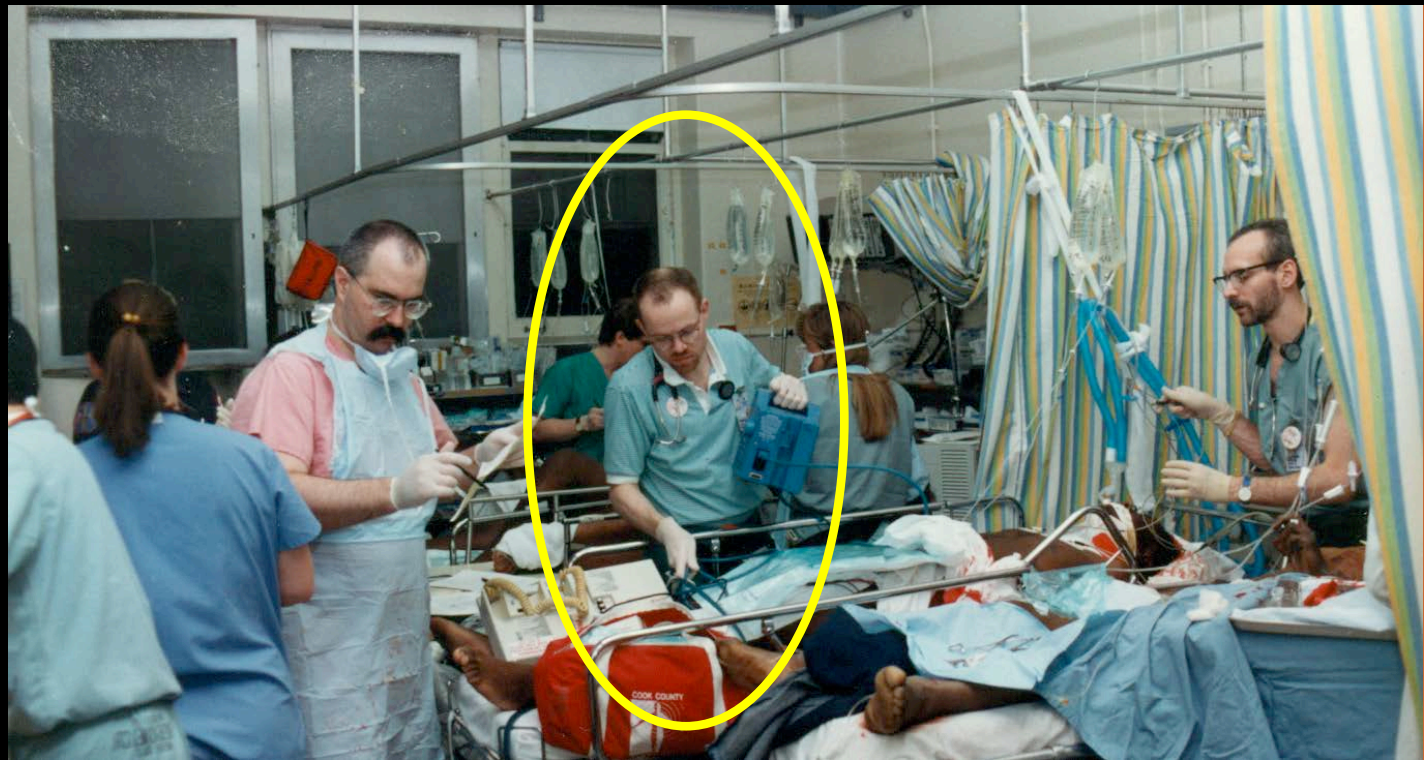




HOW ICU NURSES CONCEIVE OF PERSONAL & PROFESSIONAL RISK WHEN EXERCISING CLINICAL AUTONOMY

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ACADEMIC SYMPOSIUM
UCD BETTY IRENE MOORE
SCHOOL OF NURSING
JUNE 5TH, 2020





NURSING TODAY

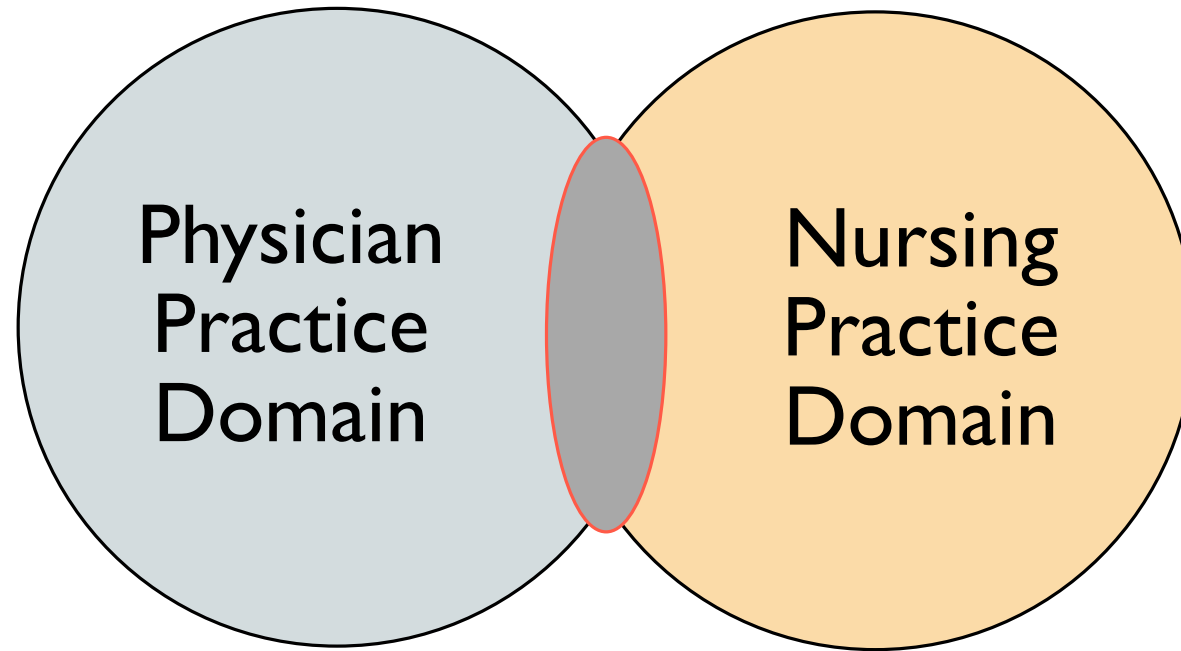


WHAT IS NURSING CLINICAL AUTONOMY?

DEFINITION:

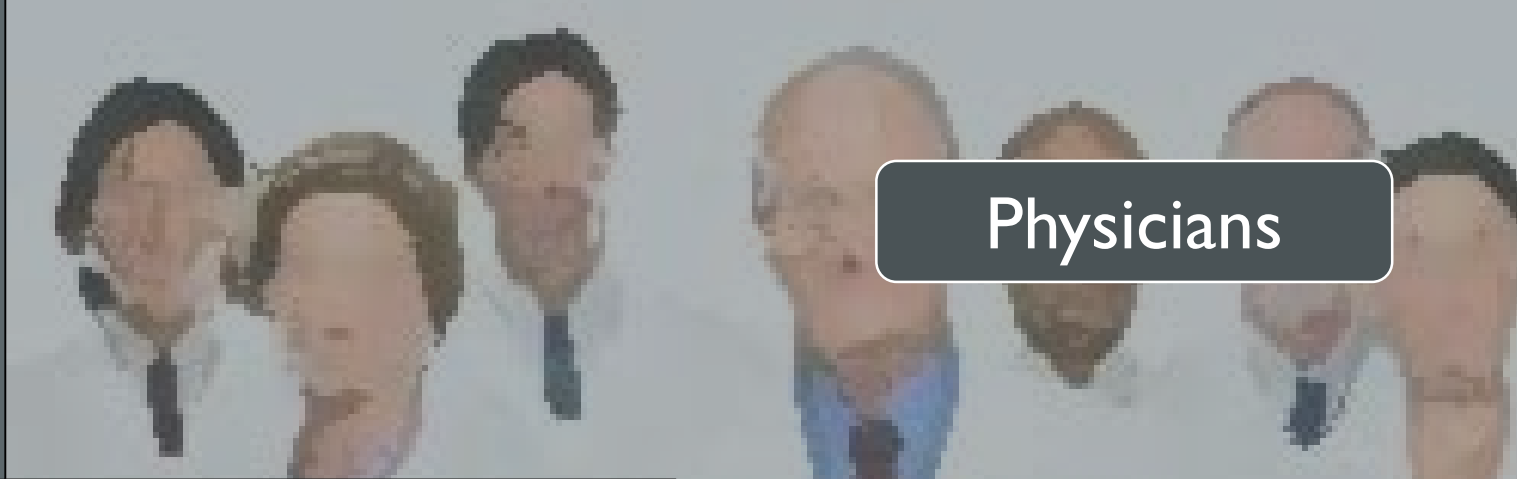
The freedom to do what is in the patient's best interest based on the nurse's professional judgement despite opposing pressure from institutional authorities or disagreement with members of other professions.

(Kramer & Schmalenberg, 2008; MacDonald, 2002)



(Apesoa-Varano & Varano, 2014)

“BOUNDARY WORK”



Physicians

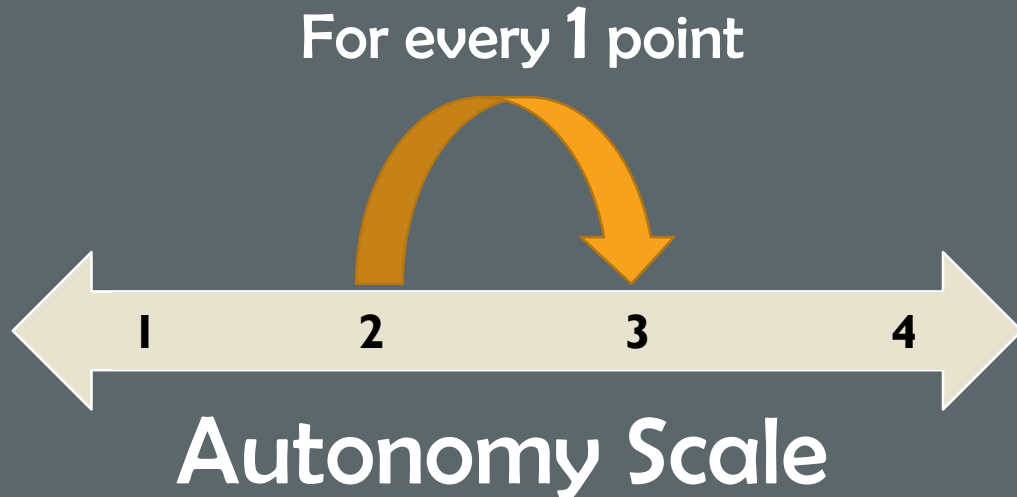


Nurses



Administrators

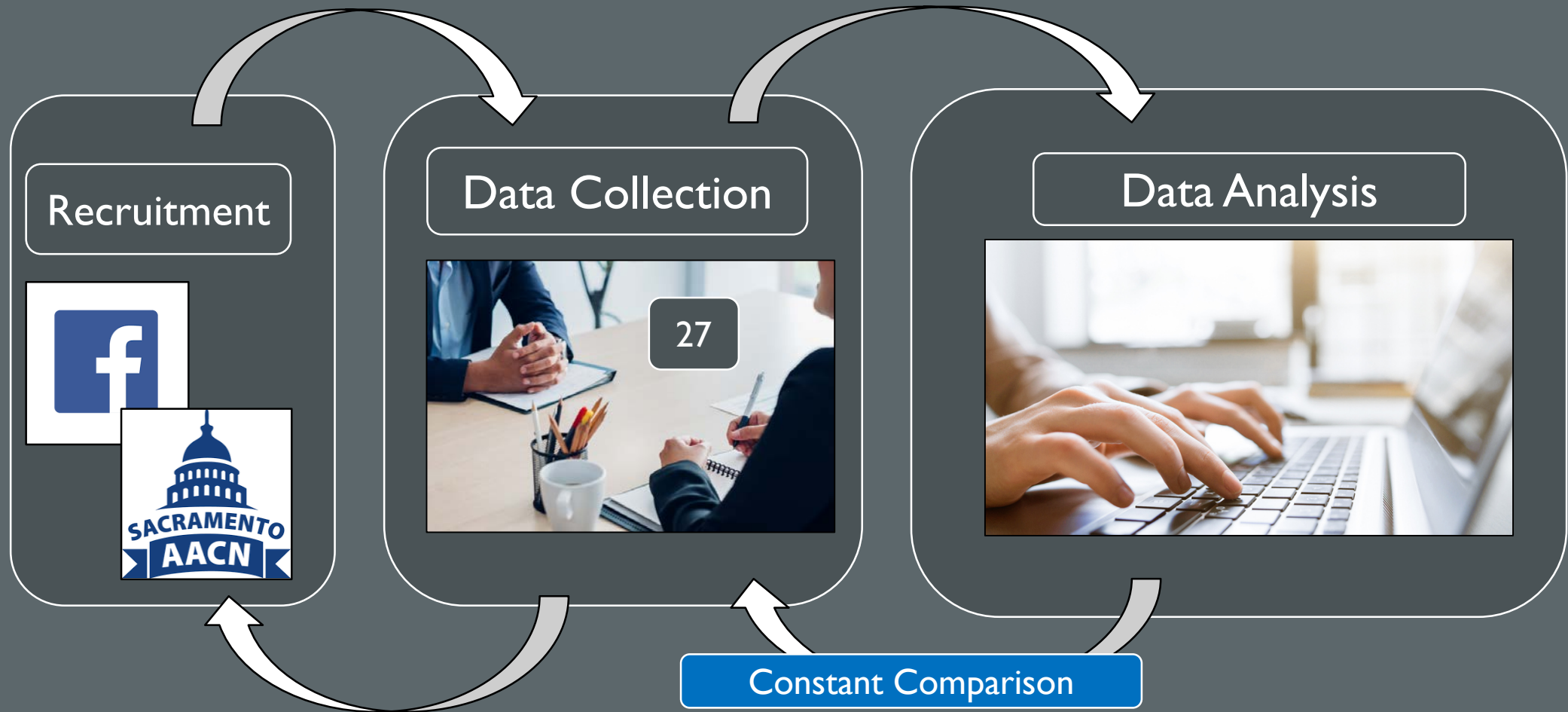
CLINICAL AUTONOMY RESEARCH



~ 18% lower odds of death & failure-to-rescue

Sample: >20,000 RNs/570 Hospitals/4 U.S. States
Rao, Kumar, & McHugh (2017)

GROUNDED THEORY METHODOLOGY





HOW ICU NURSES DEFINE CLINICAL AUTONOMY

“Having a Presence” & Feeling Empowered

“There is such an emphasis on collegiality and having nurses be ‘in the circle’ during ICU morning rounds. Our voice is valued and that makes us stronger in our profession.”

CONTEXT & CLINICAL AUTONOMY

- White male nurse
- Experienced/certified ICU nurse
- Urban Teaching Hospital
- Day shift
- Supportive physicians
- Supportive managers
- Ample resources

vs.

- African-American female nurse
- New graduate
- Community hospital
- Night shift
- Physician at home, asleep
- Uninvolved manager
- Limited resources

EXERCISING CLINICAL AUTONOMY

Collaborating


- Relying on established trust
- Asserting oneself

Avoiding Conflict

- Playing the “Doctor-Nurse Game”
- Delaying Communication

“Working the System”

- Circumventing physicians
- Banding together
- Referring conflicts to managers



ICU Nurses' Conception of Risk

LEGAL LIABILITY RISK

“We can be as autonomous as we want, but it all must be within that scope of practice, so I just ‘stay in my own lane.’”



EMPLOYER SCRUTINY RISK

“Administrators just want you to get in line and follow the rules. They don’t want us to think. But if we followed the rules, patients would die, because people don’t know what rules to make.”

A man with short, graying hair and glasses, wearing a white lab coat over a blue shirt and a dark tie. He has a serious expression and is looking directly at the camera. The background is a soft, out-of-focus green and blue.

PHYSICIAN-RELATED RISK

“The doc got to the patient’s room, took one look at him and starting yelling at me that I had ’probably just killed the patient” because their blood pressure was in the 80’s! I said, “It was like that all night, Sir. The nurse was scared to call you!””



RISK OF NOT ACTING

“When we’re taking care of your loved ones, you’re going to want a nurse like me that’s going to say, ‘Get out of my way because I have to save this life!’ instead of someone who just sits in the corner and does what everyone else tells them to do.”

DISCUSSION

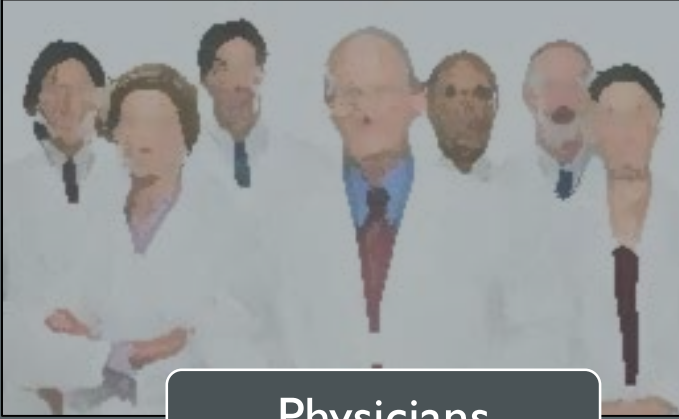
At the end of the day, I feel good.

I feel like a true professional.

I take control when I must.



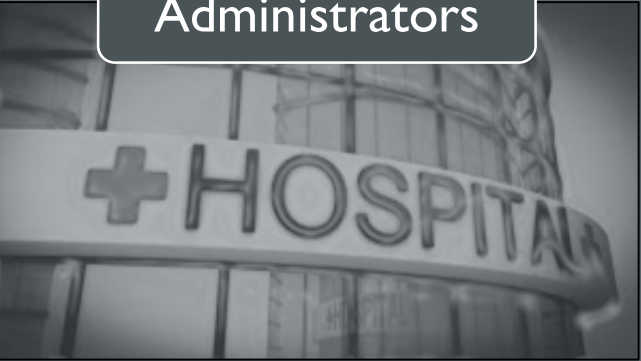
Nurses



Physicians

I'm a patient advocate. I do what is necessary to care well for my patient.

Administrators



Thank you!



Cookie

Dissertation Committee

- **Dr. Carolina Apesoa-Varano (chair)**
- Dr. Jodie Gary
- Dr. Don Palmer

Classmates

- Gennifer Holt
- Loralyn Taylor
- Cindi Matsumoto
- Bola Olarewaju
- Brenda Chagolla
- Regina Orozco
- Karla Hodges

Colleagues (Samuel Merritt University)

- Grace Cox
- Debbie Acker
- Annmarie Marchi
- Marianne Biangone
- Roberta Block
- Rene Engelhart
- Richard MacIntyre and many more...

Friends & Family

- Wes Randall
- Sandy Randall
- Galen Prenevost and many more...

My Research Participants



Q & A

DEMOGRAPHICS

White

Female

30-39 y.o.

Experienced

BSN

AACN Member

Day shift

Larger hospital

Sacramento region

Predominately

Limitations

- Self-selection bias
- “Honorable” responses (Pugh)
- Novice researcher

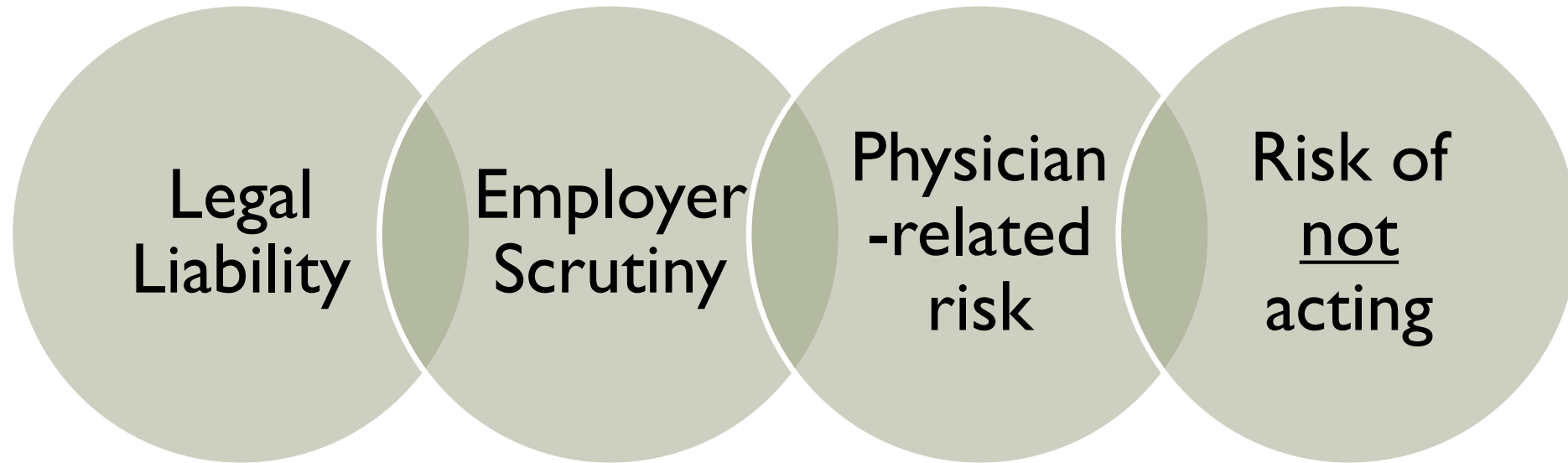
Implications

- Nursing’s role today

Next Steps

- Disseminate findings (PUBLISH!)
- Foster dialogue
- Support policy

DISCUSSION



RESULTS: MANAGING RISK

RESULTS:
HOW ICU NURSES
EXERCISE CLINICAL
AUTONOMY

COLLABORATING

Speaking up/Being assertive
Spending social capital

AVOIDING CONFLICT

- Delaying physician communication
- Playing the “Doctor-Nurse Game”

WORKING THE SYSTEM

- Circumventing physicians
- Referring issues to management

RESULTS: KEY FACTORS THAT AFFECT CLINICAL AUTONOMY



Supportive
management



Professional
membership &
certification



RN experience



Positive RN-MD
relationships



Teaching & or
Magnet hospital



Being male

RESEARCH AIM

HOW DO ICU NURSES
CONCEIVE OF
PERSONAL AND
PROFESSIONAL RISK
WHEN EXERCISING
CLINICAL AUTONOMY?

