

CARING NURSE PRACTICE IN THE INTRAPARTUM SETTING: NURSES' PERSPECTIVES ON COMPLEXITY, RELATIONSHIPS AND SAFETY

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AIM

- The aim of the study was to explore the lived experiences of nurses on their caring nurse practice of the woman in the second stage of labor within the complex health care system.

BACKGROUND: SCOPE OF THE PROBLEM

Safety, Quality and Relationships in Complex Health Care Systems

SAFETY, QUALITY AND RELATIONSHIPS

- Institute of Medicine
- Complex Adaptive Systems
- Obstetrics Keystone Project
- Relationship Based Care
- Caring Nurse Practice



SAFETY AND QUALITY ISSUES IN PERINATAL CARE

- C/Section Rates
- Elective deliveries
- Adverse outcomes
 - Mothers
 - Newborns



Melton, D.S., Lewis, R.L. (2008). Normal neonatal and mortality rates in low gestation births compared with births at term. *Obstetrics of Gynecology*, 111(1), 30-44.
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Kemp, G. (2009). *Preventing Maternal Mortality in the United States*, 1996 to 2007. *OBSTETRICS: Advances in Obstetrics and Gynecology*, 10(2), 130-139.
United States Department of Health and Human Services (USDHHS). Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). Division of Vital Statistics. *Nativity public-use data* [IPEDS-2008]. *NCIPEDS* [Data file]. Bethesda, March 2010. Accessed at <http://www.cdc.gov/ipeds/data/ipedspublicuse.htm> on Dec 1, 2012 12:06 PM.
Centers for Disease Control and Prevention. National Center for Health Statistics. *Underlying Cause of Death 1998-2010 on CDC WONDER Online Database*, released 2012. Accessed at <http://wonder.cdc.gov/ucd98.html> on Dec 1, 2012 12:07 PM.

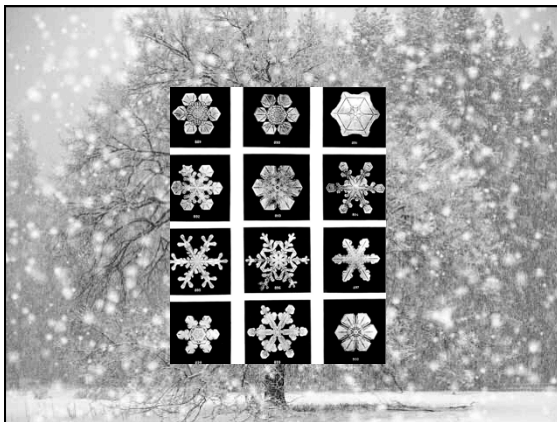
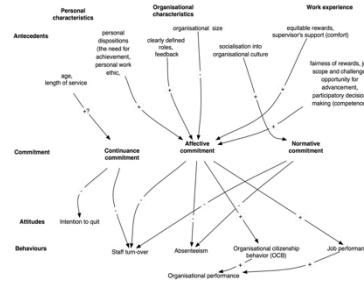
SAFETY AND QUALITY ISSUES IN PERINATAL CARE

- The Joint Commission Sentinel Events
 - Preventing Infant Death and Injury During Delivery (2004)*
 - Preventing Maternal Death (2010)*
- ACOG recommendations for elective deliveries
- National Institutes of Health VBAC Consensus Statement
- National Institute of Child Health and Human Development Fetal Monitoring Interpretation
- Quality and Safety Initiatives (Keystone)

COMPLEXITY & CHAOS

Safety, Quality and Relationships in
Complex Health Care Systems

COMPLEXITY



COMPLEX ADAPTIVE SYSTEMS: PERINATAL HIGH RELIABILITY

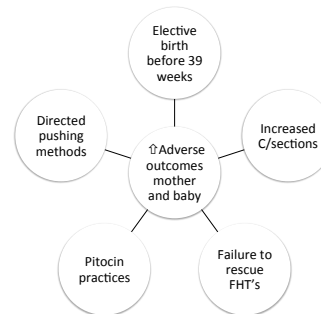
- ☛ **Trust**, transparency, and **teamwork**
- ☛ Elimination of **hierarchy** in traditional physician/nurse roles and licensing.
- ☛ Teams create **safety** at the bedside (not individuals).
- ☛ **Resilience**
- ☛ All professionals conduct themselves in a **professional and respectful** manner
- ☛ Adequate numbers of registered nurses & ancillary personnel
- ☛ **Educational** infrastructure

Knox, C.E. & Simpson, K.R. (2011). Perinatal high reliability. *American Journal of Obstetrics and Gynecology*, 204(5),373-377. doi: 10.1016/j.ajog.2010.10.900



KEYSTONE PROJECT IN OBSTETRICS

KEYSTONE EVIDENCE



KEYSTONE SECOND STAGE

Passive Descent

- Initiation of Ferguson reflex
- Delay with epidural
- 2 hours nullipara
- 1 hour multipara

Pushing Technique



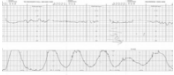
- Open or closed glottis
- No more than 3 pushes per contraction
- Sustain push 6-8 seconds


Response to FHTs

- Recognize abnormal or indeterminate pattern
- Intrauterine resuscitation measures
- Pushing to tolerance, resting as needed

Management of pitocin

- Titrate to fetal heart rate tolerance
- Avoid hyperstimulation






CARING NURSE PRACTICE

Safety, Quality and Relationships in Complex Health Care Systems

THEORETICAL FOUNDATIONS

- 🔗 Jean Watson
- 🔗 Kristen Swanson
- 🔗 Joanne Duffy
- 🔗 Mary Kolouroutis

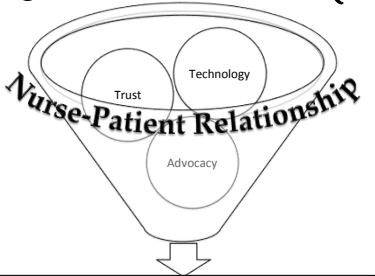
CARING NURSE PRACTICE

Caring Nurse Practice...

- 🔗 Begins with developing the nurse-patient relationship so trust can facilitate the provision of care.
- 🔗 Encompasses the nurse-patient relationship relying on nurse presence to facilitate care provision.
- 🔗 Is patient focused and relies on nurse presence for patient advocacy.
- 🔗 Relies in part on technology to improve safety, efficiency and effectiveness.
- 🔗 Results in optimal health care outcomes.

(Glenn, 2010)

Caring Nurse Practice



Optimal Patient Outcomes

RELATIONSHIP BASED CARE: CULTURE OF CARING

- 🔗 **“Reigniting the Spirit of Caring”**
- 🔗 **Creative Care Consultants**
 - ⚡ Increases caring behaviors
 - ⚡ Improves nurse and patient satisfaction
 - ⚡ Cost effective
 - ⚡ Improves care environment

🔗 Glembocki, M.M., Dunn, K.S. (2010). Building an organizational culture of caring: Caring perceptions enhanced with education. *Journal of Continuing Education in Nursing, 41*(12), 565-570.

THE STUDY

THE PHENOMENA

- ☛ Caring Nurse Practice
- ☛ Relationship Based Care
- ☛ Obstetrics Keystone Project
- ☛ Second Stage Labor
- ☛ Complex Adaptive System

THE RESEARCH QUESTIONS

For the woman and her family in the second stage of labor:

- ☛ How do nurses describe their nursing care?
- ☛ How do nurses perceive the complexity of health care?
- ☛ How do nurses perceive the impact of health care environment, system, or personnel in their provision of nursing care?
- ☛ How do nurses perceive the impact of hospital initiatives including the Obstetric Keystone Project and Relationship Based Care in their provision of nursing care?
- ☛ What other factors do nurses identify as impacting their caring practices?

THE SETTING



1200 Births per Year

Complex Adaptive System
+
Obstetrics Keystone
+
Relationship Based Care

THE STUDY

- ☛ Method
- ☛ Design
- ☛ Participants
- ☛ Ethical Considerations
- ☛ Data Collection
 - ☛ Demographics/education/work history
 - ☛ Structured Interviews

DATA ANALYSIS

- ☛ **Step One:** Organizing and preparing the data by transcribing the interviews and typing the notes from note takers.
- ☛ **Step Two:** General read through to get a sense for the data considering the ideas and tone of participant remarks. Notes regarding these ideas were placed in the margin of this document.
- ☛ **Step Three:** Transcripts were evaluated line by line, with a detailed coding process of placing data into sixteen categories.
- ☛ **Step Four:** Coded transcripts were reviewed further and five major themes were identified.
- ☛ **Step Five:** Review of transcripts to identify those representative terms, phrases, and passages that best represented the five themes.
- ☛ **Step Six:** Data meanings were interpreted within the framework of the semi structured interview questions.

☛ Creswell, 2003

RIGOR

- Digital audio recordings
- 2 note takers at each session
- Experienced transcriptionist
- Transcripts and coding scheme cross-checked by methods expert

FINDINGS

THE PARTICIPANTS

- | | |
|--|---|
| <ul style="list-style-type: none"> • Age (years)
Average 44.75
Range 30-60 • Years as Registered Nurse
Average 17.25
Range 4-40 • Years as a Labor & Delivery Nurse
Average 11.38
Range <1-33 • Years at CHMC
Average 12.38
Range <1-42 • 75% of participants practiced at another labor and delivery unit an average of 5.04 years | <ul style="list-style-type: none"> • Education
Diploma 8% (n=1)
Associate's 46% (n=6)
Bachelor's 30% (n=4)
Master's 15% (n=2) • Shift
Day 46% (n=6)
Night 54% (n=7) • Hours
Full time 69% (n=9)
Part time 15% (n=2)
Contingent 15% (n=2) |
|--|---|

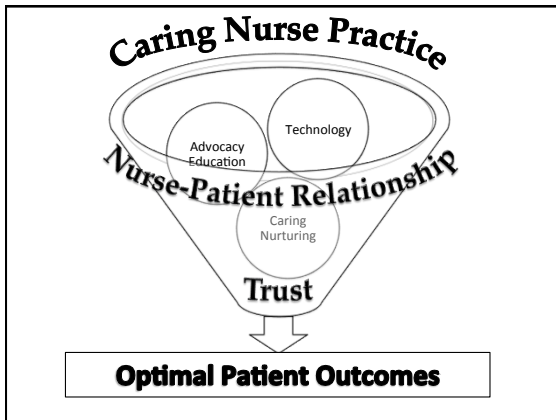
THEMES

- Caring Nurse Practice
- Complexity
- Interactions
- Documentation
- Letting Nature

CARING NURSE PRACTICE

- Role
- Physical care
- Advocacy
- Patient education
- Relationship





COMPLEXITY

- ☛ Labor
- ☛ Multitasking
- ☛ Patient acuity
- ☛ Organizational challenges
- ☛ Obstetric Keystone Project
- ☛ Relationship Based Care

INTERACTIONS

<p>Contributory</p> <ul style="list-style-type: none"> ☛ Teamwork ☛ Nurses ☛ Security ☛ Anesthesia ☛ Respiratory ☛ Neonatology ☛ Obstetricians 	<p>Disruptive</p> <ul style="list-style-type: none"> ☛ Nurses ☛ Laboratory ☛ Physicians
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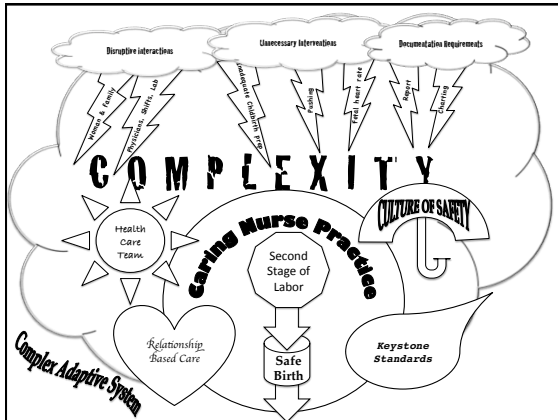
LETTING NATURE

- ☛ Process of pushing
- ☛ Support by nurses
- ☛ Behaviors of women
- ☛ Exhaustion

ESSENCE

☛ **Caring Nurse Practice** is provision of physical care, advocacy and education, encompassing a **relationship** with the patient with respect for the **nature** of second stage labor and a particular emphasis on the benefits of **teamwork**.

DISCUSSION



STUDY LIMITATIONS

- ☛ Self selected participants
- ☛ Small number: 13 of 40 nurses
- ☛ Setting: One hospital
- ☛ Variation in education and experience levels
- ☛ Phenomenology subject to interpretation

- ☛ **Funding**
 - ☛ Student Award Program award from the Blue Cross and Blue Shield of Michigan Foundation, grant number 1844.SAP in the amount of \$3000
 - ☛ Lambda Zeta chapter of Sigma Theta Tau scholarship for \$500
- ☛ No **conflict of interest** was identified by the authors

CONCLUSION

IMPLICATIONS

- ☛ Caring Nurse Practice
- ☛ Practice Setting
- ☛ Documentation
- ☛ Childbirth Education
- ☛ Policy

The implications section includes three small images: a nurse sitting at a desk with a computer, a nurse standing by a patient's bed, and a close-up of a newborn baby's face.

OUTCOMES

- ☛ Keystone: Continue project & disseminate findings
- ☛ Relationship Based Care: Sustain gains, educate new employees, disseminate findings
- ☛ Electronic Health Record: Creation of an E-Cardex, support for transition to bedside report
- ☛ Childbirth education now “on the road”
- ☛ Hospital has begun to offer midwifery care

QUESTIONS?

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