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Review Prof Infirm. Jul-Sep 2014;67(3):180-9. doi: 10.7429/pi.2014.673180.

A literature review on self-care of chronic illness: definition, assessment and related outcomes

Davide Ausili ¹, Matteo Masotto ², Chiara Dall'Ora ³, Lorena Salvini ⁴, Stefania Di Mauro ⁵

Affiliations

PMID: 25392031 DOI: 10.7429/pi.2014.673180

Abstract in English, Italian

Introduction: Chronic illnesses care represents a challenging issue for people well-being and future health systems' sustainability. Promotion of self-care is considered a key point for chronically ill patients' care. The aim of this literature was to explore: how self-care of chronic illness has been theoretically defined; how self-care can be assessed in clinical and research settings; what associations exist between self-care and health outcomes of chronically ill patients.

Results: A wide range of definitions and terminologies related to self-care of chronic illness has been found in the literature. Although some common elements useful to explain the concept of self-care have been identified, the physical, cognitive, emotional and social processes underlying self-care remain controversial and poorly defined. Valid and reliable disease-specific assessment tools have been developed and used in a growing number of studies; however, the lack of utilization of standardized instruments in clinical practice has been referred by many authors. Significant correlations between self-care of chronic illness and outcome measures e.g. general health status, quality of life and healthcare costs, are reported by a limited number of studies.

Conclusion: Supporting patient self-care is recognized as a crucial factor in chronic illness care. A deeper analysis of variables and processes influencing self-care could help for a full description of the phenomenon. A systematic evaluation of self-care in health professionals' everyday clinical practice is strongly recommended. The development of general non-disease-specific assessment tools could facilitate the evaluation of complex patients, especially those with multiple co-morbidities. Although self-care has been recognized as a vital intermediate outcome, further large-scale studies clarifying the association between self-care and patients' and health systems' outcomes are needed.

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Front Psychol. 2021 Feb 4;12:619687. doi: 10.3389/fpsyg.2021.619687. eCollection 2021.

Hardships in Italian Prisons During the COVID-19 Emergency: The Experience of Healthcare Personnel

Ines Testoni ^{1 2}, Giada Francioli ¹, Gianmarco Biancalani ¹, Sandro Libianchi ³, Hod Orkibi ²

Affiliations

PMID: 33613396 PMCID: PMC7890194 DOI: 10.3389/fpsyg.2021.619687

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Abstract

Background: The recent COVID-19 pandemic has highlighted the deficiencies that characterize the functioning of the Italian national health system. Prisons have always mirrored the most radical expressions of these weaknesses. During the early stages of the pandemic, prison facilities across Italy underwent a series of changes dictated by the need to ensure the safety of the prisoners and staff. The adoption of these rules contributed to a total or partial redefinition of many central facets of life in prison, such as intake procedures for new arrivals and the ways prisoners were allowed to communicate with their families. **Objectives:** The aim of this qualitative study was to analyze the testimony of penitentiary healthcare workers in prisons throughout Italy to determine the impact of COVID-19 on their professional and personal lives. **Participants:** Thirty-eight participants were contacted and 20 decided to participate in the interview. The sample was made up of 10 women and 10 men. All the participants were members of the healthcare staff of a penitentiary facility (psychologists, psychiatrists, physicians, and nurses). All were recruited through an Italian association whose mission is the development, promotion, and implementation of social solidarity projects including prisoners' social and health care. This study was facilitated through representatives serving in nine different regions of Italy. The participants were divided according to their professional roles in prisons. **Method:** In-depth interviews were conducted by telephone or online using telecommunication platforms (e.g., Zoom, WhatsApp, and Skype). The transcribed texts underwent thematic analysis using the Atlas.ti software to identify patterns of meaning across the dataset. **Results:** Four main themes emerged from the analysis: Interpersonal difficulties, management and operational difficulties, the personal distress and bereavement of healthcare workers, and the distress of inmates. The importance of relationship management skills when interacting with prisoners emerged as a key topic in many interviews, and the participants highlighted the need for adequate training. The increase in prisoners' anxiety made communication more difficult. **Conclusions:** The findings suggest that healthcare workers in jails need emergency-oriented training. Participants described their feeling of loneliness and quasi-abandonment when carrying out their duties during the pandemic. In particular, they underscored the need for psychological guidance to better manage altered reactions with prisoners and colleagues as a result of heightened death anxiety and isolation.

Keywords: COVID-19; burnout; healthcare personnel; prison; prison riots; working well-being.

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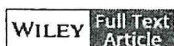
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J Adv Nurs. 2017 May;73(5):1182-1195. doi: 10.1111/jan.13215. Epub 2016 Dec 21.

Factors influencing new graduate nurse burnout development, job satisfaction and patient care quality: a time-lagged study

Sheila A Boamah ¹, Emily A Read ², Heather K Spence Laschinger ¹

Affiliations

PMID: 27878844 DOI: 10.1111/jan.13215

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Abstract

Aim: To test a hypothesized model linking new graduate nurses' perceptions of their manager's authentic leadership behaviours to structural empowerment, short-staffing and work-life interference and subsequent burnout, job satisfaction and patient care quality.

Background: Authentic leadership and structural empowerment have been shown to reduce early career burnout among nurses. Short-staffing and work-life interference are also linked to burnout and may help explain the impact of positive, empowering leadership on burnout, which in turn influences job satisfaction and patient care quality.

Design: A time-lagged study of Canadian new graduate nurses was conducted.

Methods: At Time 1, surveys were sent to 3,743 nurses (November 2012-March 2013) and 1,020 were returned (27.3% response rate). At Time 2 (May-July 2014), 406 nurses who responded at Time 1 completed surveys (39.8% response rate). Descriptive analysis was conducted in SPSS. Structural equation modelling in Mplus was used to test the hypothesized model.

Results: The hypothesized model was supported. Authentic leadership had a significant positive effect on structural empowerment, which in turn decreased both short-staffing and work-life interference. Short-staffing and work-life imbalance subsequently resulted in nurse burnout, lower job satisfaction and lower patient care quality 1 year later.

Conclusion: The findings suggest that short-staffing and work-life interference are important factors influencing new graduate nurse burnout. Developing nurse managers' authentic leadership behaviours and working with them to create and sustain empowering work environments may help reduce burnout, increase nurse job satisfaction and improve patient care quality.

Keywords: authentic leadership; burnout; job satisfaction; new graduate nurses; nursing; patient care quality; short staffing; structural empowerment; work-life interference.

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Review

AANA J. 2019 Jun;87(3):205-213.

Burnout and the Nurse Anesthetist: An Integrative Review

Brian Del Grosso ¹, A Suzanne Boyd ²

Affiliations

PMID: 31584398

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**Abstract**

The rapid changes in the US healthcare system have resulted in collateral damage to many healthcare providers. Many of these changes have increased demands placed on providers, resulting in high prevalence rates of burnout throughout various healthcare specialties. One healthcare specialty that has reported a recent surge in burnout in the United States is the Certified Registered Nurse Anesthetist (CRNA). Despite these concerns, most of the burnout research on anesthesia providers has focused on anesthesiologists and CRNA-equivalent anesthesia providers from other countries. This is particularly concerning given CRNAs' critical role in the future of US healthcare delivery. The purpose of this integrated review was to examine, discuss, and synthesize the burnout construct related to CRNAs practicing in the United States.

Keywords: Burnout; CRNA; interventions; measurement.

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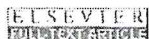
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Meta-Analysis Nurs Outlook. May-Jun 2018;66(3):273-282. doi: 10.1016/j.outlook.2017.12.002.

Epub 2018 Feb 26.

Nurse staffing and nurse outcomes: A systematic review and meta-analysis

Sujin Shin ¹, Jin-Hwa Park ², Sung-Heui Bae ³

Affiliations

PMID: 29685321 DOI: 10.1016/j.outlook.2017.12.002

Abstract

Background: A great number of studies have been conducted to examine the relationship between nurse staffing and patient outcomes. However, none of the reviews have rigorously assessed the evidence about the effect of nurse staffing on nurse outcomes through meta-analysis.**Purpose:** The purpose of this review was to systematically assess empirical studies on the relationship between nurse staffing and nurse outcomes through meta-analysis.**Methods:** Published peer-reviewed articles published between January 2000 and November 2016 were identified in CINAHL, PubMed, PsycINFO, Cochrane Library, EBSCO, RISS, and DBpia databases.**Findings:** This meta-analysis showed that greater nurse-to-patient ratio was consistently associated with higher degree of burnout among nurses (odds ratio: 1.07; 95% confidence interval [CI]: 1.04-1.11), increased job dissatisfaction (odds ratio: 1.08; 95% CI: 1.04-1.11), and higher intent to leave (odds ratio: 1.05; 95% CI: 1.02-1.07). With respect to needlestick injury, the overall effect size was 1.33 without statistical significance.**Discussion:** The study findings demonstrate that higher nurse-to-patient ratio is related to negative nurse outcomes. Future studies assessing the optimal nurse-to-patient ratio level in relation to nurse outcomes are needed to reduce adverse nurse outcomes and to help retain nursing staff in hospital settings.**Keywords:** Meta-analysis; Nurse outcomes; Nurse staffing; Nurse-to-patient ratio; Systematic review.

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Review Evid Rep Technol Assess (Full Rep). 2007 Mar;(151):1-115.

Nurse staffing and quality of patient care

Robert L Kane, Tatyana Shamliyan, Christine Mueller, Sue Duval, T J Wilt

PMID: 17764206 PMCID: PMC4781632

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Abstract

Objectives: To assess how nurse to patient ratios and nurse work hours were associated with patient outcomes in acute care hospitals, factors that influence nurse staffing policies, and nurse staffing strategies that improved patient outcomes.

Data sources: MEDLINE (PubMed), CINAHL, Cochrane Databases, EBSCO research database, BioMed Central, Federal reports, National Database of Nursing Quality Indicators, National Center for Workforce Analysis, American Nurses Association, American Academy of Nurse Practitioners, and Digital Dissertations.

Review methods: In the absence of randomized controlled trials, observational studies were reviewed to examine the relationship between nurse staffing and outcomes. Meta-analysis tested the consistency of the association between nurse staffing and patient outcomes; classes of patient and hospital characteristics were analyzed separately.

Results: Higher registered nurse staffing was associated with less hospital-related mortality, failure to rescue, cardiac arrest, hospital acquired pneumonia, and other adverse events. The effect of increased registered nurse staffing on patients safety was strong and consistent in intensive care units and in surgical patients. Greater registered nurse hours spent on direct patient care were associated with decreased risk of hospital-related death and shorter lengths of stay. Limited evidence suggests that the higher proportion of registered nurses with BSN degrees was associated with lower mortality and failure to rescue. More overtime hours were associated with an increase in hospital related mortality, nosocomial infections, shock, and bloodstream infections. No studies directly examined the factors that influence nurse staffing policy. Few studies addressed the role of agency staff. No studies evaluated the role of internationally educated nurse staffing policies.

Conclusions: Increased nursing staffing in hospitals was associated with lower hospital-related mortality, failure to rescue, and other patient outcomes, but the association is not necessarily causal. The effect size varied with the nurse staffing measure, the reduction in relative risk was greater and more consistent across the studies, corresponding to an increased registered nurse to patient ratio but not hours and skill mix. Estimates of the size of the nursing effect must be tempered by provider characteristics including hospital commitment to high quality care not considered in most of the studies. Greater nurse staffing was associated with better outcomes in intensive care units and in surgical patients.

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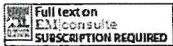
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Review Soins. 2018 May;63(825):30-33. doi: 10.1016/j.soin.2018.03.007.

[The emergency department triage nurse, a constantly evolving role]

[Article in French]

Claire Maillard Acker ¹

Affiliations

PMID: 29773252 DOI: 10.1016/j.soin.2018.03.007

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Abstract

The number of patients attending emergency departments is constantly growing. They are fast becoming a place of primary care. Early assessment of patients must guarantee the safety of their care. The triage nurse uses a clinical examination and a triage chart to classify the patients. The reception of the patients by the triage nurse is professional. With tension often high in emergency departments, triage nurses play a role in defusing situations, which could constitute the next area of focus of their professionalization.

Keywords: accueil; emergency department; infirmier organisateur de l'accueil; reception; triage; triage nurse; urgences.

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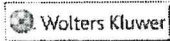
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Review Orthop Nurs. Jan/Feb 2019;38(1):17-24. doi: 10.1097/NOR.0000000000000514.

Nurse Practitioners in Orthopaedic Surgical Settings: A Review of the Literature

Brittany G Spence ¹, Joanne Ricci, Fairleth McCuaig

Affiliations

PMID: 30676571 PMCID: PMC6519774 DOI: 10.1097/NOR.0000000000000514

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Abstract

Purpose: The purpose of this article was to conduct an extensive literature review of nurse practitioners (NPs) in orthopaedic surgical settings to delineate whether a need exists for NPs in these settings.

Background: Due to physician shortages and changes in healthcare, patients are experiencing difficulty accessing orthopaedic surgeons. To meet this need, NPs are becoming an essential part of the multidisciplinary orthopaedic team in Level 1 trauma hospitals.

Results: Nurse practitioners are qualified and competent to work in a variety of orthopaedic settings including preoperative clinics, primary care orthopaedic clinics, and pre-/postoperative care within the hospital. The benefits of NPs in orthopaedic surgical settings includes increased access to care, improved team communication, decreased length of stay, improved quality of care, and improved patient satisfaction. Moreover, NPs meet patient needs while surgeons are operating, and have a positive impact on resident surgeon education.

Conclusion: A need exists for NPs in orthopaedic surgical settings to both improve access to healthcare for patients and reduce the burden on orthopaedic surgeons.

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Clin Privil White Pap. 2014 Jun;(465):1-10.

Nurse practitioners in cardiovascular surgery

No authors listed

PMID: 25300092

No abstract available

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Review J Laparoendosc Adv Surg Tech A. 2017 May;27(5):475-480. doi: 10.1089/lap.2017.0043.
Epub 2017 Mar 15.

Operating Room Team Training with Simulation: A Systematic Review

Jamie M Robertson ^{1 2}, Roger D Dias ¹, Steven Yule ^{1 3 4}, Douglas S Smink ^{1 3 4}

Affiliations

PMID: 28294695 DOI: 10.1089/lap.2017.0043

Abstract

Introduction: Nontechnical skills (NTS) such as teamwork and communication play an important role in preventing adverse outcomes in the operating room (OR). Simulation-based OR team training focused on these skills provides an environment where team members can learn with and from one another. We sought to conduct a systematic review to identify simulation-based approaches to NTS training for surgical teams.

Materials and methods: We conducted a systematic search of PubMed, ERIC, and the Cochrane Database using keywords and MeSH terms for studies describing simulation-based training for OR teams, including members from surgery, anesthesia, and nursing in September 2016. Information on the simulations, participants, and NTS assessments were abstracted from the articles meeting our search criteria.

Results: We identified 10 published articles describing simulation-based OR team-training programs focused on NTS. The primary focus of these programs was on communication, teamwork, leadership, and situation awareness. Only four of the programs used a validated instrument to assess the NTS of the individuals or teams participating in the simulations.

Discussion: Simulation-based OR team-training programs provide opportunities for NTS development and reflection by participants. Future programs could benefit from involving the full range of disciplines and professions that compose an OR team, as well as increased use of validated assessment instruments.

Keywords: education; nontechnical skills; simulation; team training.

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Review Nurse Educ Today. 2017 Jul;54:6-20. doi: 10.1016/j.nedt.2017.04.004. Epub 2017 Apr 19.

Simulation-based training for nurses: Systematic review and meta-analysis

Pål A Hegland ¹, Hege Aarlie ², Hilde Strømme ², Gro Jamtvedt ²

Affiliations

PMID: 28456053 DOI: 10.1016/j.nedt.2017.04.004

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Abstract

Background: Simulation-based training is a widespread strategy to improve health-care quality. However, its effect on registered nurses has previously not been established in systematic reviews. The aim of this systematic review is to evaluate effect of simulation-based training on nurses' skills and knowledge.

Methods: We searched CDSR, DARE, HTA, CENTRAL, CINAHL, MEDLINE, Embase, ERIC, and SveMed+ for randomised controlled trials (RCT) evaluating effect of simulation-based training among nurses. Searches were completed in December 2016. Two reviewers independently screened abstracts and full-text, extracted data, and assessed risk of bias. We compared simulation-based training to other learning strategies, high-fidelity simulation to other simulation strategies, and different organisation of simulation training. Data were analysed through meta-analysis and narrative syntheses. GRADE was used to assess the quality of evidence.

Results: Fifteen RCTs met the inclusion criteria. For the comparison of simulation-based training to other learning strategies on nurses' skills, six studies in the meta-analysis showed a significant, but small effect in favour of simulation (SMD -1.09, CI -1.72 to -0.47). There was large heterogeneity (I^2 85%). For the other comparisons, there was large between-study variation in results. The quality of evidence for all comparisons was graded as low.

Conclusion: The effect of simulation-based training varies substantially between studies. Our meta-analysis showed a significant effect of simulation training compared to other learning strategies, but the quality of evidence was low indicating uncertainty. Other comparisons showed inconsistency in results. Based on our findings simulation training appears to be an effective strategy to improve nurses' skills, but further good-quality RCTs with adequate sample sizes are needed.

Keywords: Clinical competence; Knowledge; Nurses; Quality improvement; Simulation; Skills; Systematic review.

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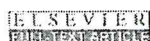
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Int J Orthop Trauma Nurs. 2016 May;21:39-48. doi: 10.1016/j.ijotn.2015.08.002. Epub 2015 Sep 5.

Orthopaedic patient education practice

Sini Eloranta ¹, Jouko Katajisto ², Helena Leino-Kilpi ³

Affiliations

PMID: 26589445 DOI: 10.1016/j.ijotn.2015.08.002

Abstract

Aim: The aim of this study was to explore orthopaedic nurses' perceptions of patient education practice; the educational skills of a nurse, the content, structure and educational approaches to patient education and its changes during nine years at a university hospital in Finland.

Methods: The subjects of this survey were orthopaedic nurses at one university hospital - 56 nurses in 2001 and 51 nurses in 2010.

Results: On the whole, no statistically significant change had taken place in the nurses' patient education skills in the two periods compared. In 2001, the nurses discussed more often the learning objectives with patients compared to 2010. In both years, individual education sessions and written material were often used. In both years, the bio-physiological area of patient education was found to be dealt with most adequately, while the social area received less attention in 2010 than in 2001.

Conclusions: According to our results, no change in a positive direction in nurses' patient education skills and the implementation of patient education can be seen over the past decade. The results of the study indicate clear development needs in patient education practice.

Keywords: Orthopaedic nurses' perspective; Patient education; Survey.

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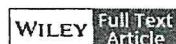
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Comparative Study J Clin Nurs. 2008 Aug;17(15):2042-50.

doi: 10.1111/j.1365-2702.2008.02278.x.

Postoperative pain management – the influence of surgical ward nurses

Kerstin Wickström Ene¹, Gunnar Nordberg, Ingrid Bergh, Fannie Gaston Johansson, Björn Sjöström

Affiliations

PMID: 18705781 DOI: 10.1111/j.1365-2702.2008.02278.x

Abstract

Aim: To compare pain levels reported by patients with those documented by ward nurses and to find out to what extent the amount of opioids given correlated with the pain level. Secondly, to study if pain management and nurses' approaches to this task had improved during a two-year period, including an educational pain treatment program for ward staff.

Background: The management of postoperative pain continues to remain problematic and unsatisfactory and ward nurses play an important role for this task.

Design: The study was a cross-sectional, descriptive, two-part study based on survey data from both patients and nurses on two urology surgical wards.

Methods: Part I of the study included 77 patients and 19 nurses. Part II took place approximately two years later and included 141 patients and 22 nurses. Data were collected the day after surgery by asking patients about 'worst pain' experienced. The pain scores given by the patients were compared with those documented in the patients' records and with the doses of opioids administered. Nurses' approaches to pain management were sought after, by using a categorical questionnaire.

Results: The nurses' ability to assess pain in accordance with the patients' reports had increased slightly after two years even if and the number of documented pain scores had decreased. Forty per cent of the nurses reported that they did not use visual analogue scale and that they did not assess pain at both rest and activity, neither did one fourth evaluate the effect of given analgesics.

Conclusion: The study showed a discrepancy in pain scoring between nurses and patients, where active treatment was related to nurses' documentation rather than to patients' scoring.

Relevance to clinical practice: The study shows a need for more accurate pain assessment, since the patient experiences and suffers pain and the nurse determines upon treatment.

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Pain Manag Nurs. 2005 Mar;6(1):18-29. doi: 10.1016/j.pmn.2004.12.004.

Nurses' strategies for managing pain in the postoperative setting

Elizabeth Manias¹, Tracey Bucknall, Mari Botti

Affiliations

PMID: 15917741 DOI: 10.1016/j.pmn.2004.12.004

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Abstract

Acute pain is a significant problem in the postoperative setting. Patients report a lack of information about pain-control measures and ineffective pain control. Nurses continue to rely on pharmacologic measures and tend to under-administer analgesics. The purpose of this study was to determine the strategies nurses used to manage patients' pain in the postoperative setting. It also sought to examine the effect of context, including organization of care, nurses' prioritization of work activities, and pressures during a working shift, on their pain-management strategies. An observational design was used in two surgical units of a metropolitan teaching hospital in Melbourne, Australia. Six fixed observation times were identified as key periods for pain activities, each comprising a 2-hour duration. An observation period was examined at least 12 times, resulting in the completion of 74 observations and the identification of 316 pain cases. Fifty-two nurses were observed during their normal day's work with postoperative patients. Six themes were identified: managing pain effectively; prioritizing pain experiences for pain management; missing pain cues for pain management; regulators and enforcers of pain management; preventing pain; and reactive management of pain. The findings highlighted the critical nature of communication between clinicians and patients and among clinicians. It also demonstrated the influence of time on management strategies and the relative importance that nurses place on nonpharmacologic measures in actual practice. This research, which portrays what happens in actual clinical practice, has facilitated the identification of new data that were not evident from other research studies.

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Review Nurs Stand. 2007 Oct 10-16;22(5):49-55; quiz 58. doi: 10.7748/ns2007.10.22.5.49.c4640.

Assessment and management of patients with post-operative pain

Carolyn Mackintosh ¹

Affiliations

PMID: 17977139 DOI: 10.7748/ns2007.10.22.5.49.c4640

Abstract

Effective pain management is essential in the post-operative period to ensure that patients do not experience unnecessary distress or suffering and to minimise potential complications. Post-operative pain management strategies should focus on combining pharmacological management and comfort measures to ensure maximum pain relief for each patient.

Comment in

Post-operative pain.

Scott L

Nurs Stand. 2008 Apr 9-15;22(31):59-60.

PMID: 18426120 No abstract available.

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Rev Bras Enferm. 2019 Aug 19;72(4):933-939. doi: 10.1590/0034-7167-2018-0313.

Evaluation of nurse's performance in telemedicine

[Article in English, Portuguese]

Claudinalle Farias Queiroz de Souza ¹, Dulcineide Gonçalo de Oliveira ²,
 Alef Diogo da Silva Santana ¹, Letícia Moura Mulatinho ¹, Mirian Domingos Cardoso ¹,
 Emanuela Batista Ferreira E Pereira ¹, Jael Maria de Aquino ¹

Affiliations

PMID: 31432949 DOI: 10.1590/0034-7167-2018-0313

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Abstract

Objective: Describe the nurse's role in the Telemedicine Program in Cardiology implanted in Pernambuco, Brazil.

Methods: Qualitative study, with a target audience of nurses, performed between July and December 2016 at the Emergency Care Units. Data were collected through an online instrument, consisting of open and closed questions, performed with 19 professionals. The data were analyzed through the discourse of the collective subject by QuantiQualissoftware.

Results: The sample consisted of 19 nurses, mostly female (80%), with a mean age of 30 years old. Two central ideas were constructed: nurses' knowledge about the Telemedicine Program in Cardiology; and actions developed by nurses. Also, a flow of the program's assistance was built.

Final considerations: The nurse in Telecardiology performs functions of assistance and continuing education of monitoring and training for patients.

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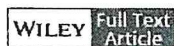
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Review J Clin Nurs. 2018 Jan;27(1-2):e21-e38. doi: 10.1111/jocn.13912. Epub 2017 Jul 11.

The nurse's role in palliative care: A qualitative meta-synthesis

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PMID: 28695651 DOI: 10.1111/jocn.13912

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**Abstract**

Aims and objectives: To explore how nurses, across various health systems, describe their role in providing palliative care for patients with life-threatening illnesses.

Background: Despite the fact that nurses make up the largest group of healthcare professionals, little is known about their role in palliative care, across health services.

Design: A qualitative systematic review of studies.

Methods: A search was made for relevant articles, published between January 2000-June 2016. Twenty-eight articles were selected and analysed using thematic synthesis.

Results: The themes that emerged from the analysis were as follows: Being available, which gave nurses a pivotal role in palliative care and paved the way for Being a coordinator of care for patients and relatives, as well as for other health personnel. Doing what's needed was to handle an enormous breadth of activities, always in a holistic framework of understanding. Being attentively present and dedicated as well as using flexible and nontraditional methods was essential in the role. Standing in demanding situations dealt with lack of time and resources, limited legitimacy, handling ethical dilemmas and being in need of support and knowledge.

Conclusion: Being available as well as a coordinator characterises the nurse's role across healthcare systems. The nurse acts as a link between different levels of health care, between different professions and between patient and family, which contribute to ensuring the quality of care to the individual patient. The review illuminates that the basic tenets of care in nursing are also fundamental to the nurse's role in palliative care. To be able to give individually tailored palliative care to patients with life-threatening illnesses and their relatives, the nurses need all their knowledge of basic nursing. Situations challenge nurses in practical, relational and moral dimensions of care and make demands on their role in a comprehensive way.

Relevance to clinical practice: Nurses need knowledge and training, guidance and support to fulfil their role.

Keywords: advanced illness; end of life; nurse; palliative care; role; terminal.

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Review Ann Palliat Med. 2019 Feb;8(Suppl 1):S39-S48. doi: 10.21037/apm.2018.06.01.

Epub 2018 Jun 25.

Pediatric palliative care nursing

Terrah Foster Akard ¹, Verna L Hendricks-Ferguson ², Mary Jo Gilmer ³

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PMID: 30180727 DOI: 10.21037/apm.2018.06.01

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Abstract

Palliative care is patient- and family-centered care that enhances quality of life throughout the illness trajectory and can ease the symptoms, discomfort, and stress for children living with life-threatening conditions and their families. This paper aims to increase nurses' and other healthcare providers' awareness of selected recent research initiatives aimed at enhancing life and decreasing suffering for these children and their families. Topics were selected based on identified gaps in the pediatric palliative care literature. Published articles and authors' ongoing research were used to describe selected components of pediatric palliative nursing care including (I) examples of interventions (legacy and animal-assisted interventions); (II) international studies (parent-sibling bereavement, continuing bonds in Ecuador, and circumstances surrounding deaths in Honduras); (III) recruitment methods; (IV) communication among pediatric patients, their parents, and the healthcare team; (V) training in pediatric palliative care; (VI) nursing education; and (VII) nurses' role in supporting the community. Nurses are in ideal roles to provide pediatric palliative care at the bedside, serve as leaders to advance the science of pediatric palliative care, and support the community.

Keywords: Hospice and palliative care nursing; palliative care; palliative nursing; pediatric nursing.

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RESEARCH ARTICLE

WILEY NursingOpen



Empathy levels among nursing students: A comparative cross-sectional study

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Abstract

Aim: Empathy is a crucial component of the nurse–patient relationship, but knowledge is lacking as to when empathy develops during nursing education. The aim of the present study was to compare empathy levels at different stages of undergraduate nursing education and different master's nursing programmes.

Design: The design was a comparative cross-sectional study.

Methods: A total of 329 participants in Sweden, comprised of nursing students in their second and sixth semesters in an undergraduate nursing programme as well as master's nursing students, rated their own empathy using the Jefferson Scale of Physician Empathy.

Results: Students in their sixth semester in an undergraduate nursing programme expressed more empathy than did students in their second semester and master's nursing students. Among the five master's programmes, public-health nursing students expressed the most empathy and intensive-care nursing students the least.

KEYWORDS

empathy, Jefferson Scale of Physician Empathy, nursing education, nursing student, patient–nurse relationship

1 | INTRODUCTION

1.1 | Empathy

Located on the borders between self and other, cognition and emotion, science and practice, empathy is a core phenomenon in all human interactions, a crucial component of the nurse–patient relationship (Cunico, Sartori, Marognoli, & Meneghini, 2012) that has been shown to improve patient satisfaction (Derksen, Bensing, & Lagro-Janssen, 2013). Still, patients perceive that empathy is frequently lacking in the nurse–patient relationship (Williams & Stickley, 2010). However, empathy is something that can be taught (Cunico et al., 2012). For example, one study showed that nursing students' empathy increased after practice encounters with professional actors

playing roles as patients and relatives (Soderberg, Sundbaum, & Engstrom, 2017).

American psychologist and therapist Carl Rogers introduced a new perspective on personality change and therapy, of which empathy was a core component (Rogers, 1957, 1975). In fact, much of the popularity of empathy within today's psychology and nursing science can, in some way, be traced back to Rogers. Although researchers today agree on the importance of empathy, diverse opinions exist concerning whether and to what extent, for example, emotion, cognition, motivation, identification and self–other differentiation should be part of its definition. For instance, Batson, Eklund, Chermok, Hoyt, and Ortiz (2007) define empathy in purely emotional terms, as an other-oriented emotional response elicited


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RESEARCH ARTICLE

WILEY NursingOpen

Nurse staffing models in acute care: A descriptive study

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Funding information

This study was partly funded by the Public Health Research Institute (University of Montreal).

Abstract

Aims: To identify nurse staffing groups in acute care facilities.**Design:** This retrospective descriptive study used a configurational approach.**Methods:** Data from a two-month target period from January–March 2016 were collected for 40 facilities in four different hospitals in one of the largest regions of Quebec. Multiple factorial analysis and hierarchical ascendant classification were used to generate a limited number of nurse staffing groups.**Results/Findings:** Four distinct nurse staffing groups emerged from this study. The least resourced model relied mainly on less qualified personnel and agency staff. The moderately resourced basic model was assessed as average across all staffing dimensions, but employed less overtime, relying mostly on auxiliary nurses. The moderately resourced professional group, also moderate in most variables, involved more overtime and fewer less qualified personnel. The most resourced group maximized highly qualified personnel and minimized instability in the nursing team.**Conclusion:** This study covered multiple staffing groups with widely varying characteristics. Most groups entailed risks for quality of care at one or more levels. Few care units approached the theoretical staffing ideal.

KEYWORDS

acute care, administration, groups, nurses, nursing, skill mix, staff mix, staffing

1 | INTRODUCTION

Staffing is a cornerstone of human resource management. The performance of any healthcare organization depends primarily on the continuous availability of enough qualified workers, judiciously deployed and operating in a work environment that enhances their productivity. Studies showed the importance of adequate staffing for optimizing both patient outcomes and the quality and security of care.

In many industrialized countries, healthcare systems are facing a rising demand for hospital care (Australian Institute of Health & Welfare, 2013; Kork & Vakkuri, 2016; Ordre des infirmières et

infirmiers du Québec [OIIQ], 2014a; OIIQ, 2014b; Papi, Pontecorvi, & Setola, 2016), while simultaneously dealing with a decrease in the number of nurses able to provide care (Kork & Vakkuri, 2016; Needleman, 2015; OIIQ, 2014a).

Many hospitals in industrialized countries are understaffed due to instability among staff, caused partly by high turnover rates (Hayes et al., 2012; O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010) and high absenteeism rates (Murphy et al., 2012). In 2010, the overall nurse turnover rate for Canada was 19.9% (O'Brien-Pallas et al., 2010), which leads to increased workload for the remaining nurses (Duffield et al., 2011; Twigg, Duffield, Bremner, Rapley, & Finn, 2011).

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