

Editorial

Contemporary issues in nursing: patient safety, decision-making and social support in challenging economic times

Although many contemporary issues in nursing may sound familiar to most nurses, the complex health care problems tied to the rapidly changing global economy define the importance and urgency of a few topics. Nurses are uniquely positioned and qualified to identify the most pressing issues today and to develop strategies that will improve the present and future delivery of health care in the U.S. (Cherry & Jacob 2014) and around the world. Health care economics permeate every contemporary issue, including those involving the workplace, the workforce, and socio-cultural issues. Leaders and managers must find solutions that will produce effective communication and conflict resolution, effective delegation and supervision, innovative staffing and nursing care delivery models, and ways to measure and ensure quality and patient safety (Cherry & Jacob 2014). The authors of the papers in this themed issue present timely discussions focused on safety, decision-making, and social support within the context of a changing and challenging health care environment.

Economic realities about the cost of health care require a serious response to promote quality and safety based in confidence and competence (Sieg 2013). The first three articles address these safety issues and offer organisational, management, and provider strategies to improve quality outcomes. In operating rooms in Wales, a significant number of inoculation injuries were not reported (Cutter and Jordan, pp 989–1000). This first article is helpful for nurse managers and directors for improving the safety in operating rooms because the results are identifying the most current and important issues from clinicians' perspectives, such as feedback following adverse events, reporting mechanisms, perceived risk of infection and training. Addressing safety cultures in Taiwan, Perng and Yu (pp. 1001–1007) are reporting in their article on the psychometric properties of a tool used to examine attitudes about patient safety and event reporting among nurse aides working in hospital-based long-term care institutions. The authors of this paper are raising an important question for nurse managers and leaders to consider: if every member of a health care team is contributing to patient safety, how systematically are the educational needs assessed so that that the training is not just cost-effective but evidence-

based? Using reliable and valid assessment tools is one answer to this question. Although fall risk has been extensively investigated in the hospitalized patients, fall risk is rarely addressed in other settings such as ambulatory clinics. Assessing fall risk in these patients, unlike for inpatients, the tool needs to take health, behavioral, and home environmental factors into consideration to be effective in promoting patient safety. As part of the National Database of Nursing Quality Indicators (NDNQI), the American Nurses Association recommends that persons over the age of 65 years are routinely screened for fall risk in community settings (Curry 2008). The pioneering article by Fielding *et al.* (pp 1008–1015) presents the reliability of a fall risk tool for use in community dwelling older adults who enter the U.S. health care system as ambulatory clinic patients.

Achieving quality health care delivery and outcomes through participatory decision making is exemplified from different perspectives in the next five articles in this issue. Front line regulated providers in long-term Canadian care settings were provided with monthly feedback reports which compared falls, fall risks, pain, and depression among patients in their units (O'Rourke *et al.* pp. 1016–1025). The study confirms that sharing quality reports with nurses who provide direct care to long-term residents facilitates useful feedback to stimulate change in patient care practices. This study is very encouraging and it may even inspire nurse managers and leaders to develop new innovative ways and strategies to utilize quality reports with their staff. The next two articles focus on the role of nursing and how this can also impact quality and outcomes. The article by Hui *et al.* (pp. 1026–1033) examines the use of family-paid caregivers in China who give bedside care to hospitalized inpatients while RNs provide skilled care. This paper illuminates how minimally trained caregivers may impact quality and safety. De Cordova *et al.* (pp 1034–1052) are reporting in their article public health nurses' working conditions in Mexico and Peru. Nurses' feedback describes heavy workloads and poor staffing levels which compromise the nurses' ability to adopt progressive client-centered and community-based nursing roles. The authors conclude that lower nurse-patient ratios, defining the roles of nurses, and improved

training for management and decision-making processes would promote quality patient care, patient/family satisfaction and lower health care costs.

Decision making has remained one of the contemporary issues in nursing over the years. The next two studies are bringing, however, new and interesting perspectives to this topic. The patients' perspective, the influence of nursing care practices, and nursing home organisation in Spain are the focus of a qualitative study by Palacios-Ceña *et al.* (pp. 1044–1053). The findings suggest expanded involvement by nursing staff in the organisation of the nursing home and the prioritization of the care provided based on participatory decision making between nurses and residents. The second article describes how feedback from ward nurses contributed valuable insights about quality improvement targets identified by nursing experts in general wards in India (Rinkoo *et al.*, pp 1053–1060). The study shows how engaging all the stakeholders (i.e. nursing and hospital administrators, senior nurses, and staff nurses) can foster a team spirit which ultimately leads to a more efficient use of human and material resources. The important 'take home message' for the readers of this issue is that participatory decision making at all levels (i.e. patient, provider, organisation, and society) seems to be one of the most necessary factors to be addressed today in the quest for quality health care.

Developing and nurturing a culture in which nurses feel valued, visible, and involved in decisions at all levels of patient care (Sieg 2013) presents an urgent challenge to all nurse leaders. The last three articles describe how social support may be used to optimize nursing cultures and ensure a competent and sustainable nursing workforce. Findings from diaries and interviews with newly qualified midwives in the UK indicate that formal preceptorships are still not widely available; however support is provided by members of the (midwifery) team (Avis *et al.*, pp. 1061–1071). The transition between competence and confidence to practice (as a registered midwife) requires the continuation of support from the team, mentors, and nurse managers. Similarly organisational identification and organisational support are shown to correlate with organisational citizenship behavior in male nurses in Taiwan (Chen *et al.* pp. 1072–1082). This study confirms that when employees perceive support from the organisation they are likely to identify with the organisation. Othman and Nasurdin (pp 1083–1090) also report a significant association of supervisory support with positive work engagement among staff nurses in Malaysia. These results validate and amplify the

importance of providing training for nurse managers about how to support nurses and establishing mentoring programs which promote social support networks and strategies aimed at strengthening work engagement among nurses.

This month's edition of the *Journal of Nursing Management* examines contemporary issues in nursing around the world, including also two Letters to the Editor (pp. 1091–1092). The authors of the articles are recommending new and innovative, but also evidence-based practical strategies aimed at improving patient and provider safety, enhancing participatory decision making for quality patient care, and providing social support for the transition and retention of an increasingly culturally diverse nurse workforce. Finding solutions and better approaches to these contemporary issues will ultimately lead to improved health for our patients. Nurses at all levels of practice are encouraged to examine these issues, as well as increasingly utilizing and translating into practice the high-quality, research-based knowledge that is available today within the international scientific community, because only our own diligence can guarantee quality patient care and its sustainability within the context of decreasing/limited resources.

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