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Patients' experiences and clinical leadership

Uhrenfeldt, Lisbeth

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IMPROVING NURSING PRACTICE:

- patients' experiences and clinical leadership: strategies
from a public teaching hospital

Conference paper 090914, Aalborg University Hospital

Lisbeth Uhrenfeldt, ph.d. MScN, BA, RN

Associate professor/lektor



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Global health

Background

- Parts of the EU policy document for Health 2014-2020 is about **self-care** and how to assist patients to be more self dependent.
http://ec.europa.eu/health/programme/docs/ev_20141104_co01_en.pdf
- Within the last week the Danish minister of health presented the Danish governments version of this strategy, where e.g. nurses based on special training are ready to support patients before and after discharge
- http://sum.dk/Aktuelt/Nyheder/Ministeren/2014/August/~media/Filer%20-%20Publikationer_i_pdf/2014/Sundhedsudspil-jo-foer-jo-bedre-aug-2014/Sundhedsudspil-Jo-foer-jo-bedre-aug-2014.ashx

Self-care: Orem's self-care model

- **MAJOR ASSUMPTIONS**
- People should be self-reliant and responsible for their own care and others in their family needing care
- People are distinct individuals
- Nursing is a form of action – interaction between two or more persons
- Development of self-care is an important component of primary care prevention and ill health
- A person's knowledge of potential health problems is necessary for promoting self-care behaviors
- Self care and dependent care are behaviors learned within a socio-cultural context

The policy document: Third EU Health Programme 2014-2020

Some of the actual and known challenges are:

- The fragile economic recovery has limited the resources available for investment in healthcare
- The increase of health inequalities within Member states
- The increase in chronic diseases prevalence
- The increase in new technologies influences patients, staff, leaders and the economy
- http://ec.europa.eu/health/programme/docs/ev_20141104_co01_en.pdf

The Danish Governments translation of the third EU health strategy-in parts

Tidlig diagnose, bedre behandling og flere gode leveår for alle (2015-2018)
(Eng.: Early diagnosis, better treatment og many more good years added for all)

The programme mentions two groups of patients in which there are global health issues to be solved through their aims:

In 2025, three out of four cancer patients will be alive five years after being diagnosed. In today's numbers that means an additional survival of 6.000 persons.

In 2025, the number of acute hospitalizations of persons with COLD and diabetes is reduced 20 pct. Likewise, the re-hospitalization among persons with COLD and diabetes will be reduced by 20 pct.

[http://sum.dk/Aktuelt/Nyheder/Ministeren/2014/August/~media/Filer%20-%20Publikationer i pdf/2014/Sundhedsudspil-jo-foer-jo-bedre-aug-2014/Sundhedsudspil-Jo-foer-jo-bedre-aug-2014.ashx](http://sum.dk/Aktuelt/Nyheder/Ministeren/2014/August/~media/Filer%20-%20Publikationer%20i%20pdf/2014/Sundhedsudspil-jo-foer-jo-bedre-aug-2014/Sundhedsudspil-Jo-foer-jo-bedre-aug-2014.ashx)

Global health and patients' experiences - how did they match?

- In a metasynthesis published in 2013, a Scandinavian-German research team found evidence that patients who experienced transfers between hospitals, wards, out-patient departments a.s.o. found it very troublesome:
- *Based on 14 studies (1999-2011) from three continents, it was concluded that* (Uhrenfeldt et al 2013):

Category	1	2	3
Transfer was:	-unpredictable, scary and stressful	-recovery and relief	- to slide into insignificance
Effect size:	100%	85% (12 of 14)	71% (10 of 14)

Being among friends on a Saturday night, a recently experienced incident was told

A colleague, visited her 85 year old mother in the hospital after a hemiplegia. She was half-sized paralyzed in the left side of her body. She was expected to be transferred to a nursing home by midday the following Friday.

Two days before, the daughter went to the actual nursing home and asked what her role was in making the transfer as well prepared and successful as possible. She was assured that there was nothing for her to do, and that everything would be well prepared and ready.

When the mother and her daughter arrived by ambulance at the Nursing home 3.15 pm that Friday, the shock was therefore tremendous as the presented room was dirty, without a bed, and the only staff member present was busy serving coffee in the dining room. Confronted with room's status, she said, that everything would be fine after 4 pm "when the evening team arrived"

Global health policy and patients' actual experiences

- how do nurses help them meet?

- *Based on different experiences in the Danish public community health care system there exists a hypothesis, that patients being transferred from hospital to home care in 2014 likewise may experience.....*

Category	1	2	3
Transfer as:	-unpredictable, scary and stressful	-recovery and relief	- to slide into insignificance
Effect size:	100%	85% (12 of 14)	71% (10 of 14)

Therefore, professionally, we have both policies and actual problem to attend to:

Being a **clinical leader** there is a demand from society to take action in order to let policy and patient outcome meet through specific clinical actions

Being a **staff nurse** there is a demand from society to offer nursing based on patients needs in combination with the known facts (evidence) and thereby acting in a caring manner. This demand is due to the short hospitalization period for patients.

Important inspiration to build **strategies in a public teaching hospital** to improve nursing practice came from The JBI model of evidence-based healthcare.

This figure includes the global health issues and connects them with the primary health care evidence generation, the evidence synthesis, knowledge transfer and not least evidence utilisation. (Pearson et al .2005.)

These circular movements have the power to reach out for positive patient experiences and ultimately influence the actual local global health topics in focus (by the the EU Commision and in the Danish government) for health improvements.



Clinical leaders (CL) take action

In the center of the figure is:

Context, this strategy is for a Danish public, urban, teaching hospital; patients are generally old and stay often longer than at a university hospital.

Client preferences, in DK we regularly use patient satisfaction surveys and the satisfaction is not stable. Claims about individuals' negative experiences after hospital treatment reaches the executive hospital management regularly.

Judgment & evidence, for CL's to take action, based on their own judgment and evidence, looking at the arrows at the figure, their actions and preferences request their critical reflections about the actual global health issues and the local connection to the health care evidence generation. They may request evidence synthesis, and knowledge transfer together with cross disciplinary leaders and charge nurses. Aiming for clinical Evidence utilisation.



(Pearson et al 2005.)

STRATEGY

Clinical leadership

In 2012: A double intervention was planned; due to the alarming results from the recent metasynthesis (Uhrenfeldt et al 2013), all the hospitals nine head nurses were present:

- First intervention: A 35 hours course with themes such as: from topic, to research question to choice of method(s), results and strategy (5 single days).
- Second intervention: Double coaching sessions were offered, one group session and one individual about any issue within clinical leadership

Paper: Uhrenfeldt L, Ulsøe M-L, Pedersen PU, Ammentorp J.
Competency development: an intervention study to promote clinical leadership. *Submitted September 2014*



STRATEGY

In 2013: Focus was on knowledge transfer: CNS-Systematic reviews, to include knowledge transfer in nursing practice:

Topics addressed e.g.

Toft BS & Uhrenfeldt L (2014) **Facilitators and barriers to physical activity experienced among morbidly obese adults:** a systematic review protocol . *JBI Database of Systematic Reviews & Implementation Reports* 2014;12(6) 13 - 23

Madsen R & Uhrenfeldt L (2014) **Palliative patients and their significant others' experiences of transitions concerning organizational, psychosocial and existential issues during the course of incurable cancer:** a systematic review protocol. *JBI Database of Systematic Reviews & Implementation Reports*, 2014;12(2) 9 – 25.

Sørensen UM, Pedersen PU & Uhrenfeldt L (2014) **Effect of exercise programmes for moderate to severe intermittent claudication:** A systematic review protocol. *JBI Database of Systematic Reviews & Implementation Reports*. Accepted May 2014.

Timmermann C & Uhrenfeldt L (2014) **Seriously ill patients experiences of architecture, interior design and decoration in the hospital environment:** A systematic review. *JBI Database of Systematic Reviews & Implementation Reports*. Accepted May 2014.

Being a **clinical staff nurse (RN)**

There is a growing need to update and act with professional knowledge on existing evidence based nursing in clinical settings.

Patients and significant others may have searched the internet to get explanations about their symptoms or treatment. The RN needs to be able to sort out the facts together with patients.

They need to act with diligence (Da.: omhu og samvittighedsfuldhed) and often within a short timeschedule.

The RNs collaborate with CNS and charge nurses about how to embed organizational changes, and how to monitor and evaluate these changes. This collaboration needs support from Evidence knowledge transfer aiming for a positive evidence utilisation into a positive global health outcome.



(Pearson et al 2005.)

STRATEGY

2014 (autumm): The executive nurse director, all nurse managers and charge nurses presents staff nurses with:

A vision and mission statement about nursing care based on clinical leadership of evidence-based knowledge transfer

This will be influenced by the mentioned EU and Danish government policy papers.

Thank you*

*Acknowledgement, Line Jensen, MA for language corrections

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