

AONE GUIDING PRINCIPLES

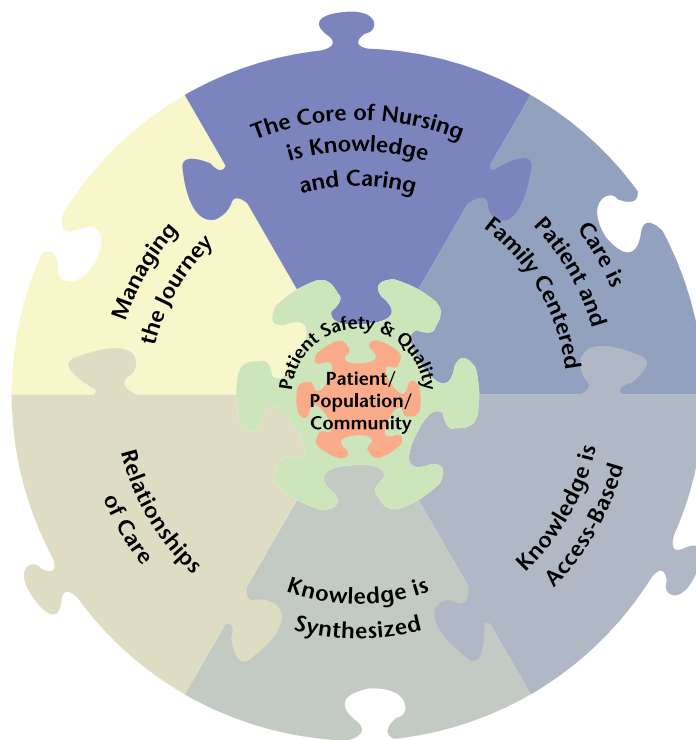
FOR THE ROLE OF THE NURSE IN FUTURE PATIENT CARE DELIVERY

The Core of Nursing is Knowledge and Caring

- Understanding of person, health and environment drives nursing practice of caring for patients. Knowledge of science and technology and commitment to the therapeutic relationship are catalysts influencing the clinical and caring decisions that nurses make. In illustrating the full scope of nursing, knowledge and caring are consistently linked as its core.
- Application of ethical principles guides patient advocacy and provision of end-of-life care. In this capacity the nurse serves as consultant to the patient, family and other members of the health care team.
- Within their social mandate to serve others and society, nurses lead in providing clarity to patients in a complex health care setting. Nurses are present for others and take actions for others in a changing and expanding environment navigating the continuum of care over the life span regardless of the venue—hospital or in any community setting (e.g., home health, long-term care, ambulatory care, future virtual settings, etc.).
- Nurses use their knowledge to empower others and drive system change. Nursing knowledge is evidence-based and dynamic, and lifelong learning is required for its continued application.
- Nurses drive the development of structures and processes used by organizations to build, expand upon, or advance nursing knowledge through research.
- Nurses use an interdisciplinary approach to drive translation of new knowledge into practice positively influencing patient outcomes.

Care is Patient- and Family-Centered

- Patients are becoming more knowledgeable and informed, using information technology for research and taking care into their own hands. Nurses serve as patient strategists and guides as they navigate the health care system, advocating for those patients who cannot or choose not to speak for themselves.
- Nurses initiate and promote a safe healing care environment. The caregiver-patient partnership is built on mutual trust, respect and communication and provides physical and emotional safety when meeting the unique needs of each patient and family.



Copyright 2010 by the American Organization of Nurse Executives. All rights reserved.

- Nurses act according to the nursing code of ethics and use cultural competence and leadership skills to support a style of care in which the patient is at the center of each care conversation. Nurses intentionally empower patients to actively plan and manage their own care, including prevention of illness, promotion of wellness and health and management of chronic disease. In a consultative role, nurses strategize and guide care according to patients' preferences.
- Nurses are guests in the patient's world regardless of the venue—hospital or community. This role framing positively impacts the experience for both the patient and the nurse.

Knowledge is Access-Based

- Although there is a foundation of nursing knowledge, medical science and technological advances require a lifelong learning process. Nurses are accountable for keeping pace with expanding evidence and knowledge, by knowing how to access, assess and apply the information and knowledge he/she needs in order to practice.

- Nurses recognize when there is an indication to access additional resources from the interdisciplinary team. Resources include consultants such as advanced practice nurses, pharmacists, social workers and other allied health professionals.
- Nurses practice in an active and changing environment, openly sharing and evaluating best practices and gaining knowledge with interdisciplinary teams, coordinating care that is based on the user and accessed by the patient.
- This method of practice ensures evidence-based care and leads to a continuous path of discovery and innovation.

Knowledge is Synthesized

- Nurses in all practice areas (i.e., hospital, community) synthesize many pieces of information using creativity and intuition and going beyond medical analysis done by physicians. Nurses synthesize knowledge by evaluating the information they have on hand at the point of decision-making. This knowledge often is gained through using technology, communicating with a colleague, or speaking with the patient, family or other significant social support person.
- Advances in technology, nursing science, biological sciences and genetic science require nurses to synthesize more information with more depth. Nurses routinely evaluate complex and sometimes ambiguous patient care scenarios in different provider settings and with interdisciplinary teams to ensure safe, excellent patient care. This knowledge allows nurses to embrace the role of strategist of care versus implementer of care. This role includes planning, monitoring, documenting, evaluating and revising the plan of care as indicated.
- Development of nursing knowledge will focus on formation and a transition from traditional “decontextualized knowledge to an emphasis on teaching for a sense of salience, situated cognition, and action in particular situations (Benner et al., 2009).”

Relationships of Care

- Nurses have the exquisite privilege to serve as partners in care. Nurses encounter and create many levels of relationships of care with patients, colleagues and themselves that are healing and intentional. They also establish professional and personal relationships with each other through collegial negotiation and teamwork and bring these experiences to their patient encounters.

- Nurses model interdisciplinary recognition and appreciation that the patient’s family and social support systems are integral to the healing environment.
- These relationships, established in changing practice environments, will continue to be forged in new ways and are crucial to preserve the patient experience and achieve positive outcomes. The value of the therapeutic relationship between the nurse and patient is as important as the clinical relationship. As advancements in technology reframe the definition of presence, whether virtual or in person, the patient remains at the center of care. Nurses bring legitimacy to however presence is defined.
- Patients’ needs are the basis by which both the virtual and presence relationship can be equally considered as caring. Nurses acknowledge and value presence-based care, regardless of the medium and venue—hospital or community—in which care is delivered.
- Nurses recognize the importance of generational issues. Both new and experienced nurses respond appropriately and effectively to patients’ needs while working in virtual environments such as telenursing (i.e., eICUs).

Managing the Journey

- Nurses are accountable to integrate all contributions to patient care and serve as strategists and managers of the patient’s journey—not only their responsibilities, but also the interdisciplinary hand-offs throughout the patient care process.
- Interdisciplinary teams achieve patient outcomes. As strategists and managers of the patient’s journey, nurses clarify, integrate, and coordinate the roles of the interdisciplinary team.
- The role of strategist and manager ensures that what the patient has negotiated with his/her caregivers is carried out appropriately and that the nurse-patient team stands above all the model for care delivery.
- The nurse creates an environment that empowers the patient to become an engaged participant in his/her own care.
- As members of an interdisciplinary team, nurses are accountable for clinical and financial empirical outcomes of care.

Quality and Safety

- Nurses serve as boundary spanners ensuring continuity of care when hand-offs and transfers are necessary (Gittel, 2009).

- Nurses drive reshaping of health care policy in a manner that results in better outcomes for patients and communities.
- The nurse acts as a synergist, integrating complexity science principles assuming the need to encompass a non-linear approach to problem-solving given the web of interactions embedded in patient care.
- The nurse directs the continual improvement of quality, safety and value of health care by knowing how to identify good care from the scientific evidence, knowing the actual measured performance in the context where the health professional is learning/practicing and the nature of the gaps, and what activities are necessary—if any—to close the gap(s) (Batalden and Davidoff, 2007).
- Nurses are accountable to steer nursing’s professional ‘identity’ not only to include caring, knowledge, honesty and integrity but also knowledge and commitment to quality and safety (Cronenwett et al., 2007).
- Nurses drive the identification and mitigation of non-value added interruptions (Sitterding and Ebright, 2010).
- The nurse guides design of technology that is nurse-friendly, supportive of nursing work, accessible and mobile (Sitterding and Ebright, 2010).
- Nurses lead the shift from an emphasis on critical thinking in practice to an emphasis on clinical reasoning and reasoning in transition (Benner et al., 2009).
- The nurse demonstrates mindful attention of regulatory and accreditation requirements.
- Nurses spearhead the selection, development, implementation, evaluation and modification of the electronic medical record (EMR) and other technologies such as bar coding of medications, blood transfusions and laboratory specimens.
- Nurses lead interdisciplinary teams with knowledge of the integration of the six Institute of Medicine (IOM) aims for improvement: safe, effective, efficient, personalized, timely and equitable.
- Nurses accelerate evidenced-based practice (EBP) capacity—e.g. EBP model review and integration, active and innovative journal clubs, request and obtain access to nursing research/EBP experts and mentors (Stetler et al. 2009).
- The nurse integrates EBP into practice, policy and procedure (Stetler et al. 2009).

Editor’s note: *To simplify the wording and reading of the text the term “nurse” refers to a licensed, registered nurse and the term “patient” includes the patient, the family and the community.*

References

- Batalden, P., and F. Davidoff. 2007. “What is “Quality Improvement” and How Can It Transform Healthcare?” *Quality and Safety in Health Care*, 16: 2-3. doi:10.1136/qshc.2006.022046.
- Benner, P., M. Sutphen, V. Leonard and L. Day. 2009. *Educating Nurses: A Call for Radical Transformation*. San Francisco: Jossey-Bass.
- Cronenwett, L., G. Sherwood, J. Barnsteiner, J. Disch, J. Johnson, and P. Mitchell. 2007. “Quality and Safety Education for Nurses.” *Nursing Outlook*, 55 (3): 122-131.
- Gittell, J. 2009. *High Performance Healthcare*. New York: McGraw-Hill.
- Sitterding, M. and P. Ebright. 2010. “Patient Safety and the Cognitive Work of Nursing: Advances in Nursing Science and Implications for Organizational Support.” Session presented at the 43rd Annual Meeting. American Organization of Nurse Executives. Indianapolis, IN, April.
- Stetler, C., J. Ritchie, J. Rycroft-Malone, A. Schultz, and M. Charns. 2009. “Institutionalizing Evidence-Based Practice: An Organizational Case Study Using a Model of Strategic Change.” *Implementation Science*, 4: 78. doi: 10.1186/1748-5908-4-78.