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Loneliness – An Epidemic of the 21st Century

The advent of technology in the 21st century has led to a global epidemic of loneliness. Perlman and Peplau first defined loneliness in 1982 as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (p. 31). Since loneliness was first defined and recognized as a psychological phenomenon, there has been an approximately 30% increase in reported loneliness in adults over the last 40 years (Cacioppo, Grippo, London, Goosens, & Cacioppo, 2015).

Loneliness brings about a lack of social connections. Social connections are the relationships people have with others around them, the way in which people talk, current resident or

Executive Director’s Column

Sarah J. Carmody, MBA

Health care delivery is dynamic and constantly changing in response to societal needs, new technology, and new scientific information. Nursing is equipped to meet the needs of Delawarians through nurse specialties that focus on a specific type of nursing or population. The ability of DNA to meet our mission of improving healthcare in Delaware is significantly strengthened by the knowledge and expertise of our specialty nursing organization affiliates. This June, the DNA Board of Directors approved the Delaware Organization of Nurse Leaders (DONL) as our newest organizational affiliate. Welcome!

Affiliation with DNA is much more than recognition on our website or in our publications. It is a way for nurses in Delaware to collaborate and find solutions to nursing issues and healthcare challenges in our state. It is a way to recognize nursing expertise and bring forward a stronger nursing voice to the Delaware General Assembly. If you are a leader of a specialty group, please consider affiliation with DNA. Together, we can make a difference in improving the lives of Delawarians while advancing the nursing profession.

This spring, DNA and the Delaware Today magazine celebrated nursing by acknowledging top nurses in our state. The Excellence in Nursing gala was a beautiful celebration of the nursing profession in Delaware. Congratulations to all! Thank you to Andrea Holecek EdD, MSN, MBA, RN, NE-BC, FACHE for delivering the keynote address.
Several resources are listed below for healthcare providers to offer those feeling lonely and disconnected:

- The National Alliance on Mental Health (NAMI) works to improve the lives of Americans affected by mental illness. [https://nami.org](https://nami.org)
- Addresses loneliness or any mental health concern. [https://talkingpoints.org](https://talkingpoints.org)
- The Campaign to End Loneliness believes that people of all ages need connections that matter. [https://lonelinesscampaign.org](https://lonelinesscampaign.org)
- The Center for Compassion and Altruism Research and Education has several articles and blogs for resources on combating loneliness.

References


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The DNA Reporter welcomes unsolicited manuscripts by DNA members. Articles are submitted for the exclusive use of The DNA Reporter. All submitted articles must have been published before, and not under consideration for publication elsewhere. Submissions will be evaluated by e-mail or a self-addressed stamped envelope provided by the author. All articles require a cover letter including a consideration for publication. Articles can be submitted electronically by e-mail to Sarah J. Carmody, MBA sarah@delawareone.org.

Each article should be prefixed with the title, author(s) names, educational degrees, professional affiliations, licenses, current position, and how the position or personal experiences relate to the topic of the article. Manuscripts should not exceed five (!) typewritten pages and include APA format. Also includes the author’s mailing address, telephone number where messages may be left, and fax number. Authors are responsible for obtaining permission to use copyrighted material; in the case of an institution, permission must be obtained from the administrator in writing before publication. All articles will be peer-reviewed and edited as necessary for content, style, clarity, grammar and spelling. While student submissions are greatly appreciated and appreciated, no articles will be accepted for the sole purpose of fulfilling any course requirements. It is the policy of DNA Reporter not to provide monetary compensation for articles.

President’s Message

President Gary W. Alderson, RN, Esq.

Author Maeve Maddox recently noted that nowadays “the word optics is being used as I would use the word perception... I mean ‘the way things look.’” (Maddox, n.d.). British author Maddox, M. (n.d.). Optics and perception. Retrieved from [http://www.visionquest.com](http://www.visionquest.com). I see and hear appears a good deal on where you are standing; it also depends on where you are going. Among College Students with Type 1 Diabetes, and Shart Tener-Hoozham, MSN, RN will review information related to Loneliness in the Elderly. Wrapping up Nurses’ Week, you will also find an article by Christopher Otto, MSN, RN, CHFN, PCCN, CNS regarding Nursing Professional Excellence with a focus on governance, accountability, nursing organization, certification, education, and meaningful recognition.

Gary W. Alderson, RN, Esq.

with an obvious injury he was almost begging for pain medication. My wife, also an RN for over 30 years, and myself, both former ED nurses; asked his nurse to please get him medication. Nurse obvious then breathlessly told us he was not in the ED to get anything for pain. He was being seen by a physician and that it would be “hours and hours” before he could be seen “because they were very busy and had many people sicker than him.”

Gary W. Alderson, RN

A quick consultation with the charge nurse revealed that he was quickly evaluated and medicated as he should have been. But that's beside the point.

Not long after I had seen him, the patient or family side I've been spoiled because I've been on the staff side of that scene and when I have been on some of the staff and were treated as their own family. When someone "goes by the book" as

When someone “goes by the book” as
Research has shown that a lung cancer screening can save lives.

A low-dose CT scan has been proven to reduce mortality risk in smokers and former smokers by 20 percent. The screening:

- Is the result of findings of the National Lung Screening Trial.
- Has been endorsed by the American Cancer Society, American Lung Association, and U.S. Preventive Services Task Force.

Your patients should be screened if they:

- Are 55 to 80 years of age.
- Have smoked the equivalent of a pack a day for 30 or more years, or two packs a day for 15 or more years.
- Currently smoke or quit smoking within the last 15 years.

A free lung cancer screening may be available for your patients who don’t have insurance.
Loneliness and Social Isolation: The Consequences of Being Lonely

Traci L. Williams

Traci Williams graduated from Delaware Technical Community College in 2009, and then earned her BSN from Wilmington University in 2012. She is a Board Certified Psychiatric/Mental Health Nurse Practitioner. Traci has been with Christiana Care Health System for 10 years. She served four years with Private Duty Nursing, and is currently a staff nurse in the Behavioral Health Department on the inpatient behavior health unit. Traci currently serves as the Behavioral Health Department’s WISH (We Improve Senior Health) Champion. She works hand in hand with the psychiatry team to help patients with acute mental illnesses. Traci can be reached by email at TraciWilliams@ChristianaCare.org or at (302) 320-2352.

Loneliness is different than social isolation. The best depiction of this is that a person can be alone, but not feel lonely. Also, a person can be surrounded by others and feel lonely. Loneliness is a negative emotion related to a person’s perception of the quality of his or her relationships. Whereas social isolation refers to the number of people a person may have contact with. This would be a classic example of quantity versus quality. While the two concepts are different, they are often significantly interconnected. A person who is isolated may grow to become lonely, and a person who feels lonely may isolate himself/herself (Lasgaard et al., 2018). Loneliness is cited in many texts as being a risk factor for significant health consequences, poor recovery, and increased mortality. For this reason, it is important that health care providers assess at-risk individuals for loneliness, and help create interventions to promote healthy social environments.

For thousands of years, people seldom lived alone, but beginning in the mid-20th century a trend of individuals living alone began. As recently as 2013, it is estimated that about 25% of households in the United States (U.S.), Russia, Canada, Spain, and Japan are one-person households. Thirty percent of households in Germany, France, and England, and almost half of households in Scandinavia nations were estimated to be one-person (Klinenberg, 2016). That being said, not all of these individuals are lonely. A study in Denmark identified several risk factors for loneliness (Lasgaard, Friis, & Shevlin, 2016). Often aging is associated with loneliness due to concerns about aging (chronic disease, retirement, death of family/friends, spouse, disability, etc.) (Lasgaard et al., 2016). This is true, as a person grows older, there are a lot of changes that can lead to isolation and loneliness, but there are many more populations that also have high rates of loneliness. Many people experience loneliness across different periods of their lives. In the Danish study, 54,300 randomly selected individuals were invited to participate in a questionnaire. 33,265 people responded to the questionnaire, 14 to 16-102 years of age. The survey used a Danish version of the Three-Item Loneliness Scale, and compared data across demographic and health-related factors. It was found that the highest rates of loneliness were among the adolescents, young adults, and older adults. Social anxiety and loneliness are health-related factors. Minority status, living alone, and prolonged mental illness were also demonstrated to show increased incidence of loneliness (Lasgaard, et al., 2016). In 2011, the Centers for Disease Control and Prevention identified suicide as the third leading cause of death among adolescents. Social anxiety and loneliness play a large role in the development of suicide in high-risk adolescents (Gallagher, Prinstein, Simon, & Spirito, 2014). There has also been evidence of loneliness in school aged children. A French study showed that nearly 60% of children in grades five, seven, and nine experienced loneliness occasionally, and 10% expressed this was common (Lyyra, Välimaa, & Tyngjálló, 2018). A Greek study showed that the majority of children have experienced loneliness sometimes, and 7% expressed feeling it often (Lyyra et al., 2018). In the U.S. a study showed that 70% of the adolescents have experienced high levels of loneliness over an extended time period (Lyyra et al., 2018). Essentially, loneliness is not exclusive to old age, but is something that is experienced across many demographics and ages.

There are many risks and consequences associated with loneliness. The literature reviewed was able to find a correlation between negative health (mental and physical), and loneliness. Loneliness experienced over a long period is associated with substance use, negative academic performance, poorer (self-reported) health, and substance abuse. In children there is a correlation between increased subjective health complaints (headaches, shoulder and back pain) and increased reports of loneliness (Lyyra et al., 2018). There is also evidence to support that loneliness contributes to higher health care utilization and costs, as well as an increased incidence of disability, cognitive decline, and increased incidence of mortality. It is also suggested that individuals that are chronically lonely may utilize their healthcare team for social contact (Gerst-Englund, & Broman, 2015). Therefore, loneliness and these outcomes, individuals with loneliness have worse outcomes in their mental health. A systematic review and meta-analysis of 19 studies, 107,769 participants and 83 outcomes, demonstrated a correlation of poor outcomes with loneliness. The literature reviewed was able to find a correlation between negative health (mental and physical), and loneliness. Loneliness has also been demonstrated to show increased incidence of disability, cognitive decline, and increased incidence of mortality (Lasgaard, et al., 2018). It was found that the highest rates of loneliness were among the adolescents, young adults, and older adults. American Journal of Public Health,106(10), 1913-1919. doi:10.2105/ AJPH.2016.303166


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DNA needs you! The Delaware Nurses Association works for the nursing profession as a whole in Delaware. Without the financial and voluntary support of our members, our work would not be possible. Even if you cannot give your time, your membership dues for you and your profession both at the state and national levels. The DNA works hard to bring the voice of nursing to Legislative Hall, advocate for the profession on regulatory committees, support the nurse practice act, and provide educational programs that support your required continuing nursing education.

At the national level, the American Nurses Association lobbying activities and support for the nursing profession to national legislators/ regulaors, supports continuing education and provides a unified nationwide network for the voice of nurses.
Before one can appreciate the effects loneliness has on mental health and wellness, it is imperative to understand their correlation. Abraham Maslow, a prominent psychologist, established that human motivation is based on achieving fulfillment through personal growth. Maslow developed a pyramid known as Maslow’s Hierarchy of Needs: beginning at its base with physiological needs, then continuing upward with safety needs, love and belonging needs, esteem needs, and finally self-actualization needs. In other words, humans must have basic needs met before progressing to the next level. Self-actualization cannot be attained without having love and belonging needs met, which includes loneliness.

Maslow is not the only expert to identify the interconnectivity between the lack of social belonging, loneliness, and mental health. Edward Deci and Richard Ryan, psychologists, developed the self-determination theory. Deci and Ryan concluded humans have three basic needs for “sustained, volitional motivation: (a) autonomy, (b) competence, and (c) relatedness” (Martino, Pegg, & Frates, 2017, p. 466-471). As a basic human need, humans desire connectedness. When connectedness is diminished, or absent, this contributes to feelings of loneliness.

Loneliness is a complex human emotion and may seem straightforward. However, loneliness is a very complex human emotion and is especially subjective. In spite of its subjectivity, loneliness is a measurable construct often used by psychologists (Mushtaq et al., 2014). While loneliness may seem subjective, it is not. "Loneliness is one of the main indicators of social well-being” (R. Mushtaq, Shoib, Shaib, & Mushtaq, 2014, p. 4). Mushtaq et al. (2014) stated that > 80% of adolescents and > 40% of elderly reported loneliness. Social well-being is one of Maslow’s needs and the lack of social well-being may lead to mental illness. Therefore, loneliness assessment is paramount.

Proponents diagnose mental illness using criteria established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). While loneliness is not listed in the DSM-5, it must be strongly considered and evaluated when patients report symptoms of mental illness, especially those related to depression. It is also important to know that depression is a leading cause for patients seeking mental health treatment. No one is immune to depression, regardless of age, socioeconomic, or global locale. According to the World Health Organization (2018), “Depression is a common worldwide illness with more than 300 million people afflicted.” Depression is precipitated by a multitude of factors, more specifically, loneliness. Additionally, validated research indicates a direct correlation between loneliness and depression.

Two types of evidenced-based healthcare specifically identify the need to assess for feelings of loneliness. They are lifestyle medicine and positive psychiatry. Lifestyle medicine uses an evidence-based lifestyle therapeutic approach that includes having a strong support system (American College of Lifestyle Medicine, n.d.). According to Jeste, Palmer, Retter, and Boardman (2015), positive psychiatry is “the science and practice of promoting well-being, through the utilization of assessment and interventions that employ positive psychological characteristics (PSC)” (p. 676) including social support. Lifestyle medicine and positive psychiatry further demonstrate the importance of social being and its interconnectivity to mental wellness.

Therefore, if loneliness is a primary indicator of social well-being and the lack of social well-being can lead to mental illness, most commonly manifesting as depression, loneliness directly correlates to depression. For this reason, it is essential that clinicians can skillfully assess loneliness. When appropriate, nurses must assess patient loneliness and can accurately do so by incorporating the 20 question UCLA Loneliness Scale during the initial assessment phase. Objective listening may indicate signs of potential loneliness. Furthermore, nurses can evaluate if a patient is meeting treatment goals by reassessing loneliness throughout treatment.

Nursing care is a finely balanced combination of applying evidenced based practices (EBP) and the art of nursing. Finding this balance is especially important when caring for a patient with mental illness. To be successful in doing so, nurses need to be well versed in the etiology and epidemiology of loneliness, its impacts on mental and physical health, developing care plans to decrease loneliness, and assisting a patient to return to wellness.

A non-judgmental, empathetic approach should be employed. Establishing a therapeutic relationship, coupled with effective communication skills and the utilization of therapeutic techniques proves most beneficial for patient success. Self-awareness of verbal and non-verbal communication, as well as attention to the same in the patient, greatly impacts the successful development of a great nurse-patient relationship. When appropriate, cultural sensitivity should be considered, as cultural views on mental illness vary.

The following are some nursing intervention strategies to consider when developing care plans. That should pay particular attention to the reported happiness with their social support rather than the quantity of social support during assessments, as this may have the greatest impact on loneliness. Nurses can teach patients skills for communicating with providers or family members and make referrals to support services. Since lonely patients often feel misunderstood, the nurse should work toward reducing loneliness by normalizing the experience.

Nurses may help patients develop different patterns of thinking to considering another explanation for the perceived behavior of others. For example, a patient says someone rarely calls and perceives this behavior to be a lack of caring. An alternate thought might be the friend is worried about disturbing the patient’s sleep. Consequently, through the development, redirection, and exploration, nurses can develop a vital role in decreasing patient loneliness while assisting in their return to an optimum level of health and wellness.

Since loneliness can affect anyone, nursing awareness and education should not be limited to psychiatric and behavioral health nursing. Nurses will care for patients experiencing loneliness in all patient care settings, including inpatient, outpatient, and specialty treatment facilities. Due to the brevity of this article, it is impossible to fully address loneliness, the effects on mental health and wellness, as well as the nursing role. It is the hope that this article will motivate nurses to increase awareness and augment current practices.

References


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In the United States, there are approximately 20.4 million college students and many of them have a chronic condition (ACHA, 2018). Students with T1D experience more stress, loneliness, and social isolation as they feel like they are the only person with T1D. In addition, they may incorporate diabetes management and develop a self-care routine while living with college campus conditions (Saylor & Calamaro, 2016). This is essential as emerging young adults with T1D are at increased risk of hypoglycemia/hyperglycemia (Saylor, et al., 2017). Most importantly, the APRN has support for incorporating diabetes management into college life (Saylor, et al., 2017). Peer support may decrease the feelings of loneliness and social isolation while also helping with chronic condition management. Colleges and universities have student organizations for students to join and support one another such as Chronic Illness Advocates, Active Minds, and College Diabetes Network (CDN). CDN is a non-profit organization that was founded by Christina Roth in 2009. As a college student with T1D, she felt isolated, misunderstood by her peers without T1D, and faced difficulties incorporating daily T1D management into her college life (CDN, 2019). CDN’s mission is singularly focused on providing young adults with T1D the peer connections they value, and expert resources they need, to successfully manage the challenging transition to independence at college and beyond (CDN, 2019).

In a national survey of CDN members in college with T1D, researchers found a statistically significant difference between those with peer support from a university-based CDN chapter and those without a university-based CDN chapter. Students with T1D involved with a university-based CDN chapter were significantly less likely to report increased levels of isolation (P < .0001), anxiety (P < .0001), and depressive symptoms (P < .0001). In addition, students with a CDN chapter also reported decreased A1C (P<.0001) since joining their university-based CDN chapter. Peer support for college students is essential to promote academic, personal, and psychosocial health. CDN has chapters on many college campuses and online such as TID (Lombardi, Gerdes, Murray, 2011). Overall, peer networks increase sense of belonging, provide social support, and strengthen development academically and socially.

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Shari Tenner-Hooban, MSN, RN

Shari Tenner-Hooban is the Director of Learning Resources in the Nursing Department of Wesley College in Dover, Delaware. Shari studied nursing at the Ann Mardis School of Nursing in 1971 and received a diploma in 1979. She went on to receive a BSN and MSN from Drexel University. Currently Shari is pursuing an Ed.D at Drexel University with the focus on student engagement, innovation and creativity in the learning environment, with a graduation date in Fall 2019. Her career has been in the intensive care unit and moved to the operating room with the majority of her career in the practice area of perioperative nursing; successfully obtaining certification as a CCNS from the AORN. Shari resides in Lewes, Delaware with her husband Jim. She is the mother of two grown children Benjamin and Briana, the grandmother to Jameson. Ms. Tenner-Hooban can be reached at Shari.Tenner@Wesley.edu

How does one describe the elderly? Is it a number or a state of mind? For this writer, it is undoubtedly a state of mind. As the term elderly describes those of my generation who are 65 or older, and the word geriatric begins to get bantered about, a shiver runs down my spine. The truth is the 2018 census found the demographics of the United States (U.S.) have changed. By the year 2035, the US will have “78 million people over the age of 65” and “the US population will outnumber the children for the first time in the country’s history” (Meinert, 2018, p. 1). The US is a diverse population. A lifetime of advanced medical treatments find today’s senior citizens in better physical health in their older years than previous generations, yet mental health and socialization needs remain complicated for this maturing population (Gilford, 1988). While the need for mental health care in the United States has increased, the funding is not necessarily available making the problem more complex (Meinert, 2018).

Successful aging is a quest and a phenomenon linked to a perceived quality of life. Despite those who persevere the dynamic of aging, change is inevitable. The golden years find changes in physical and mental health, finances, and actual quality of life (Gilford, 1988). Deviation of the nuclear family structure finds many senior citizens living alone far from family or in acute care, long-term care, or extended care facilities with limited family or peer social interaction. These changes result in a “disintegrating identity in society” (Wong, Chau, Fang and Woo, 2017, p. 9). Suddenly the perception arises that the elderly are more vulnerable, less involved, and less relevant. (Wong et al, 2017) discussed social alienation that occurs, describing it as a threefold concern:

1. Negative personal perception by the elderly concerning their healthcare, family interaction, and change in identity within their social circle.
2. Adverse behavioral manifestation in response to a new lifestyle and or location.
3. Bad feelings perceived toward aging including anger, vulnerability, and helplessness. (p.6).

Thus it becomes imperative to enhance the quality of life to reduce the risk of social alienation and inadequate response to the aging process to reduce other adverse outcomes.

Social isolation, as reported by Owen (2007), results in loneliness, fear, and anxiety. Often used interchangeably, social isolation and loneliness are not the same. Social isolation is defined as “a lack of structural and functional social support, while loneliness is a ‘perceptual’ concept” (Zamir, Hennessy, Taylor, and Jones, 2018, p. 2). This negative concept is unhealthy. Wong et al. (2017) referred to loneliness as a “geriatric giant” contributing to a myriad of physical and mental health dysfunction, associated with high morbidity and mortality (p. 1). To maintain physical and psychological well-being the social environment must be rich with interaction keeping loneliness at bay.

Fifty percent of the elderly surveyed by Owen (2007) cited “television as their main companion,” rarely leaving their homes to visit peers or local businesses (p. 115). While loneliness is subjective; retirement, loss of a spouse, and change in environment due to relocation leads to feelings of alienation and social and emotional disruption. Without intervention, social exclusion leads to depression and a subsequent decline in self-esteem and self-confidence.

Loneliness in the elderly is a downward spiral necessitating assessment and early intervention. Vlaming et al. (2014) utilized the Loneliness Literacy Scale as a needs assessment tool for those at risk for loneliness; finding low income, physical restrictions, mild psychological symptomatology, and the widowed as those at higher risk. Identifying those in greater need of intervention provides a mechanism to assist the most vulnerable in achieving social functioning resulting in reduced loneliness and isolation.

Daycare programs and senior centers cannot always meet the needs of the population due to contractual agreements, lack of transportation, health care aids and providers, and prohibitive costs. For many, the stigma of senior day camps keeps the elderly at home. The arduous trail of red tape finds many without intervention or entry into a system of help and care (Owen, 2007).

Social engagement and interaction are vital. Wong et al. (2017) proposed social interaction, finding life and family interaction. Face-to-face communications add a dimension of presence, finding ‘video call’ preferable to email or telephone communication (Zamir, Hennessy, Taylor, & Jones, 2018). Technology, when available to the elderly, offers an easy solution to connect to family and peers. Simplicity and cost effectiveness leads to the cause.

References

Nursing Excellence in 2019: Defining and Advancing

Christopher E. Otto, MSN, RN, CHFN, PCCN, CCRN

Christopher Otto obtained his Associate Degree in Nursing from Delaware Technical & Community College – Stanton Campus, Bachelors of Science in Nursing from Wilmington University, and Masters of Science in Nursing with a concentration in nursing innovation and health systems leadership from Drexel University. He is board certified in heart failure, progressive care, and critical-care nursing. Chris is currently the Manager of Nursing Professional Excellence at Christiana Care Health System and provides direct patient care nursing in heart failure and cardiovascular critical-care nursing. He is an advocate for nursing professional governance, relationship-based care, and cultures of nursing excellence. Chris is currently serving as the Secretary for the Delaware Nurses Association. Chris is also a member of the Delaware Organization of Nurse Leaders, Diamond State Chapter of the American Association of Critical-care Nurses, American Nurses Association, American Organization of Heart Failure Nurses, American Organization of Nurse Leaders, and American Association of Critical-care Nurses. Chris has presented and published locally and nationally on topics related to cardiac and heart failure nursing, cognitive planning in nursing, and strategic communication. Chris can be reached by email at cotto@christianacare.org or directly at 302-733-1583.

Nursing practice is an art and science built upon decades of caring, advocacy, education, research, collaboration, and advancement. For 17 consecutive years the public has ranked nurses highest for honesty and ethics among 20 major professions (Brennan, 2018). This has been achieved while nursing remains the largest sector of the healthcare workforce (Institute of Medicine [IOM], 2010). The American Nurses Association (ANA) proclaimed the 2019 ANA Code of Ethics for Nurses with Interpretive Statements defines nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2015a, p.44). The English Oxford Living Dictionaries defines excellence as “the quality of being outstanding or extremely good" (Excellence, n.d.). Combined, nursing excellence can be defined as the outstanding performance of nursing practice focused on human health and abilities, prevention of illness and injury, alleviation of suffering, and advocacy for care of individuals, families, communities, and populations. This definition of nursing has evolved over the last 150+ years, just as our profession has evolved. The catalyst for the definition of nursing excellence can be traced back to 1859 when Florence Nightingale first published Notes on Nursing: What It Is and What It Is Not (ANA, 2015b).

Furthermore, as the profession evolved and professional organizations formed, the ANA published the first Standards of Nursing Practice in 1973 (ANA, 2015b). The advancement of nursing excellence accelerated in the 1980s and 1990s with nursing shortages causing research into nurse practice environments and the incorporation of decentralized leadership styles in nursing practice. Research completed by Coulon, Mok, Krause, and Anderson (1996) concluded that nurses desired to provide excellent nursing care that was holistic, humanistic, professional, and improved outcomes. Nursing excellence is not a recent concept but one that has been woven throughout our profession for decades.

The ANA nursing standards evolved over the decades into their most recent iteration, published in 2015. The current Nursing Scope and Standards of Practice, 3rd Edition provides standards of practice and professional performance (ANA, 2015b). The standards of practice focus on the nursing process (assessment, diagnosis, planning, intervention, and evaluation) related to clinical nursing care. The standards of professional performance serve as the foundation of and the blueprint for advancing nursing excellence. The standards of professional performance include: ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health (ANA, 2015b). These standards are prevalent throughout nursing and healthcare literature. Each standard of professional performance requires nurses to leverage extensive research and strategies for advancing based on the current healthcare climate. Collectively, the standards are actively driving nursing excellence in 2019 and into the future.

Nursing Excellence Today: What is it and why have it?

Nursing excellence is not a project or program; it is the “result of a long-term organizational strategy that builds a healthy culture around staff engagement and empowerment” (Gelin, 2017, p.4). Nursing excellence in current healthcare delivery areas is complex, dynamic, and co-dependent upon many environmental and interpersonal factors. Nursing excellence doesn’t just live in one department, in one leader, or in one geographical area. Nursing excellence lives intrinsically within each licensed nursing professional, whether providing direct patient care or leading thousands of nurses in one healthcare system. Nursing excellence starts with self-reflection and self-accountability for decisions made every day. Nurses are held accountable to the provision of nursing care by their peers and through evaluation of peers (ANA, 2015b; Williams et al., 2016). Nurses practice as expert clinicians in the art and science of nursing while applying the standards of professional performance to lead the rapid and necessary changes in healthcare settings. This serves as the foundation of what nursing process provides.

The “why” behind nursing excellence today is simple: nurses are the largest segment of the healthcare workforce (IOM, 2010). It has become evolving and imperative for nurses to leverage our numbers and adaptive capacity to effect wide-reaching changes in the healthcare system (IOM, 2010). Nurses are actively driving nursing excellence in 2019 and into the future.

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future of nursing through their recently launched “The Future of Nursing 2020-2030” committee and consensus study. The newly formed committee will extend the current national agenda for healthy and safe nursing practice environments, which have been designated as essential to nursing excellence and healthcare delivery that the American Nurses Association (ANA, 2015b). We can expect that the outcomes of this committee’s work will certainly focus on standards of nursing excellence. Therefore, nurses must position themselves as key drivers, partners, advocates, and experts in the advancement of nursing excellence. This can be accomplished by using the evidence and strategies for advancing nursing excellence based on selected standards of professional performance and additional strategies.

How to Advance Nursing Excellence

Ethical Nursing Practice

The nurse is best positioned to practice ethically when they have fully understood, embraced, and integrated the code of ethics (ANA, 2015b). The current healthcare environment is an ethically challenging place to practice. Nurses and providers are being asked to do more with less which doesn’t necessarily equate to individualized care that is compassionate and culturally congruent. Nurses must advocate for the development of and regular participation in programs that support ethical decision making in clinical practice (Grace, Robinson, Jurchak, Zollfrank, & Lee, 2014). Ethical training programs are proven to build capacity and resiliency for decision making in clinical practice while decreasing burnout and compassion fatigue rates (Grace et al., 2014). Ethical dilemmas in patient care delivery will continue to surface daily, so equipping nurses with knowledge and skills is imperative for advancing nursing excellence cultures.

Culturally Congruent Practice

Culturally congruent practice and potentially prevent ethical dilemmas is to provide culturally congruent care for all individuals, families, communities, and populations. Culturally congruent care can prevent misinterpretation of expectations related to illness, health, and care in the health system. Nurses practice from the perspective of cultural backgrounds (ANA, 2015a). Nursing working a culture of strong excellence recognizes that as human beings, we are all inextricably connected to each other through love of gender, sexual orientation, ethnicity, religion, political affiliation, race, etc. Nurses practice with strong relational skills that connect them to their patients, families, colleagues, and themselves. This culturally congruent practice is necessary in cultures of excellence, where nursing excellence thrives (Swihart & Hess, 2014).

Leadership, Professional Practice Environments & Resource Utilization

Leadership and professional practice environments are uniquely connected and required to achieve the quadruple aim. For nurses, and populations. Culturally congruent care can prevent misinterpretation of expectations related to illness, health, and care in the health system. Nurses practice from the perspective of cultural backgrounds (ANA, 2015a). Nursing working a culture of strong excellence recognizes that as human beings, we are all inextricably connected to each other through love of gender, sexual orientation, ethnicity, religion, political affiliation, race, etc. Nurses practice with strong relational skills that connect them to their patients, families, colleagues, and themselves. This culturally congruent practice is necessary in cultures of excellence, where nursing excellence thrives (Swihart & Hess, 2014).

Communication & Collaboration

Communication and collaboration is a dynamic process that must occur within all levels of an organization (Gelinas, 2015). Communication and collaboration are critical to nursing excellence and healthcare delivery that the American Association of Critical-Care Nurses (AACN) has made two standards in their AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, 2nd edition. Danvers, MA: HCPro. They state, “communicating and collaborating with other nurses, and populations. Culturally congruent care can prevent misinterpretation of expectations related to illness, health, and care in the health system. Nurses practice from the perspective of cultural backgrounds (ANA, 2015a). Nursing working a culture of strong excellence recognizes that as human beings, we are all inextricably connected to each other through love of gender, sexual orientation, ethnicity, religion, political affiliation, race, etc. Nurses practice with strong relational skills that connect them to their patients, families, colleagues, and themselves. This culturally congruent practice is necessary in cultures of excellence, where nursing excellence thrives (Swihart & Hess, 2014).

Education & Certification

The body of evidence surrounding the benefits of higher nursing education degrees and professional certifications is irrefutable and too extensive to discuss or cite in this article. Higher nursing education degrees improve the quality of nursing care delivered and resultant outcomes for individuals, families, communities, and populations (JOM, 2010). Professional nursing certifications validate the competencies needed by nurses to practice within their specialty (Sy, 2010). Nurse leaders are responsible for promoting and encouraging nurses to obtain certifications. When nurses are a hallmark of cultures of nursing excellence today and the future (Adeniran, Bhattacharya, & Adeniran, 2012; Sy, 2010).

Quality, Evidence-Based Practice and Research

Provision 7 of the ANA Code of Ethics for Nurses with Interpretive Statements focuses on the role of nurses in advancing the profession through research and scholarly inquiry (ANA, 2015a). Quality improvement, research, and evidence-based nursing practice are hallmarks of thriving nursing excellence cultures. Evidence-based practice empowers nurses to lead in their care and profession (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012). Currently, these practices are still being used inconsistently across nursing and contributing to cultures that lack nursing excellence (Melnyk et al., 2012). To fully advance nursing excellence into 2020 and beyond, nurses at all levels must develop action plans addressing gaps in these practices and measure the outcome improvements obtained, creating a solid business case for more quality improvement, evidence-based practice, and research.

Leadership, Professional Practice Environments & Resource Utilization

Nursing practice has evolved and became more specialized. Professional nursing organizations exist at state, regional, national, and international levels. The members are the “newest” nurses who bring a new variety of strengths, skills, and career advancement in nursing. A conceptual framework for clinical leadership development. Nursing Administration Quarterly. (36), 41-51. DOI: 10.1097/ 

References


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<th>Field</th>
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<tr>
<td>First Name/MI/Last Name</td>
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### Professional Information

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<td>Type of Work Setting: (ie: LTC, Ambulatory Center)</td>
<td>What is your primary role in nursing?</td>
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<td>Practice Area: (ie: pediatrics)</td>
<td>Educator</td>
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<td>Current Employment Status: (ie: full-time nurse)</td>
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Mailing Address Line 2____________________________________Phone Number
City/State/Zip____________________________________Email Address

Professional Information
Employer____________________________________What is your primary role in nursing?
Current Position Title: (ie: staff nurse)___________________________☐ Advanced Practice Registered Nurse
Type of Work Setting: (ie: hospital)___________________________☐ Clinical Nurse/Staff Nurse
Practice Area: (ie: pediatrics)___________________________☐ Nurse Manager/Nurse Executive
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