Nurse Managers New Zealand Conference
"Challenges Of Our Time"

Dates: Thursday 7 to Friday 8 November 2019

Time: 8:30am - 5:00pm both days

Venue: Ellerslie Event Centre, Remuera, Auckland

Keynote Speaker: Nigel Latta - Clinical Psychologist and Author
- Download the Conference Flyer (1496KB, PDF)
- Draft Programme available shortly

Registration Fees:
- $480 for Nurse Manager NZ Section Members

- $500 for NZNO Members

- $560 Non Members

Register Online Now

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

Alcohol Advertising and Promotion Code – regular review
NZNO invites your views on the Alcohol Advertising and Promotion Code that the advertising industry are required to follow. This feedback will inform possible changes to this Code.

For example, in your opinion, does the Code do enough to:
- protect children and young people and other vulnerable audiences and

- ensure alcohol advertisements and promotions are targeted at adults and convey that a high standard of social responsibility is required.

Please see the draft code here:
Please send feedback to Jill.Wilkinson@nzno.org.nz **by 16 August, 2019.**
Posted in: Consultations

Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill
NZNO seeks your feedback on this Bill which seeks to amend the Smoke-free Environments Act 1990 to prohibit smoking in vehicles, including employers in work vehicles, carrying anyone under the age of 18. The purpose of the Bill is to protect children from the harm associated with second hand smoke.

Please see the Bill attached here:
Please send feedback to Leanne.Manson@nzno.org.nz **by 1 August 2019**
Posted in: Consultations

Advocacy

Nsiah, C, Siakwa, M, Ninnoni, JPK**. Registered Nurses' description of patient advocacy in the clinical setting**. *Nursing Open.*2019; 00: 1–9. https://doi.org/10.1002/nop2.307
Aim
To provide Registered Nurses description of patient advocacy in the clinical setting.

Burnout
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

Salvarani, V, Rampoldi, G, Ardenghi, S, et al. **Protecting emergency room nurses from burnout: The role of dispositional mindfulness, emotion regulation and empathy.** *J Nurs Manag*. 2019; 27: 765– 774. https://doi.org/10.1111/jonm.12771
To verify the role of dispositional mindfulness, difficulties in emotion regulation and empathy in explaining burnout levels of emergency room (ER) nurses.
Background
Many studies have examined the variables that can affect burnout amongst ER nurses, but little is known about factors that can protect ER nurses against work-related stress.

Clinical credibility
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

Cardwell, R. , Mckenna, L. , Davis, J. and Gray, R. (2019), **How is clinical credibility defined in nursing? Protocol for a concept mapping study.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14966
Aim
To develop a working definition of the concept of 'clinical credibility' in nursing science.
Background
In both academic and clinical settings, the phrase 'clinical credibility' is used when discussing the education of health professionals. No clear definition for the concept is evident in the academic literature. To date, there has not been a study undertaken to develop a working definition of clinical credibility in nursing science.

Clinical judgement/pathways

Many nurses believe in sedation for comfort of ventilated patients

(HealthDay)—More than half of critical care nurses believe sedation is needed to minimize discomfort and distress among patients receiving mechanical ventilation, according to survey results published in the July issue of the *American Journal of Critical Care*.

Seeing the whole picture in enrolled and registered nurses' experiences in recognizing clinical deterioration in general ward patients: A qualitative study
Author links open overlay panel Wei Ling Chuaa Helena Legido-Quigleybc Pei YiNgdLisaMcKennaeNorasyikin BinteHassanfSok YingLiawa
International Journal of Nursing Studies
Volume 95, July 2019, Pages 56-64
The implementation of early warning scoring systems and medical emergency teams that aim to reduce failure to rescue in general wards is only effective if frontline nursescan recognize and act on clinical deterioration in a timely manner. While much of the research to date has primarily focused on registered nurses as recognizers of clinical deterioration, little research has sought to explore the role of enrolled nurses in recognizing clinical deterioration and to provide a big picture of how enrolled and registered nursesrecognize clinical deterioration in general ward patients.

Communication (including workplace, team, and interprofessional)

How to apologize for messing up at work

Mistakes happen–and they suck. But there are ways to turn the situation to your advantage.

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

Hopkinson, SG, Oblea, P, Napier, C, Lasiowski, J, Trego, LL. **Identifying the constructs of empowering nurse leader communication through an instrument development process.** J Nurs Manag. 2019; 27: 722– 731. https://doi.org/10.1111/jonm.12729
The purpose of this article was to describe the constructs of empowering front-line nurse leader communication behaviours.
Background
Leaders' communication behaviours are instrumental in establishing a positive work environment. Nurse empowerment, a characteristic of a positive work environment, is influenced by communication behaviours. However, characteristics of empowering nurse leader communication behaviours have not been well-defined.

Competencies

A Competence Framework for Orthopaedic and Trauma Practitioners

PUBLICATION CODE : 007 036

The RCN recognises the importance and value of orthopaedic and trauma practitioners in clinical practice. These competencies have been revised to support these practitioners in a clear, consistent and evidence based format to reflect their specific, specialist knowledge and skills.

Culture change

3 tools to help nurse leaders improve workplace culture

Vidant Health in North Carolina invested resources to test if changing the workplace culture for their nurses would result in increased engagement and improve patient outcomes, using nursing salons, games and support breaks. "This is probably the most rewarding work I've done in a long time, but it's hard work because in the business of health care, people want to check a box and go on to the next thing," nurse executive Linda Hofler said.

HealthLeaders Media (6/10)

Debriefing

Time and Space. Enabling defusing activities leaflet

Making time for nursing teams to defuse after challenging or difficult situations can support their psychological wellbeing and enhance their self care and management. It can also help to sustain a workforce and reinforce teamwork while providing a perfect opportunity to share success and positive experiences. This leaflet, developed by the RCN Nursing in Justice and Forensic Health Care Forum, aims to provide tips and activities to help nurses facilitate and benefit from defusing sessions. This leaflet has been sponsored by Liverpool Victoria.

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

Woods, CE, Jones, R, O'Shea, E, Grist, E, Wiggers, J, Usher, K. **Nurse-led postdischarge telephone follow-up calls: A mixed study systematic review**. J Clin Nurs. 2019; 00: 1– 14. https://doi.org/10.1111/jocn.14951

Aims and objectives

To explore the quantitative and qualitative literature on the impact of nurse-led postdischarge telephone follow-up (TFU) call interventions on patient outcomes.

Background

Adverse patient outcomes such as postdischarge problems, premature contact with health systems, inability to self-manage conditions and hospital readmissions all have an impact on the health and well-being, and satisfaction of patients as well as a financial impact on healthcare systems.

Emotional intelligence

EMOTIONAL INTELLIGENCE
Handling Negative Emotions in a Way that's Good for Your Team by Emma Seppälä, Christina Bradley
Instead of repressing or expressing, try reappraising.

Evidence based practice

Teach-back: An underutilized tool
June 2019 Vol. 14 No. 6
Author(s): Donna L. Denault MSN, BSN, RN; Sarah M. Wilcox MSN, BS, RN; Karen Breda, PhD, RN; and Karen V. Duhamel, DNP, MSHCE, RN
Making the evidence-based method a standard of care builds nurse confidence and improves patient education
Takeaways:
- The teach-back method is an evidence-based intervention, but it's poorly utilized in current nursing practice.
- Gaps in nurse knowledge may be why teach-back isn't routinely used.
- Effective interpersonal communication between health professionals and patients is fundamental for safe, quality care.

Feedback

How to give staff honest feedback
Being open and straightforward with staff may be the most difficult aspect of employee evaluation. Whether managers opt for the annual performance review or the quarterly feedback sessions, appraisals require one crucial element of the conversation: honesty.

Providing meaningful feedback and discipline
Cox, Sharon
Nursing Management. 50(7):56, July 2019.
Q Our leadership team is struggling with a system for staff evaluations and feedback, as well as discipline. I sense a rift developing with human resources (HR) and hope we can move past this to best practices. Any ideas?
According to recent research on feedback, the best option for offering meaningful feedback is to "catch people doing something right." With advances in neuroscience, we now know that criticism doesn't enable learning but inhibits it. We "learn the most from someone who pays attention to what is working within us and helps us cultivate it."[1] A famous football coach once turned a franchise around by showing players slow-motion films of what they did well and building on that.[1]

Handover
Georgia Tobiano, Tracey Bucknall, Ishtar Sladdin, Jennifer A. Whitty, Wendy Chaboyer
Patient participation in nursing bedside handover: A systematic mixed-methods review
International Journal of Nursing Studies, Volume 77, January 2018, Pages 243-258
Background
Numerous reviews of nursing handover have been undertaken, but none have focused on the patient's role.

Objectives
To explore how patient participation in nursing shift-to-shift bedside handover can be enacted.

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

Bressan, V, Cadorin, L, Pellegrinet, D, Bulfone, G, Stevanin, S, Palese, A. **Bedside shift handover implementation quantitative evidence: Findings from a scoping review**. J Nurs Manag. 2019; 27: 815– 832. https://doi.org/10.1111/jonm.12746
Aim
To map the research methods, frameworks, structures, processes and outcomes investigated to date when implementing nursing bedside shift reports (BSRs).
Background
frameworks underpinning BSR implementation and outcomes aiming at supporting NM decision-making in this field.BSRs have become an area of increased interest among nurse managers (NMs) with several projects aiming at implementing bedside reports also as a strategy to increase nursing surveillance and reduce adverse events. However, to date, no summary of the available evidence has been provided with regard to research methods, theoretical

Infection control / handwashing

Waikato DHB recognised for Sepsis Ready programme
Waikato DHB's Sepsis Ready programme has received a Continuous Improvement rating- from independent auditors and Ministry of Health recognising the work done at the DHB's hospitals to dramatically improve early recognition and response of patients with sepsis.

Understanding C. auris transmission with the healthcare environment
Researchers have now shown that patients who are heavily colonized with Candida auris on their skin can shed the fungus and contaminate their surroundings. This finding provides an explanation for the extensive contamination that often occurs in healthcare facilities with C. auris outbreaks. These results can help inform infection control efforts.

New female external catheter technology reduces CAUTI by 50%
Hospital-wide introduction of new female external catheter technology halved the number of catheter-associated urinary tract infections (CAUTIs) according to new research presented last week in Philadelphia at the 46th Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC)

Every penny counts: Reducing infections improves care, cuts costs
Patient safety is the primary objective of infection prevention but infection preventionists in a Syracuse healthcare system demonstrate how to make the business case for investing in protocols that save both money and lives, according to intervention outcomes presented at the 46th Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC) last week in Philadelphia.

[Most problems with catheter use stem from poor physician-nurse communication](#)

Indwelling devices like catheters cause roughly 25% of hospital infections, but ongoing efforts to reduce catheter use and misuse haven't succeeded as much as health care workers would like.

[Preventing infection in behavioral health settings](#)

Schweon, Steven J. MPH, MSN, RN, CIC, FSHEA, FAPIC
Nursing2019: [July 2019 - Volume 49 - Issue 7 - p 15–17](#)

APPROXIMATELY ONE IN five adults in the US lives with a mental illness.[1] Further, between 20% and 25% of the country's homeless population has some form of mental illness.[2] Untreated mental illness can put patients at a higher risk for infection due to risky behaviors, functional impairment, immunodeficiency, and comorbidities.[3] Persons with a mental illness may be dual diagnosed, which means having a mental illness coupled with alcohol or drug abuse.[4] Those with a triple diagnosis have a mental illness, substance abuse disorder, and HIV infection.[5] Patients with a mental illness may be found in various healthcare settings, including acute care hospitals, freestanding psychiatric hospitals, substance abuse centers, outpatient practices, homeless shelters, long-term care facilities, and correctional institutions. This article discusses challenges and nursing interventions associated with infection prevention in patients with behavioral health issues.

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

Ray-Barruel, G. , Woods, C. , Larsen, E. N., Marsh, N. , Ullman, A. J. and Rickard, C. M. (2019), **Nurses' decision-making about intravenous administration set replacement: a qualitative study.** J Clin Nurs. Accepted Author Manuscript. doi:[10.1111/jocn.14979](#)
Aim and objectives
To explore nurses' decision making regarding intravenous administration set replacement for vascular access device infusions in paediatric and adult clinical settings.
Background
Intravenous administration sets are routinely replaced at regular intervals in clinical practice with the goal of preventing catheter-related bloodstream infection; however, emerging evidence is challenging traditional hang-time durations. Nurses' perceptions and contextual factors affecting decision-making for administration set replacement have not been assessed previously.

Patient centred care

Commentary: Patients want convenient, comfortable care they control

Patient-centered care is discussed often and the focus should be on control, convenience, comfort and confidence, writes Joseph Smith, president and CEO of Reflexion Health. Patients are more motivated when they feel they are in control, Smith writes.
[Forbes](#) (6/24)

Patient safety

Just culture : It's more than policy

Any healthcare organization's top priority is effective and safe care. Despite this, medical error is the third-leading cause of death in the US.[1]Hospitals are imperfect systems where nurses have competing demands and are forced to improvise and develop workarounds. Errors rarely occur in a vacuum, rather they're a sequence of events with multiple opportunities for correction. Clinical nurses can have a significant impact on reducing errors due to their proximity to patients. When errors are identified, the events and impact on safe care need to be shared. Just culture is a safe haven that supports reporting. In a just culture environment, organizations are accountable for systems they design and analysis of the incident—not the individual.

Recruitment and retention
Nurse manager job satisfaction and retention
A home healthcare perspective

Nurse managers are essential for the success of organizational missions and objectives.[1,2] The expectation is that nurse managers are adept at financial management, negotiation, staff recruitment and development, conflict resolution, technologic advancements, and leadership.[3] Nurse managers have a primary responsibility of ensuring that adequate nursing staff members are available to provide quality patient care.[4] Supportive behaviors to promote clinical nurse autonomy and development, enhance nurse-physician relationships, and improve nursing competence are also expectations.[5] Despite the essential role of nurse managers, increasingly complex and demanding healthcare environments are contributing to their overwork, stress, and dissatisfaction.[6]

Relationship building
How to onboard your new boss
A new boss is arriving. Do you understand their expectations? How do you build a relationship with them? How do you get on with a manager when you feel they dislike you? Stacey Ashley FCPA shares tips on how to work with a new leader.

Resilience

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Aim

To investigate the impact of workplace factors on psychological resilience in registered nurses.

Background

Nursing is characterised by persistent workplace adversity. Psychological resilience has been postulated as a means to mitigate the effects of workplace adversity. There is little research that examines the role of workplace factors (i.e. practice environment and bullying) in shaping resilience.

Risk assessment / management

This article is not freely available but may be sourced from databases available via the NZNO library or those of a DHB or educational institution

Piredda, M, Fiorini, J, Facchinetti, G, et al. **Risk factors for a difficult intravenous access: A multicentre study comparing nurses' beliefs to evidence**. J Clin Nurs. 2019; 00: 1– 13. https://doi.org/10.1111/jocn.14941

Aims and objectives

To summarise the evidence about patient-related risk factors for difficult intravenous access in adults, and at identifying nurses' beliefs and their consistency with evidence.

Background

Peripheral intravenous cannulation is a common procedure for nurses, but rates of failure at first attempt of peripheral intravenous cannulation range 10%–40%. Nurses' beliefs about difficult intravenous access factors might influence their clinical practice more than current evidence.

Shiftwork

Dall'Ora, C. , Griffiths, P. , Emmanuel, T. , Rafferty, A. M., Ewings, S. and , (2019), **12-hour shifts in nursing: do they remove unproductive time and information loss or do they reduce education and discussion opportunities for nurses? A cross-sectional study in 12 European countries.** J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.14977

Aims And Objectives

To examine the association between registered nurses' (referred to as "nurses" for brevity) shifts of 12 hours or more and presence of continuing educational programmes; ability to discuss patient care with other nurses; assignments that foster continuity of care; and patient care information being lost during handovers.

Background

The introduction of long shifts (i.e. shifts of 12 hours or more) remains controversial. While there are claims of efficiency, studies have shown long shifts to be associated with adverse effects on quality of care. Efficiency claims are predicated on the assumption that long shifts reduce overlaps between shifts; these overlaps are believed to be unproductive and dangerous. However, there are potentially valuable educational and communication activities that occur during these overlaps.

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Staffing – skill mix

Thériault, M, Dubois, C-A, Borgès da Silva, R, Prud'homme, A. **Nurse staffing models in acute care: A descriptive study**. Nursing Open. 2019; 00: 1– 12. https://doi.org/10.1002/nop2.321
Aims
To identify nurse staffing groups in acute care facilities.
Design
This retrospective descriptive study used a configurational approach.

Stress management

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Can laughter yoga provide stress relief for clinical nurses?
Lynes, Linda; Kawar, Lina; Valdez, Regina M.
Nursing Management. 50(6):30-37, June 2019.
Laughter yoga is prolonged voluntary laughter accompanied by deep breathing and ending with meditation and relaxation. Read about a pilot study at a suburban community hospital to test the effect of laughter yoga on decreasing nurses' stress and compassion fatigue and enhancing their compassion satisfaction.

Wellbeing

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

Zion, N, Shochat, T**. Let them sleep: The effects of a scheduled nap during the night shift on sleepiness and cognition in hospital nurses**. *J Adv Nurs*. 2019; 00: 1– 13. https://doi.org/10.1111/jan.14031
The aim of this study was to examine the effectiveness of a scheduled 30-min nap and its interaction with individual factors on sleepiness and cognition during an 8-hr night shift.

Workload and staffing levels
Centralized vs decentralized staffing: Two case studies
June 2019 Vol. 14 No. 6
Author(s): Danielle Bowie, DNP, RN, NE-BC, and Kathy Baker, PhD, RN, NE-BC
Takeaways:
Nurse staffing is influenced by an organization's structure and culture.
Centralized staffing manages staffing through a central office. Decentralized staffing occurs at a hospital or unit level. A hybrid model combines centralized and decentralized staffing.
A holistic staffing approach respects the need for accountability, preserves nursing staff input, and creates transparency and flexibility.

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Aims and objectives
The purpose of this study was to examine the extent to which staffing adequacy predicts nursing teamwork, controlling for demographic and background variables.
Background
Findings from former studies indicate that hospital, unit and staff characteristics may be related to nursing teamwork, such as type of hospital and unit, role, gender, age, work experience, type of shift worked, shift length, number of working hours per week, overtime and staffing adequacy. Teamwork as well as staffing are identified as significant contributors to patient and staff safety in hospitals. However, the contribution of staffing to the quality of nursing teamwork is scarcely studied.

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Nurse Managers New Zealand section. It is for section members only and must not be reproduced without their permission.
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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