NZNO Regional Convention: Analysing the health of our practice – Nurses competence and insight

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Whakatauki

“Me haere tahi tātou mō te hauora me te oranga o ngā iwi katoa o Aotearoa”

“Let us journey together for the health and wellbeing of the people of Aotearoa”

(Rev. Leo Te Kira 15 December 2005)
2019, 2018, 2017 ICN themes

- NURSES A VOICE TO LEAD
  HEALTH FOR ALL

- NURSES A VOICE TO LEAD
  HEALTH IS A HUMAN RIGHT

- NURSES A VOICE TO LEAD
  ACHIEVING THE SDGS
Health for All by the year 2000
Goal: Health for All by 2000

.... So where would you say we were up to?...
Global health challenges remain

• The diseases we know about and the ones we are still learning about
• The impact of our lifestyle on our health and the environment
• Delivering health outcomes that matter to people at an affordable price
• Achieving mental health and wellbeing
• The effects of violence on health care and us all
MoH definition of health equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Competent nursing care

How can we possibly meet the 2019 ICN aim of Health for All?

How can we earn a respected voice to lead?
Nurses & ‘Health for All’ (HfA)

• Advocate and provider of care for individuals and communities

• Skilled professionals with the potential to improve Health for All

• The world is looking for ways to achieve Health for All (p11)
A definition of a Profession

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain.
Definition of a profession (cont’d)

• These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation.

• Professions and their members are accountable to those served and to society”

(Cruess, Johnston & Cruess, 2004, p.74)
Professional practice

... good health and care outcomes are highly dependent on the professional practice and behaviours of nurses and midwives...

Your Rights when receiving a Health or Disability Service

- **Respect**
  You should be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.

- **Fair Treatment**
  No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.

- **Dignity and Independence**
  Services should support you to live a dignified, independent life.

- **Proper Standards**
  You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.

- **Communication**
  You have the right to be listened to, understood and receive information in whatever way you need. When it is necessary and practicable, an interpreter should be available.

- **Information**
  You have the right to have your condition explained and to be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you to be fully informed.

- **It’s Your Decision**
  It is up to you to decide. You can say no or change your mind at any time.

- **Support**
  You have the right to have someone with you to give you support in most circumstances.

- **Teaching and Research**
  All these rights also apply when taking part in teaching and research.

- **Complaints**
  It is OK to complain — your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

If you need help, ask the person or organisation providing the service. You can contact the local advocacy service on 0800 555 050 or the Health and Disability Commissioner on 0800 11 22 33 (TTY).
Professional regulation

Four key elements –

1. Determining the criteria for who should enter and remain in the profession

   Registration and renewal

2. What educational preparation for entering should look like

   Accreditation
NCNZ & Professional regulation

3. Providing advice and standards
   Codes and guidelines

4. Identifying the criteria that would need to be breached for exclusion
   Complaints and notifications
Regulation & competence

- Practitioner Competence is reflected in all four of the regulatory elements listed above.
- Ensuring Competence is a major purpose of professional regulation.
- The need for competent nurses and midwives is inarguably a public protection matter.
# NCNZ complaints sources

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>NUMBER</th>
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<tbody>
<tr>
<td>Health consumer/member of public</td>
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<tr>
<td>HDC</td>
<td>17</td>
</tr>
<tr>
<td>Health practitioner</td>
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</tr>
<tr>
<td>Ministry of Justice</td>
<td>19</td>
</tr>
<tr>
<td>Employer</td>
<td>132</td>
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<tr>
<td>Self-notification</td>
<td>37</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>276</strong></td>
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</table>

NCNZ Annual Report Year ended March 31, 2017, p 44
# NCNZ complaint outcomes

<table>
<thead>
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<th>OUTCOME</th>
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<tbody>
<tr>
<td>No further action</td>
<td>41</td>
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<tr>
<td>Refer to PCC – Conduct</td>
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</tr>
<tr>
<td>Refer to PCC – Initial Investigation</td>
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<td>Refer to HDC</td>
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<td>Refer to Health</td>
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<td>Refer to Competence</td>
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<tr>
<td>Refer to PCC – Court Conviction</td>
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</tr>
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Competence awareness

• The awareness of competence or incompetence (often referred to as *insight*) is vital to public protection

so... What do we mean by *insight*?
What do we mean by ‘insight’?

Insight
noun

• the capacity to gain an accurate and deep understanding of someone or something.

(https://www.google.co.nz/search?q=define+%27insight%27&rlz=1C1CHKB_en-gbNZ618NZ618&oq=define+%27insight%27&aqs=chrome..69i57j69i59j0l4.8272j1j8&sourceid=chrome&ie=UTF-8)
• The question is – how do we develop the capacity for insight?
Exploring insight: Main reference


https://doi.org/10.1016/jjcolegn.2018.10.001
Insights into insight

Key factors:
Ownership of the event
AND
Action on reflection
Insights into insight about situation

• Does the nurse either: demonstrate insight OR a lack of insight?

• Nurses’ responses AND behaviours post reflection are crucially important
Insights into insight

• Chiarella & Vernon found that reflection was not the same as insight

• Reflection is simply the first step in a series of elements
Insight more closely defined

“Insight is awareness of one’s internal state and is associated with the ability to identify and express feelings; that is, people who inspect and monitor their thoughts, feelings, and behaviours well should have good self-reflection and insight. Further, self-reflection and insight are positively correlated.”

(Grant, Franklin, & Langford, 2002, p. 822 as cited in Chiarella & Vernon, p2)
Examples

In an aged care facility where an allegation was made of a medication error involving two RNs, it was found that the RNs failed to check the wrist band of the patient and administered the wrong medication to the wrong patient. The medication was labelled but was not checked by either of the RNs at the time of administration.

(Taken from Chiarella and Vernon (2018))
Insight?...

In the case of the first RN, the regulatory body determined to address the matters in writing rather than taking other action. This decision was based on “the registrant’s response which indicated she took responsibility for her actions”.

The second RN’s account of the situation included information about other nurses on the ward making mistakes far worse than the one she had made, and no action had been taken. The RN also stated “I have known the reporting RN most of her life and there is friction from the past between our families. My anxiety was heightened as I did not trust her”. 

www.nzno.org.nz
Indicators of concern in relation to insight

- Not understanding the seriousness of the issue, or even that there is an issue
- Blaming others for own behaviour
- Making excuses for own behaviour
- Making no attempt to change
- Non-compliance with improvement measures
Registration renewal for nurses

• Compliance with Continuing Professional Development (CPD) requirements

• Compliance with the requisite hours of recent practice (RoP)

• Satisfactory self-assessment against national competency standards or professional for practice (NZ = competencies)
Whose responsibility is it?

- In ensuring responsibility for competence

Is it the regulatory authority’s issue?

Or

The employer’s?

Or

The individual’s
# Awareness, competence & safety

<table>
<thead>
<tr>
<th>Competent</th>
<th>Incompetent</th>
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<tbody>
<tr>
<td>Aware</td>
<td>Aware they are competent - SAFE</td>
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<tr>
<td></td>
<td>Aware they are incompetent - POTENTIALLY SAFE</td>
</tr>
<tr>
<td>Unaware</td>
<td>Unaware they are competent- POTENTIALLY UNSAFE</td>
</tr>
<tr>
<td></td>
<td>Unaware they are incompetent- UNSAFE</td>
</tr>
</tbody>
</table>
Key study findings: Insight involved...

• Ownership of and taking responsibility for the incident
• Evidence of reflection on and analysis of the incident
• Evidence of reflection on and analysis of the registrant’s (nurse’) own mental and/or physical state
• Analysis of the context in which the incident occurred
Key findings about insight (cont’d)

• Recognition of own failures or mistakes
• Expressions of remorse, sorrow or regret
• Making an effort to improve oneself through targeted education
• Thinking about and describing what the registrant (nurse) would do differently next time
• Seeking out counselling/mentorship
Sources of concern for regulators

1. Not understanding the issue
2. Blaming others
3. Making excuses
4. Making no attempt to change
5. Non-compliance with improvement measures
Best approaches to developing insight

- Clear language to describe behaviours and attitudes
- Clear assessment templates of clinicians’ performance

Taking a proactive educational approach to the development of insight also seems preferable to using it as a lens through which to make decisions about de-registration.
The insightful (or not) nurse

The issues of ownership of their role in the situation, followed by a willingness and then the impetus to improve seem to go to the heart of what is required for insight to be acceptable to the regulators.

(Chiarella & Vernon, p6)
Insight required:

The insight required by regulators is comprised of (p6):

– Reflection
  PLUS
– Ownership of the registrant’s role in the issue under review
  PLUS
– Action
The Bottom Line:
Safety for everyone
References


References (cont’d)


NZNO 2011 NZNO Guideline: Coaching and performance plans. 