THE UNIQUE VOICE OF NURSING IN IMAGING - CAN WE BE HEARD?

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Disclosures

Apologize for being the only spot in the US that didn’t get snow
No financial disclosure
Part of my presentation is based on anecdotal evidence and my heart not entirely evidence based
“In everyone’s life, at some time our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle our inner spirit.”

Albert Schweitzer
"Can I do the procedure without putting you under? Sure, if you're one of those people who doesn't mind extreme pain and the sight of blood."
Overview

• Discussion about voice as a concept
• Nursing voice
  • Being heard and being silent
  • Uniqueness of nursing voice
• Nursing voice in procedural areas:
  • Interventional Radiology
My Background

RN for 30 years (*Oncology, Emergency Department and Cath lab*)

Last 10 years in Imaging Services

Bachelors in Nursing in 1984 from University of Wisconsin-Eau Claire

Masters in Nursing in 2006 from San Diego State University

PhD in Nursing in 2012 from the University of San Diego
New Position in Radiology

Uncharted Territory

Leap of Faith
Why are we having this discussion?

Survey question:
Do you believe that the public trusts nurses as individuals and the nursing profession in general?
Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

Dec. 5-8, 2013

- % Very high/High

- Nurses: 82
- Pharmacists: 70
- Grade school teachers: 70
- Medical doctors: 69
- Military officers: 69
- Police officers: 54
- Clergy: 47
- Day care providers: 46
- Judges: 45
- Nursing home operators: 32
- Auto mechanics: 29
- Bankers: 27
- Local officeholders: 23
- Business executives: 22
- Newspaper reporters: 21
- Lawyers: 20
- TV reporters: 20
- Advertising practitioners: 14
- State officeholders: 14
- Car salespeople: 9
- Members of Congress: 8
- Lobbyists: 6
Survey question 2:
Do you believe that most members of the public understand what nurses actually do? or what a radiology nurse does?

Instead of being defined by own standards we are often described in comparison to physicians.

“you are so smart, you could be a doctor”
Act as if what you do makes a difference.

It does!

William James
(19th century philosopher)
Difficult Journey

Fought to get a seat at the table
Radiology nurses want to be heard, need a voice, no one knows what they do. “Oh, you have nurses there?”

Doctoral work on interventional radiology (Chicago, 2011)
Lone nurse in a outpatient Radiology Center

For 5 years she had been working on having her voice heard.
She continually utilized the ARIN listserve as her resource and support.
She was tireless in her pursuit of conducting patient care in her setting in a safe manner (most of the issues related to OSHA requirements)
Result of her persistence

- They have a person in charge of all OSHA issues
- She was asked to be on the safety committee
- She is being backed 100% by administration in any safety issues

“To make a long story short—this has been very difficult starting from scratch and making sure everyone is on board with the ‘new rules’. Medication vials are actually being labeled and the medication fridge is being monitored and not being used for lunches!! It has also been stated that if anyone doesn’t want to follow the rules they can find other employment. So our patients win!! I truly appreciate ARIN’s dedication to my problems!”
From her email

“What I would like heard by all the ARIN nurses is how supportive the group is in time of need!! Without the support I received I may have just given up. I needed that extra boost and someone telling me I was correct in my thinking’’
Just doing our jobs

“Our job as nurses is to cushion the sorrow and celebrate the joy every day while we are just doing our jobs.”

Christine Belle
“Envision how things would be if the voice and visibility of nursing were commensurate with the size and importance of the nursing profession.”

-Buresh & Gordon

Key concepts of a Caring Science

- Heart/ Soul
- Voice
- Hearth/ Home
- Mind
- Hands/ Praxis

Adapted from Watson’s Caring Theory
• Definition of voice
• Types of voice

CONCEPT OF VOICE
Definition of voice

- the sound or sounds uttered through the mouth of living creatures, esp. of human beings in speaking, shouting, singing, etc.

- expression in spoken or written words, or by other means: to give voice to one's disapproval by a letter

- the right to present and receive consideration of one's desires or opinions: We were given no voice in the election.

—Idioms

- the still, small voice, the conscience: He was only occasionally troubled by the still, small voice.

Types of voice

grammatical voice, passive voice, active voice, interactive voice, singing voice, tone of voice, give voice, voice of conscience, voice of reason, inner voice, low voice, baritone voice, bass voice, middle voice, murmured voice, voice of authority, with one voice, voice of God, voice of the church, voice of the faithful, voice of war, mellifluous voice, voice in my head, finding a new voice, choral speaking, voice of the people, adjutative voice, antipassive voice, applicative voice, causative voice, circumstantial voice, reciprocal voice, reflexive voice, voice of nursing, united voice, professional voice, voice from patient centered care filter, nursing voice (political voice), and enriched professional voice.
Nursing Voice: Is it just a “touchy/feely” topic?
Having an equal voice would go towards equaling out the power differential in hospitals.

Defining attributes of voice would be:

• the confidence to speak
• a receptive audience
• and recognition by that audience that you are speaking.
Nursing Voice
HOW DO WE KNOW WHO IS SPEAKING?
Health care voice

The Voices of Health Care

Voice of the Doctor

The Voice of Quality Health Care

Kennedy: Raising Voice Again on Health Care
Nursing Voice

Bring your voice to an area where patient’s can’t speak for themselves

Support each other
Without Seeing you, They should hear you!
Our Voice needs to be your Mom’s voice
Being heard or having a voice gives you:
• Recognition
• validation
• value
• Reward

Being chronically unheard or silenced:
• decreased self esteem
• anger
• frustration
• depression
• marginalization
What happens when you are silent or not heard?

The Silent Treatment (research study by VitalSmarts, AORN and AACN)

- Concerns about dangerous shortcuts
- Concerns about incompetence
- Concerns about disrespect

Study found that only a small minority of non-supervisory nurses spoke up when they had a concern related to dangerous short cuts, incompetence or disrespect.

Only 9% spoke up in all three situations.

Only 14% spoke up in 2 of the 3 situations.
Specific example

“During the surgical safety checklist, we realized the permit and the scheduled surgery did not match (wrong side). We tried to stop the doctor (plastic surgeon) and he said the permit was wrong. The patient was already asleep and he proceeded to do the wrong side against what the patient had verified, which had matched the permit. We couldn’t not get any support from the supervisor or anesthesiologist. The surgeon completed the case. Nothing was ever done. ‘We felt awful because there was no support from management to stop this doctor. What is the point of having a checklist when it is not consistently followed? We felt absolutely powerless to being an advocate for the patient.”
How the nurses overcame their concerns

They had spoken up sometime in the past, and a patient had been protected.

A patient had already been harmed and the incident was being reviewed.

They had a strong trusting relationship with the person they need to confront.

One or more physicians had made it clear that they appreciate it when nurses speak up.
From the AACN

HEALTHY WORK ENVIRONMENT
Six Standards for establishing and sustaining a Healthy Work Environment

1. Skilled Communication
2. True Collaboration
3. Effective Decision Making
4. Appropriate Staffing
5. Meaningful Recognition
6. Authentic Leadership
“Nurse leaders (yes, that means you) must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement”
Standard 1- Skilled communication

- Nurses must be as proficient in communication skills as they are in clinical skills
- Individual nurses and health care organizations make it a priority to develop communication skills

Critical element to this Standard is that skilled communicators invite and hear all relevant perspectives
Standard 2: True Collaboration

Critical element:

“Every team member contributes to the achievement of common goals by giving power and respect to each person’s voice, integrating individual differences, resolving competing interests and safeguarding the essential contribution each must make in order to achieve optimal outcomes”
Standard 6: Authentic Leadership

Critical element:

“Nurse leaders role model skilled communication, true collaboration, effective decision making, meaningful recognition and authentic leadership.”
“Advocacy demands action and risk. It comes from the word advocate, which in turn comes from the Latin, *vocare*, ‘to voice’. With the prefix ad, it means ‘to call out’. Voice is a non-negotiable prerequisite of advocacy- you cannot, after all, call out in silence.”

Nursing Voice

Important in all areas but focusing on procedural areas
Nursing voice in procedural areas

Power relations, who has power over us?
How do you maintain a professional identity in a tech driven environment?
Boundaries of professional identity
How do we include everybody’s voice equally? Do we do this?
How do we know who is speaking?
What makes nursing’s voice unique?
Why are we still dismissed in 2015?
NURSING VOICE IN INTERVENTIONAL RADIOLOGY

From participants of a Qualitative Descriptive Research Study conducted in Interventional Radiology
Themes for nursing voice

Not being listened to
Tough for nurses to take a stand

Fight against MD for patient advocacy

Techs not sure what nurses do

Nurses ensure policy, orders, standards, requirements

Push MD to see patients

Power struggle between techs and nurses
“They considered us the speed bumps in the department...because we would slow things down...We were questioning...the nurses would step up and voice concerns or slow things down by saying ‘this doesn’t look right or should we be doing that?’ ”

“The techs would never really question the physicians where as the nurses were always the squeaky wheel”

“One thing I found amazing at conference, I realized I was not alone and I thought we were the only department that was in this struggle”
“...surprised to see that there are nurses down in Radiology”

“The rest of the hospital using capnography a lot longer...just a fluke that 2 weeks ago it was attached to a pump”

“Tough for nurses to take a stand”

“I get nervous about talking because there is a tech nurse divide in there but at the same time I really believe there is a place for me in interventional radiology, I’m just not sure where and how it will be...”
“I actually looked at the standards in OR to see what I could do better and I am actually attempting to for the department and am probably going to be the bad guy in the next few weeks because I am going to be pushing to follow stricter OR standards by nursing and by techs so I’m not going to be very popular among the techs, I know that for sure”
Voice of the Interventional Radiology Nurse

One RN stated, “the sedation of the patient and monitoring the response to sedation-the JCAHO standard. We’re also circulating and doing other stuff that we actually shouldn’t be doing.”

She went on to say, “It does make me feel a little bit uncomfortable when your role is stretched so thin that the patient might be compromised, cause you’re doing other stuff and not monitoring the patient closely because you have other duties and tasks while you're sedating patients. So no, I don’t think that’s cool.”
Other participants (voice for the patient)

“The more knowledge you have the more apt in your ability you have to advocate for the patient”

“The nurses are the ones who explain everything to the patient”

“remember to bring all that technology down to the patient…it’s about the patient…patient first”
One last IR nurse stated (voice for the patient)

“I try to do anything I can to get them through their procedure and I hope I’ve given them enough information...I feel like besides all the other technical things that I do, that if I do that human piece and help them not to be so cared, then I feel good about that...the only reason I keep going back to work, you know after almost 30 years”
“This failure to integrate nursing into marketing materials does not mean that hospitals aren’t sending messages about nursing. Quite the contrary: they are suggesting that nursing is not important to the services that they offer.”

Be the voice not the echo.
“Individuals and organizations learn and evolve through conscious, deliberate action. Deliberate action is ethical. When the time to act has come it is unethical not to do something.”

David Thomas, Ethicist
Remember

You have to make sure your voice is heard above all others.

Nurses need to demonstrate a faith in themselves and their profession.

You have to be the voice of nursing in an area with no voice.
Call for action

• Lead where you are
• Speak up (Dr. Spillane)
  • Voice isn’t just in the care narrative but in being at the table to speak for ourselves
• Get nursing mentioned on your hospital website (first page)
• Support each other
• Mentor those coming behind you
• Be professionally active and network (Dr. Denny)
• Educate yourself on the imaging technology and devices being used (Dr. G)
• Make your future (Dr. Miller)
Use your voice

“Don’t forget to use your gift of speech in your practice. Use your voice to encourage, soothe and allay patients’ fears and let them know they are not alone. Use your voice to educate and empower them, so they can learn to take better care of themselves. The human body is an incredible machine, but it also houses a soul and spirit.”

-Theresa Brum (Nurse.com, Dec, 2014)
Nurses may not be angels, but they are the next best thing.
Thank you so much.
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