Nursing leadership and the quality of care

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Leadership
The blind spot of quality indicators in nursing care

Anne-Margreet van Dishoeck

Historical perspective

Florence Nightingale

- “It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm”
- Chapter Hospital statistics, 1863 Notes on Hospitals

Her dream on hospital statistics;

“enabling us to ascertain the mortality in different hospitals, as well as from different diseases and in different districts of the same country and improve the treatment and management of the sick and maimed poor”

Avedis Donabedian
Hospital performance; Quality and Safety

- Transparency and accountability of delivered care using performance indicators

- Performance indicators as a basis for
  - public accountability
  - external assessment
  - supervision and purchase
  - supporting patient choice
  - internal management control
  - quality improvement
Issues associated with performance measure

- Definition of the concepts
- Quality of the data
- Gaming
- Influence of confounding factors in comparing hospitals
  - random variation
  - case mix
- Quality improvement

Aim of this research

Evaluating the use of outcome and process indicators in comparing hospitals and in improving the quality of hospital care
Project and Methods

1. Hospital comparison
   - Random variation, outcome indicators Dutch Inspectorate
     - Graphical displays random variation
     - Rankability
       - Variation within the hospital
       - Variation between the hospitals
     - Case mix, data on surgical site infections

2. Process outcome relation
   - Pressure ulcers and quality of prevention; audit case control study

3. Actionability; Improving quality
   - Door-to-needle time in Stroke patients; interrupted time series analysis
   - Improving pressure ulcer prevention; interrupted time series design
Random variation

- lack of differences in outcome
- small numbers in patiënt population

Case mix


**a** Fixed unadjusted

**b** Random unadjusted

**c** Random adjusted
Comparing hospital performance without indication of uncertainty and without correction for patient factors is impossible.
Process-outcome relation

- Pressure Ulcer prevalence; a case control study

Assessment of the care process with 9 criteria

- Risk assessment
- Patient information
- Repositioning
- Heel prevention
- Alternating mattress
- Incontinence prophylaxe
- Adequate nutrition
- Skin assessment
- Non-recommended interventions

Legend:
- Major shortcoming
- Minor shortcoming
- No shortcoming
Quality score

quality score

- 0% cases
- 0% controls

- 0% suboptimal care 3
- 0% suboptimal care 2
- 0% suboptimal care 1
- 0% optimal care
## Conditional logistic regression analysis

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PU- Pressure Ulcer

Improving quality

- Acute care in stroke patients; door-to-needle time

Database
Erasmus Stroke Registry

Improving Quality of Care

- Segmented regression analysis of an interrupted time series
- Pressure ulcer prevention; outcome indicator

Data Erasmus MC University Medical Centre

nosocomial pressure ulcers cat. 2-4, incl inc. derm.

5.1% 13.5% 11.1% 3.0% 0.0% 2.9% 12.5% 15.2%


before intervention after
Improving Quality of Care

- Pressure ulcer prevention; process indicator

Conclusion; For internal quality improvement, process indicators seem to be more informative than outcome indicators.

Conclusion

- We must be aware that a performance indicator may offer an uncertain signal on quality and is by no means an absolute measure

- Nursing leadership; Measuring what Matters

The professional nursing work environment: the experience of Dutch nurses in a university hospital

SM Maassen RN MSc, MMC van Mol RN MSc, CM Dekker-van Doorn PhD.
Care to elderly

- Complex care situations
- Poly farmacie
- Multi morbidity
- Value based health care
- Integrated care
- Clinical reasoning
- Professional nurses
Professionale nurses in professional work environment

‘A setting that support excellence and decent work. In particular, they strive to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations’ (ICN, 2008).

Professional nursing work environment
1) Nurse involvement in organization policy
2) Nurse vision and policy on quality of care
3) Nurse managers with appropriate skills, leadership style and support
4) Adequate staffing and resources policy
5) Nurse-doctor relations based on equality

(Lake, 2002; Arford & Zone-Smith, 2005; Laschinger, 2008)
Professional work environment: local situation

+/- 2200 nurses
270,000 nursing days
9 thema’s, 6 with nurses

Foundation nursing council, development professional practice model
Aim

To explore the nurses’ perception of their professional nursing work environment.
Method

- Cross sectional survey
- 1 hospital
- PES-NWI
- Dutch translation
### Results

#### Descriptives

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### Results

**ANOVA**

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<td>2.94 (.45)</td>
<td>2.88 (.46)</td>
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Discussion

Dutch-PES: reliability

Interventions?
Implications

- Practice
  - Discussion about staff & resources
  - Learning from each other
  - Gaining more influence on content of practice
  - Interventions

- Research
  - Link to quality outcomes?
  - Longitudinal study
THE INFLUENCE OF EMPATHIC ABILITY AND AUTONOMY ON SUSTAINING WORK ENGAGEMENT AMONG INTENSIVE CARE NURSES

Margo van Mol
Psychologist and ICU nurse
06-10-2016
Department of Intensive Care, Erasmus MC University Medical Center, Rotterdam
The Netherlands Institute for Health Sciences (NIHES), Rotterdam
Frail elderly in the intensive care unit (ICU)

More than half of the current ICU population is aged 65 or above, using 60% of total ICU days
Complications of elderly ICU patients

- More comorbidity
- Higher rates of delirium
- Higher mortality rate
- Higher expenditure of healthcare costs

Morally decision making

Work-related stress

Bagshw et al., (2016) Critical Care 20:175
Work-related stress in nurses

Working as a nurse

- increasingly complex and emotionally demanding
- a damaging effect on individual’s job satisfaction
- results in long-term absenteeism
- subsequent hospital understaffing

Work-related stress might reduce the quality of care for patients and relatives and threaten patient safety

The aim of this study is to explore the association between personal resources and work engagement among the ICU professionals.
work hard. → have fun. → make a difference.

I love my job.
Work engagement

• Defined as:
  • Vigour
  • Dedication
  • Absorption (flow)

Benefits high level of work engagement

- Positive effect on own health
- Good balance of work-life
- Low absenteeism
- High team spirit
- Safe work environment (patients and professionals)
- High quality of care
- Improve patient satisfaction
- Organizational involvement

How to influence this process?

- Inspiring work environment
- Development of personal leadership

Engaged daily practice of caring to frailty elderly
Job-Demands-Resources Model


Balanced model with positive and negative aspects of work:

- **Motivational process**
- **Stress process**
Personal resources

Personal leadership
- Resilience
- Autonomy

Empathic ability
- Cognitive
- Emotional
- Perspective taking
Cross-sectional study design

• Inclusion:
  • All ICU nurses and ICU nurse students (N= 262), all intensivist (N=53)
  • More than 12 hours/week working in an ICU in Erasmus MC

• Method
  • Composed questionnaire with Utrecht Work Engagement Scale and the Jefferson Scale of Physician Empathy
  • Announcement and introduction by management team
  • Anonymity guaranteed
  • Personal invitation with digital link to the questionnaire
  • Weekly response per unit in the newsletter
  • Reminder at non-response, max 3x
  • Individual report with feedback of results
Respondents

• Response rate 61%

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<th>Unit</th>
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<th>N</th>
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<td>Intensivists</td>
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<td>32</td>
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<tr>
<td>Total</td>
<td>315</td>
<td>193</td>
<td>61.3%</td>
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• Characteristics of respondents

Gender: 68% Female, 32% Male

Age: 43.4 years

A-level: 54%

Working hours: 34 hr/wk
Job demands

Emotional demand: 1.8 (NL), 3.1 (IC)
Physical demand: 2.0 (NL), 2.4 (IC)
Cognitive demand: 2.5 (NL), 2.9 (IC)

Work load too high 3.1% (NL 3.6%)

Satisfaction with work (% satisfied/very satisfied): 70% (NL), 88% (IC)
Work engagement

Weekly working hours remained as a confounding factor on work engagement

Overall the same results in job resources (social support, communication, team efficacy, team spirit) compared to the benchmark
Personal resources

Compared to health care professionals

Cognitive empathy
- NL: 4.0
- IC: 3.9

Emotional empathy
- NL: 3.8
- IC: 3.0

Autonomy
- NL: 2.9
- IC: 2.6

Resilience
- NL: 3.8
- IC: 3.7
Personal leadership will shape the role of nursing and may increase sustaining work engagement.
Conclusion

• The physical and emotional workload in the ICU may have been high, but the personal resources seemed to suffice for the respondents
  • “Business as usual”

• ICU professionals respect the patients and relatives, they can imagine the situation, but remain at a certain emotional distance
  • This might be a protective reaction for their own emotional health

• Nurses should present personal leadership in the complex care to frail elderly and their relatives, however this is “work in progress”