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How can advanced practice nurses improve patient care in surgical wards?

A discussion through the use of patient cases

10th ICN NP/APN Conference, Rotterdam 2018

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No conflict of interest



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Uppsala University



Uppsala University Hospital

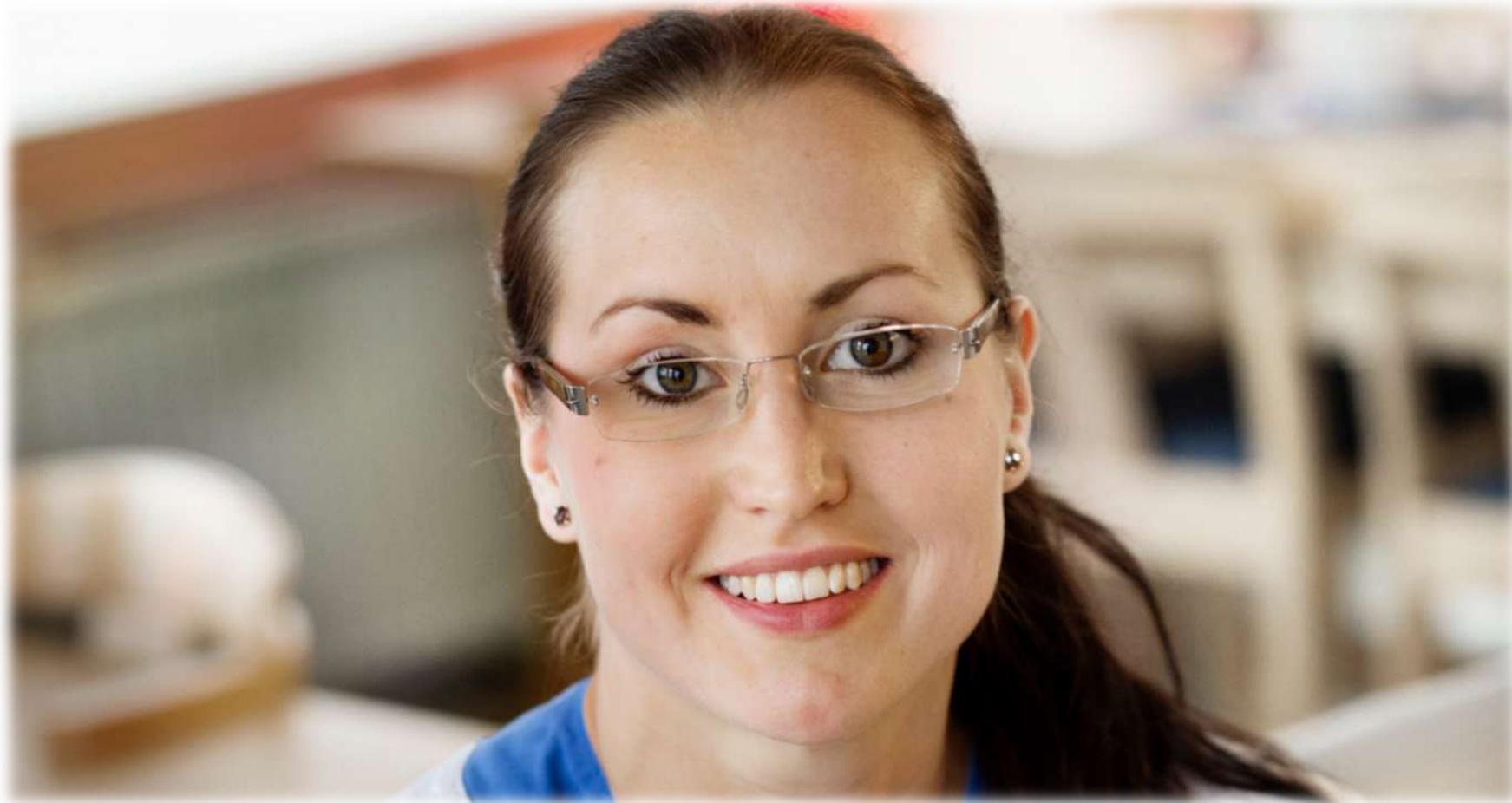


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Johanna, CNS in a surgical acute care ward



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Problems in surgical wards

CRISIS



- High nursing turnover
- Many newly graduated nurses
- More severely ill patients
- Lack of continuity
- Consequences for quality of care and patient safety





- **Clinical Nurse Specialist**
 - One-year master in Nursing
 - Registered title
 - Not required by all organisations in surgical wards
- **Nurse Practitioner**
 - Master in Nursing
 - New role in Sweden
 - Small number educated
 - Important point...

EXPERIENCE EXCHANGE

The development of a Swedish Nurse Practitioner Program – a request from clinicians and a process supported by US experience

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Received: June 28, 2013
DOI: 10.5430/jnep.v4n2p38

Accepted: August 15, 2013
URL: <http://dx.doi.org/10.5430/jnep.v4n2p38>

Online Published: September 17, 2013

Abstract

High nursing turnover and a shortage of nurses in acute hospital settings in Sweden challenge health care systems to deliver and ensure safe care. Advanced nursing roles implemented in other countries have offered nurses new career opportunities and had positive effects on patient safety, effectiveness of care, and patient satisfaction. The advanced nursing position of Nurse Practitioner has existed for many years in the United States, while similar extended nursing roles and changes in the scope of nursing practice are being developed in many other countries. In line with this international trend, the role of Nurse Practitioner in surgical care has been proposed for Sweden, and a master's programme for Acute Nurse Practitioners has been in development for many years. To optimize and facilitate the introduction of this new nursing role and its supporting programme, we elicited the experiences and support of the group who developed a Nurse Practitioner programme for a university in the US. This paper describes this collaboration and sharing of experiences during the process of developing a Swedish Nurse Practitioner programme. We also discuss the challenges of implementing any new nursing role in any national health care system. We would like to share our collaborative experiences and thoughts for the future and to open further national and international dialogue about how best to expand the scope of practice for nurses in acute hospital care, and thereby to improve patient care in Sweden and elsewhere.

Key words

Nurse Practitioner, Education, Implementation, Collaboration, Surgical care

1 Introduction

Nurses constitute the largest proportion of professionals in acute hospital care. Ensuring and delivering safe care requires highly skilled, experienced nurses working in direct patient care. However, high nursing turnover and the shortage of



Observation study



- Observations (60hours) and informal interviews with patients
- Surgical wards (n=2)

Accepted: 10 September 2017
DOI: 10.1111/jocn.14095

SPECIAL ISSUE FUNDAMENTAL CARE -
ORIGINAL ARTICLE

WILEY *Journal of*
Clinical Nursing

Inadequate environment, resources and values lead to missed nursing care: A focused ethnographic study on the surgical ward using the Fundamentals of Care framework

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Funding information

The project was funded by Forte (Swedish Research Council for Health, Working Life and Welfare), in collaboration with the Swedish Research Council (2013:1992).

Aims and objectives: To explore the delivery of care from the perspective of patients with acute abdominal pain focusing on the contextual factors at system level using the Fundamentals of Care framework.

Background: The Fundamentals of Care framework describes several contextual and systemic factors that can impact the delivery of care. To deliver high-quality, person-centred care, it is important to understand how these factors affect patients' experiences and care needs.

Design: A focused ethnographic approach.

Method: A total of 20 observations were performed on two surgical wards at a Swedish university hospital. Data were collected using participant observation and informal interviews and analysed using deductive content analysis.

Results: The findings, presented in four categories, reflect the value patients place on the caring relationship and a friendly atmosphere on the ward. Patients had concerns about the environment, particularly the high-tempo culture on the ward and its impact on their integrity, rest and sleep, access to information and planning, and need for support in addressing their existential thoughts. The observers also noted that missed nursing care had serious consequences for patient safety.

Conclusion: Patients with acute abdominal pain were cared for in the high-tempo culture of a surgical ward with limited resources, unclear leadership and challenges to patients' safety. The findings highlight the crucial importance of prioritising and valuing the patients' fundamental care needs for recovery.

Relevance to Clinical Practice: Nursing leaders and nurses need to take the lead to reconceptualise the value of fundamental care in the acute care setting. To improve clinical practice, the value of fundamentals of care must be addressed regardless of patient's clinical condition. Providing a caring relationship is paramount to ensure a positive impact on patient's well-being and recovery.

KEYWORDS

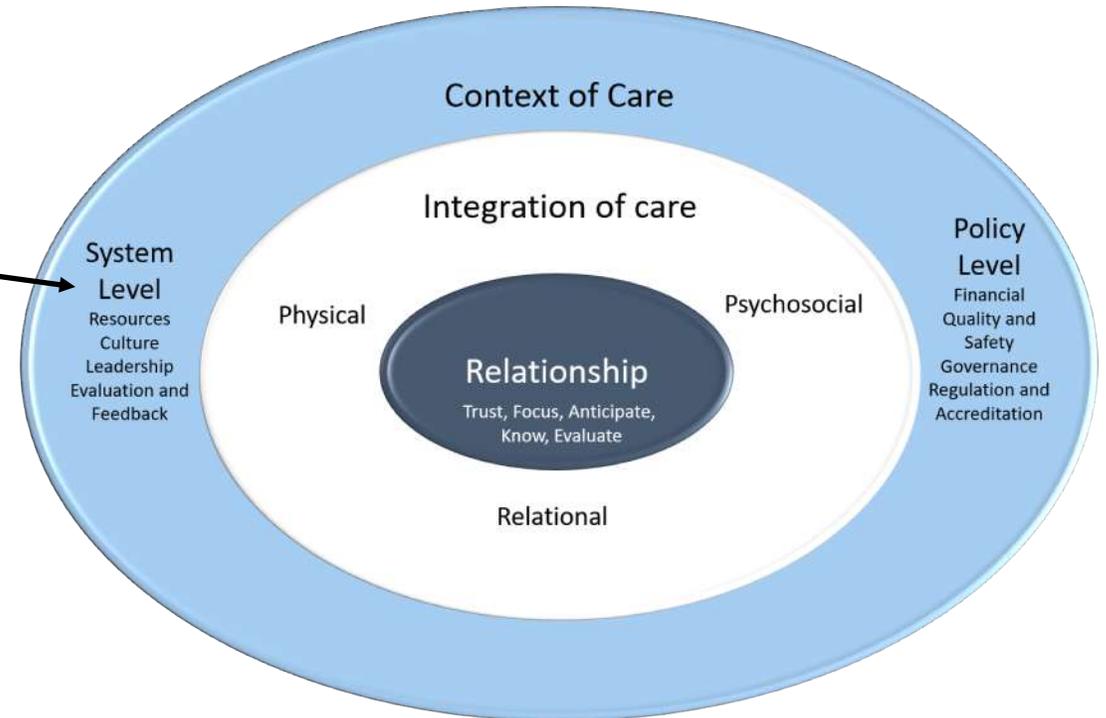
acute abdominal pain, acute care, focused ethnography, Fundamentals of Care, organisation, surgical nursing



Observation study



- Theoretical lens: Fundamental of Care framework
- Focusing on factors in the organisation



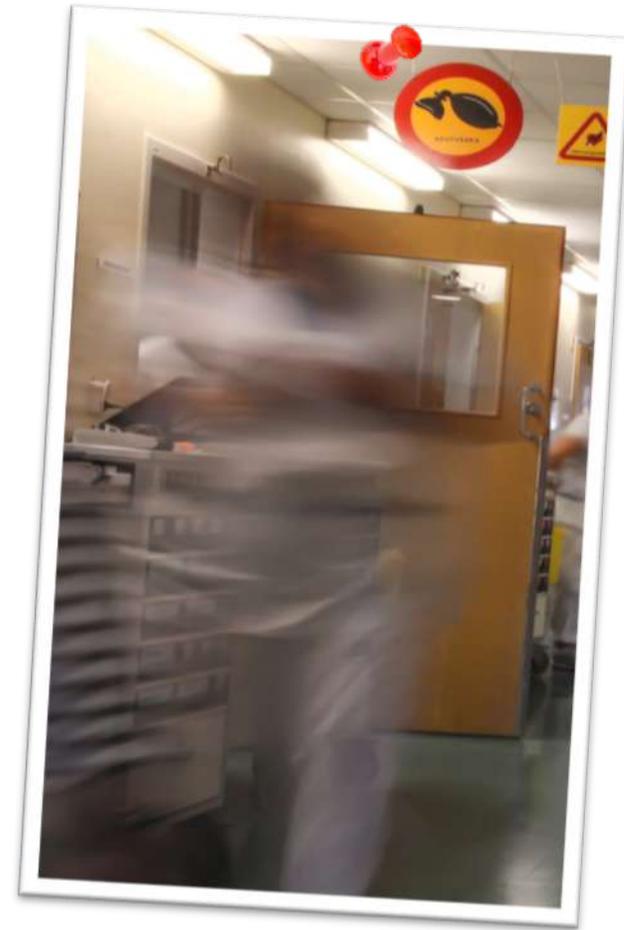


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Anna – in postoperative recovery...



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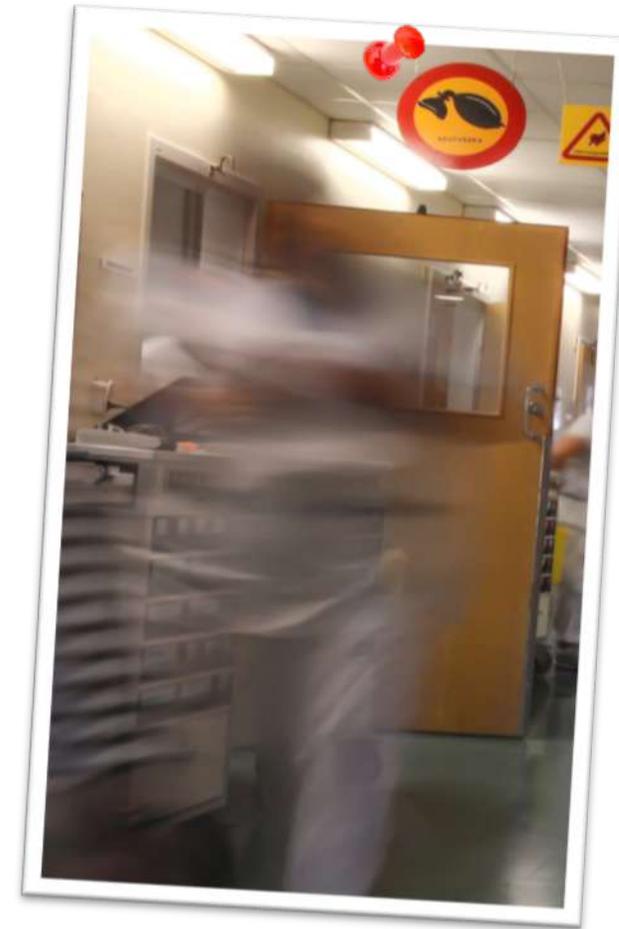




Anna – in postoperative recovery...



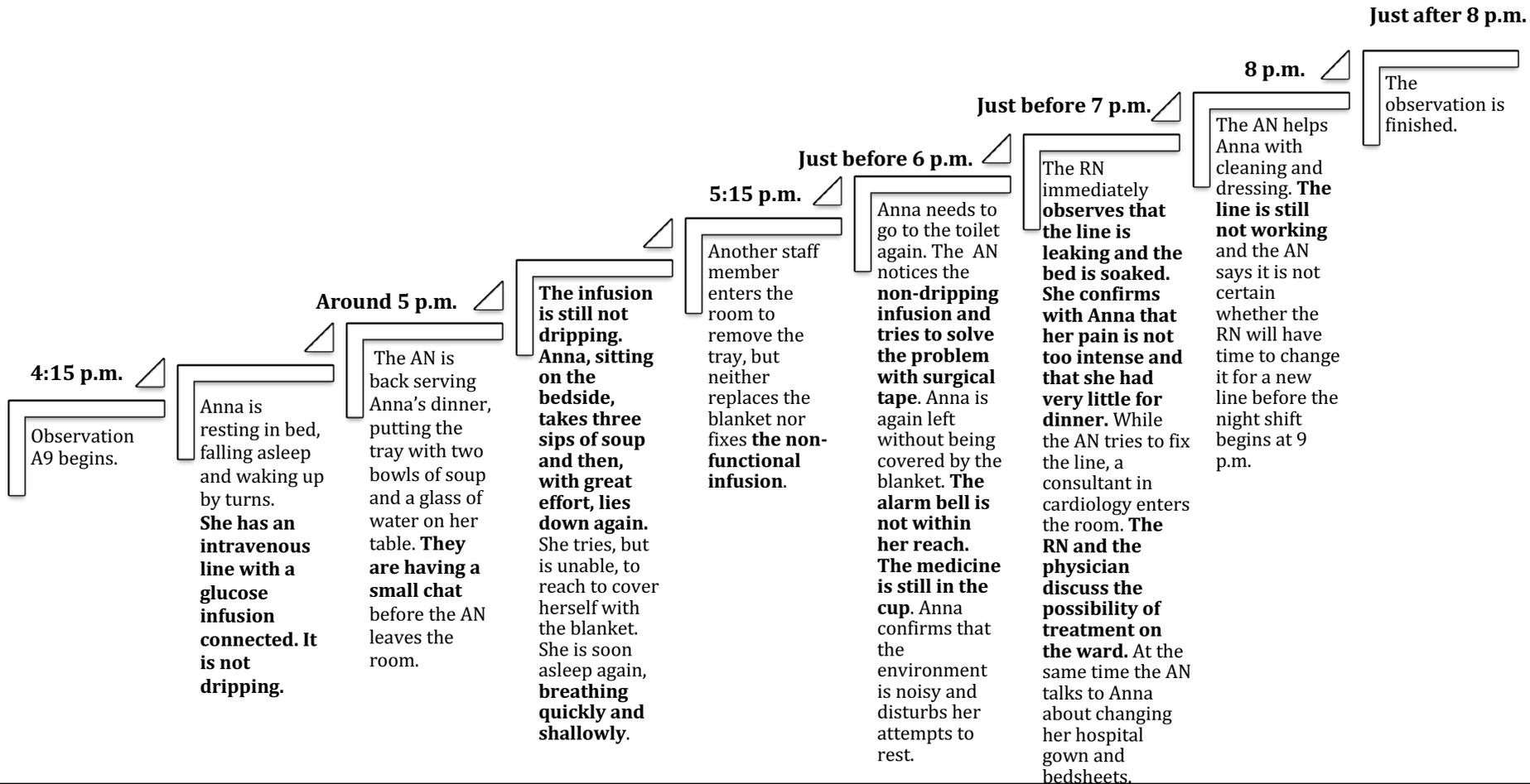
Loud voices can be heard from the corridor. The small two-patient room is crowded with two beds, two bedside tables, two walkers, three intravenous poles, two chairs, and another small table. On Anna's bedside table several personal things are mixed up with observation protocols and medications in cups.

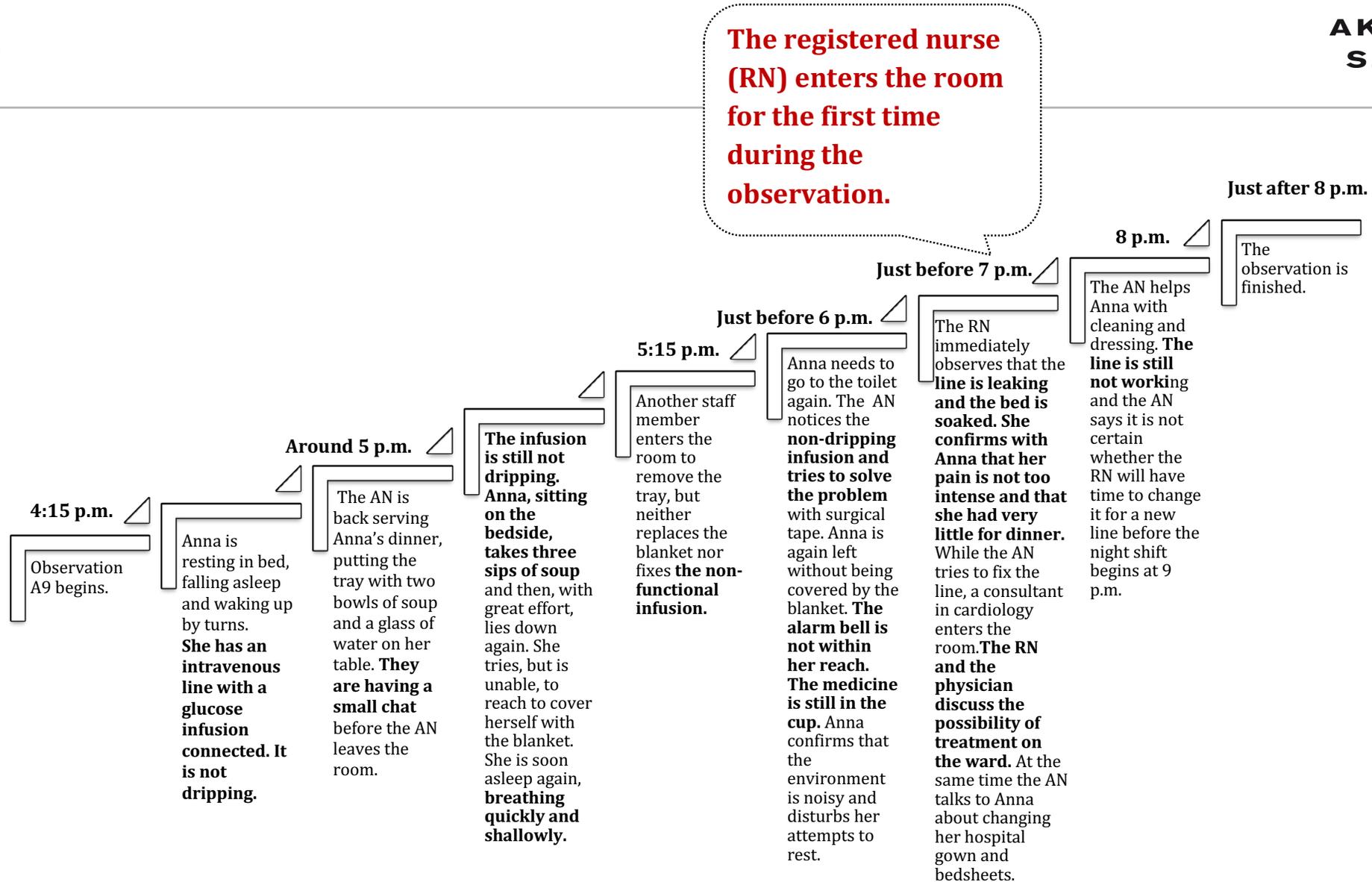




Anna – in postoperative recovery

- Evening shift
- 4 hour observation







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Sara – thoughts after acute surgery



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Sara – thoughts after acute surgery



'When they [nurses] are calm and talk clearly, it makes me feel safe. When they show me that they care about me. It is the caring that is important. It is so important that you are seen...

It is very obvious that all is about life and death here in the ward, but for me it's truly important that the care is about well-being. That they care about me'.



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Ted – recurrent hospital stays



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Ted – recurrent hospital stays



'You meet so many staff, there is no continuity. You must keep an eye on the situation and what should be done, otherwise it could be forgotten. Sometimes I have felt that I stayed an extra day in hospital, because things were forgotten in planning and coordinating care. I was just waiting without any action'.



Wrap - up



- Missed nursing care had consequences for patient safety, well-being and experience of care
- Serve as evidence to reallocate higher competence bedside and in the surgical ward
- Use observations (taking the patient's perspective) to evaluate care delivered and to identify factors that organisations need to act upon



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Thank you for the attention!



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