# Smart Nursing:

## Nurse Retention & Patient Safety Improvement Strategies

**SECOND EDITION**

**JUNE FABRE, MBA, RNC**

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**June Fabre, MBA, RNC,** is a premier speaker and educator on nursing management. June Fabre has influenced countless improvements in medical environments that directly affect the careers and lives of nurses, as well as the resulting enhanced patient care. Her books, articles, and workshops synthesize her firsthand experience with nursing challenges in such environments as medical surgical, home care, psychiatry, long-term care, ambulatory care, rehabilitation, and cardiology. Because she has worked as a nurse, educator, and manager, she is uniquely able to see many sides of an issue, whether it's organizational, personal, or academic.

June's mission is to effect positive health care change for its most vital resource—its nurses. She believes that current fears about staffing, financial stress, and patient care can be addressed through the avenue of Smart Nursing. By implementing the Smart Nursing system, organizations across the country are empowering their nurses with the communication and leadership skills that promote a healthy, productive environment.

June Fabre received her RNC and BS in Education from State University College, Plattsburgh, NY; a BSN from Excelsior College, Albany, NY; and her MBA from Plymouth State University, Plymouth, NH. She is a member of the American Organization of Nurse Executives, American Nurses Association, New Hampshire Nurses Association, National Speakers' Association, and Toastmasters International. She has published more than 100 articles in health care journals. For more information, visit www.junefabre.com.

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# Foreword

*Smart Nursing: Nurse Retention and Patient Safety Improvement Strategies*, Second Edition, features an expanded Smart Nursing model, with a new chapter on caring; additions to evidence-based practice, integrating new Magnet and Joint Commission initiatives; and updated recent health care and business best practices. Smart Nursing continues to assist clinical nurses and managers with realistic strategies to prevent chronic understaffing, improve patient safety, and build a case for retaining a stable nursing staff, including success stories from nurses and managers around the country.

*Smart Nursing,* Second Edition gives even more reasons for viewing nurses as invaluable assets in multiple health care settings and expands the leadership chapter to include leadership roles for nurses who are not managers. Ideas for improving collaboration with other nurses, physicians, managers, and other departments add to its overall approach to changing the health care system to one in which individual caring nurses can practice in a supportive, appreciative environment.

New worksheets, exercises, and models have been added, along with expanded strategies for education and communication so that students, new graduates, and veteran nurses can function in the workplace with greater respect, autonomy, and satisfaction. *Smart Nursing* continues to recommend the reclaiming of core values, such as integrity, flexibility, and caring, and combines them with other initiatives, such as creating a just culture and practicing lean strategies.

We need the participation of nurses at every level to change a system that has not performed for patients, staff, or management. *Smart*

*Nursing,* Second Edition provides the tools for nurses and managers to communicate effectively, work together, and collaborate on a new vision for health care.

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# Why Use Smart Nursing?

PART
I

# Introduction

In the children's story, "Jack and the Beanstalk," the mythical beanstalk grows and allows Jack to enter a mysterious world of peril and adventure, the land of the giant and his extraordinary riches. Within this land is a goose that lays golden eggs.

Health care managers face a similar situation. They also live with peril and adventure, especially while staffing their facilities. They have golden geese but don't always recognize them. Their golden geese come disguised as nurses. Organizations are figuratively killing their nurses, with negative working conditions and by actively ignoring their contributions. Nurses are one of health care's greatest assets—health care gold.

In the 1990s, health care management slashed staff instead of performing the precise surgery needed to decrease waste. Nurses could not survive in this new environment of overuse, so they either burned out or found other careers. Now, health care facilities face sinking financial futures because of the nursing shortage. Nursing costs have increased, and some facilities have been forced to put expansion plans on hold. Bottom lines have declined, and facilities have not been able to offer necessary services to their communities.

I believe that caring people, not policies and procedures, determine whether patients receive quality health care services. Many of these caring people are nurses. Unfortunately, the nursing shortage threatens

worldwide health care systems. An article in *The Wall Street Journal* cited a study from the *New England Journal of Medicine* (Needleman, Beurhaus, Mattke, Stewart, & Zelevinsky, 2002) in highlighting the seriousness of this shortage: "When there are too few registered nurses at bedsides, patients are significantly more likely to suffer serious complications, such as urinary-tract infections, internal bleeding, and even death" (as cited in Johannes, 2002). Moreover, nurses are being overworked yet underutilized, ignored, and even censured for speaking up; the result is that patient safety is being compromised. An editorial in *The New York Times*, referring to a report in the *Journal of the American Medical Association* (Aiken, Clarke, Silbur, & Sloane, 2003), addressed this aspect of the problem:

> When hospital nurses are given too many patients to care for, the patients have a much greater risk of dying. Adding a single patient to a nurse's caseload seems to increase the risk of dying within 30 days by 7 percent.

The National Patient Safety Foundation attributes the medical error crisis to an inability to overcome systems problems, exacerbated by the growing complexity in health care, which requires improved communication and cooperation among health care professionals (www.npsf.org).

Nurses need greater power, respect, and communication expertise to overcome these systems problems. A lack of courtesy and respect can chip away at a nurse's sense of self, destroying his or her energy level and motivation. Nurses become dispirited when system delays cause medical errors and deaths despite the best efforts of the nursing staff.

Anita L. Tucker describes the performance degradation of nurses caused by operational failures. In this research, Tucker defines operational failures as errors in the supply of necessary material or information and as obstacles that "can frustrate and hinder employees, decreasing individual and organizational performance" (Tucker, 2004). These operational failures intensify health care costs and staffing shortages. Tucker provides us with the following challenge: [operational failures] "illuminate opportunities for improvement."

We can turn our health care problems into opportunities, and this is one of the purposes of Smart Nursing. Smart Nursing harmonizes well with standards from the Joint Commission, the forces of magnetism from the American Nurse Credentialing Center (ANCC), and with "lean" management strategies. This book, *Smart Nursing*, describes practical techniques that every nurse, manager, and organization can use

to restore patient safety, reduce nurse turnover, and stimulate realistic health care solutions. Throughout, solid data from business and health care sources are used, yet the book is written in an easy-to-understand style, to ensure its accessibility to readers: chief nurses, managers, registered nurses (RNs), licensed practical nurses (LPNs); non-nurse professionals such as physicians, chief executive officers (CEOs), or trustees; or consumers who are interested in learning how to improve health care. Smart Nursing assists nurses and managers in how to work together, using conceptual, communication, and leadership approaches. The wisdom behind these strategies is that they blend health care knowledge with business expertise.

## THE SEVEN CORE VALUES OF SMART NURSING

The seven core values of Smart Nursing—caring, respect, simplicity, flexibility, integrity, professional culture, and communication—cost nothing. However, they are essential for patient safety and quality. More than helping nurses to maximize the "nursing process" with commitment,



The *Smart Nursing* model. Seven core values—caring, respect, integrity, flexibility, simplicity, professional culture, and communication—form the structure and strength of Smart Nursing.

competence, and compassion, Smart Nursing addresses the bottom line for managers. In short, the dollar difference between the present level of nurse productivity and a nurse's full professional capacity is the potential cost savings that Smart Nursing offers.

*Smart Nursing* identifies 10 guiding principles of Smart Health Care Management, promoting the wholeness of the health care system. These principles assist organizations to synergize components of good management practice.

## THE 10 GUIDING PRINCIPLE OF SMART HEALTH CARE MANAGEMENT

1. Nurses are an essential part of a health care facility's investment.
2. Systems problems prevent nurses from performing at their full professional capacity.
3. Restoring the value of nursing by considering nurses as assets and treating them as valued professionals maximizes the return on an organization's human resource investment.
4. Organizations that provide environments where nurses can perform at their best attract and retain the best people.
5. Leaders and managers are more effective when they build strong relationships with their staff.
6. Long-term strategies such as effective communication and staff-friendly cultures enable organizations to achieve the best results.
7. Combining sound clinical practices with ethical business actions produces the safest and most cost-effective patient care.
8. Positive relationships among health care professionals generate energy and raise productivity.
9. Clinical nurses who can make decisions at the patient level save management time and increase patient satisfaction.
10. Individuals who embrace lifelong learning develop the ability to thrive in a rapidly changing world.

Organizations often justify their treatment of nurses by suggesting that financial constraints are forcing their actions, but research and experiential data show the opposite. The Advisory Board in Washington, D.C., estimates that a 500-bed hospital can save $800,000 a year by cutting its nurse turnover by a mere 3% (Nursing Executive Center, 2000).

## CONCEPTUAL FRAMEWORK OF SMART NURSING

Smart Nursing and the nursing process are based on general systems theory, which researchers discovered years ago to be the most effective way to study human processes in fields such as psychology, sociology, and political science. General systems theory seeks to understand the "wholeness" of any system by understanding the interdependence of its parts.

Too many health care organizations are using short-term fixes—Band-Aid solutions—that exacerbate the nursing shortage. It is the long-term strategies of Smart Nursing, such as building relationships and effective communication, that deliver better results.

I propose a new mind-set: one that views nurses not by the number of tasks that they can complete, but as important professionals with invaluable insights and an immeasurable capacity to care.

Everyone—the consumer, the business executives, the government, and the nursing community itself—is alarmed at the high rate of medical errors and our failing health care system. Now is the right time for change. Now is the right time for nurses and managers to learn to work together. And now is the right time for health care organizations to take better care of one of their most important asserts—their nurses.

# Relationships:
# The Importance of
# A Staff-Friendly Culture

The key to unleashing the organization's potential to excel is putting that power in the hands of the people who perform the work.   —*James M. Kouzes*

You, the nurse manager, arrive at your office at 8:00 on Monday morning. Stephanie, one of your most competent nurses, asks for a few minutes of your time. She hands you a letter of resignation. She is the third RN to do so in the last 60 days.

Even as you consider ways to fill the holes in the schedule, you wonder why she is leaving. After all, the nurses have just received a substantial pay raise, and they have the best benefits package in the area. Managers and non-nurses remark that the nurses are getting everything they want but never seem to be satisfied.

As for yourself, you must address what is becoming a vicious cycle of nurse resignations and overtime for the remaining staff, which you know will lead to more nurse burnout and more resignations.

But from Stephanie's point of view, the reasons she resigned are all too apparent. Consider how one of her workdays develops:

1.  She arrives for work and discovers that she will be short-staffed.
2.  During the course of the day, she encounters disrespectful behavior and asks herself why she bothers. The sources of this disrespectful behavior are usually physicians, managers, or other

nurses. Patients are usually the prime source of support that nurses receive.

3. She has no time for a break because of the heavy workload, causing her to be exhausted early and less effective as the day wears on.

4. During a staff meeting, she makes some suggestions that would improve care, but management tables them, leaving her frustrated and angry.

5. There are several patient admissions that afternoon, but the staff has the attitude of "every nurse for herself," each struggling to finish her work and unwilling to lend a hand where it's needed.

At the end of the day, certain tasks that would have made a big difference to patients remain undone, and Stephanie leaves work feeling that the patients received poor care. In sum, it was another in a long series of *energy-draining* days that add up to Stephanie's decision to finally throw in the towel.

It doesn't have to be like this. In a staff-friendly culture, nurses have a completely different experience—an *energy-enhancing* experience. Though their workload is substantial, they find they can do it effectively and efficiently. They are treated as important professionals. They can say, and mean, "We don't do rude here." Their suggestions at the last staff meeting have been given full consideration and will be implemented the same week. They feel they are part of a high-performance team, one that can handle multiple admissions easily by working cooperatively. They feel good physically as well, because despite the heavy activity on the unit, they are encouraged to make time for meals and breaks. Thus, they leave work tired but satisfied, safe in the knowledge that their hard work had meaning and resulted in excellent patient care.

Nurses are your organization's best revenue sources. Nurses *generate revenue* by delivering excellent patient care. When patients choose a health care facility, they want safety and a personal connection with staff members; nurses satisfy both of these needs.

Nurses generate revenue when their personal connections keep patients coming back to your facility. These connections do not necessarily take a lot of time. It is not the time that's important; it is the quality of the connections and the skill with which they are made.

For example: While preparing to perform an admission assessment, a nurse notices that the patient is having an important conversation with a family member. She shows compassion by telling the patient she will return in 15 minutes for the assessment. Time spent: 30 seconds. The

result is invaluable patient appreciation and satisfaction. This provides a source for future revenue flow.

Staffing issues are more easily resolved in a staff-friendly culture because there is a spirit of collaboration, humor, and cooperation.

For example: A nurse wants to avoid working a weekend double shift. As she and several peers wait for the weekly staff meeting to begin, she asks one of them to substitute for her, commenting, "I will be so sad if you can't do it." She uses the opportunity for some humorous persuasion as well. She turns to another peer and says, "Do you want to see how sad we will be if you don't work on Saturday? See our sad faces!" The staff has a good belly laugh, and the nurse successfully covers the shift. And the shift is covered at straight time, not premium pay, so it turns out to be a money-saving solution as well.

Staff-friendly cultures are very cost effective because staff can spend 100% of their time and energy doing their work instead of wasting time and energy surviving a dysfunctional system. If a nurse earns $50,000 but has to waste 25% of her time dealing with unnecessary conflict and petty political agendas, you lose $12,500 of the nursing value for each nurse. With only 16 nurses, that adds up to a lost value of $200,000 a year. And the negative culture decreases nurse satisfaction and increases staff turnover. The cost of staff turnover can add hundreds of thousands of dollars to that $200,000. Can we afford to continue wasting nurse resources this way?

## A Long-Term Perspective

Long-term strategies prevail in staff-friendly cultures. Long-term strategies of respect, relationships, and collaboration provide an environment where staff can thrive. These long-term strategies can transform our current health care environment from chaos into an environment of consistent quality and safety.

According to a 2006 honesty and ethics Gallup poll, people respect nurses more highly than any other profession; 84% gave nurses the highest score (Gallup, 2008). Health care organizations should show respect for nurses by giving them the power to control their practice, the credit for their accomplishments, and the opportunity to utilize their full professional capacity.

One solution to the nursing shortage is to educate more nurses. But research about new nurses indicates that ethical issues and general working conditions can be linked to job dissatisfaction and can lead to

the high turnover rate of nurses (55%–61%) within their first year of practice and suggests that it is beneficial for health care institutions to retain these nurses because high turnover is expensive (West, 2007). Another article, this one from *Nursing Economics*, also indicates a new nurse turnover rate as high as 61% (Pine & Tart, 2007).

Managers and nurses build relationships that matter when they consistently practice honesty and trust and offer praise for work well done. Health care is a relationship business. It is built on relationships between caregivers and patients, as well as on relationships between caregivers and health care providers. However, nursing productivity is often measured only in the number of tasks that a nurse can accomplish, which is like going to the store and buying apples and then trying to judge your success by counting how many oranges you have.

Many facilities rely heavily on sign-on bonuses and optimistic recruitment ads. These techniques attract nurses to the facility, but those same nurses usually leave when their commitment expires. Or they resign when they realize that the facility wasn't all it had been described to be. These are short-term fixes.

Consider the folly of too many quick fixes. Suppose a two-year-old has a tantrum. Occasionally giving in to a child's demands probably won't cause any harm. However, using the quick fix and always giving in to those demands produces a monster. Health care has created its own monster by using the quick fix much too often. This Band-Aid approach has left a reservoir of unresolved issues: frustrated and burned-out employees, dissatisfied patients, and wasted resources.

Nurse retention improves when managers put Smart Nursing core values and guiding principles into practice. Patients are safer when nurses who are reporting safety concerns are viewed as credible reporters and when patients know that reporting those concerns results in positive action, not retaliation.

Reducing complications and unnecessary deaths, of course, benefits patients and their families. But it also benefits health care facilities, because it improves their reputation. With more patients, revenue increases, improving the bottom line. Nurses are renewable resources with substantial value, but not when management burns them out.

Ann O'Sullivan, MSN, RN, testifying before the Senate Governmental Affairs Committee on behalf of the American Nurses' Association, had this to say:

> Nurses are, understandably, reluctant to accept positions in which they will face inappropriate staffing, be confronted by mandatory overtime,

inappropriately rushed through patient care activities and face retaliation if they report unsafe practices. (O'Sullivan, 2001)

Nurses are powerless. Even during nursing shortages, facilities waste nurses. They waste nursing time, ignore nursing potential, and destroy nursing spirit. Many organizations value tasks but ignore nurses' ideas and opinions.

For example, a nurse observes symptoms of physical decline in a patient—the patient's respiratory rate is 40, but the normal respiratory rate for an adult is 20. The nurse's assessment rules out hyperventilation and anxiety, which, if present, would indicate less significant reasons for rapid respirations. This nurse is very concerned that the patient is having early symptoms of a major medical problem and reports these observations to the charge nurse, supervisor, and physician. The nurse asks for additional diagnostic tests to be done. The request is denied, and no one takes action. Nurses only have the power to continue assessing and reporting, not to order additional diagnostic tests or medication. Eventually, after repeated requests, the patient goes into cardiac arrest; the rest of the team finally jumps into action. Additional testing is finally done during the resuscitation process, but it is too late, and the patient dies. This is an example of a "failure to rescue" event, as described in recent research (Needleman, Buerhaus, Mattke, Stewart, & Zeleuinsky, 2002). In this case, the nurse had recognized the symptoms early, but those who had the power to act did not take those early symptoms seriously.

In the midst of the nursing shortage, nurses often don't even have the extra time for frequent patient assessments. For example, a patient's medical order may require assessment of vital signs every 4 hours. But if a nurse is concerned about a patient's condition, he or she may want to recheck the patient's vital signs every 30 minutes for a short while. However, with a heavy nursing assignment, there may be no time to follow through on more frequent checks of vital signs. Other responsibilities (treatments and medications) consume all of the nurse's time, so he or she may miss the early symptoms of major complications.

Patients appreciate nurses' compassion because it contributes so much quality to their health care services, but others disregard it. Nursing management has little influence in the power game, and this leaves nurses with no voice at all.

Clinical nurses and managers need to teach others how to treat them with respect. There are various ways to accomplish this, and your choices depend on your own personal style.

- Be assertive about ending disrespectful behavior. If someone is rude, bring it to his or her attention assertively and make it clear that disrespectful behavior is not tolerated.
- Insist that supervisors and physicians take timely action when you notice that a patient is in physical decline. It is unacceptable for patients to suffer with unnecessary medical decline.
- Document everything that you do and say accurately, completely, and professionally.
- Take appropriate pride in the skillful assessments and astute observations that prevent patients from having unnecessary physical decline. Patients usually acknowledge your value, but managers and physicians frequently do not.

Nurses may need more staff or updated equipment, but they may be preempted by the budgetary requests of those with more power. Because money is scarce, nursing input often is *not* viewed as a priority and is therefore the last request to be taken into consideration.

Management and physicians often hear reports of valid problems and treat them as complaints. Whistle-blowers are treated harshly. In their 2001 study of nurses, Harvard researchers (Tucker, Edmonson, & Spear) observed the difficulty that nurses encountered when they tried to report significant information:

> We did not observe any instances where the nurse contacted someone about a trivial or insignificant exception. In fact, we observed several occasions where we were surprised that the nurse did *not* raise awareness around a problem that we felt could have serious consequences.

When nurses are concerned about a patient's physical decline, they are often disregarded, even if they express their concern through the proper channels. Nurses can't call physicians who work in the emergency room, because it is against protocol. The protocol represents a valid and safe system in most cases. Physicians, as independent practitioners or as part of a group practice, do not usually examine each other's patients unless there is a conversation between them first. Many times, when this conversation happens, an order is written, arranging for examination of the patient, and the patient then receives the necessary care.

When the conversation doesn't happen, nurses can be left with a deteriorating patient and no way to intervene. In such cases, the patient

would receive better care anyplace *except* in a hospital. Consider how one patient was denied proper care in the following example.

In one instance, several concerned nurses tried to facilitate a physician-to-physician conversation so that the emergency room physician could examine an inpatient who was in physical decline. During one of these situations, a very frustrated nurse suggested humorously to a colleague, "Why don't we get the patient dressed, put him in a wheelchair, and then wheel him into the emergency room's front door with the following comment: 'We found this guy lying outside in the parking lot. He looks sick. Can you check him over?'" Such humor releases stress when nurses are powerless.

This problem has been partially addressed by using hospitalists, physicians whose job responsibilities include examining hospitalized patients. However, not all hospitals use hospitalists, and not all physicians ask them to care for their patients.

Other situations reveal the way that vital nursing observation builds partnerships with physicians. For instance, a nurse looked at a physician order that seemed different than usual. After she called the physician and read the order, the physician said, "Thank-you for *thinking*. This order is wrong." The physician corrected the order, and a potential medication error was averted. It's that easy. Simple respectful conversations are one of the ways to prevent serious medical errors. Why don't we use this method more often?

## Health Care Problems Are Opportunities

Problems are one side of the health care coin, but there are also opportunities—opportunities to improve the care that staff nurses, managers, and physicians provide.

Smart Nursing adds to nurse effectiveness with strategies for critical thinking, assertiveness, leadership, and communication. Public speaking and writing for publication are also an important part of the mix. With Smart Nursing, nurses learn to describe their full professional value quantitatively as well as qualitatively.

Workloads for health care professionals will not decline. If anything, they will increase. But Smart Nursing core values and guiding principles enable nurses to manage heavy workloads without burnout. Smart Nursing enables the whole medical team to work in synergy within a positive work environment. A positive environment is the foundation of high productivity, because it allows staff to access their higher selves. You

have probably had experience using your higher self during particularly harmonious periods of your life. Think back to when you were working on a project that you especially enjoyed. Recall your energy level. You wanted to spend more time on your project, didn't you? And the time that you spent working seemed more like play than like work. You were accessing your higher self and therefore capable of achieving more work than usual. It's the same for nurses working in a staff-friendly culture. Contrast this experience to a time when you were involved in unsatisfactory work. Time dragged, and you felt like procrastinating and putting the work off as long as possible. That's how our present atmosphere saps nurse productivity.

Gary Zukav puts it this way in his book, *The Seat of the Soul*: "When we align our thoughts, emotions and actions with the highest part of ourselves, we are filled with enthusiasm, purpose and meaning. Life is rich and full . . . We are joyously and intimately engaged with our world" (Zukav, 1989).

Are you interested in learning how to turn the nursing crisis into an opportunity to improve patient care? With Smart Nursing, you can improve the treatment of nurses and improve medical care for yourself, your loved ones, and your community.

## BEST PRACTICE: A NURSE LEADER IN ACTION

**Jeanette Ives Erickson, RN, MS, senior vice president for patient care and chief nurse, Massachusetts General Hospital, Boston, MA**

### Building Bridges: A Strategy for Success
As the chief nurse of the Massachusetts General Hospital, I am surrounded by the best and brightest clinical nurses and leadership in nursing. I believe the reason for our success is that we always remember why we became nurses. Our commitment to nursing has guided us in creating an agenda for MGH nursing that is aligned with our own personal values and passion for the profession.

### Three Cornerstones for Success
When I assumed the role of chief nurse, I immediately worked with my leadership team to create the three cornerstones for MGH nursing: a shared vision, guiding principles, and long-term strategic goals.

1. **Shared vision:** We hold a shared picture of the future that we seek to create.
2. **Value statements or guiding principles:** We believe in the worth of what we have and [in] our desire to create something new. Our value statements influence strategic planning because they are the result of staff decisions and behaviors. The true test of our values occurs when our staff—and, more important, our patients—can see and feel those values in action.
3. **Long-term strategic goals:** Long-term objectives are the measure of departmental and organizational effectiveness. They are not quick fixes. They are high-leverage, long-term strategies that create fundamental change and solutions.

### Create Bridges Between Management and Nursing

These three cornerstones paved the way for strategic planning. I have seen many strategic plans end up in colorful binders with great graphics, but covered with dust from lack of use. They do not come alive. I was committed to making certain that MGH nursing's strategic plan came alive.

I see strategic planning as an opportunity to create a bridge between clinical nurses and management. Both management and clinical nurses are necessary to fulfill our vision. Clinical nurses have both formal and informal opportunities to provide input into the strategic plan and to assess how it's going.

### Examples of How We Create Bridges

1. I meet with a staff nurse representative from every clinical unit each month at our Staff Nurse Advisory Committee. This committee forms a bridge between clinical nurses and management so that we can work together as partners to solve health care dilemmas.
2. We use an annual survey called the Staff Perception Survey of Professional Practice Environment. The survey is sent to clinical nurses throughout MGH and queries them about their feelings of autonomy, control over practice, collaborative relationships, and perceptions about what's working and what's not working.
3. Through ongoing staff forums and clinical rounds, staff members can voice their perceptions about their practice.
4. We obtain leadership input through formal meetings and quarterly retreats in which we critically review where we are going and how we are going to get there.

### Prepare Staff for Strategic Planning

Our strategic plan resonates with both clinical nurses and leadership because their voices are heard and incorporated into it. We make an investment of time and energy to prepare staff to be able to participate actively in strategic planning. However, the dividends are high. Every member of the Department of Nursing feels ownership of our strategic direction. And clinical nurses and leadership see evidence that they are being heard because the strategic plan is written in their words. Together, we translate the plan into action.

The following are the vision statement, guiding principles, and long-term strategic goals that we generated at MGH:

### Vision Statement

As nurses, health professionals, and patient-care-services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way in which we deliver care reflects that focus every day. We believe in creating a practice environment that has no barriers, that is built on a spirit of inquiry, and that reflects a culturally competent workforce supportive of the patient-focused values of this institution. It is through our professional practice model that we make our vision a demonstrable truth every day—by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering and that it is based on a foundation of leadership and entrepreneurial teamwork.

### Guiding Principles

We are ever alert for opportunities to improve patient care; we provide care based on the latest **research findings**.

We recognize the importance of **encouraging** patients and families to participate in the decisions affecting their care.

We are most effective as a team; we continually strengthen our relationships with each other and actively promote **diversity** within our staff.

We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new **partnerships** with people inside and outside the Massachusetts General Hospital.

We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most **effective** use of internal and external resources.

We view **learning** as a lifelong process that is essential to the growth and development of clinicians who are striving to deliver quality patient care.

We acknowledge that maintaining the **highest standards** of patient-care delivery is a never-ending process that involves patients, family, nurses, all health care providers, and the community at large.

### Long-Term Strategic Goals

Enhance communication to promote employees' understanding of organizational imperatives and their involvement in clinical decisions that affect their practice.

Promote and advance a professional practice model that is responsive to the essential requirements of the patients, the staff, and the organization.

Ensure appropriate allocation of resources and equitable, competitive salaries.

Position nurses, therapists, social workers, and chaplains to have a strong voice in issues affecting patient-care outcomes.

Provide quality patient care within a cost-effective delivery system.

Lead initiatives that foster diversity of staff and create culturally competent care strategies that support both the local and the international patients whom we serve.