

Prospettive e sfide della professione infermieristica

Lugano, Svizzera, 10 dicembre 2015

Alvisa Palese

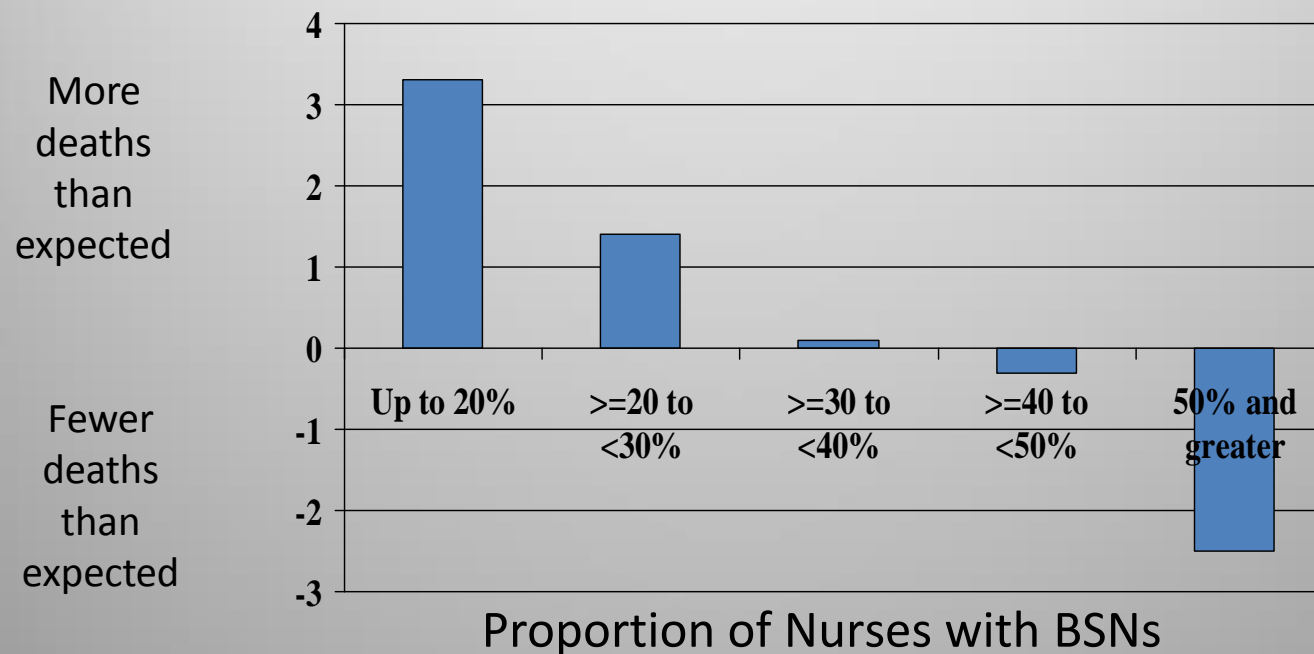
Università degli studi di Udine

Agenda

- 1) Questioni emergenti a livello internazionale
- 2) Implicazioni/riflessioni per la pratica

1) Effetti cure infermieristiche sui pazienti (1)

Excess **Surgical Deaths**/¹⁰⁰⁰ Cases Across PA Hospitals With Differing Proportions of BSN/MSN-Educated Nurses



JAMA[®]

Online article and related content
current as of February 25, 2009.

Hospital Nurse Staffing and Patient Mortality, Nurse
Burnout, and Job Dissatisfaction

Linda H. Aiken; Sean P. Clarke; Douglas M. Sloane; et al.

JAMA. 2002;288(16):1987-1993 (doi:10.1001/jama.288.16.1987)

<http://jama.ama-assn.org/cgi/content/full/288/16/1987>

1) Effetti cure infermieristiche sui pazienti (2)

An increase in a nurses' workload **by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7%** (odds ratio 1.068, 95% CI 1.031–1.106), and every 10% increase in bachelor's degree nurses was associated with a decrease in this likelihood by 7% (0.929, 0.886–0.973).

These associations imply that patients in hospitals in which **60% of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had bachelor's degrees and nurses cared for an average of eight patients.**

Nurse staffing and education and hospital mortality in nine
European countries: a retrospective observational study



*Linda H Aiken, Douglas M Sloane, Luk Bruyneel, Koen Van den Heede, Peter Griffiths, Reinhard Busse, Marianna Diomidous, Juha Kinnunen,
Maria Kózka, Emmanuel Lesaffre, Matthew D McHugh, MT Moreno-Casbas, Anne Marie Rafferty, Rene Schwendimann, P Anne Scott,
Carol Tishelman, Theo van Achterberg, Walter Sermeus, for the RN4CAST consortium**

1) Effetti cure infermieristiche sui pazienti (3)

A Longitudinal Analysis of Nursing
Home Outcomes

Frank Porell, Francis G. Caro, Ajith Silva, and Mark Monane

1) Effetti cure infermieristiche sui pazienti (4)

Contributions of Environment, Comorbidity, and Stage of Dementia to the Onset of Walking and Eating Disability in Long-Term Care Residents

Susan E. Slaughter, PhD, and Leslie A. Hayduk, PhD†*

1) Effetti cure infermieristiche sui pazienti (5)

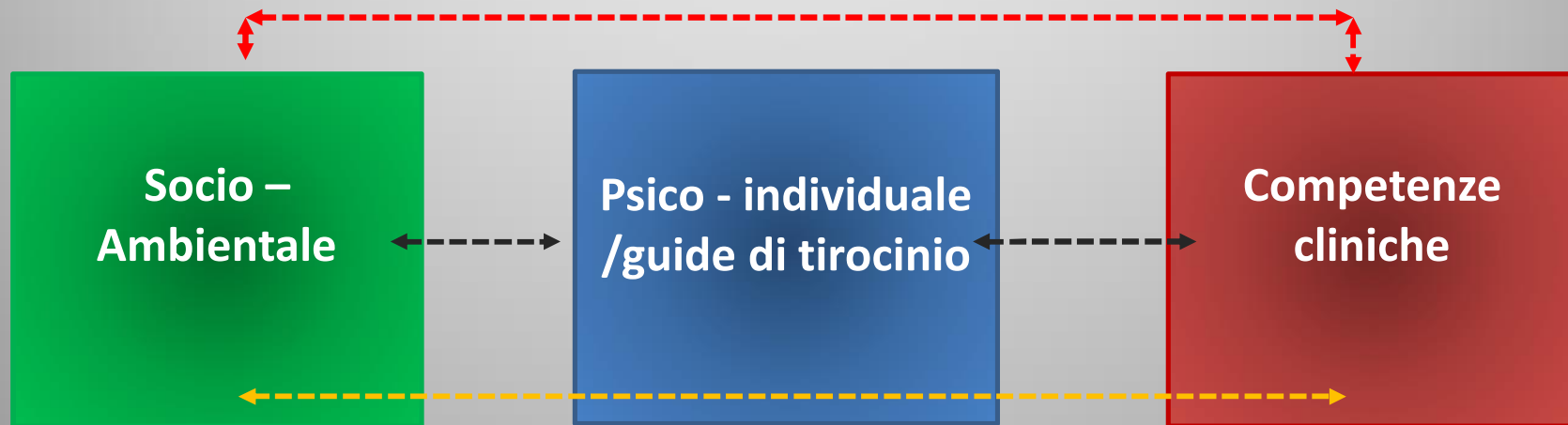


1995/...

1970 – 1990/...

1990 - 2015

1) Effetti delle strategie formative (5a)



1) Effetti cure infermieristiche sui pazienti (4)

SICUREZZA

Lesioni da decubito
Cadute
Malnutrizione
Disidratazione
Infezioni *devices*
Infezioni ferita chirurgica
Inalazioni/Ab ingestis/polmoniti
TVP
Errori di terapia
Mancato riconoscimento
deterioramento clinico del
paziente

EFFICACIA

Indipendenza ADL
Self-care terapeutico
Coping
Confort
Soddisfazione cure ricevute

COMPASSIONATE CARE

Contenzione

Mortalità
Durata degenza

Qualità della Vita
Riammissioni ospedaliere
Ammissioni anticipate in istituzione

(Cho et al. 2005; Griffith et al., 2008)

2) Meccanisimi: *rationing* (1)

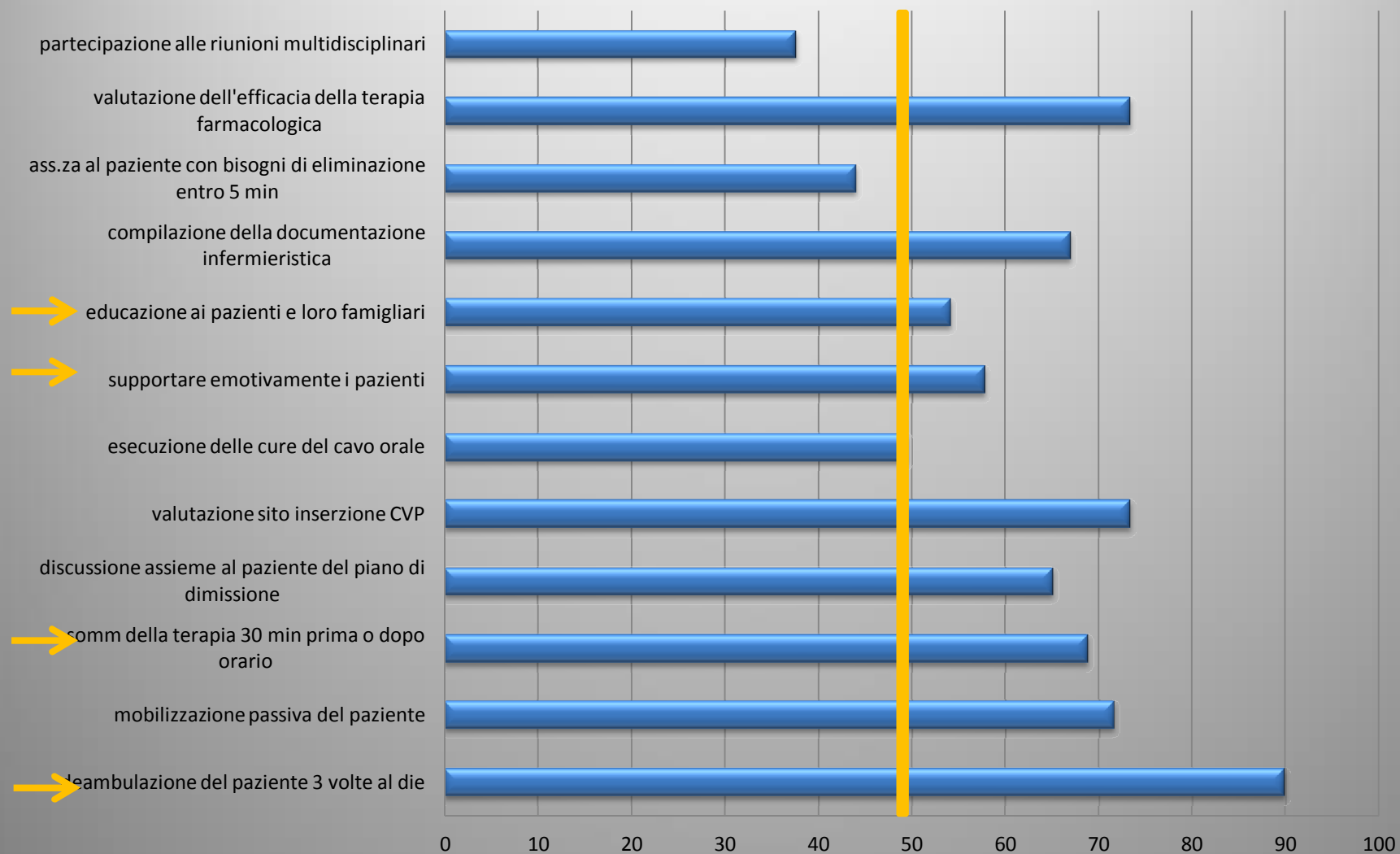
There is still a need of theoretical conceptualization of ***rationing*** in nursing care and develop a common understanding of its definition

There is an emphasis mainly on the organizational antecedents of the phenomenon **and very little evidence about the underling processes in the provision of nursing care.**

Furthermore, there are various terms being used interchangeably to describe rationing, with uncertainty..

(Papastavrou et al, 2015)

2) Meccanismi: *missed care* (2)



2) Meccanismi: *family as 'staff extenders'* (3)

í í

(Cutcliffe et al., 2005)

2) Meccanismi: *lack of care between transitions* (4)

1 clinical instability, chronic conditions,
...developmental, situational, or health illness
changes and organizational changes...

(Meleis, 2000)

2) Meccanismi: *lack of surveillance* (5)

To detect changes in trend to initiate investigative or control measures.

(Matsuo et al. 2008)

2) Meccanismi di 'effetto': *lack of (interest in) direct care/basic care* (6)

Riduzione progressiva delle cure dirette da parte degli infermieri

Progressivo trasferimento di attività di cura ad altri operatori

Riduzione del 'tempo possibile' per progressiva burocratizzazione delle cure infermieristiche

Distress morale

2) Meccanismi: *caring strumentale e non strumentale* (7)

(Watson et al. 2010)

3) Implicazioni/riflessioni: NMDS, Misurazioni

Che cosa/quanto dovremmo misurare?

a) Scale di valutazione

Cliniche

Complessità ?

Organizzative

Validità -> sostenibilità

Per finalità accademiche o di clinica?

b) Gli infermieri sempre maggior tempo è dedicato ad attività assistenziali indirette

(Lomas, 2008; Royal College of Nursing, 2008)

Pochi dati accurati/precisi/comparabili

Pochi dati utilizzati

3) Implicazioni: Inevitabilità/evitabilità

E' tutto inevitabile?

LdP inevitabili

“una lesione da pressione inevitabile può svilupparsi quando l'infermiere ha

- a) valutato le condizioni cliniche individuali ed il rischio di sviluppare LdP,
- b) definito ed attuato interventi contestualmente ai bisogni ed agli obiettivi individuali e mediante modelli di pratica riconosciuti,
- c) monitorato e valutato gli esiti degli interventi ed, eventualmente,
- d) rivisto appropriatamente gli stessi qualora necessario”.

(Black et al., 2011)

3) Implicazioni/riflessioni: evitabilità/inevitabilità

E' tutto inevitabile?

57-66%

(Downie et al., 2013; Downie et al., 2014)

50%

(Gilroy, 2014)

39.1- 41.0%

(Levine, 2015)

3) Implicazioni/riflessioni: vs nuovi approcci di ricerca, 'variabili complesse'

Examples of complex interventions

Service delivery and organisation:

- Stroke units
- Hospital at home

Interventions directed at health professionals' behaviour:

- Strategies for implementing guidelines
- Computerised decision support

Community interventions:

- Community based programmes to prevent heart disease
- Community development approaches to improve health

Group interventions:

- Group psychotherapies or behavioural change strategies
- School based interventions—for example, to reduce smoking or teenage pregnancy

Interventions directed at individual patients:

- Cognitive behavioural therapy for depression
- Health promotion interventions to reduce alcohol consumption or support dietary change

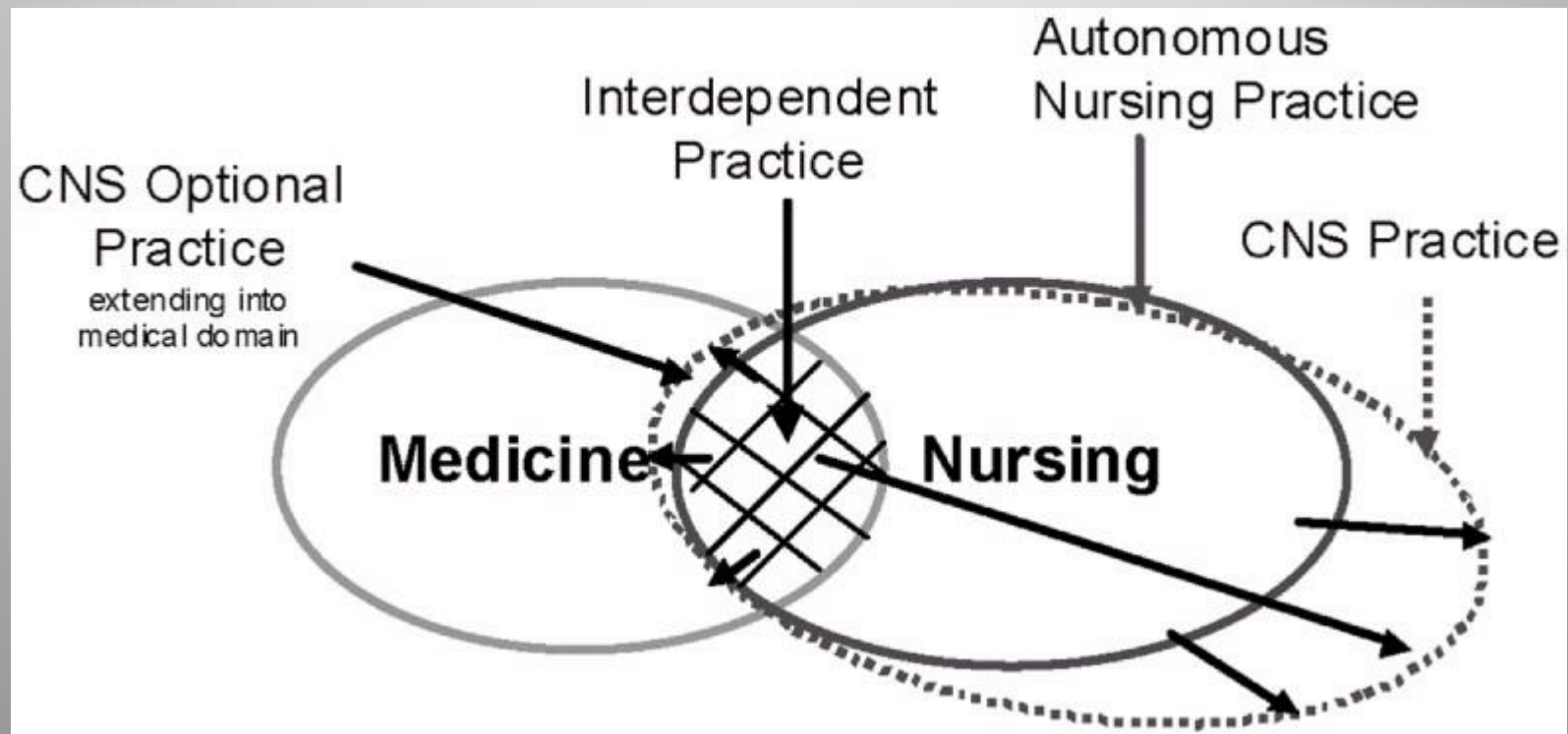
a) *Più componenti*

b) *Interconnessi*

Framework for design and evaluation of complex interventions to improve health

Michelle Campbell, Ray Fitzpatrick, Andrew Haines, Ann Louise Kinmonth, Peter Sandercock, David Spiegelhalter, Peter Tyrer

3) Implicazioni/riflessioni: espansione della pratica



Implicazioni/riflessioni:

Il ritorno alla clinica

**Transforming
Care at the Bedside**

Return to Care

This paper is excerpted from Appendix G of *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2011).