BUILDING THE CASE FOR CHANGE:


Abstract:
This article examines field studies of nursing work published in the English language between 1993 and 2003 as the first step towards an empirically based reformulation of the nursing mandate. A decade of ethnographic research reveals that, contrary to contemporary theories which promote an image of nursing work centered on individualized unmediated caring relationships, in real-life practice the core nursing contribution is that of the healthcare mediator. Eight bundles of activity that comprise this intermediary role are described utilizing evidence from the literature. The mismatch between nursing’s culture and ideals and the structure and constraints of the work setting is a chronic source of practitioner dissatisfaction. It is argued that the profession has little to gain by pursuing an agenda of holistic patient care centered on emotional intimacy and that an alternative occupational mandate focused on the healthcare mediator function might make for more humane health services and a more viable professional future.


Abstract:
The first article in this series (April 2004) portrayed the nursing shortage as a straw man and described a framework that the nursing profession might use to plan its future without getting sidetracked simply by numbers. This article delves more deeply into why this is important to do now; the third article will propose various paths forward and give examples of how idealized redesign has been used to reinvent an organization or process and change ways of thinking, which can be applied to the nursing profession. (C) 2004 Lippincott Williams & Wilkins, Inc.


Abstract:
In article 1 of this series (April 2004), the profession of nursing was used as an example to illustrate the methodology of idealized redesign, focusing on the essence of nursing versus the numbers of nurses. Article 2 (June 2004) explored the compelling societal and organizational reasons for the redesign of nursing to occur now. In this article, the authors explore a comparative example of a successful redesign effort using idealized redesign for the renovation of part of a city. They also explore one group’s attempt at using idealized redesign for beginning the redesign of nursing. Finally, a path forward for continuing this important and timely work is outlined. (C) 2004 Lippincott Williams & Wilkins, Inc.

No Abstract provided.


**Abstract:**
This is Part 1 of a 2-part article on the new and emerging characteristics and elements of leadership for changing, fast-paced organizations. As we leave the 20th century workplace and are increasingly driven by innovation and technological transformation, new roles are demanded from everyone. Leadership expression now calls for a different emphasis and skill set from those that predominated in the past century. The first article focuses on the context of leadership affecting what leaders do and how they must now behave. Part 2 will center on the activities of leadership and the new learning and skill set development that will increasingly be required of leaders in a fundamentally altered work environment. (C) 2003 Lippincott Williams & Wilkins, Inc.


**Abstract:**
This is Part 2 of a 2-part article on the new and emerging characteristics and elements of leadership for changing, fast-paced organizations. As we leave the 20th century workplace and are increasingly driven by innovation and technological transformation, new roles are demanded from everyone. Leadership expression now calls for a different emphasis and skill set from those that predominated in the past century. The first article (February 2003) focused on the context of leadership affecting what leaders do and how they must now behave. This article centers on the activities of leadership and the new learning and skill set development that will increasingly be required of leaders in a fundamentally altered work environment. (C) 2003 Lippincott Williams & Wilkins, Inc.


No Abstract provided.


**Abstract:**
This article is the first in a 3-part series that supports a novel and comprehensive approach to the nursing shortage, that of idealized redesign of the nursing profession. Identifying the current approach as being one dealing with the symptoms, rather than the causes of the shortage, the authors argue for a qualitative, rather than the popular quantitative, approach to the shortage. Part 2 of the series (June 2004) focuses on the need for redesign based on contemporary nursing and work force issues. Part 3 (July/August 2004) suggests a path forward to advance this redesign work. (C) 2004 Lippincott Williams & Wilkins, Inc.
POTENTIAL FRAMEWORKS FOR YOUR CHANGE PROCESS / ORGANIZATIONAL ASSESSMENT:

1. Lean Thinking

The original book on Lean Thinking:
http://www.lean.org/Lean/Bookstore/ProductDetails.cfm?SelectedProductID=88
No Abstract provided.

This is an Amazon.com link for the book, Lean Thinking.

Abstract
Nurses today are attempting to do more with less while grappling with faulty error-prone systems that do not focus on patients at the point of care. This struggle occurs against a backdrop of rising national concern over the incidence of medical errors in healthcare. In an effort to create greater value with scarce resources and fix broken systems that compromise quality care, UPMC Health System is beginning to master and implement the Toyota Production System (TPS)-a method of managing people engaged in work that emphasizes frequent rapid problem solving and work redesign that has become the global archetype for productivity and performance. The authors discuss the rationale for applying TPS to healthcare and implementation of the system through the development of "learning unit" model lines and initial outcomes, such as dramatic reductions in the number of missing medications and thousands of hours and dollars saved as a result of TPS-driven changes. Tracking data further suggest that TPS, with sufficient staff preparation and involvement, has the potential for continuous, lasting, and accelerated improvement in patient care. (C) 2003 Lippincott Williams & Wilkins, Inc.

Abstract
This article describes the use of the transformational model one system used to build 'systemness' while maintaining local identify, achieve consistency within care, and identify the development needs for staff and leaders to achieve integration of care within a large, multi-provider health system.

2. Complexity Theory

Abstract:
An excellent article describing complexity science, healthcare organizations as complex adaptive systems and the leadership skills that are necessary for working effectively in these complex environments.

Abstract:
The emerging field of complexity science offers an alternative leadership strategy for the chaotic, complex healthcare environment. A survey revealed that healthcare leaders intuitively support principles of complexity science. Leadership that uses complexity principles offers opportunities in the chaotic healthcare environment to focus less on prediction and control and more on fostering relationships and creating conditions in which complex adaptive systems can evolve to produce creative outcomes. (C) 2001 Lippincott Williams & Wilkins, Inc.


Abstract:
There is increasing interest in complexity as an explanatory model to help understand how health care organizations operate and change. In this article, we present a brief introduction to some of the basic ideas in complexity and illustrate how these might be relevant to the process of implementing clinical governance. The implementation of clinical governance can be seen as a complex adaptive system: as such, we must accept that uncertainty and unpredictability are inescapable. This makes life uncomfortable for managers, but an understanding of how complex adaptive systems work helps us explore a range or management styles and practices, depending on how the 'system'--in this case the implementation of clinical governance--is developing.


No Abstract provided.

3. Relationship-Centered Care

Abstract:
Intuitively, most healthcare leaders and caregivers appreciate the significance of effective relationships and their probable connection with positive patient outcome and financial success. In light of the lack of empirical descriptions and support for these relationships, however, a reluctance is seen to ascribe significant value, energy, and financial resources to relationship building. We describe the national initiative sponsored by the Fetzer Institute to support the Relationship-Centered Care Network, describe a relationship model to gain a greater appreciation of the complexities of relationships, and share experiences of an organization that operates based on the principles of relationship-centered care. (C) 2000 Lippincott Williams & Wilkins, Inc.
AONE Guiding Principles for Future Care Delivery

1. The Core of Nursing is Knowledge and Caring.
   **Abstract:**
   This article examines field studies of nursing work published in the English language between 1993 and 2003 as the first step towards an empirically based reformulation of the nursing mandate. A decade of ethnographic research reveals that, contrary to contemporary theories which promote an image of nursing work centered on individualized unmediated caring relationships, in real-life practice the core nursing contribution is that of the healthcare mediator. Eight bundles of activity that comprise this intermediary role are described utilizing evidence from the literature. The mismatch between nursing’s culture and ideals and the structure and constraints of the work setting is a chronic source of practitioner dissatisfaction. It is argued that the profession has little to gain by pursuing an agenda of holistic patient care centered on emotional intimacy and that an alternative occupational mandate focused on the healthcare mediator function might make for more humane health services and a more viable professional future.

   **Abstract:**
   This article looks at those things that divert nurses’ attention away from patient care such as operational hassles that impact quality of care, staff satisfaction and retention.

   **No Abstract provided.**

   **Abstract:**
   The downsizing movement left fractures in the healthcare system for patients, nurses, and healthcare providers. To heal the fractures, nurses at the Baptist Hospital of Miami developed the patient care facilitator (PCF), a clinical leadership role for nurses within a smaller area of patient responsibility (12-bed hospital), to provide caring professional nursing practice for both patients and staff. This article describes the multimethod research done to evaluate the impact of the role on continuity of care for patients and caring behaviors of nursing staff. All methods, both qualitative and quantitative, converged and clearly demonstrated the value of the PCF in providing continuity of care from a caring framework.

   **Abstract:**
Consumers of health care expect caring behaviors and become satisfied and loyal customers when their health experience included caring. In today's health care environment, however, caring often takes a back seat to task completion and capital expenditures. Caregivers may feel caring, but they often provide care without regard for how patients prefer to experience caring. Caring theorists provide a framework of patient centered caring to guide professional practice. Stories of caring that occur in spite of diminished resources are inspirational and illustrate these theories. Chief nursing officers share a unique opportunity and imperative to assure that caring stories, the essence of our work, routinely inform decisions made in the executive suite and boardroom.


**Abstract:**
Every health care professional who is involved in providing direct care, or who has managerial or support responsibilities can benefit from understanding the qualities of the soulful organization, and of the relationship between soul and profitability. *Reclaiming Soul in Health Care* applies the ideas of enhancing soul in a business environment and adapts these principles to health care. It reframes the philosophical concepts of soul into everyday business language, and offers dozens of practical, low-cost suggestions for enhancing the professional's work life. *Reclaiming Soul in Health Care* explores what soul is and the difference that being a soulful organization makes to employees, to customer and patient satisfaction, and ultimately to the bottom line.


No Abstract provided.


**Abstract:**
Although some of the models and practices imported from business and industry have dubious or uncomfortable application to healthcare, one of the rapidly emerging paradigms appears to fit nursing and healthcare well. The concept of the knowledge-intensive or knowledge work company or firm, staffed primarily by a workforce of knowledge workers, appears to describe the healthcare organization more accurately than the traditional industrial organization model drawn from the production floor or the sales organization. (C) 1999 Lippincott Williams & Wilkins, Inc.


**Abstract:**
Parts 1 and 2 (July/August and September 1999) in this three-part series presented a detailed overview of the knowledge-intensive organization, staffed by knowledge workers who practice primarily in sophisticated interdisciplinary teams. In this article, the authors describe the benefits and challenges of preparing nurses and other healthcare professionals to practice in such interdisciplinary knowledge teams. (C) 1999 Lippincott Williams & Wilkins, Inc.
The *Thomas-Kilmann Conflict Mode Instrument (TKI)* is the world's best-selling instrument for understanding how different conflict-handling styles affect personal and group dynamics and for learning how to select the most appropriate style for a given situation. Available for purchase at:

www.cpp.com


**Abstract:**
Our economy is shifting from a hard goods and material products base to one in which knowledge is the primary mode of production. Organizations are experimenting with designs that support knowledge work by clustering individuals with different but complementary skills in focused teams. The goal is to increase applied knowledge that furthers the organization's strategic intent. The team-based knowledge work model holds promise for healthcare organizations that are under pressure to use knowledge to improve clinical care, integrate care across disciplines and settings, and accept accountability for costs. However, the shift from the traditional bureaucratic model to the flexible team-based design mandates changes in the design of the organization, the role of leadership, and the attributes of the teams and team members. In Part 2 of this three-part series, the authors explore the necessary design changes and the new roles for leadership, teams, and their members. Additionally, implications for healthcare clinicians, particularly nurses, are discussed. (C) 1999 Lippincott Williams & Wilkins, Inc.

2. The Care is User-Based
The AACN- Critical Care Synergy Model for Patient Care: http://www.certcorp.org/certcorp/certcorp.nsf/vwdoc/SynModel?opendocument

**Abstract:**
The core concept of the re-conceptualized model of certified practice - the AACN Synergy Model for Patient Care - is that the needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses. Synergy results when the needs and characteristics of a patient, clinical unit or system are matched with a nurse’s competencies.)

http://www.familycenteredcare.org

**Abstract:**
The Institute for Family-Centered Care, a non-profit organization, provides essential leadership to advance the understanding and practice of family-centered care. By promoting collaborative, empowering relationships between providers and consumers, the Institute facilitates family-centered change in all settings where individuals and families receive care and support.


**Abstract:**
Consumers of health care expect caring behaviors and become satisfied and loyal customers when their health experience included caring. In today’s health care environment, however, caring often takes a back seat to task completion and capital expenditures. Caregivers may feel caring, but they often provide care without regard for how patients prefer to experience caring. Caring theorists provide a framework of patient centered caring to guide professional practice. Stories of caring that occur in
spite of diminished resources are inspirational and illustrate these theories. Chief nursing officers share a unique opportunity and imperative to assure that caring stories, the essence of our work, routinely inform decisions made in the executive suite and boardroom.


**Abstract:**
In this comprehensive, research-based look at the experiences and needs of patients, the authors explore models of care that can make hospitalization more humane. Through the Patient's Eyes provides insights into why some hospitals are more patient-centered than others; how physicians can become more involved in patient-centered quality efforts; and how patient-centered quality can be integrated into health care policy, standards, and regulations. The authors show how, by bringing the patient’s perspective to the design and delivery of health services, providers can improve their ability to meet patient's needs and enhance the quality of care.

Spath, Patrice L., Editor, Partnering with Patients to Reduce Medical Errors, 2004, Chicago, IL: Health Forum, Inc.

**Abstract:**
The need to avoid errors in the provision of health services is a major concern across all sites of health care delivery. This books supports the concept of proactively building safety into health service activities through involvement of the health care consumer. It discusses safety from the patient’s point of view, the role of the patient in safety from the physician’s perspective, and barriers to engaging patients in building such a culture. The final chapter provides an example of a facility that has been successful in this endeavor.

3. **Knowledge is Access-Based**

**Abstract:**
Today's nurse leader is challenged to create a practice environment that fosters multidisciplinary collaboration, professional development, and a culture of safety. Fostering a sense of coherence among staff nurses about their place within the nursing department and the department's place within the broader organization is essential to the development of such environments. When nurses have a sense of coherence about their work setting, they are more likely to feel confident that their care of patients and families is fully supported by the organization in which they work. The authors describe the concept of coherence, discuss findings from a preliminary study regarding attributes that may contribute to coherence in individual nurses, and describe systems and programs that have been implemented in a large academic medical center to foster a sense of coherence in individual nurses, the nursing department, and the institution as a whole.


**No Abstract provided.**
4. Knowledge is Synthesized

**Definition of “Critical Synthesis”:**
Excellence in patient care in an increasingly complex healthcare arena will depend on critical synthesis as much as critical thinking. Critical synthesis focuses on the importance of truly blending resources (human, professional, technological, and financial) to achieve optimum outcomes. As much as we think we work in a multidisciplinary world today, the reality is that each discipline and setting is more like a "parallel player", working in linear ways with a narrow, self-focus on individual contributions and short-term outcomes. Much like isotonic saline --- in which salt and water become a true solution --- critical synthesis is fluid and dynamic, requiring a true mix of talents and resources that comes from active involvement and empowered partnerships formed among all the key players (e.g. patients, families, communities, nurses, physicians, pharmacists, other health professionals, information specialists, and third party payers).

Critical synthesis intimates that the work of the nurse in the future will involve the relational integration of multiple types of complex, interactive information to pull together a plan that prioritizes and sorts in accordance to those multiple, relational [and not linear] factors. It involves trans-disciplinary processing as well as trans-provider setting processing. Critical synthesis moves the work of the nurse to a different plane of functioning - from the layering/prioritizing of actions steps in a journey of care to the creation of an entirely new journey of care with the patient and her/his support system at the helm of the journey.

*Source:* Karen Haase-Herrick, 2003, 2005, with contributions from Rosalinda Alfaro-LeFevre, RN, MSN and Ruth Hansten, PhD, FACHE, MBA, RN

No Abstract provided.

No Abstract provided.

**Abstract:**
This is a classic book outlining the progression from beginning practitioner to expert.

No Abstract provided.  
(This book provides a framework for changing the culture of an organization by changing the conversations that occur.)

**Abstract:**
The authors briefly examine the way individuals and collectivities make sense of organizational life, and the way reciprocal patterns of influence are formed, deconstructed, revised and refined over time. Our main concern is with explaining the relationship between the various cultures which co-exist within organizations and the processes by which professional subcultures are created and maintained.


**Abstract:**
This book provides a framework for engaging staff and managing the chronic conflict that can create apathy and withdrawal in the organizational setting.


**Abstract:**
This article focuses on the need for management of the professional culture differences that exist between decision-making groups in the healthcare organization in order to create effective operational approaches that take into account the differences in language and perception of how decisions should be made.


**Abstract:**
Turnover rates for hospital nurses have been increasing in recent years, which is partially a result of increasing pressure on nurses from higher productivity expectations in a managed care environment. Improving nurse retention is a difficult challenge to managers since the bureaucratic cultural norm of hospitals, with its hierarchical structures, rules, and regulations, and heavy emphasis on measurement of outcomes and costs, may not be the culture most conducive to enhancing nurses’ job satisfaction and commitment. Accordingly, this study investigates the relationships between unit organizational culture and several important job-related variables for nurse retention in the labor and delivery units of seven hospitals. Data analysis shows that unit organizational culture does affect nurses’ quality of work life factors and that human relations cultural values are positively related to organizational commitment, job involvement, empowerment, and job satisfaction, and negatively related to intent to turnover. These findings suggest that although increasing recruitment of nurses and improved compensation and benefits strategies may offset hospital nurse shortages in the short term, improving quality of work life may be a more practical and long-term approach to improving hospital nurse retention.


**Abstract:**
A short introduction into the process of appreciative inquiry with guidelines for using the process with groups. Enables facilitators and managers to shift the way in which a group looks toward solutions.

No Abstract provided.


No Abstract provided.


**Abstract:**
Through the 1990s most hospitals were involved in restructuring. As a result, maintaining professional nursing practice is challenging this cost–constrained hospital environments. In new models of care, professional nursing practice expectations are often re-conceptualized into multidisciplinary care team structures in which the team is empowered and becomes the focus rather than the individual nursing caring for her or his patient. Given that nurses provide the greatest part of patient care in hospitals, professional nursing practice has the potential to differentiate one hospital from another. Consequently, it is in the strategic interest of organizational policy makers to implement initiatives that support professional nursing practice.


**Abstract:**
There is little consensus among scholars over the precise meaning of organizational culture. Competing claims exist concerning whether organizational cultures are capable of being shaped by external manipulation to beneficial effect. A range of culture change models has been developed. A number of underlying factors that commonly attenuate culture change programs can be identified. Key factors that appear to impede culture change across a range of sectors include: inadequate or inappropriate leadership; constraints imposed by external stakeholders and professional allegiances; perceived lack of ownership; and subcultural diversity within health care organizations and systems.


**Abstract:**
Chapter focuses on the many changes in healthcare organization and delivery over the past fifty years and the shifts in power, focus and financing.


**Abstract:**
Patients now, more than ever, need reassurance that they are indeed the focus of the healthcare team. Patients enter the healthcare system knowing that there are worldwide shortages of key personnel, that physicians can no longer afford malpractice coverage and are many times practicing “defensive medicine,” and that there are reported issues
in terms of patient safety that may affect their own care within a hospital setting. With inpatient care becoming increasingly focused on “curing” via application of new and advanced technologies, patients are beginning to ask the question “Does anyone care?” To answer that question, Baptist Hospital of Miami, part of Baptist Health South Florida, committed to the hospital-wide implementation of a new model of practice. In this model, a patient care facilitator (PCF) becomes the primary point person for the patient during their stay. Each PCF leads a “Twelve Bed Hospital,” a smaller segment of the patient care center where staff work with the PCF to make the whole inpatient experience more personalized. Initial results of the pilot implementation are promising. Research is underway to assess the overall effects of this practice model on continuity of care, patient safety, satisfaction, efficiency, and effectiveness of patient care.


**Abstract:**
Concern about patient safety, caused in part by high-profile major failures in which many patients have been harmed, is rising worldwide. This paper draws on examples of such failures from several countries to analyze how these events are dealt with and to identify lessons and recommendations for policy. Better systems are needed for reporting and investigating failures and for implementing the lessons learned. The culture of secrecy, professional protectionism, defensiveness, and deference to authority is central to such major failures, and preventing future failures depends on cultural as much as structural change in health care systems and organizations.


**Abstract:**
This book provides a foundation in the use of appreciative inquiry, how to use the process to manage change, and examples for practitioners.


**No Abstract provided.**


**Abstract:**
This is one of the first books to link complexity science and chaos theory to organizational management. It is a clear and useful application that introduces readers to the concepts that are shifting how we view organizational management.


**Abstract:**
A nice invitation to return to the art of conversation and the importance of conversation as a means for transcending difficulties facing organizations by creating power for change through conversations that matter.

5. Relationships of Care


Brown, J. The World Café- Shaping Our Futures Through Conversations that Matter, 2005, Berrett-Koehler. Abstract: An excellent presentation of the process of World Café dialogue and multiple examples of how it has been used to bring people together in discussion about difficult issues, future plans, or competing viewpoints.

Cloke, K. and Goldsmith, J. The Art of Waking People Up, Cultivating Awareness and Authenticity at Work, 2003, John Wiley and Sons. Abstract: The authors show how organizations can develop the systems, processes, techniques, and relationships that affirm, rather than undermine, the intelligence and humanity of their employees. Filled with tools, interventions, and strategies managers can use to encourage their employees to speak, hear, absorb, and use the information they need to improve the way they work.

Dingman, S., Williams, M., Fosbinder, D., & Warnick, M. (1999). Implementing a caring model to improve patient satisfactions. JONA, 29, (12), 30-37. Abstract: Patient satisfaction has become an important indicator of quality care and financial success of healthcare institutions. Acknowledging the importance of nurse caring behaviors and the impact on patient satisfaction has been relatively recent. Based on a synthesis of the literature, five caring behaviors have been formulated into a model; no single study identified the five selected behaviors included in this study. In an acute care setting, eight patient satisfaction attributes were incorporated into a Caring Model. Implementation of the model among nursing staff members included an educational in-service, printing of the behaviors on the name badge, reminders in monthly staff meetings and nursing rounds, and inclusion of the caring behaviors in patient care documentation, job descriptions, and performance appraisals.

**Abstract:**
This is an excellent overview of literature, research and applications of interdisciplinary teamwork in the healthcare setting.


**Abstract:**
A classic from researchers at the Harvard Negotiation Project- provides a great approach for building working relationships as a foundation for day-to-day and complex negotiations.


**Abstract:**
Provides an historical view of collaboration and new approaches for viewing the nurse-physician working relationship as a means for improving patient care.


No Abstract provided.


**Abstract:**
An in-depth presentation of the dialogue process and how it can be incorporated into the organizational setting to improve collaboration.

ISMP Survey on Intimidating Behaviors, Survey results found at: [http://www.ismp.org/MSAarticles/Intimidation.htm](http://www.ismp.org/MSAarticles/Intimidation.htm)

No Abstract provided.

ISMP Survey on Intimidating Behaviors, Recommendations found at: [http://www.ismp.org/MSAarticles/intimidation2.htm](http://www.ismp.org/MSAarticles/intimidation2.htm)

No Abstract provided.


No Abstract provided.


**Abstract:**
The result of Creative Health Care Management’s 25 years experience in health care, this book provides health care leaders with basic concepts for transforming their care delivery system into one that is patient and family centered and built on the power of
relationships. *Relationship-Based Care* provides a practical framework for addressing current challenges and is intended to benefit health care organizations in which commitment to care and service to patients is strong and focused. It will also prove useful in organizations searching for solutions to complex struggles with patient, staff and physician dissatisfaction; difficulty recruiting and retaining and developing talented staff members; conflicted work relationships and related quality issues.

Kritek, P., Negotiating at an Uneven Table- Developing Moral Courage in Resolving our Conflicts, 2nd Ed., 2002, John Wiley and Sons, Inc.

**Abstract:**
Explores the process of resolving conflicts in situations where unacknowledged inequity influences disputes and their outcomes.


**Abstract:**
Doctor and nurse evaluation of their inter-professional co-operation was mapped. Logistic regression models predicting their satisfaction were compared. Doctors were significantly more often than nurses satisfied with the inter-professional co-operation of the two groups. Satisfaction with inter-professional co-operation was predicted by a number of work situation variables. Some of them contribute differently to doctor and nurse satisfaction. Doctors and nurses not only evaluate their inter-professional co-operation differently, they also appear to define the concept in different ways. Hospital managers should include an understanding of this cultural diversity into the basis of their quality improvement efforts.


**Abstract:**
This book takes the Disney corporate realities and turns them into approaches and strategies that hospital leaders can apply to their environment. The author talks about why perceptions are more important than reality, patient loyalty is more important than satisfaction, courtesy more important than effort, and experience more important than service. The author also spends some time addressing patient satisfaction surveys and competitive incentives for employees. His goal is to “bring out the best behaviors in workers and provide the best emotional experience for patients”.

Mannion, Jo, Create a Positive Health Care Workplace!, 2005, Chicago, IL: Health Forum, Inc.

**Abstract:**
This book provides strategies that are evidenced based. It pulls together a broad range of study findings from a variety of fields and presents them in an informative and immediately useful fashion. It is written from the perspective of the leader, but is focused on the individual scale.

The Nursing Code of Ethics- ([http://www.ana.org/ethics/encode.htm](http://www.ana.org/ethics/encode.htm))

**No Abstract provided.**

Abstract:
This book presents an accessible approach for recognizing and conducting difficult conversations where stakes are high, emotions are strong and participants may feel unsafe to discuss the issues at hand.

No Abstract provided.

Abstract:
This article explores the impact of organizational structure and management practices on delivery of quality healthcare.

Abstract:
This study commissioned by the AACN reveals the conversations that are not occurring in the clinical setting among healthcare professionals and some of the barriers to these conversations. Makes a strong link to patient safety and work environment.

No Abstract provided.

Stevens, S., Nursing Workforce Retention-Challenging a Bullying Culture, Health Affairs, 2002, 21(5):189-93.
Abstract:
Discussions surrounding nursing shortages typically focus on recruitment, but retention is also a problem. Emerging research suggests that intimidation in the nursing workforce is a problem that planners need to deal with as part of an overall strategy aimed at maintaining a balance between supply and demand. This paper explores issues surrounding intimidation in the nursing workforce and looks at how one major teaching hospital in Australia attempted to address the problem.

Abstract:
Human beings can be proactive and engaged or, alternatively, passive and alienated, largely as a function of the social conditions in which they develop and function. Within health care organizations of all sizes—from large academic medical centers to independent solo practices—many people are experiencing distress. Some of this is appropriately attributed to such external factors as payment reductions, regulation, and the business practices of insurers. Less well recognized is the contribution of factors internal to the organizations: styles of leadership and management, administrative policies and procedures, and organizational culture. As compared with external factors, these internal characteristics have more direct, immediate, and powerful effects and are far more amenable to change at a local level. The goal of this article is to call attention to
these internal factors to enable people involved with health care organizations to pursue constructive change that will improve their own well-being and that of others.


**Abstract:**
Provides a blueprint for effective collaboration and offers a comprehensive and scholarly review of the extensive work reported to date on healthcare collaboration. Emphasis is on research and designs, theories and models of collaboration.

6. The “Virtual” and the “Presence” Relationship of Care

**Abstract**
A 400-bed mission driven hospital was faced with the challenges of recruitment and retention so staff, patient satisfaction and a changing population. The Nursing and Hospital Morale Initiative was created to build understanding of the importance of self-care, personal responsibility teamwork and spirituality while promoting quality care and a health work environment. The Initiative consisted of wellness activities and education programs including Reigniting the Spirit of Caring workshops. Data showed significant improvement in 13 areas.


**Abstract:**
Assumptions about four main phenomena of concern to nursing (persons/clients, health/well-being, environments and nursing) are presented and an elaboration is made of the structure of a theory of caring. The issues that arise when nursing is viewed as “informed caring for the well-being of others” are also examined.

7. Managing the Journey

**No Abstract provided.**


**Abstract:**
Jayne Felgen developed a practical formula for change which defines four equal elements for transforming an environment of care. This formula simplifies the process of engaging individuals and groups in appreciating current successes while aspiring to a deeper integration of change within the culture of the organization. This formula for change is $I_2E_2$: Inspiration, Infrastructure, Education, and Evidence.


**Abstract:**
A nicely written book that introduces the reader to approaches for deepening listening skills.

**Abstract:**
Drawing on the wisdom of Florence Nightingale from the nineteenth century Dr. Watson sets out a template for nursing in the twenty-first century. Once again, with the renewed awareness that healing occurs within the context of relationships, caring is emerging as the core of professional practice. As we move beyond the high-tech approaches, nursing is rediscovering the healing essence and is integrating new practical, meaningful concepts of caring into practice. Readers will gain new insights into caring-healing relationships and will experience a recommitment to their calling.


**Abstract:**
The authors offer a powerful presentation of the nature of connection--with self and with others--in the context of care giving and healing. They emphasize the importance of consciousness and relationship, ritual and environment, in the arena of care giving, and propose that right relationship within organizations, within professional teams, and within one's self clear a pathway to prepare for working compassionately in the world.


**No Abstract provided.**