Feedback

Here's a 3-step guide to better feedback
When giving feedback, leaders must first give team members clear performance goals and agree to a deadline for projects, writes Glenn Pasch, CEO of PCG Digital. "Once you have identified behaviors for success, you need to schedule a time to review results and progress," he argues.
SmartBrief/Leadership

Handover

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Identifying the cultural heritage of patients during clinical handover and in hospital medical records
David JR Morgan, Tania Harris, Ron Gidgup and Martin Whitely
Med J Aust 2019; 210 (5): 220-226. || doi: 10.5694/mja2.12107

Objective: To examine the frequency of and rationale for hospital doctors mentioning a patient's cultural heritage (ethnicity, national heritage, religion) during medical handovers and in medical records.

Design: Four-phase observational study, including the covert observation of clinical handovers in an acute care unit (ACU) and analysis of electronic medical records (EMRs) of ACU patients after their discharge to ward-based care.

Incivility

Incivility in the Emergency Department: Implications for Nurse Leaders

Journal of Nursing Administration. 48(10S):S19-S21, October 2018.
Uncivil behavior leads to low selfesteem, anxiety, sleep disturbance, recurrent nightmares, and depression. This article looks at the perception of incivility among emergency department nurses and the leadership required to implement evidencebased strategies to address this growing problem.

Infection control / handwashing

Te ārai me te whakahaere pokenga ngā hīkoi āmio (IPC): Te kete taputapu me te pukapuka tātaki mō te whakamahi | Infection prevention and control walk rounds: Toolkit and implementation guide

This toolkit and guide is designed to help hospital staff plan and engage executive and senior leaders in infection prevention and control walk rounds, capture issues and suggestions, and develop and implement improvements.

Infection control technique may reduce infections in patients with catheters, drains

Each year, approximately 5 million patients in the United States receive treatment that includes the insertion of a medical device such as a catheter, which puts them at increased risk of potentially life-threatening infection.

Hospital cleaning trial cuts infections

Researchers have led a major trial of boosted hospital cleaning practices across 11 Australian hospitals that focused on 'touch points' in wards, and found significant reductions in healthcare-associated infections, with associated cost benefits.

Nursing Infection Control Education Network
ANA and the CDC partnered with 20 nursing organizations to develop the Nursing Infection Control Education Network (NICE Network). The program aims to enhance the confidence of nurses to care for patients with Ebola and other highly contagious diseases. Learn more.

Leadership

[Should you pursue leadership? 10 questions to help you decide](#)
American Nurse Today
January 2019 Vol. 14 No. 1
Take stock and prepare for success.
Takeaways:
Leadership in today's healthcare environment is challenging.
This 10-question decision-making framework can help clinical nurses who are considering a transition to leadership.

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

Al Sabei, SD, Ross, AM, Lee, CS. **Factors influencing nurses' willingness to lead**. *J Nurs Manag*. 2019; 27: 278– 285. https://doi.org/10.1111/jonm.12698
Given the ageing workforce and the projected retirement of nurse leaders, there is a concern about nursing leadership shortages in the next decade. Several studies have shown that nurses are not interested in pursuing leadership positions, but studies investigating nurses' willingness to lead and related predictors remain limited.

Models of leadership and their implications for nursing practice
S'thembile Thusini and Julia Mingay
British Journal of Nursing, Vol. 28, No. 6: 356-360.
Leadership in today's NHS, either as a leader or follower, is everybody's business. In this article, an MSc student undertaking the Developing Professional Leadership module at King's College London describes two leadership models and considers their application to two dimensions of the NHS Healthcare Leadership Model: 'Engaging the team' and 'Leading with care'. The author demonstrates the value of this knowledge to all those involved in health care with a case scenario from clinical practice and key lessons to help frontline staff in their everyday work.

Mentoring

[10 qualities of a good nurse mentor](#)
Veteran nurses must take the time to support and mentor younger colleagues to help prevent turnover, according to a blog post from [Daily Nurse.](#)
The publication cited 10 qualities good nurse mentors exhibit:
1. They act as role models, treating new nurses the way they would want to be treated.
2. They educate new nurses on company culture.

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Has anyone seen the student? Creating a welcoming practice environment for students

Penny Tremayne and Louise Hunt

British Journal of Nursing, Vol. 28, No. 6: 369-373.

A person's introduction to a new environment, whether they are a patient or a student, is critical. Although patients have the 'Hello my name is …' campaign to make them less anxious when entering a clinical setting, there is no equivalent for students. Making both patients and students welcome is essential to establishing a rapport and a sense of belonging at a time when each can feel at their most vulnerable. This can influence their journey into something that is positive or negative. This article explores some practical measures that can be adopted to create a welcoming practice environment for students.

Motivation

[4 Reasons Good Employees Lose Their Motivation](#) **by Richard E. Clark, Bror Saxberg**
To fix the problem, you need to understand what's causing it.

Pain management

[Chronic pain widespread with too few specialists, clinics - report](#)
One in five people suffers from chronic pain that can wreck relationships, jobs and lives, new research shows.

Patient centred care

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Increasing responsiveness scores with CNA care zones
Wyatt, Paula, MA, BSN, RN-BC; Coogle, Carlana, MSN, RN, CEN; Glenn, Rebecca, BSN, RN
Nursing Management: [March 2019 - Volume 50 - Issue 3 - p 50–53](#)
doi: 10.1097/01.NUMA.0000553501.93521.8c
Nurse managers across the country are facing the challenge of doing more, and not necessarily with more resources at their disposal. For the manager of a 19-bed general medical unit located in the inland Northwest, the "more" involved improving Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores in the area of staff responsiveness to patients. Within the "response of hospital staff" category, there are three questions: 1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? 2. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? 3. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?[1]

This article describes the process of implementing certified nursing assistant (CNA) care zones as an effective measure to improve HCAHPS staff responsiveness scores and the lessons learned along the way.

Patient outcomes/satisfaction

Webster CS, Jowsey T, Lu LM, et al
[Capturing the experience of the hospital-stay journey from admission to discharge using diaries completed by patients in their own words: a qualitative study](#)
BMJ Open 2019;9:e027258. doi: 10.1136/bmjopen-2018-027258
Objective To capture and better understand patients' experience during their healthcare journey from hospital admission to discharge, and to identify patient suggestions for improvement.
Design Prospective, exploratory, qualitative study. Patients were asked to complete an unstructured written diary expressed in their own words, recording negative and positive experiences or anything else they considered noteworthy.

Exploring Distress Caused by Blame for a Negative Patient Outcome
Journal of Nursing Administration. 48(10S):S29-S35, October 2018.
OBJECTIVE: The aim of this study was to explore blame-related distress (B-RD). BACKGROUND: No research exists describing the incidence and characteristics of consequences of blame. METHODS: Survey research was used to explore the incidence, characteristics, and consequences of the distress caused by blame in the workplace. RESULTS: B-RD is prevalent among intensive care and oncology staff. Participants reported an organizational impact to B-RD in terms of staff morale, turnover, and employee health. Management, physicians, and peers were the most frequently cited source of blame. CONCLUSIONS: A proposed model is described to relate blame to other similar constructs.

Processes and protocols

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The journey to excellence
Transforming the care delivery process through service excellence training and standards of professionalism
Sellars, Bridgett Byrd, PhD, RN, FACHE
Nursing Management: [March 2019 - Volume 50 - Issue 3 - p 38–42](#)
Read about one hospital's road to implementing a service excellence training program focused on behaviors to support collaborative, holistic patient care in an effective, respectful manner. Since the program started, patient satisfaction scores have been maintained above 60% for more than four consecutive quarters.

Recruitment and retention

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

Establishing a nurse residency program to boost new graduate nurse retention
Wolford, Julie, DNP, RN; Hampton, Debra, PhD, MSN, RN, NEA-BC, FACHE; Tharp-Barrie, Kim, DNP, RN, SANE, FNAP; Goss, Carol, DNP, RN-BC
Nursing Management: March 2019 - Volume 50 - Issue 3 - p 44–49
This article explores a study to evaluate the effectiveness of a nurse residency program on less-than-1-year RN turnover and work engagement and quantify the program's return on investment.

Resilience

6 ways to rebound from a tough nursing shift
Nurses of all ages, across all specialties will encounter tough shifts, so learning how to rebound from a hard workday is critical, according to the Atlanta Journal Constitution.
AJC spoke with several nurses about how they recover from a hard shift. Below are six strategies they shared:

Stress management

How to Help Your Team with Burnout When You're Burned Out Yourself by Rebecca Knight
Tackle the problem as a group.

5 Ways to Leave Your Work Stress at Work by Sabina Nawaz
Create a ritual to help you transition from office to home.

Teamwork

Get creative to manage teams across shifts
Many organizations have people working across all hours, so try to schedule meetings during shift overlaps, place talented people on all shifts and create forums for idea exchanges that don't depend on everyone being physically present, write Karin Hurt and David Dye.
Let's Grow Leaders

How to Improve Team Effectiveness
What do most people get wrong when they think of the term "team"?
There are so many misconceptions about teams in the workplace that it is hard to choose one or two. If I am to choose, these are my three top gripes in terms of what people get wrong when they think of teams.

[As Your Team Gets Bigger, Your Leadership Style Has to Adapt](#) **by Julie Zhuo**
The core principles are the same, but the day-to-day changes a lot.

Training and resources

[How to Run Successful Lunch and Learn Events](#)
Learning While You Eat
There's no such thing as a free lunch, but for employees in many organizations, "lunch and learn" events come close!

Wellbeing

[The Emotional Well-Being of Nurses and Nurse Leaders in Crisis](#)
Journal of Nursing Administration. 48(10S):S52-S58, October 2018.
In a world after 9/11, Hurricane Katrina, and Sandy Hook, plenty of literature has emerged on the subject of disaster management, but little is specific to the emotional well-being of the health care staff dedicated to serve during a crisis. Disasters, whether natural or man-made, are episodic but becoming more frequent. Nurses may find themselves in hospitals affected by a disaster, awaiting a surge of patients while supplied with only limited resources. Or, they may be deployed to austere environments where they are challenged to operate clinics, surrounded by the rubble of an earthquake. In these situations, nurse leaders need to ensure that staff members are trained to be effective disaster health care resources before crises occur. Training includes education on what nurses may observe, how they will be utilized in an emergency situation, and how they can best handle a chaotic environment, both during and after the event, in a manner that will help them keep their emotions in balance. Training before a disaster will help nurse responders develop a plan for their personal responsibilities so they can focus on the mission. The time to start training is not when the disater occurs. In a chaotic environment, most nurses will not have the necessary reserves to begin learning new concepts. Prepared nurses and their leaders must be ready to use their training prior to any crisis. They need to be able to assess that their colleagues are not suffering because of lack of sleep, food, or emotional support. Even after a disaster has initially been resolved, and nurse responders have returned to their families, nurse leaders need to follow up with their team. It may actually be during the postcrisis period that nurse responders need the most emotional support. Key words: disaster management, emotional well-being, nurse leadership

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