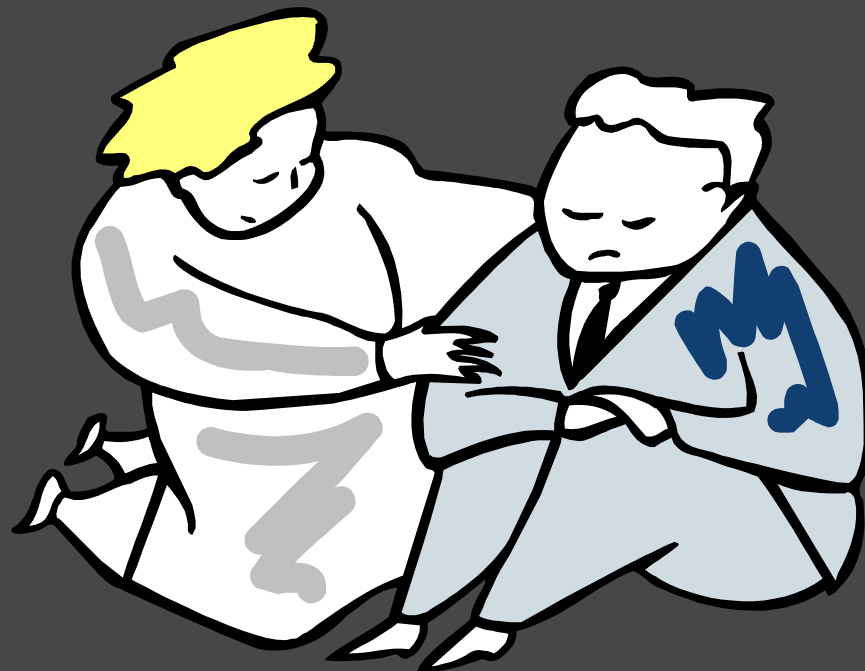


Care with Compassion

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St. Joseph's General Hospital
Comox, BC



Who Am I?

- *Manager, Infection Prevention and Control St. Joseph's General Hospital*





Who was I?

I started nursing as an adult 22 years ago

- *I thought I would learn a bunch of tasks and have a more interesting job*
- *I was surprised by the depth of information, critical thinking being taught and role modeling by strong, assertive women.*

I became



- *I have worked in Medicine, Emergency, and 10 years as a manager in residential care.*
- *I hoped to change the culture of self-expression to one of more direct assertive communication*
 - *thus*
- *developed a course called Leadership in Nursing which I presented to residential and acute care nurses*

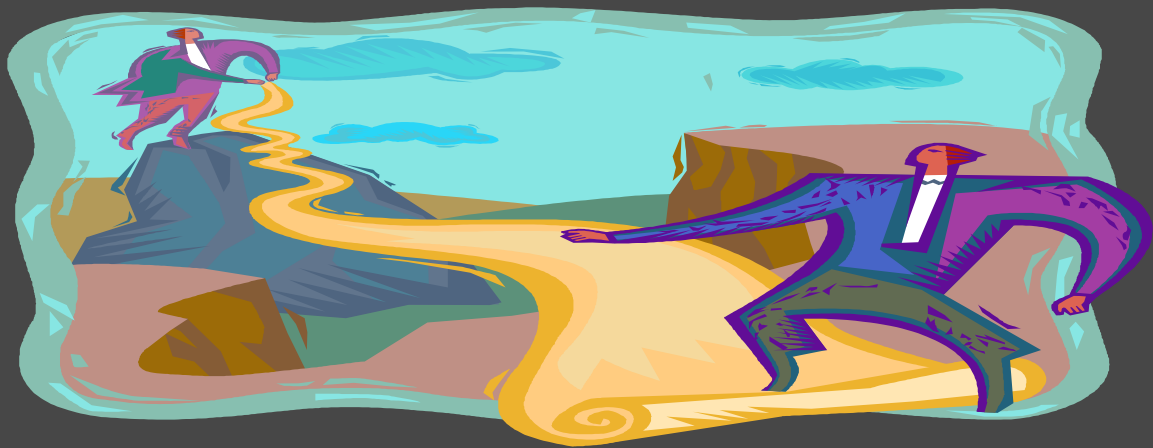
• *Today...*

Nursing philosophy and issues

• *What this has in common with mission effectiveness*

• *What theory sounds like in the lived experience of nurses*

Thus our Journey Begins



The Power of Now

A beggar had been sitting by the side of a road for over thirty years. One day a stranger walked by. "Spare some change?" mumbled the beggar, mechanically holding out his old baseball cap. "I have nothing to give you," said the stranger. Then he asked: "What's that you are sitting on?" "Nothing," replied the beggar. "just an old box. I have been sitting on it for as long as I can remember." "Ever looked inside?" asked the stranger. "No," said the beggar. "What's the point? There's nothing in there." "Have a look inside," insisted the stranger. The beggar managed to pry open the lid. With astonishment, disbelief, and elation, he saw that the box was filled with gold.

Eckhart Tolle p.11



Worldly and Spiritual values

- *College of nurses*

- *Quality practice environments*



- *A workplace in which nurses feel supported to provide safe, effective and meaningful care*



- *Catholic health*

- *mission statement as guiding light*



- *A workplace where staff live the mission statement and provide care with compassion*

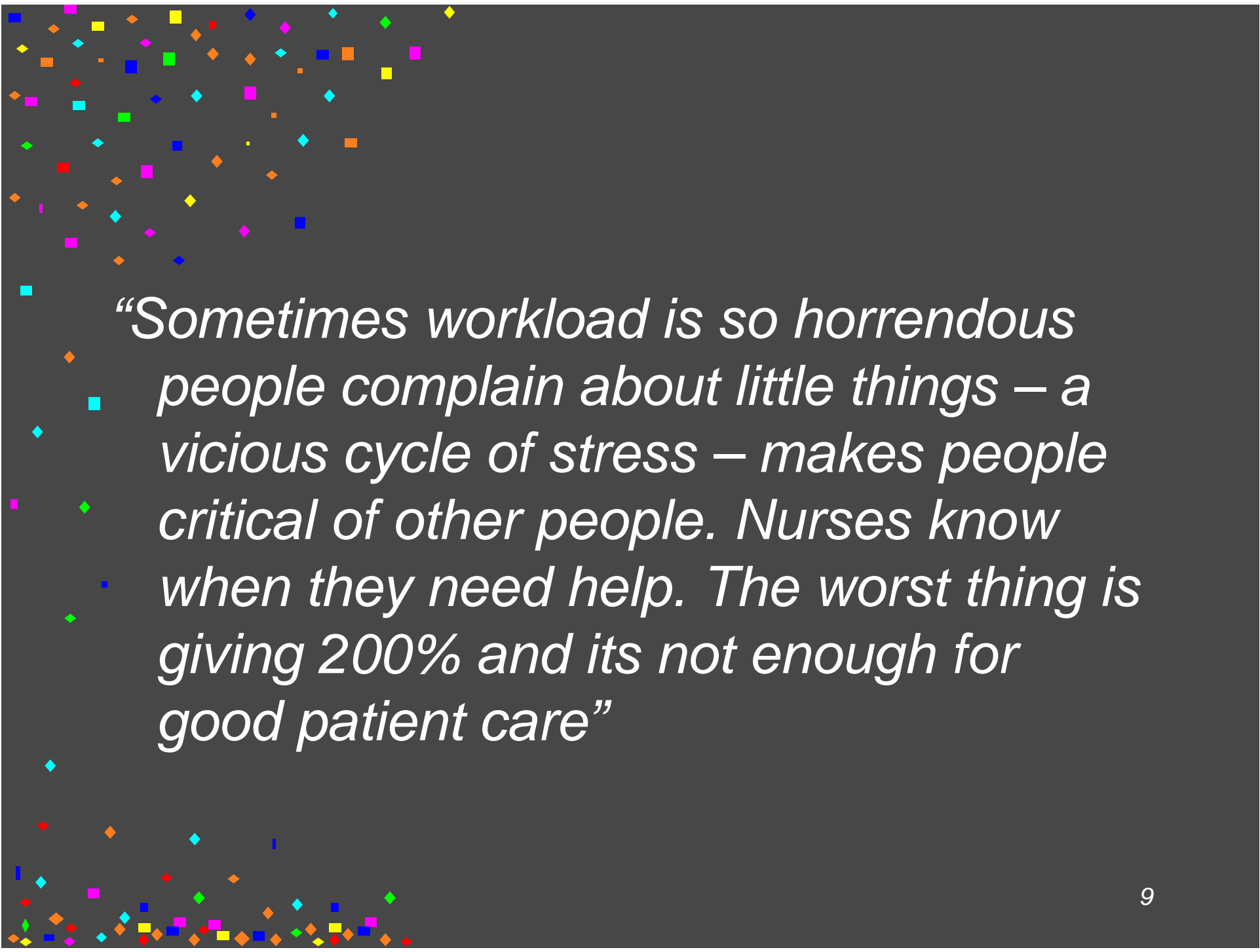


Nursing morale



Magnet hospitals eight attributes

- 1. Support for education*
- 2. Working with other nurses who are clinically competent*
- 3. Positive nurse/physician relationships*
- 4. Autonomous nursing practice*
- 5. A culture that values concern for the patient*
- 6. Control of and over nursing practice*
- 7. Perceived adequacy of staffing*
- 8. Nurse manager support*



“Sometimes workload is so horrendous people complain about little things – a vicious cycle of stress – makes people critical of other people. Nurses know when they need help. The worst thing is giving 200% and its not enough for good patient care”

What did you learn in school today?



◆ *Coherence*

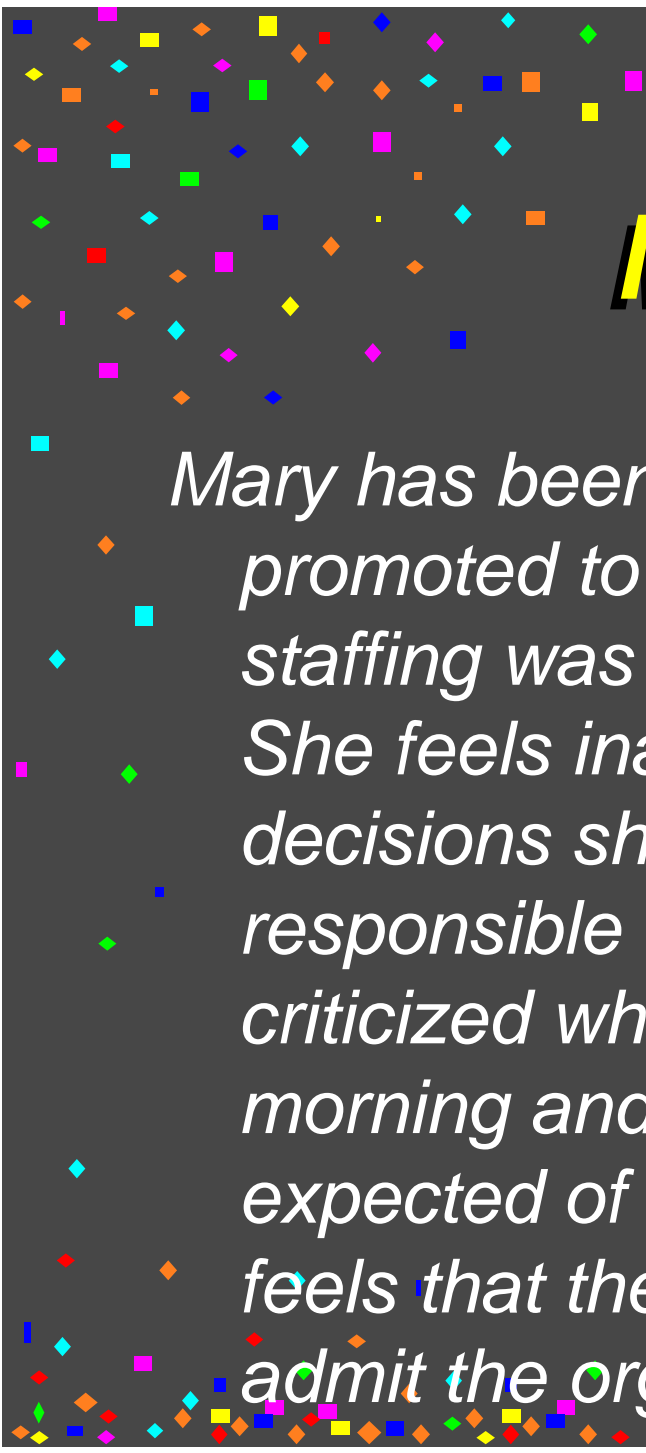
- *“the feeling of confidence that one’s internal and external environments are predictable” and having confidence that things will work out reasonably well.*

◆ *Ponte, Kruger, DeMarco, Hanley, and Conlin (2004)*

Anyone interested in these outcomes?

- *lower levels of burnout*
- ● *greater job satisfaction....*
- *better patient outcomes, including lower mortality rates*





Mary's story

Mary has been a nurse for 30 years. She was promoted to a management position when staffing was short with very little orientation. She feels inadequately prepared for the decisions she has to make when she is responsible for the entire hospital, and feels criticized when she gives report in the morning and hasn't made the choices expected of someone in her position. She feels that there is a "need to go public and admit the organization has problems."

Canadian perspectives

“a quality nursing professional environment is one in which the needs and goals of the individual nurse are met at the same time as the patient or client is assisted to reach his or her individual health goals, within the costs and quality framework mandated by the organization where the care is provided” (O'Brien-Pallas, Bauman, & Villeneuve, 1994) (CNA, 2001).

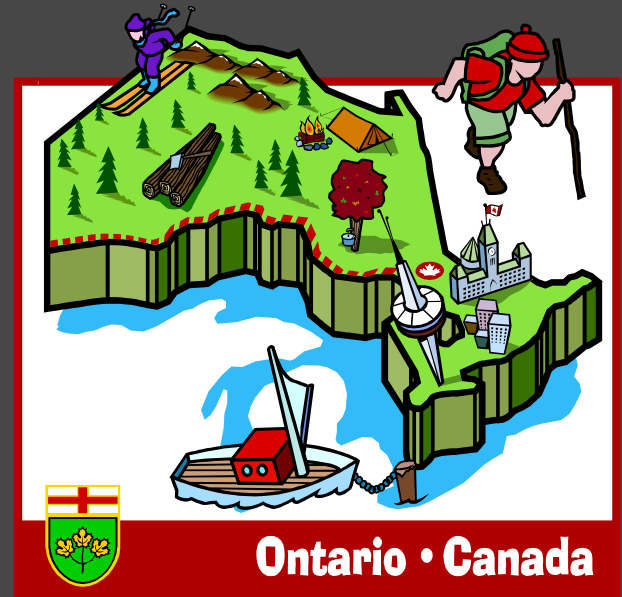




While

- *nurses have an individual responsibility and accountability for maintaining competence,*
- ◆ *and*
- *regulatory bodies have an accountability to the public to ensure that nurses are competent,*
- ◆ ● *employers have a responsibility to create practice environments that support competent practitioners to provide quality patient care*

- *Care delivery process*
- *Communication systems*
- *Facilities and equipment*
- *Leadership*
- *Organizational supports*
- *Professional development system*
- *Response to external demands*





- *Leadership*

- *Vision of the organization, management style, staff participation in decision making*
- *Giving recognition, guiding and being supportive of the team*
- *Creating a positive work environment*
- *Establishing standards for practice*
- *Being visionary*
- *Effects job satisfaction if not giving recognition, being critical of performance, not following up on issues*
- *Staff able to act autonomously at level of knowledge*

Nursing Leadership

“high visibility and accessibility to staff, as well as personifying and interpreting the organization’s missions, values and strategic plans to staff are all pivotal in promoting a positive work environment”

(Mackay & Risk, p. 23)



Restructuring



- *Our feelings of loneliness are intensified...by what is commonly called “future shock”....as the future breaks into the present, we experience people, places, objects, organizations, and knowledge passing through our lives in an ever more rapid way....they are here today and gone tomorrow! The result is often an increase in loneliness.*

Rolheiser, R. The

Catholic Health

- *Respect*
- *Compassion*
- *Unconditional care*
- *Love*



Social Justice

- *Social justice and ethical values are tied to fairness to employees in times of restructuring*



Social Justice

- *Catholic Health Care concern for social justice becomes relevant to improving the work life of nurses*



Mission Statement



“If we’re not living up to our mission, how do we redesign our structures so that we can be successful?”

***“
I
f

w
e***

Mission

- *Mission Integration is constantly checking for alignment between mission elements and the various operations and activities of the organization – seeing that there is congruity and consistency.*

- *Mission Effectiveness can be described as assessing how people are living out the values of the organization; a measure of how good a job is being done.*

Common Ground

Ethics....A fixed point of reference one that does not change as societal laws and professional customs do



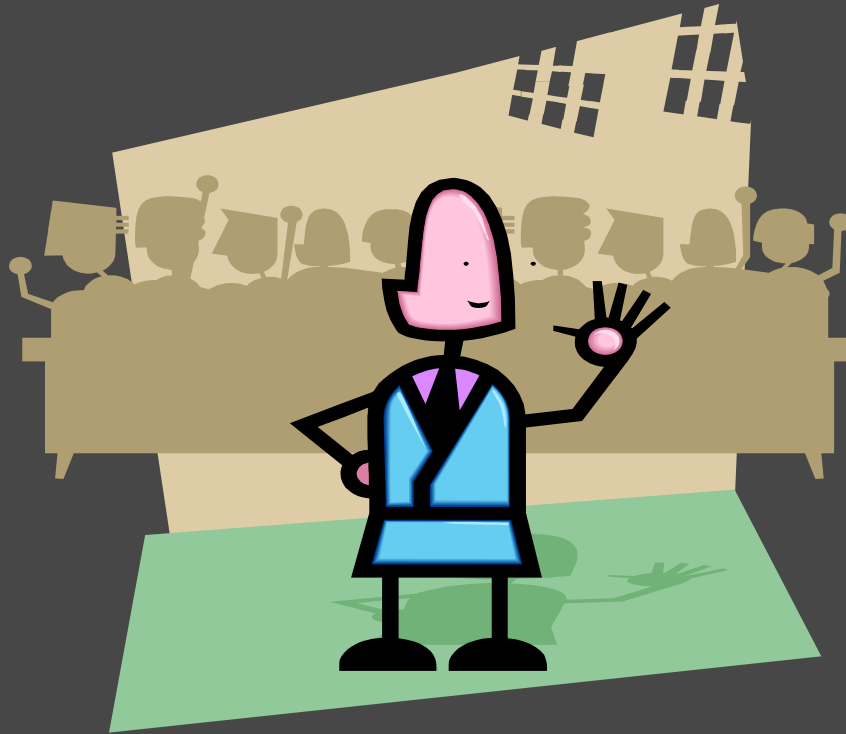
Mission

Integration....refers to responsibility to ensure that the foundational mission and core values of the organization influence decision making from the bedside to the boardroom. (Dugan, 2001)

Ethics

- *Organizational Support includes:*
 - *Mission, vision and philosophy statements*
 - *Ethical standards that affirm obligation of health professionals to provide safe and competent care: staff encouraged to identify ethical issues and be comfortable to challenge standards or practices they find unethical*





Ethics committees are not well-known or seen as a safe forum to access by staff.



Ethics

- *Nurses expressed a distrust of using ethics committees either for their being not well-understood or, “...they doubted the level of support they might receive”*

Storch et al., p. 10

Susie's Story

We have a new resident. She needs hourly pain relief, has many wounds that need dressing, frequent bathing and a family that wishes long consultations about her care. It's all too much; I don't care what you put in place. We can't manage. "Whatever..."



Moral distress

*Painful feelings and/or the
psychologic disequilibrium
that occurs when nurses
are conscious of the
morally appropriate
action...but cannot carry
out that action because of
institutionalized obstacles*

(Corley 2005)



Moral Distress

Nurses' ethical practice is influenced by the setting in which they practice including their perceptions of their influence and value within the institution, administrative support, views concerning quality of care, ethics resources, and satisfaction with practice environment (Nathaniel 2002)



Moral Distress

Sources

- *Harm to patients (pain, suffering)*
- *Treatment of patients as objects*
- *Policy constraints*
- *Medical prolongation of dying without informed choice*
- *Definition of brain death*
- *Inadequate staffing*
- *Effects of cost containment* (Corley, 2002)

Moral Distress

The limited resource situation fosters judgments around the value of individual needs and then emotional withdrawal of nurses in order to complete the visible work of nursing. The outcome for nurses as described correlates with the symptoms of moral distress and burnout. Rodney and Varcoe (2001)



Nurse Leaders



- *Nurse leaders need to be the moral compass for nurses, using their power as a positive force to promote, provide and sustain quality practice environments for safe, competent and ethical practice”*
- *Nurse leaders must listen to staff nurses “rather than insisting that they “cope” ...and help break the silence of nurses”*
- *Nurse leaders must place priority on “advancing models of care and nursing staff mix which support safe and ethical practice to allow nursing and health team consultations to become a norm of nursing practice”*

Storch et al

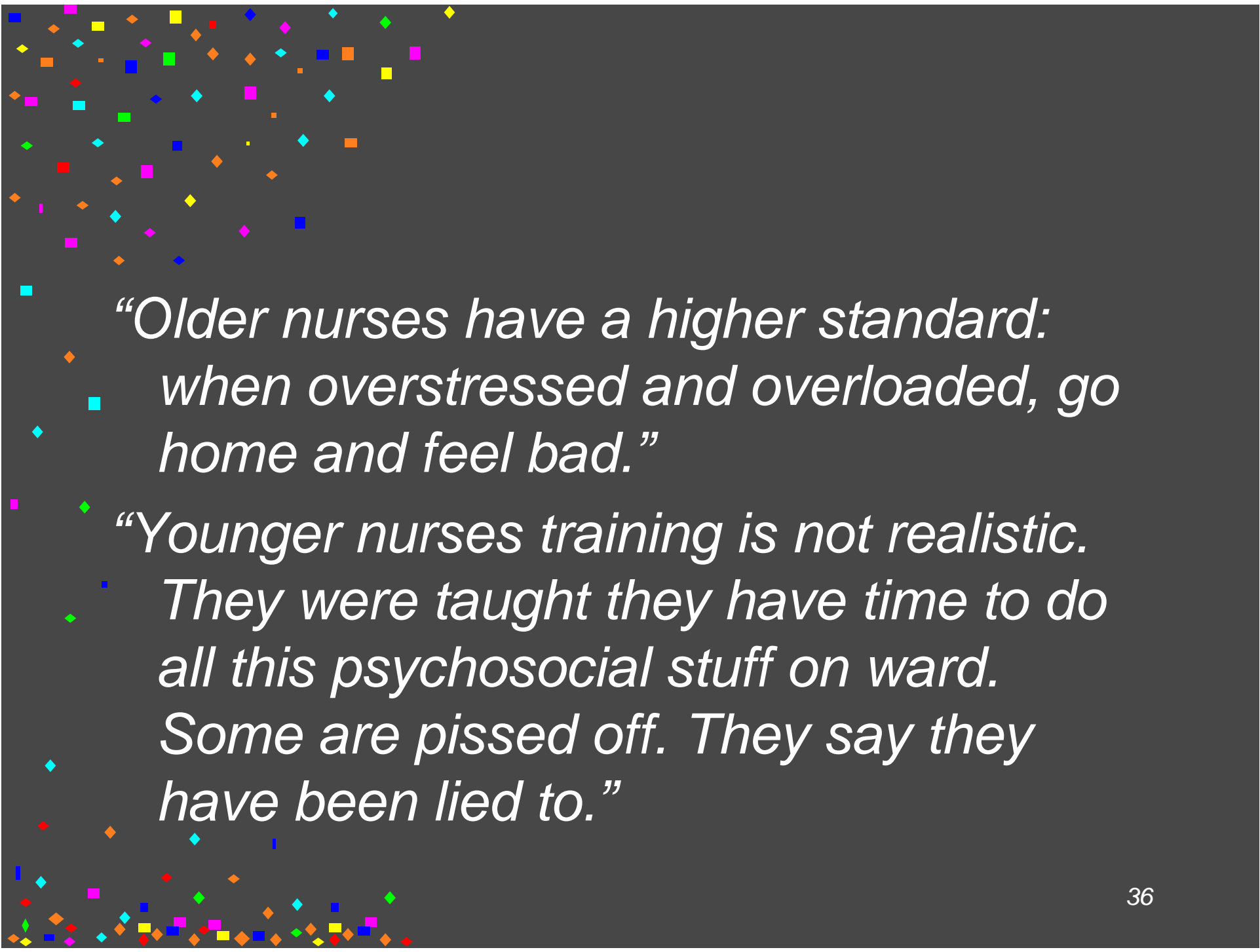
Moral Distress ≠ Compassion



Generation gaps

- *hierarchical systems model will not attract the young who “value a workplace that is service-oriented, flexible, diverse, high-tech and has a sense of community among employees, from executives to staff”* Greene, p. 38

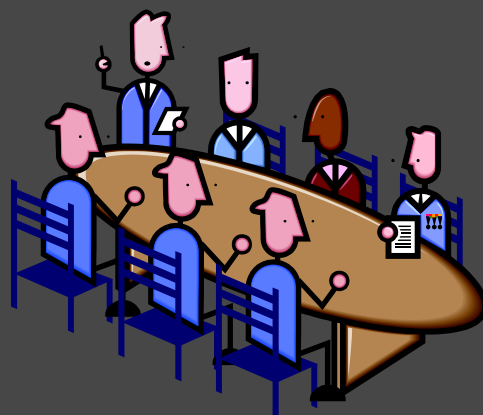




*“Older nurses have a higher standard:
when overstressed and overloaded, go
home and feel bad.”*

*“Younger nurses training is not realistic.
They were taught they have time to do
all this psychosocial stuff on ward.
Some are pissed off. They say they
have been lied to.”*

Catholic Health



Pastoral Care = Value-added

- *Psychological and spiritual care of staff as well as patients and family*





What Valued Looks Like

*He sits down
Always has a word
Knows everyone's name
Talks to them
Touches base with you
Reads people well
Cares about people
Tells us we're angels and he appreciates us
Always pleasant
Comes as soon as you phone no matter what time of day
Steady reliable appreciative
Can tell him your problems –helped me in personal crisis
Comes to functions
He and wife cooked Christmas dinner when no other staff available
He know what our work life is like here
What you have to say is valued*

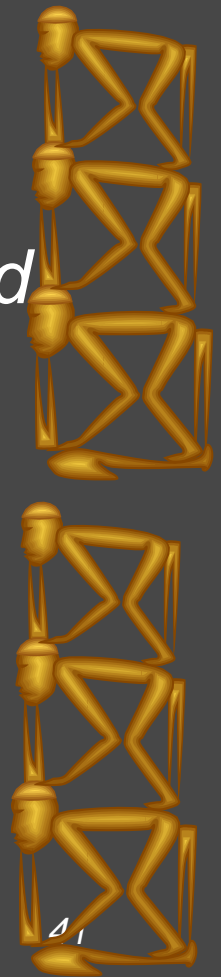
What devaluation feels like


- *“sometimes I feel like this facility has far better staff than it deserves. That’s how devalued I feel”*



From Devaluation to Value Added

- *Spiritual care and crisis support provided as regular part of worklife*
- *Older nurses going home feeling satisfaction that work was completed*
- *Support for Personal needs in time of crisis even if not in collective agreement*
- *Younger nurses matching realistic workload to educational expectations*

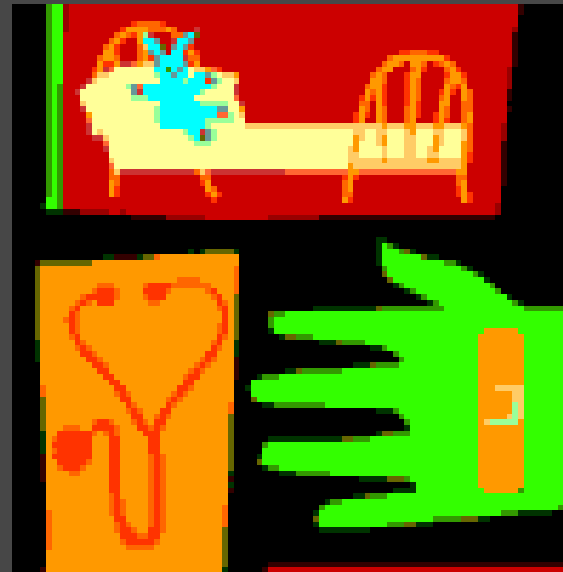
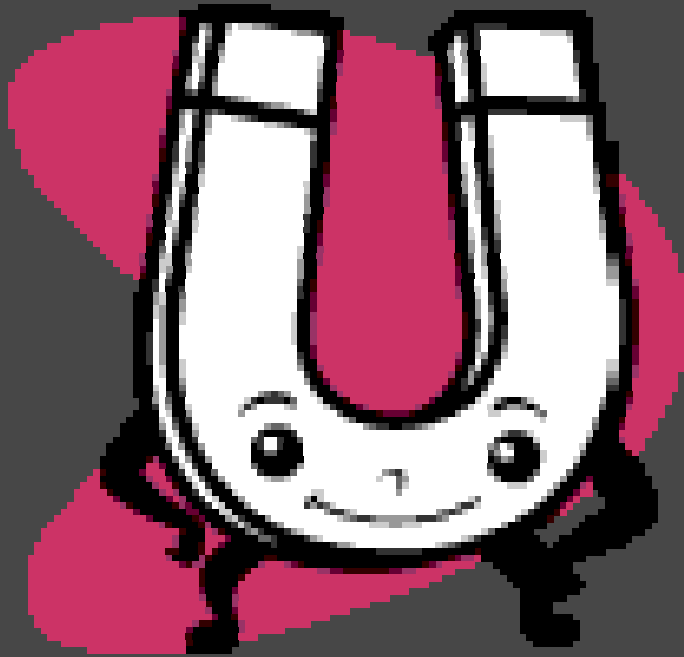




“Come around to our floor at 9 or 10 in the morning to see our chaos and how busy we are.

In the afternoon when we’re charting come by and say ‘you do an awesome job’

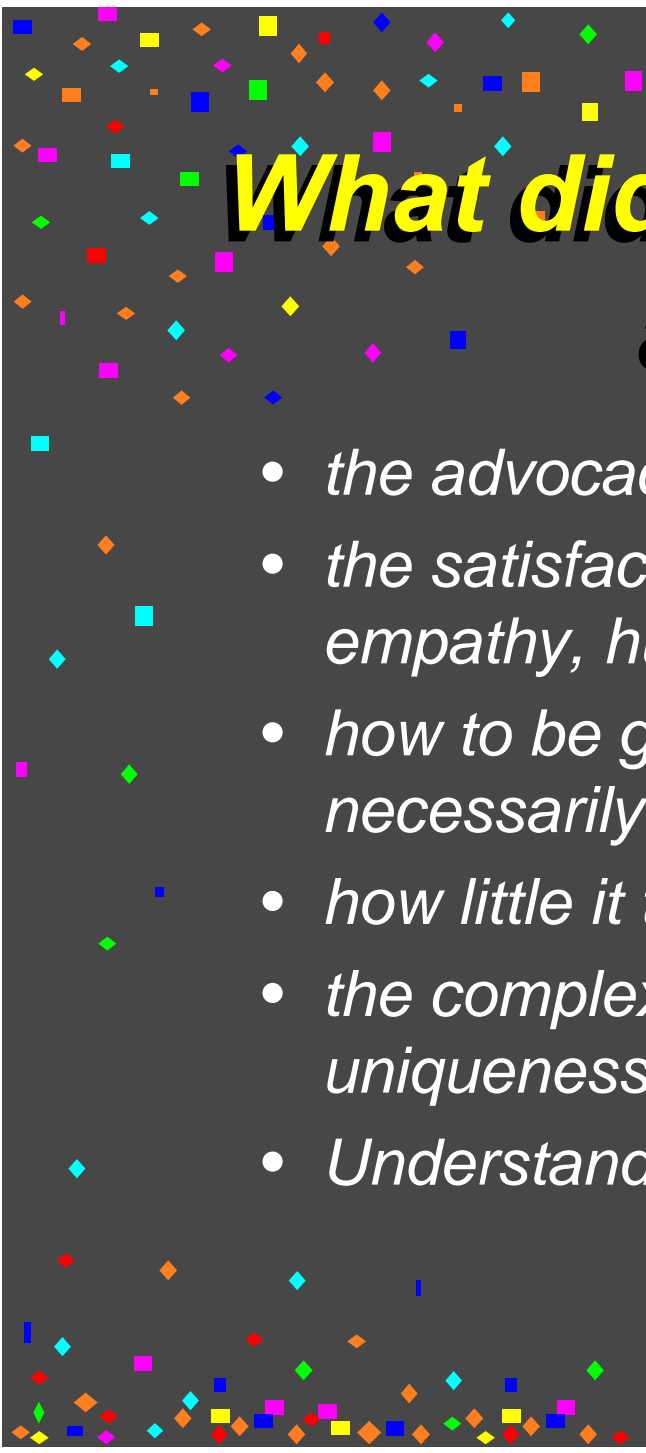
Sounds like a magnet hospital!





What in the environment helped at a time when you felt especially compassionate?

- *Decreased noise, privacy, low lighting*
- *The particulars of a situation, i.e. death of a child, patient receiving chemotherapy, obvious love and support of a family member*
- *Staff comradeship*



What did you learn or relearn at that time?

- *the advocacy role of the nurse*
- *the satisfaction of expressed compassion, empathy, humanism*
- *how to be genuine and how time need not necessarily be a factor in expressing compassion*
- *how little it takes to show caring*
- *the complexity of each human being and the uniqueness of each person's response to suffering*
- *Understanding leads to empathy*

What would the workplace be like if we were able to offer compassion in this way all the time?

Descriptions

- less busy, less hurried
- beds, not nursing in hallways
- teamwork between nurses and physicians
- increased casual staff available at discretion of regular staff
- less task orientation, more person-centered
- more client centered; able to know residents and families better; flexible programming that focuses on purposeful daily life rather than care-focus and entertainment
- cozy environment; private areas for patients and family
- expectation of dialogue about biases and for self-growth; support to help all staff "feel something"
- group debriefing and one on one support following stressful situations prevent burnout

And if it were that way...

- healing would improve; better patient outcomes
- naturally would offer compassion to selves
- more satisfying; more fulfilling
- really make a difference
- inner self accomplishment at end of the day
- decrease burnout and sick time use
- decrease frustration and increase team sense
- calmer happier co-workers morale would be high
- ability to respond to stressful situations more effective



The “Ethereal” workplace

- *“It would be ideal, utopian, incredible, a place that I would look forward to coming to work”.*
- *“It would be healthy: a warm, connected and supportive atmosphere.”*



What would you need to be able to come to work feeling excited and energetic?

- *Administration as a personal presence*
- *acknowledgment of a job well-done*
- *make decisions*
- *full-scope of practice*
- *more education*
- *industrial health nurse*



Feeling energetic....

■ *“I don’t need help maintaining my passion. I am passionate.”*



Students

“Having nursed as many years as I have can become jaded. I love their interest and freshness. Love that energy and I get energy. Keeps my skills up to date. Improves my mental health. Also have another pair of hands. The College recognizes us with mugs, pens, letters, gift certificates. My reward is seeing how well they do under my supervision. Show them how compassionate you can be with a patient. Not pain control as only comfort: tender word, soft touch, warm blanket. Your attitude showing it can be fun.”

What lets you know you are making a difference?

“When my patients get well, are calm and peaceful and tell me they feel better; when I can see the fruit of my labor; when I’m told I made some difference”.



*How can the organization show concern
for staff in times of personal need?*

*“trust in the staff member that they will
take what they need without taking
advantage.”*





How do you imagine the leadership of the hospital further cultivating a culture of compassion?

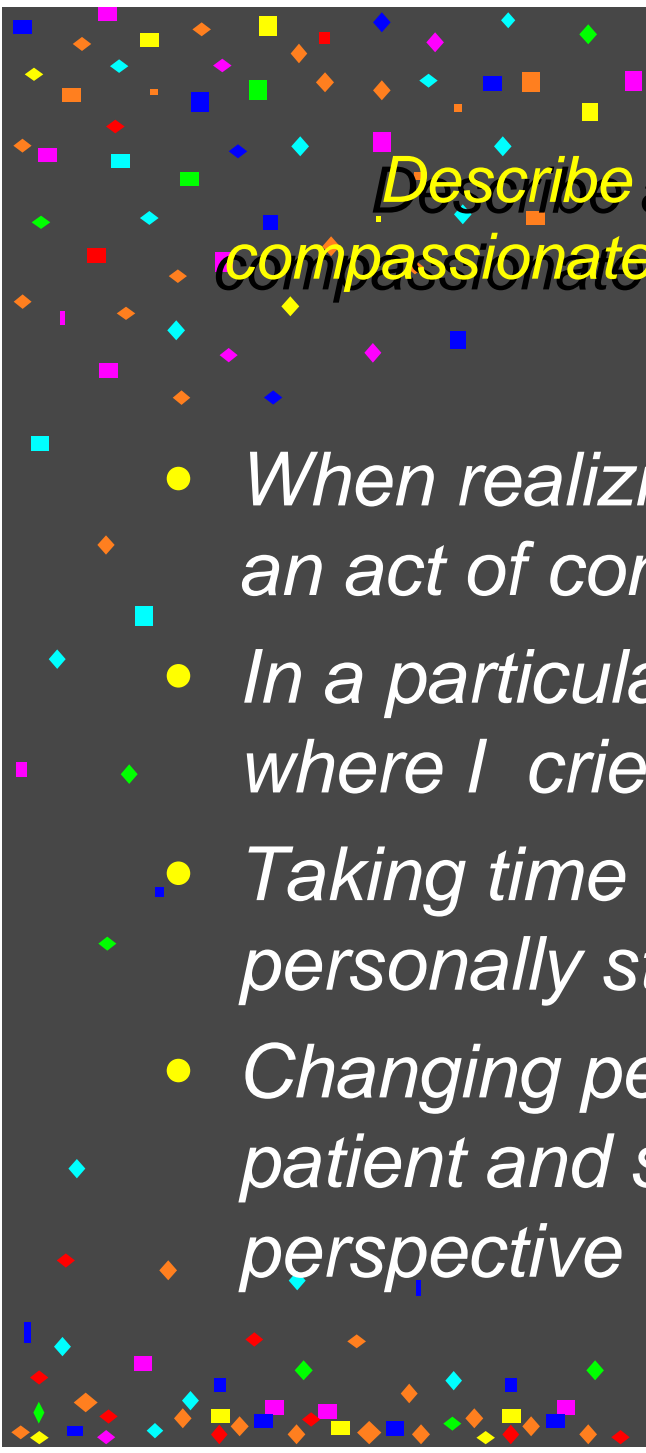
The personal touch to each staff member as an individual tells employees that the organization too is composed of individuals who care. This in turn fosters the ability to practice nursing more compassionately.

*How as an individual do you see yourself cultivating
compassion in the workplace?*

*trying to exercise a gentleness of spirit
reducing judgment
maintaining the focus on the patient/resident
patience
listening
leadership
respect
encouraging
caring*

*trying to transmit these behaviors to other staff by example,
teaching, sharing experiences and storytelling.*





Describe a time when you felt particularly compassionate towards yourself. What was different about this situation?

- *When realizing the need to put myself first as an act of compassion.*
- *In a particularly difficult patient situation where I cried with or for the patients.*
- *Taking time off after illness or during a personally stressful situation*
- *Changing perspective when I became the patient and saw things from another perspective or had death in my own family.*



The Tower of Babel

The real evil is not that the people of this town are defying the power of God, but that they are refusing to be vulnerable before others, building instead an edifice meant to impress them. Alienation results because human beings speak the same language only when they appear to each other as they really are.... Vulnerability is that space within which human beings can truly meet each other and speak the same language. Rolheiser, R. p. 78-79

