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

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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)
“BOUNDARY WORK”
~ 18% lower odds of death & failure-to-rescue

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

Recruitment

Data Collection

Data Analysis

Constant Comparison
“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

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

- White male nurse
- Experienced/certified ICU nurse
- Urban Teaching Hospital
- Day shift
- Supportive physicians
- Supportive managers
- Ample 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
“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.’”
“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.”
“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!”
“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 take control when I must.

Physicians

Administrators

Nurses

I feel like a true professional.

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

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

**Classmates**
- Gennifer Holt
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- Cindi Matsumoto
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- 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**
### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Predominately</th>
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<tbody>
<tr>
<td>White</td>
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<td>30-39 y.o.</td>
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<td>Larger hospital</td>
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DISCUSSION

Limitations

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

Implications

- Nursing’s role today

Next Steps

- Disseminate findings (PUBLISH!)
- Foster dialogue
- Support policy
RESULTS: MANAGING RISK

- Legal Liability
- Employer Scrutiny
- Physician-related risk
- Risk of not acting
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
THANK YOU!!
RESEARCH AIM

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