



# Visionary Nursing Empowers Nurses

by Patricia A. Berube

**Fail to honor people  
They fail to honor you  
But of a good leader, who talks little,  
When his work is done, his aim fulfilled  
They will all say, "We did this ourselves."  
--Lao Tzu**



Imagine for a moment working in an environment that recognizes and applauds your vital contribution to the welfare of your patients. An environment where you and your fellow nurses enjoy a level of autonomy in making clinical decisions within your area of competence. The hospital is organized to support and empower you in your work. After all, everyone knows that *you* are a key element in providing cost effective quality care and *you* are the essential 'glue' that holds the hospital together and makes it run smoothly. There is a special palpable excitement at work. You feel empowered and self-motivated to be a part of 'making it happen.' Your leaders, through their intuition and clear intention, help to create a dynamic environment that empowers those around them to strive toward the same goals.

Does this sound too idealistic and far-fetched? Well, this vision of nursing is based on my own personal experience working in a dynamic facility and is happening right now with a few dozen hospitals--this is fact, not fantasy. It is a known fact that quality nursing care is one of the main predictors of patient outcomes. It is a known fact that RNs are one of the most important resources that a hospital has in reducing costs and delivering high quality care. It is a known fact that empowering people and making them accountable brings out the best in them and helps to create a dynamic team and a top quality facility. However, many of us work in facilities with low morale and a vague sense that something isn't right. We work in a system that is not united around common values and goals. As care givers, we value providing effective, safe, and quality care. We know what is needed to provide this. The administration's focus is on reducing the costs in providing that care. Their ability to accomplish this with a clear vision of what is needed to provide quality care is in question. They do not equate cost effective quality patient care with the key role RNs play in meeting the demands of our managed care environment. Yet, I don't believe it is entirely their fault.

As clinical nurses and nursing leaders, we have not believed enough in our *essential* value as care givers. We have allowed our profession to be defined by others as a list of functions that can be divided up and given to the lesser skilled to perform. Quality nursing is not a series of isolated tasks but a dynamic process of assessment and intervention that is our particular expertise. Our efforts now are fragmented. We are not able to help people the way we used to. Patients thrive under quality nursing care. We know that and the studies support this. *It is the higher RN to patient ratio that is associated with positive patient outcomes and a*



*shorter hospital stay.* No, this is not idealistic and far-fetched. It is up to us to define our vision of nursing, and to recognize and support our visionary leaders. Magnet hospitals, as defined by the American Nurses Credentialing Center (ANCC), offer a model of the application of this vision that we can aspire to.

## LEAD ME, DON'T MANAGE ME

Most of us work in overly managed and poorly envisioned organizations. Many of us yearn to work in an environment that blazes the trail and empowers us to walk the path growing and developing our abilities along the way. The immensely complex business of assisting patients toward wellness or adapting to new limitations often requires a creative multidisciplinary approach. When an empowered nurse is on the team, everyone benefits.

People want to be led not managed. We want inspiration, a vision of the ideal so we know where we are going and how we fit in. We need someone to interpret our shared reality. Then to empower us to develop and grow within that model to help *US* strive to achieve these ideals and then *WE* will work together to make it happen.

## PROFILE OF A VISIONARY LEADER

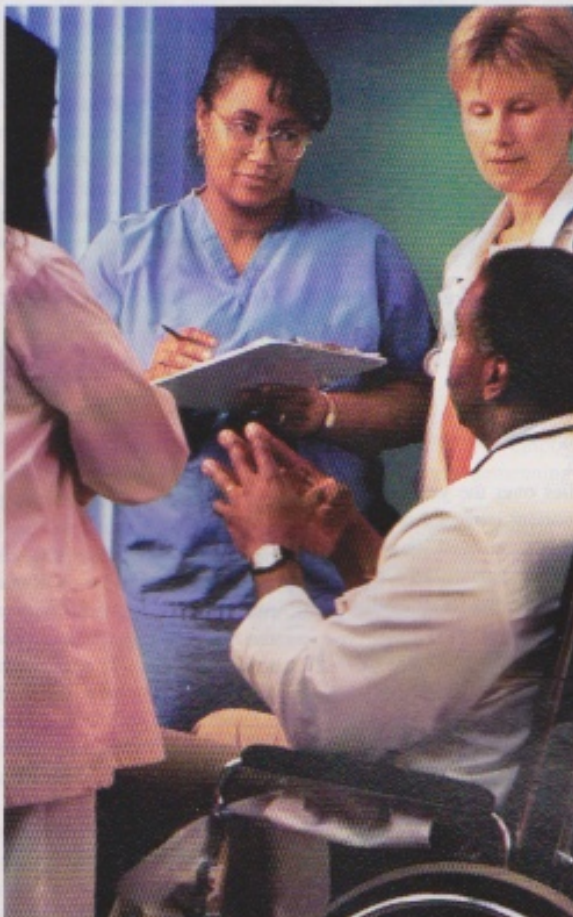
Nearly thirty years ago I worked with such a visionary nursing leader, Lydia Hall. In the 1960s she developed and led a special program in an 80-bed inpatient facility called The Loeb Center for Nursing and Rehabilitation in New York. The program was designed to test her thesis that patients would get well quicker and stay well longer when cared for exclusively by RNs trained in a case management method of teaching that facilitates learning. Her program was extremely revolutionary for its time and after over 30 years continues to be so. Imagine a hospital program completely run by RNs with nursing as the primary treatment modality.

In her 60s, at the time of our meeting, she was a wonderful role model as a nurse and as a woman for a young 20-year-old. With a hint of Bette Davis in her appearance, an easy confidence flowed through a sharp intellect and quick wit. She had been a public health nurse and an educator. As a leader she integrated these skills into a keen understanding of how to facilitate learning and motivate others. Thirty years later, I have enduring memories of her leadership skills. Her self-confidence and positive regard for us as nurses was moving. We strove to fulfill her

expectations of us. Her vision of nursing was clear and she was very committed to our development and practice as professionals. Her teaching style guided and empowered us. We would come to her with questions about how to handle difficult patients and their families and would find ourselves answering our own questions. She helped us to integrate the knowledge we

already had with the new knowledge we were learning to arrive at a creative solution so all would benefit. She made us feel good about ourselves and in our ability to succeed and we loved her for it. However, such leaders are not always easy to be around. If you did not share her vision and were not committed to your success, she could be a force to be reckoned with.

People and organizations thrive under this type of leadership. Is it any wonder? When I started nursing, the head nurse demanded obedience. Now we scrutinize and challenge our leaders. We are not taken in by glib PR attempts or "leadership by memo." At the very least we want our efforts noticed and included in the grand scheme of things. But we will gladly follow a leader who inspires us to dig deeper within ourselves to find our own personal strength and fulfillment in our work. Lydia accomplished this through the vision she had for nursing and the great respect she had for nurses.



## VISIONARY NURSING THEN AND NOW

Lydia Hall's mission at Loeb Center was "to alleviate, through patient care, education, and research, the sufferings of prolonged illness and to assist the ill...to achieve maximum levels of health for productive participation in society." This mission did not collect dust on the shelf. Its aliveness was nurtured in everyday practice. The role of the nurse at Loeb was greatly expanded and truly patient centered. Through a case management family centered approach, the nursing process became a dynamic coordinated program of care that encouraged the patient to heal and grow. The nurse had the major responsibility to coordinate care with the patient, the family and other members of the medical community inside the hospital as well as conduct the discharge planning and community referral. Nursing was both separate from but in collaboration with physicians and other health professionals in a multidisciplinary team approach.

According to Lydia, patients achieve their maximum level of functioning through a learning process. Therefore, the chief therapy the patient needs is teaching, the kind of teaching that truly facilitates learning. Since the patient is ill, teaching must

take place in a caring environment in order for learning to occur. The one person who is at the bedside 24 hours a day is the nurse and therefore the nurse, because of our broad based educational background, is the one in the unique position to do the kind of teaching that facilitates learning. Lydia's belief was that the way in which nurses assisted patients through this process affected the speed with which they recovered and the extent to which they retained what was taught.

Thirty years ago nursing care in other departments of the medical center was organized around team nursing. We now find ourselves practicing this model again. In this model, nursing is broken down into functions with the relatively simple functions performed by the lesser skilled personnel. It is a system to get tasks done. It ignores the inherent complexity found in caring for patients and their response to illness. Team nursing negates the many opportunities available to assist patients towards the learning that could shorten their hospital stay. Primary nursing was practiced at Loeb.

There were several control studies over the years that demonstrated the cost effectiveness of patient care at Loeb Center. Patients indeed did get well faster and stayed well longer. Even physicians began to notice a difference particularly with patients who were regarded as poor candidates for rehabilitation that were able to improve enough to return home.

Many of the medical practices of thirty years ago may be



antiquated today, but Lydia Hall's vision of nursing is just as alive today as it was then. It is alive in the modern equivalent of Loeb Center, the magnet hospitals. These are a group of hospitals that were originally selected in the early 80s for their attractiveness to nurses as a good place to work. Since then they have attracted a lot of attention as the many studies indicate that their better patient outcomes compared with other hospitals is due to the organization and delivery of nursing care. These hospitals provide nurses with a level of respect, status, autonomy

and accountability that enable them to practice what they know is needed to provide quality nursing care. They distinguish themselves in their unified mission and commitment to provide quality patient care. This is what the nurses who work in these magnet hospitals had to say about them. Everyone of these attributes was also true of my experience at Loeb. 1) the importance and status of nurses in the organizational structure of nursing and in the organization of the hospital; 2) autonomy to make clinical decisions within their area of competence and to control their own practice; 3) control over the practice environment, decentralized decision making, adequate staffing and mechanisms to facilitate communication among other members of the interdisciplinary team; 4) unit organization promotes accountability and continuity of care through primary nursing and less use of floating to other units; 5) the mission of the facility emphasizes nursing's importance in its goals to provide quality care and supports nurses decision making responsibilities, and commitment to their education and development.

## LET OUR VISION BE OUR MISSION

Most hospitals have as their mission to provide high quality care for their community. Who is providing this quality care? There is a major reality gap between their stated mission and their commitment to this in practice. Thanks to the pioneering efforts of Lydia Hall and the innovative leadership in these magnet hospitals we have the vision and leadership that blazes the trail. We need to let go of our limiting beliefs about ourselves as nurses, in relationship with physicians and of our status within the hospital organization. The studies support what we all know to be true. Quality patient care results from quality nursing care. Quality nursing care is provided by a higher RN ratio in an environment that supports and empowers nurses to practice their expertise. The formula is simple:

Unified Vision + Empowered Nurses = Cost Effective Quality Patient Care

[PAT BERUBE, R.N. M.A., has had extensive experience in nursing in a variety of settings including ICU and CCU and is currently working in Northern California. She has been in private practice as a counselor and taught psychiatric nursing.]

## REFERENCES

- Aiken, Linda H., et al. (1994). Lower Medicare Mortality Among a Set of Hospitals Known for Good Nursing Care. *Medical Care*. vol.32, no 8, pp. 771-787.
- Alfano, Genrose. (1988). A Different Kind of Nursing. *Nursing Outlook*. vol.36, no 1, pp. 34-39.
- Hall, Lydia E. (1969). The Loeb Center for Nursing and Rehabilitation, Montefiore Hospital and Medical Center, Bronx, New York. *International Journal of Nursing Studies*. vol.6, pp. 81-97.
- Prescott, Patricia A. (1993). Nursing: An Important Component of Hospital Survival Under a Reformed Health Care System. *Nursing Economics* vol. 11, no.4, pp. 192-199.

SUMMER 1998 ART 5 TEXT

Visionary Nursing Empowers Nurses

By Patricia A. Berube

Synopsis - it is a known fact that quality nursing care is one of the main predictors of patient outcomes and that RN's are one of the most important resources that a hospital has in reducing costs and delivering high quality care. Why then don't nurses believe enough in our essential value as care givers?