CONCEPT ANALYSIS

The Dynamic Care Nurse

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Abstract

Virginia Henderson defined that the primary role of nurses for individuals, whether sick or well, is to assist them in regaining their health and promoting their independence in activities of daily living (Halloran, 2018). The gap that is noted in the definition of Henderson's role of nurses is the lack of direction as to how will a nurse render care that is unique and satisfying to an individual, knowing that the demand of expectation rises. Thus, it motivated this paper to study the concept of the dynamic care nurse. This concept paper utilized Walker and Avant (2005) method of analysis. The attributes associated with the dynamic care nurse are (1) continuous learning; and (2) the utilization of best practices. The antecedents identified include (1) initiative, and (2) compassion (ICN, 2012, Hemberg et al., 2020, Kroning, et al., 2019). Dynamic care nurse exemplifies the attributes of continuous learning and the utilization of best practices. Nurses can bridge the gaps in the practice through these attributes and by possessing initiative and compassion, it is not by afar to achieve a better health care service and positive health outcomes.

Keywords: dynamic, dynamic care nurse, best practices, continuous learning, nursing care, compassion, initiative, quality care

Introduction

Virginia Henderson defined that the primary role of nurses for individuals, whether sick or well, is to assist them in regaining their health and promoting their independence in activities of daily living (Halloran, 2018). Sick individuals are brought to a good state through effective nursing interventions. In the same way, well individuals are maintained in their state of being through effective health promotion and prevention. Hence, it takes an effective and efficient nurse to fulfill the role as stated by Henderson.

The expectation of individuals in health care rises (Lateef, 2011) and as it occurs, the demand for satisfaction and positive experience of the system also continues to increase. Being said that, nurses must keep with the pace of change to be able to manage sick and well individuals adequately. Nurses must keep on improving in terms of their knowledge and skills to provide advanced care to all levels of clients. The gap that is noted in the definition of Henderson's role of nurses is the lack of direction as to how will a nurse render care that is unique and satisfying to an individual, knowing that the demand of expectation rises. Thus, it motivated this paper to study the concept of the dynamic care nurse. This concept paper utilized Walker and Avant (2005) method of analysis.

Definitions and Uses of the Concept

Google showed one relevant search which is the quality of care when dynamic care was typed in. According to WHO (2020), quality of care is defined as the extent to which health care services provided to individuals and patient populations improve desired health outcomes. A study said that quality care encompasses all interventions which include assessment of patient's needs and their biological, social, and environmental determinants, interventions involved in diagnosis, management strategies, and evaluation of outcomes (Starfield, 1998, p. 1006). Patient satisfaction is one of the indicators of quality of care which in turn, has a strong relationship with the nurse caring (Heidari et al., 2017).

By definition, the dynamic is a process characterized by constant change (Merriam-Webster, n.d.). For someone to be called dynamic, that person should be filled with new ideas. In that sense, health is dynamic such that the state of well-being is characterized by physical, mental, and social (WHO, 2020), which satisfies the demands of life matching with age, culture, and personal responsibility (Bircher, 2005). Nursing activities are also dynamic because they are inflexible and not static in a

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patient whose illness is deteriorating or improving. The content or application of the nursing process is also different between a dying patient and a well patient whose health must be promoted. More so, the nursing process varies between a pediatric and geriatric patient or to an acute or chronic critical care patient (Mashaba, 1981, p. 29). The relationship of a nurse from one patient to another which was introduced by Jean Orlando (Gaudet et al., 2018) is also dynamic. The approach of a nurse from an ill child may be different from that of an ill adult, or from a sick person to a well individual. The patient's behavior, the nurse's reaction to the behavior, and the nurse's subsequent action are the driving forces that stimulate the process of her dynamism. The nursing profession is also dynamic in that it keeps changing with the times due to continuous discoveries and innovations of knowledge, research, and technologies.

Hence, the dynamic care nurse is defined as a nurse who remains current in the practice with the involvement of continuous learning through education, training, experience, and research. Through the dynamic care nurse, the demand of satisfying the rise of expectations of individuals in the health care system can be achieved.

Defining Attributes

The attributes associated with the dynamic care nurse are (1) continuous learning; and (2) the utilization of best practices. Participation in continuing education, training, experience and research are methods to enhance nursing interventions. It updates nurse's knowledge and skills and increases competencies in the practice (Chong et al., 2013). A nurse needs to engage in this attribute so that up-to-date care can be rendered in an ever-changing health care environment.

Furthermore, best practices are more than practice based on evidence (Nelson, 2014). To quote from Nelson's article (p. 8) about best practices in nursing, "It represents quality care which is deemed optimal based on a prevailing standard or point of view. Specific best practices in nursing are significant because they serve to direct nurses regarding solutions to identified problems/needs". Thereby, possessing new knowledge and skills through continuous learning, training, experience, and research and with the utilization of best practices may enable a nurse to be dynamic in his/her care.

Antecedents

The antecedents of dynamic care nurse include (1) initiative, and (2) compassion (ICN, 2012, Hemberg et al., 2020, Kroning, et al., 2019). Nurses are the vehicle of leading improvements in healthcare by engaging themselves in efforts that can increase their potential in rendering quality care (Kroning, et al., 2019). That is why, nurses will not be able to acquire new knowledge,

skills, and competencies without first having the initiative to participate in continuous learning, training, experience, and research. The initiative is important as it increases the nurse's desire to learn and experience new things in addition to existing knowledge and skills.

Furthermore, compassion is the integral and the core of nursing practice (ICN, 2012, p. 2). It is also considered the heart of caring (Hemberg et al., 2020). Compassion must come first to be able to translate the best practices into practice through new learning, skills, and experiences. It imposes the willingness and concern of a nurse to go above and beyond in delivering care for individuals. Thus, initiative and compassion facilitate the concept of dynamic care nurse that may eventually lead to positive health outcomes.

Consequences

The consequence of continuous learning through education, training, experience, and research and the utilization of best practices in delivering care could lead to the achievement of patient expectation and satisfaction, resulting in improved health outcomes.

Model Case and Analysis

The American Heart Association (AHA) recently released its five-year update on the guidelines for cardiopulmonary resuscitation (Merchant et al., 2020). Anna is a nurse and she underwent Basic Life Support (BLS) training a few years ago. The things that she had learned may no longer be applicable now because of the new evidence that was incorporated in the update of AHA. Upon walking home, she encountered a bystander who is having a heart attack and became unconscious. Since Nurse Anna has just joined the recent BLS training, she then started to apply the new things she has learned. The patient was later brought to the hospital for advanced cardiac life support.

Recovery is a sixth link (Merchant et al., 2020) that was added from the recent five chains of survival which are (1) recognition and activation of the emergency response system; (2) immediate high-quality CPR; (3) rapid defibrillation; (4) basic and advanced emergency medical services; and (5) advanced life support and post-arrest care (Tagami et al., 2012). Airway, Breathing, and Compressions are no longer followed as sequence (EMC, 2011) because it was shifted to Compressions, Airway, and Breathing. The change has been made to avoid delays in opening the airway instead of proceeding to chest compressions. Evidently, the new sequence has improved the survival rates of cardiac arrest in both hospitals and outside the hospitals (Kleinman et al., 2015).

The model case fully demonstrates all the attributes of a dynamic care nurse which involves continuous learning and best practices. Anna's initiative to undergo training again in BLS updated her with the new guidelines of CPR. Consequently, her leadership dominated when she exercised her critical thinking and decision-making. She owned the situation to primarily save the dying patient. Quality nursing care is rooted in ownership that is manifested by critical thinking and decision-making (Nayback et al., 2013). Moreover, compassion was associated with the nurse's concern in the application of new learning to save the patient's life without hesitancy. It is in compassion where the moral part of care and the foundation of the nursing profession is displayed (Dalvandi et al., 2019). Hence, it explicates that patient satisfaction is the consequence of these attributes and these are the same elements surrounding quality patient care. Thus, by the continuity of learning and the utilization of best practice, Nurse Anna had surely given the most effective and adequate assistance to the patient's survival which makes her a dynamic care nurse.

Borderline Case and Analysis

The Hospital of Miracle holds seminars for pediatric nurses annually. The seminar discusses updates and new evidence about newborn care. Nurses Emie and Val joined the seminar about the new evidence of stopping suctioning upon birth. Based on a new study, suctioning a neonate at birth to stimulate respiration is highly discouraged as it will cause bradycardia and apnea (Neumann et al., 2014). One of the best practices to avoid such is by wiping the mouth and the nose with a cloth. It is also a way to clear secretions.

A primigravida is in the labor room and is being assisted by Nurse Emie and Nurse Val. Emie is monitoring the fetal heart tone while Val is preparing the things needed for the incoming delivery. When there was a sudden rupture of membranes, the mother was carefully transferred to the delivery bed. After a few minutes, the mother delivered a live baby girl weighing 2.4 kg. Val knew about the update of wiping the mouth and the nose of the newborn. Nevertheless, Val still followed what they used to perform which is suctioning. Newborn care was performed aseptically and APGAR scoring was done simultaneously. It took a few seconds before the newborn's heartbeat reached the normal rate. The newborn was placed under the droplight to maintain body temperature.

Nurse Val exemplifies a borderline case, where only one attribute was displayed. Nurse Val had the initiative in continuing her learning, however, she failed to utilize best practices as she did not put the new learning into action. The newborn could have had a normal heartbeat right after the baby is out if the nurse did not utilize suctioning and followed the new

evidence of wiping off the secretions from the mouth and nose. Best practices serve as the best performance possible to attain more improved care. With its utilization, it is a route towards the solution of identified problems in the nursing practice (Nelson, 2014) as it is focused on quality and is based on evidence. Hence, the use of the same best practices by several health care professionals increases the consistency of care provided and at the same time, helps to create standards and guidelines in the practice (Marchionni et al., 2008).

Contrary Case and Analysis

Nurse Ruby saw a patient suffering from cardiac arrest and he suddenly went unconscious. Nurse Ruby knows about CPR, but she was not confident to provide basic life support because it has been 10 years since her last training. She called for help to transport the patient to the hospital immediately. However, as soon as the patient arrives in the hospital, Nurse Ruby can no longer palpate a pulse and feel respiration. The patient was then declared dead in the emergency department.

The example reflects the absence of the attributes of a dynamic care nurse. The nurse did not attempt to perform CPR because her training was 10 years ago and that made her forget the correct algorithm. Clearly, the nurse could have saved the life of the patient if only she had the initiative to update her BLS knowledge and skills by attending seminars or training. She also failed to show compassion in the nursing profession in terms of advancing her competency. This does not contribute to the growth of the practice and even adds to the poor health outcomes (Burnell et al., 2013, Henson, 2017, p. 139).

Empirical Referents

There are sample measures to help quantify the dynamic care nurse concept's process and outcome. Quality of care is one; and, according to the WHO, the desired outcomes of quality of care are safety, effectiveness, efficiency, and equitability. Performance evaluation tools can also be used to assess the competency of the nurse.

Conclusion

Dynamic care nurse exemplifies the attributes of continuous learning and the utilization of best practices. Nurses can bridge the gaps in the practice through these attributes and by possessing initiative and compassion, it is not by afar to achieve a better health care service and positive health outcomes. Specifically, it needs a dynamic care nurse to commensurate in a world where it is grounded with constant change.

References

- Aamerican Heart Association (2020). CPR updates: global CPR guidelines.https://cpreducatorsinc.com/american-heart-associations-2020-cpr-updates/
- Bircher, J. (2005). Towards a dynamic definition of health and disease. *Medicine, Healthcare and Philosophy*, 8(3), 335-41. https://doi.org/10.1007/s11019-005-0538-v
- Chong, M., Francis, K., Cooper, S., Abdullah, K. (2013). Current continuing professional education practice among Malaysian nurses. *Nursing Research and Practice*. https://doi.org/10.1155/2014/126748
- Dalvandi, A., Raygani, A., Nourozi, K., Ebadi, A., Rahgozar, M. (2019). The Importance and extent of providing compassionate nursing care from the viewpoint of patients hospitalized in educational hospitals in kermanshah iran 2017. *Journal of Medical Sciences* (7)6, 1047-1052. https://doi.org/10.3889/oamims.2019.204
- EMC. (2011). Why Did the Steps of CPR Change from A-B-C TO C-A-B? https://www.emccprtraining.com/2011/03/04/why-did-the-steps-for-cpr-change-from-a-b-c-to-c-a-b/
- Gaudet, C., Howett, M. (2018, April 21). Applying the theory of the dynamic nurse-patient relationship to develop communication skills for nurses. Nursing Education Research Conference, Washington, DC. https://stti.confex.com/stti/nerc18/webprogram/Paper89253.html
- Halloran, E. (2018). Virginia A. Henderson 1987-1996. *American Association for the History of Nursing*. https://www.aahn.org/henderson
- Henson, S. (2017). When compassion is lost. MedSurg Nursing. Jannetti Publications. Inc.
- Heidari, M., Pour, H., Norouzadeh, R., Asgarpour, H., Temel, E., Sahin, B. (2017). Assessment patients' satisfaction related on quality of care: A cross-sectional descriptive study. Asian Journal of Medicine and Health, 5(4,) 1-8.https://doi.org/ 10.9734/AJMAH/2017/34513
- International Council of Nurses. (2012). *The ICN code of ethics for nurses*. https://www.icn.ch/sites/default/files/inlinefiles/2012 ICN Codeofethicsfornurses %20eng.pdf
- Kleinman, M., Brennan, E., Goldberger, Z., Swor, R., Bentley, B., Gazmuri, R., Travers, A., Rea, T. (2015). *Part 5: adult basic life support and cardiopulmonary resuscitation quality.* American Heart Association. https://www.ahajournals.org/doi/full/10.1161/CIR.000000000000000259
- Lateef, F. (2011). Patient expectations and the paradigm shift of care in emergency medicine. *Journal of Emergencies, Traumas and Shock*, 4(2), 163–167. https://doi.org/10.4103/0974-2700.82199
- Mashaba, T. (1981). *The dynamics of the nursing process*. Curationis, 4(1), 28-32. https://doi.org/10.4102/curationis.v4i1.602
- Merriam-Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved on October 29, 2020, from https://www.merriam-webster.com/dictionary/dynamic
- Nayback, A. Forsythe, T., Funari, T., Mayfield, M., Thoms, W., Smith, K., Bradstreet, H., Scott, P. (2013). Using Evidence-

- Based Leadership Initiatives to Create a Healthy Nursing Work Environment. *Dimensions of Critical Care Nursing.* (32)4, 166-173. https://doi.org/10.1097/DCC.0b013e3182998121
- Nelson, A. (2014). Best practice in nursing: concept analysis. *International Journal of Nursing Studies*, *51*(11),1507-16. https://doi.org.10.1016/j.iinurstu.2014.05.003
- Neumann, I., Mounsey, A. Das, N. (2014). PURLs: Suctioning neonates at birth: Time to change our approach. *J Fam Pract* (63)8,461–462. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139400/
- Starfield, B. (1998). Quality-of-care research: internal elegance and external relevance. *Journal of the American Medical Association*, 280(11), 1006-1008. https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications PDFs/E30.pdf
- Tagami, T., Hirata, K., Takeshoge, T., Matsui, J., Takinami, M., Satake, M., Yiu, T., Itabashi, K., Sakata, T., Tosa, R., Kushimoto, S., Yokota, H. (2012). implementation of the fifth link of the chain of survival concept for out-of-hospital cardiac arrest. American Heart Association. https://doi.org/10.1161/ CIRCULATIONAHA.111.086173
- Walker, L. and Avant, K. (2005). Strategies for theory construction in nursing (4th Edition). Pearson Education.
- World Health Organization. (2020, October). What is the WHO definition of health? https://www.who.int/about/who-we-are/frequently-asked-questions.
- World Health Organization. (2020, October). *Quality of care*. https://www.who.int/maternal_child_adolescent/topics/qualit v-of-care/en/

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