

# Integration through Differentiation



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# AIMS

- ❑ To illustrate some features of the model adopted to enhance nursing practice in some Italian hospitals
- ❑ To describe strategies used to implement the model based on differentiation
- ❑ To provide ground for critical evaluation

## Nursing Professionalism in Health Services

- ❖ **Nursing Practice mostly task oriented**
- ❖ **Hierarchical attitudes and tradition between doctors and nurses**
- ❖ **Lack of confidence in individual development**
- ❖ **Average standardized level of nurses' competence (generalist nurse)**
- ❖ **Job low satisfaction**

**How to change ?**



# Nurse traditional role in the social perspective



## 1990-2000 Main changes

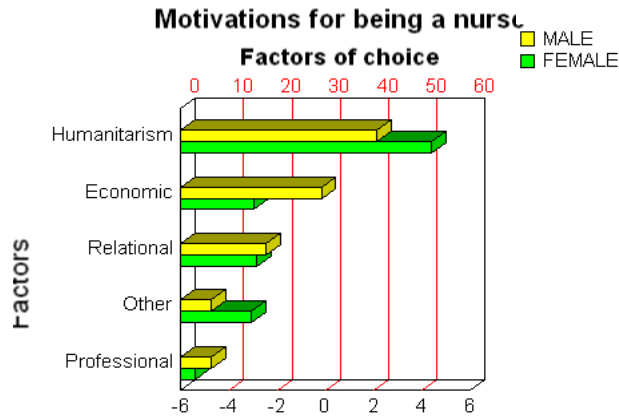
*University education*

*Advanced practice*

*Top management*

# Tradition in North Italy 1993

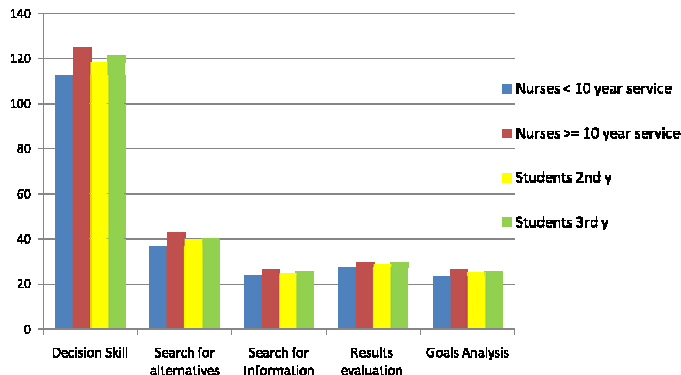
(Sample of 2250 nursing students)



Most of the students choose Nursing for Idealistic-Humanitarian reasons, only 6.3 Male and 2.8 Female for reasons linked to professionalism and competence

## Nurses vs Students Decision making skills (1998)

Sample= 753: 253 Nurses, 265 NS 2<sup>nd</sup> y 285 NS 3<sup>rd</sup> y



Students are more skilled than nurses with < 10 y experience

## Nurses and Doctors: respective opinions

### DOCTORS

#### ARE:

- Corporative
- Presumptuous
- Demotivated
- Egoist
- Rude
- Not informed

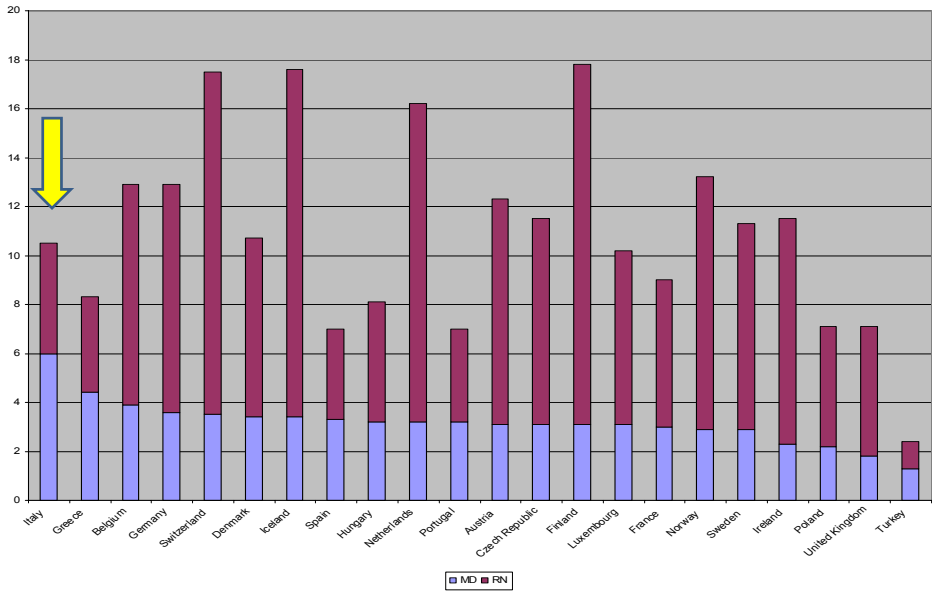
### Nurses Are:

- Routinary
- Order carrier
- Submissive
- Guardian
- Demotivated
- Static

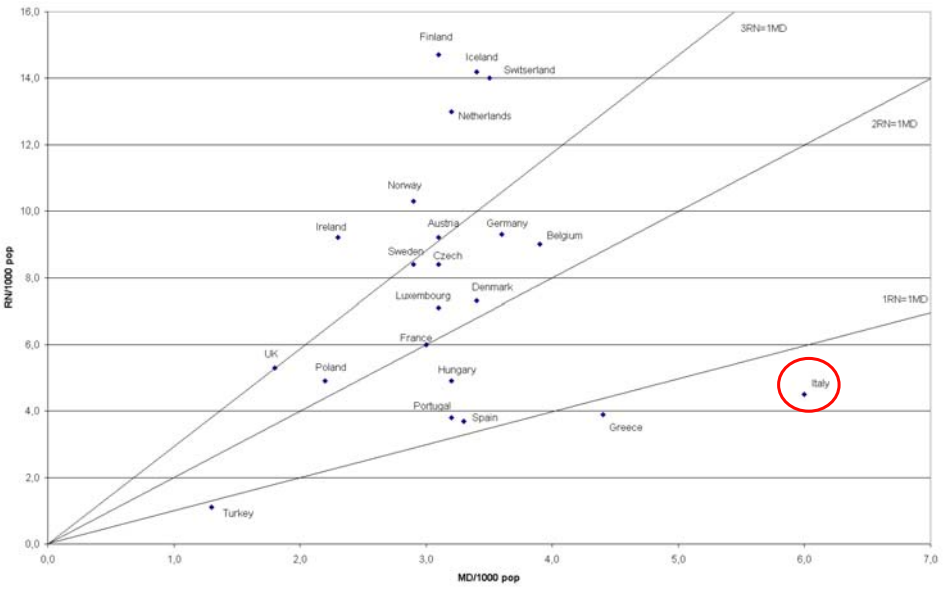
## Italian Professional Health context



## OECD countries 2002 Number of Nurses - Physicians



## RN - MD / 1000 pop



TODAY

# What is still unsatisfactory inside a hospital Unit ?



## Nurse average time spent in daily activities

Daily activities	Minutes
• Assistance medical assessment	300
• Assessment vital functions	40
• Medications	900
• Activities unskilled (transport supplying)	930
• Registration transcription clinical data	545

← Doctor & service

Patient

2715' = 45,25 hours = 7nurses

Daily Care Activity	Nurse
Positioning embedded patients/move to chair	380
Body cleaning and toileting	150
Medication bed-sores, venous catheters, urinary catheterization	150
Information/Interrelations	40

720' = 12 h = 1,8 nurses

# Nursing care practice “should be”

Envision patient as the builder of his/her quality of life and health

Identify patients skills and potentialities

Act for his/her development using technology and self

Support autonomy oppose dependency  
(*stimulate potentials*)



CARE – a “passionate” science for taking care of...

*M.Rogers*



# Professional Nursing Care

- aims to maximum independence in health for individuals/families
  - With collaborating and independent practice
  - Based on competence and ethics
  - A university degree is required

**Socially recognized and legally established**

## Health and care

- Is not just medical cure
- Patient has to obtain the maximum independence
- Best results are achieved by different contributions
- A nurse must provide an added value
- Nursing care has to aim to specific outcomes

# PROJECTS

## **Advancing nursing care Practice in Hospital Units**

*Differentiation of cure versus care  
Differentiation of results  
Integration of outcomes*

## **Projects founded by Public Health authorities**

Castelfranco (Veneto) 1990 -91

Empoli (Tuscany) 1992 -93

Vittorio Veneto (Veneto) 2001-2002

Veneto Region (10 hospitals) 2002-2003

Pistoia (Tuscany) 2004-2007

Massa Carrara (Tuscany) 2007-2009

## Steps

- A proposal develops throughout meetings and debates with key- managers
- A project is discussed with Top Management
- An operative plan is introduced and negotiated with Directors of Departments and nursing management
- A program of implementation is introduced and negotiated with head staff and nurses

## FOCUS ON

### DIFFERENTIATION

Differentiate nursing results from doctors results

Increase variety in nursing interventions

Differentiate patients profile of needs and potentialities

Differentiate nurses by area of interest and expertise

Differentiate responsibilities between nurses

Differentiate interventions and procedures of advanced nursing

Differentiate instruments of evaluation and process of care implementation

## ASSUMPTIONS

### Professional Advanced Care if

- Patient has at least a modifiable incapacity\competence to provide self-care

- Patient's health\independence may increase as effect of care interventions

Evaluation and decision are required throughout the intervention

## Assumptions

- Not all patients need advanced care (in addition to medical care and hotelry)
- Advanced Nursing Care should provide additional and complementary care to medical regimen (if beneficial)
- Nurse must be competent\expert in order to provide advanced professional care and free from basic routinary tasks
- Not all nurses are expert\capable to provide advanced care



# Advanced Practice in Nursing

A Registered Nurse selects an area of clinical nursing in which to become expert

Consistent with the cases and needs treated in his/her unit

Institution provides support, education and consultanship

That nurse will be a reference care planner for a class of patients and colleagues



## Flow of development of Advanced Practice in Hospital

DEFINITION OF NURSING CASE SYSTEM BASE ON FUNCTIONING, COMPETENCE, AND HEALTH STATUS

IDENTIFICATION OF TARGET -NURSING CASE FOR ADVANCED CARE

DEVELOPMENT OF RELATED NURSING OUTCOMES AND CARE-PATHWAYS

PROGRAMS OF education and training for nurses by target case in Hospital unit

Addition of more nurse- aids in daily shifts vs nurses

Identification of Primary Nurses by case-target

Consultanship  
Local support from management  
And reference group

# Experimentation consists in

At hoc modelling and testing of:

1. Organization based on advanced care nursing
2. Nursing care complementary and rehabilitative treatments
3. Accountability given to nurse-aids for quality of comfort care
4. Accountability given to nurses for outcomes by well specified clinical cases

## Advanced clinical nursing Patients to be treated if they are not able to:

- **Maintain continence** (*Lekan-Rutledge, Palmer et al. 1998; Harrington, Zimmerman et al. 2000*)
- **Manage pain** (*McGuire 1994; Ferrell, Dean et al. 1995*)
- **Control Anxiety, stress coping, and sleep** (*Lawton, Van Haitsma et al. 1998; Redman and Jones 1998*)
- **Increase functionality** (*Aarsland, Larsen et al. 2000; Bixby, Konick-McMahon et al. 2000; Knight 2000; Noyes 2000; Resnick 2000*)
- **Self-Care competence** (*Armstrong-Esther and Browne 1986; Sandman, Norberg et al. 1986; Fernsler and Cannon 1991; Martensson, Karlsson et al. 1997; Jaarsma, Halfens et al. 1998; Backman and Hentinen 1999*)

## Modified model of Primary Nursing

A single nurse is in charge of the appropriateness of care provided to patients of which he/she is "Primary"

Each nurse can be "primary" for some patients and "associate" for others (of whom is "primary" a colleague)

Nurses are individually responsible for the goals attainment of their patients

Each one may be referent provided that is competent



## Primary means

### "Reference Nurse for patient & Colleagues"

"

- Differentiation of competence between nurses
- assignment by matching patient's needs/nurse expertise
- Responsibility on results



Responsible of individualized care program  
Referent for patient and team  
Implement part of the caring activities  
Evaluate effectiveness and report to nurse manager

## New Scenario

- More Nurse-aid to provide skilled care with no-primary nurses
- Primary nurses with different competence in each shift
- Patients treated traditionally
- Patients receiving advanced nursing care
- Patients educated to self-care before discharge
- Clinical cases discussed between primary nurses and doctors
- Head staff coordinating the unit for optimal use of resources and quality of outcomes

## Clinical Cases for Advanced Care

Patients with modifiable capacity:

- Urinary Incontinence
- Limited Motricity
- Limited Breathing
- Low self-management of pain
- Low self-management of anxiety and sleep
- Management of regimen and general self-care skills

## Necessary changes

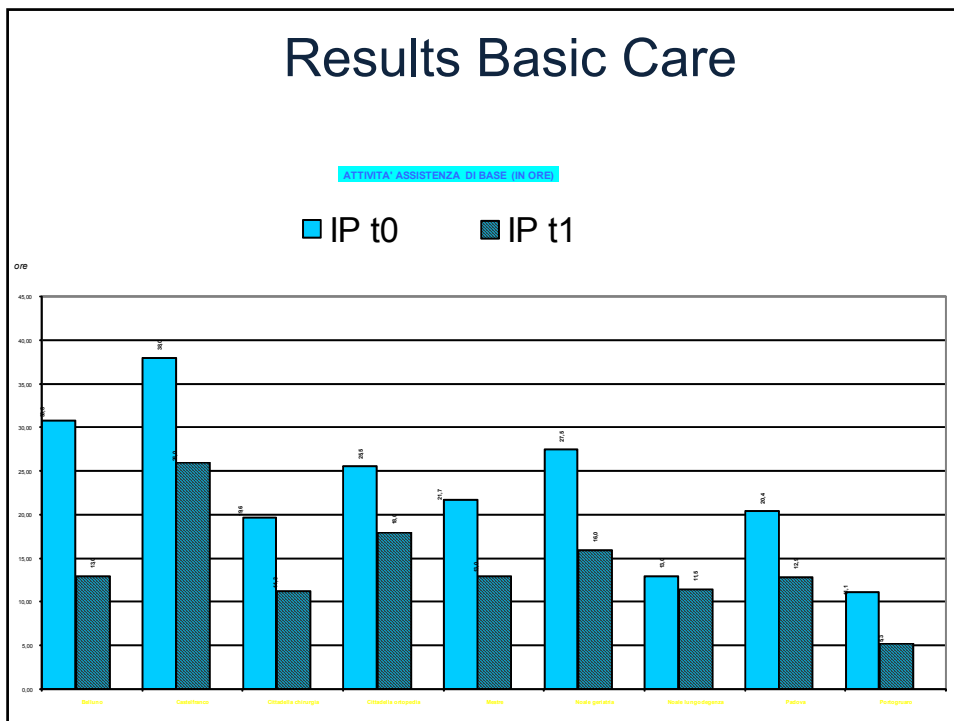
- **Competence in advanced nursing** –  
*focused continuing education programs –  
mandatory and provided by institution to be applied  
into the unit*
- **Organization** - *reengineering of processes*
  - *Less routines and traditional task*
  - *Patients are treated in ANC only if have potential  
of development*
  - **Relationship between roles** – *less  
subordination more responsibility – trust and  
collaboration*
- **Culture of health** – *focus on patient'  
awareness, learning and development*

Main RESULTS

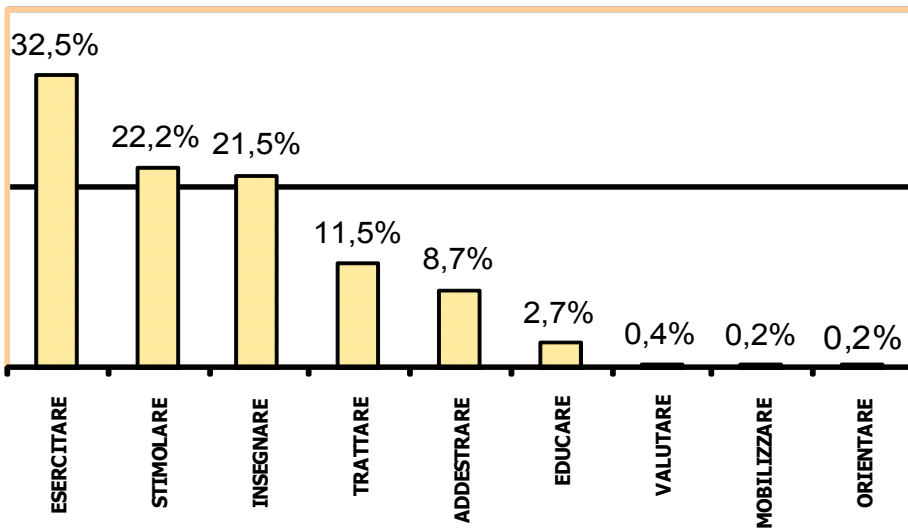
## INFERMIERI – Variation in time dedicated to activities (hour)

UNITS	CLASS of activity				
	Hotelling	Base	Advanced	Evaluation	Cleaning
PORTOGRUARO LUNGODEGENZA	-0,3	-5,8	2	-1,5	-0,2
MESTRE LUNGODEGENZA	-0,7	-8,7	1,25	2,6	-1,7
NOALE LUNGODEGENZA	0	-1,5	4,8	0,5	-1,3
NOALE GERIA TRIA	-8,5	-11,5	10,7	3,2	-2
CITTADELLA ORTOPEDIA	-2	-7,5	0,8	1,5	-4,3
CITTADELLA CHIRURGIA	-1	-8,3	7	-3,3	-3,7
BELLUNO CHIRURGIA	-1	-17,8	7,5	-2,5	-0,8
PADOVA CL. MEDICA	0	-7,5	2,2	-0,5	-1,7
CASTELFRANCO MEDICINA	-1,3	-12	2,5	-2,8	3

## Results Basic Care



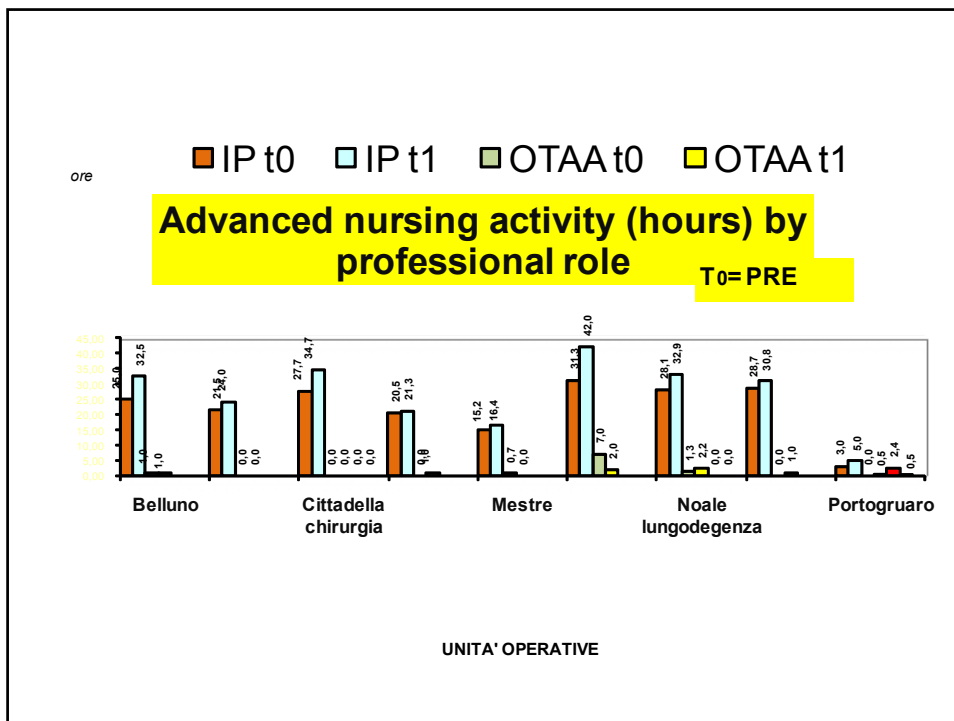
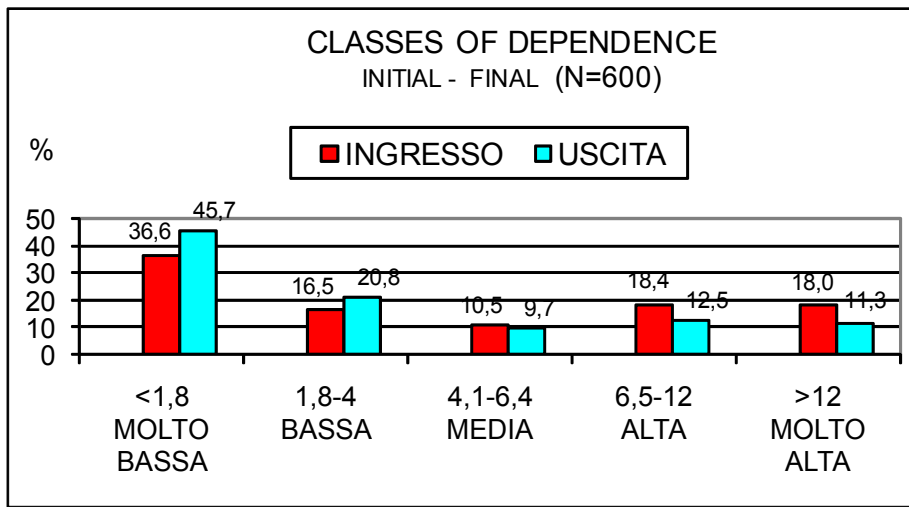
## ATTIVITA' INNOVATIVE (%)



Intermedio: N=50 Finale: N=29	Finale -Intermedio Fr. %
<b>OVERALL</b>	<b>-22.1</b>
1. NURSE-DOCTOR	-11.1
2. PATIENT-DOCTOR	3.4
3. HEADSTAFF-DOCTOR	-2
4. NURSE-HEADSTAFF	-2
5. NURSE-AID	-2
6. AID-AID	-2

Results  
conflicts

## RESULTS: SELF-CARE



# CONCLUSION

- At the very beginning there are doubts
- Then they become enthusiasm
- Then perplexity and tiredness

Not only results and outcomes  
It is indispensable personal recognition and organizational support

High turnover, changes in top management lack of interest in doctors have proved to be the most corrosive elements in the process of change

# FINAL CONSIDERATION

- Individuality should be a potential for development in clinical care

Integration is facilitated between professionals if their contribution is visible, significant, and different

Thank you

