Understanding QI methodologies

I was excited to read the article “QI: Nursing’s Evolving Responsibility” by Mary Wickman, PhD, RN; Diane Drake, PhD, RN; Heather Heilmann, MSN, RN; Rafael Rojas, MBA, MSME; and Corrine Jarvis, MBA, RN, in the October issue. As a new nurse leader with the responsibility of overseeing transplant quality and performance improvement, I’ve experienced a great deal of frustration with the lack of education and training provided to nurses both at the staff and management levels. It has been challenging to build the necessary foundation in the most commonly used quality improvement (QI) methodologies, such as Six Sigma and Plan-Do-Study-Act, and understand how these methodologies link to performance improvement. Most of the knowledge that I’ve gained has been self-taught, which makes it more difficult to share that knowledge with staff members and colleagues with confidence that I fully understand the best way to utilize the methodologies.

One tool that I utilize to plan and evaluate my leadership development is the American Organization of Nurse Executives’ nurse executive competencies. These competencies include a category that covers QI and metrics. To help reach these goals, I’ve identified outside resources such as the National Association for Healthcare Quality, which offers educational conferences, newsletters, a peer-reviewed journal, and a resource center that provides a support system for new and existing healthcare quality professionals. I also plan to sit for the certification exam in a couple of years and have found the preparation materials to be an effective way to build a foundation in healthcare quality principles. Another strategy that I’m using is reaching out to other healthcare quality professionals for guidance and support.

Overall, I feel that nursing doesn’t have a good understanding of the basic principles of QI or our roles and responsibilities concerning quality and performance improvement. I applaud the authors for identifying this opportunity for improvement, as well as providing some basic QI methodologies and principles.

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Zero workplace bullying starts with us

I found the article “The Cure for Workplace Bullying” by John Olmstead, MBA, RN, CNOR, FACHE, in the November issue to be to the point and concise. I agree with the statement that the problem with workplace bullying is a lack of enforcement of policies and expectations by leadership.

I’ve been a clinical leader in a medical ICU for the past 2 years and we have a no-tolerance policy when it comes to lateral violence. Every employee is expected to watch a lateral violence video and sign a commitment to staff. We had an incident with an employee who backlashed against a fellow coworker and threatened the coworker with bodily harm. The employee was placed on administrative leave and by the third day, the employee was let go with the assistance of human resources. This incident set an example to all staff in the department and we haven’t had any further incidents. My manager acted appropriately and in a timely manner.

Lateral violence is costly on many levels: the employees being victimized, their coworkers, patients, the organization, and the healthcare system. Committees should be created to generate a healthy work environment, policies produced and enforced, and education presented. Ultimately, the final word comes down to leadership enforcement. We need to set the example that lateral violence won’t be tolerated and is unacceptable. We all deserve to be safe and practice safely; we owe it to our patients and to our nurses.

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Be mindful of mindfulness

The article “Rekindling the Flame: Using Mindfulness to End Nursing Burnout” by Pamela Lichenberg Heard, PhD, RN; Sherry Hartman, DrPH,
RN; and Stephen C. Bushardt, DBA, in the November issue truly caught my attention. Although I’ve been a nurse for almost 4 years, I’ve realized that, at times, I’m burned out from the tasks of my practice. My focus has been to discover new methods to retain current staff and combat the issues of low morale and burnout on the unit and possibly even on an institutional level.

The overall concept of mindfulness could definitely be applied to specific aspects of nursing practice. I feel that burnout, however, needs a different approach. As clinical nurses, we’re often bombarded with tasks during our shift. After reading the article, all I could think of was having one more thing to do at work: learning the new concept of mindfulness.

As the authors mentioned, a nurse’s day is already filled with multiple intricacies. As an emerging leader, I would suggest that the art of mindfulness be presented as an intervention to be deployed to nursing leadership. This process could possibly assist nurse leaders with the concepts of work-life balance for staff and maybe shed more light on how to be more aware of the needs and demands of being at the bedside.

I’m a firm believer in change starting at the top. A visible leader who’s involved with his or her unit can see when nurses are drowning with their patient care or have issues at home. The greatest accomplishment is when a manager sees the issue and addresses it in a manner in which a process is put into place that corrects and also alleviates the situation in the future. Yes, mindfulness is a great concept that will take time to develop. However, nurses will have to take time away from work and home to successfully attain this expertise—time that’s valuable and sometimes nonexistent. I would definitely be a proponent of this new skill set if there was a quick, “microwave” session available for nurses to learn.

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