

LIVEWELL NURSING

NURSE'S NOTES

By: Angela Mitchell, CNO



The Freedom to Choose - Supporting Client Autonomy in Healthcare

Nurses have an ethical obligation to respect the rights of clients to make choices about their own care. One important way to honor client autonomy is by providing clients and families with the freedom and information needed to make choices that align with their values and preferences. This can benefit both clients and the healthcare system.

Client autonomy refers to the right of a competent adult to make choices about their healthcare without influence from others (Beauchamp & Childress, 2019). Clients have the freedom to accept or refuse treatment if they understand the potential risks and benefits. Providing clients with choices and control over their care aligns with nursing principles of respecting client dignity and individuality.

There are many benefits to promoting autonomy in healthcare. When clients have choices in their care, they tend to have greater satisfaction with their care experience (Flynn et al., 2006). Clients who feel in control of their healthcare decisions often report lower rates of stress, anxiety, and depression (Deci & Ryan, 2008). They also typically have better adherence to treatment recommendations that align with their values and priorities.

There are several practical ways nurses can promote client autonomy. Nurses should provide clients and families with full disclosure about diagnoses, proposed treatments, and alternatives. They should encourage clients to ask questions, so clients fully understand their options. Nurses should also avoid suggesting what choice a client "should" make, but instead offer unbiased information to support the client's own decision making (Rego et al., 2019).

As members of the healthcare team, nurses play a vital role in educating and empowering clients and families to make informed choices about their plan of care. By fostering client autonomy, nurses help ensure clients receive care that is consistent with their personal values and goals. This client-centered approach can ultimately improve health outcomes and client satisfaction.

Beauchamp, T. L., & Childress, J. F. (2019). Principles of biomedical ethics. Oxford University Press.

Flynn, K. E., Smith, M. A., & Vanness, D. (2006). A typology of preferences for participation in healthcare decision making. *Social science & medicine*, 63(5), 1158-1169.

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian psychology/Psychologie canadienne*, 49(3), 182.

Rego, P., Nunes, R., & Pereira, H. (2019). Patient autonomy in nursing care: An integrative review. *Nursing ethics*, 26(1), 51-66.

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SUBMISSIONS

Please e-mail submissions (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to:
davina.trejo-valdez@sdcounty.ca.gov

For consideration in the next issue, please submit entries by close of business on August 11, 2023. Submission limits: 125-275 words

Transitions: Leading our loved ones

By Kelly Robinson, PHN

The transition that plagues me as a 55-year-old RN/PHN is that I rarely attend weddings anymore and have now started to attend funerals. You blink and go from watching your friend get married to your friend dying. Along with the changes to my body I must also absorb the changes with my loved ones, the loss of parents, friends, and pets. Sometimes it gets to be overwhelming.

As nurses we tend to become the medical liaison for our family and friends, explaining and interpreting medical terminology, medications, protocols, and legal ramifications. In this last month I have watched my very dear friend die from bladder cancer. Adding my voice to our monthly Nursing Newsletter is cathartic. It gives me a place to express my feelings to fellow nurses about the unpaid and often unwanted responsibilities we undertake just because we are a nurse. Responsibilities that include empowering and educating our loved ones that admittedly involves a lot of “Googling” (sigh). We may “Google”, but nurses are able, due to our education, to weed through the many websites providing accurate, false, or misleading information. In our quest to help, we seek websites with simple and accurate explanations or instructions to share with family and loved ones to help them through the tangled medical care system.

To all my fellow nurses, hang in there! We shoulder the uneasy and bad news for our loved ones during their time of weakness and grief. Despite that, continue to educate yourself, even if it’s for reasons that may not be positive and uplifting because with knowledge there is hope for some level of comfort and understanding. Teaching, caring, growing during our combined grief is what we signed up for and our gift that we share with families, loved ones and others in our communities.

Freedom from Homelessness: Supporting Older Adults’ Transition into Housing

By Laura Carter, PHN Manager

There has been ample media attention on homelessness and its devastating effects on people’s health and well-being. People ages 65 and older are now the fastest growing age group of those who are experiencing homelessness. While homelessness is overwhelming for anyone, older adults can face additional risks and harms from the experience. Notable fundamental causes of homelessness are poverty and lack of affordable housing. (Kushel, M., 2019)

Aging & Independence Services (AIS) has embarked on a collaborative pilot project that will allow In-Home Supportive Services (IHSS) to be provided at the Seniors Landing Bridge Shelter (SLBS), a 33-room non-congregate facility. The shelter, which is being operated by Serving Seniors under a contract administered by the City of San Diego’s Homelessness Strategies and Solutions Department, will prioritize residents aged 55 and older who have been matched with housing resources, such as rapid-rehousing assistance, permanent supportive housing, or a housing voucher.

What makes this project unique is that people without a permanent residence are not normally eligible for IHSS. However, for this pilot project, SLBS residents can initiate an IHSS intake assessment and services prior to housing placement. Because of their unique talent working with this special population, an IHSS Public Health Nurse (PHN) will be assigned to complete the intake process and provide case management for the referral in close collaboration with the resident and their SLBS case manager. In addition, once the resident secures permanent housing, a second assessment will be provided to ensure all functional needs have been re-assessed in their new home and care provider support is stabilized.

The IHSS PHN Team is thrilled to be working on this unique project, which is a first for San Diego County. Our PHNs are well-suited to assess the prevalence of geriatric conditions and the traumatic effects of homelessness that impact the health, safety, and independence of these older adults.

KUSHEL, M. Homelessness Among Older Adults: An Emerging Crisis. *Generations*, [s. l.], v. 44, n. 2, p. 1–7, 2020. Retrieved from: <https://discovery.ebsco.com/linkprocessor/plink?id=385ca97a-0ff2-31ba-a932-42d7007bd7b2>. July 19, 2023.

Transitions to Achieving Freedom to Practice

By Sheila Rinker, PHN Supervisor, Office of Nursing Excellence

The Public Health Nurse Residency Program (PHNRP) was created to support new graduate nurses and experienced nurses transitioning into a specialty role as a Public Health Nurse (PHN). The process of transitioning to a PHN is complex. The program is designed with classroom instruction, simulations, clinical experiences, and mentoring to provide employees with baseline knowledge for professional growth.

To help ease the transitional shock period (the initial two to eight weeks) of new nursing practice, Boychuk Duchscher et al. (2021) see a need to integrate theory into varied practice experiences (p. 47). This involves developing and maturing political, organizational, cultural, spiritual, and emotional knowledge. The residency program allows for adjustment from unknown or unrealistic expectations by preparing employees for the role of a civil servant.

With Cohort 10 slated to begin on September 22, 2023, we continue to instill foundational intersecting elements. These foundational intersecting elements are stability, predictability, familiarity, consistency, and success (Boychuk Duchscher et al., 2021, p. 47), which are critical factors for new nurses transitioning to practice in the workplace.

The nurses and the County alike benefit from the PHNRP to strengthen the workforce that serves the community by having nurses know the values, ethics, mission, and visions that guide their work. The PHNRP not only prepares but also provides the freedom for new employees to transition to practice throughout the County.

Boychuk Duchscher, J.e, Corneau, K., & Lamont, M. (2021). Commentary-Transition to Practice: Future Considerations for New Graduate Nurses. *Nursing Leadership*, 34(4), 44-56.

Access the county's [EBSCO Health homepage](#)
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<https://my.openathens.net/>

California Home Visiting Program (CHVP) transitions to client retention efforts

By: Kathryn Kerr, PHN Supervisor NCoastal PHC

As our nurse home visiting programs transition back to providing services primarily face-to-face, there was a rediscovered need to provide a space for families to gather in person to connect with one another. For 3 years, families were isolated and fearful of the COVID virus. Families were ready to experience the freedom of life without isolation, physical distancing, and face masks.

According to McKelvey et al., “Studies suggest that the more time [home visitors] spend on child development and parent-child interaction content, the more positive the outcomes for parents and children” and more likely to remain enrolled with the program (McKelvey et al., 2018, p. S39). North Coastal and North Inland Nurse-Family Partnership hosted two Spring events and one Summer event for the families enrolled in home visiting services.

At these events, activities were provided which facilitated an opportunity to meet other families enrolled in home visiting services, thereby creating a sense of community. Families were able to have photos taken with the Easter Bunny and beach portraits, a service and cost that is unattainable for the families we serve.

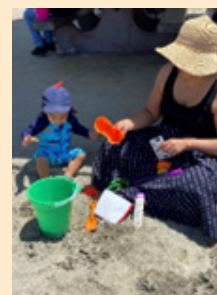
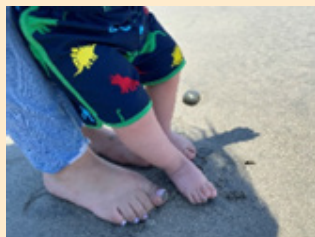
One family traveled to the beach from Escondido using the Sprinter; they had not been to the beach in 30 years. By creating a sense of community for the families we serve, program participation is facilitated (as cited in Bowers et al., 2020, p. 732). As a result of the three events hosted, 106 individuals gathered to celebrate themselves along with the season. We have even seen a 7% decrease in client attrition with the NFP program from 2022 to 2023. More gatherings are planned for the remainder of the calendar year and through 2024.

McKelvey, L. M., Fitzgerald, S., Connors Edge, N. A., & Whiteside-Mansell, L. (2018). Keeping Our Eyes on the Prize: Focusing on Parenting Supports Depressed Parents’ Involvement in Home Visiting Services. *Maternal & Child Health*. <https://doi.org/10.1007/s10995-018-2533-y>

Bower, K. M., Nimer, M., West, A. L., & Gross, D. (2020). Parent involvement in maternal, infant, and Early Childhood Home Visiting Programs: An Integrative Review. *Prevention Science*, 21(5), 728–747. <https://doi.org/10.1007/s11121-020-01129-z>



California Home Visiting Program Events: North Coastal PHC



Top Left: Laura Monroy (Unicorn) Cassi Zgliczynski, Robin Anderson, Stacey Sundling (bunny), JingJing Wallace, Veronica Figueroa, Mary Ho

Bottom Left: Tracey Purvis, Jessica Watson, Kathryn Kerr, Amaya Ly, Jillian Cruz



Back Left: Stephanie Nilsen, Jessica Gaylord, Laura Monroy (unicorn), Diana Becerra, Adriana Arteaga

Front Left: Kathy Snyder, Kelly Lewis, Sara Oien, Shana Lopez, Mischa Denton (bunny), Kathleen Johnson



Back Left: Cassidy Mayer, Kathleen Johnson, Adriana Arteaga, Jessica Gaylord, Kelly Lewis, Kathryn Kerr, Letisha Kingsbury, Cassi Zgliczynski, Stacey Sundling

Front Left: Diana Becerra, Mary Ho, Kathy Snyder, Sara Oien, Veronica Figueroa, Stephanie Nilsen, Jessica Watson

Transitions/Freedom

By: Laura Green, PHN, MCH East Region PHC

Change is hard. This March I began a professional transition from telemetry nurse to MCH via the Public Health Nurse Residency. Growing pains may accompany any transition, but the autonomy a public health nurse enjoys has proven surprisingly uncomfortable to embrace. Navigating the diverse and expansive roles that a PHN embodies has been humbling. Initially I floundered, longing for the security and convenience of cross-checking any uncertainty with a patient specific doctor's order, a pharmacist, a resource nurse, Epic, and my trusty Rover, if not in hand, then at least in the same building. Eventually I forced myself to hurdle my initial terror, leaned into my nursing practice, and started to grow.

I am slowly building back the hard-earned confidence I had left on the hospital floor. It will take years to build the knowledge base and expertise of our foot team nurses, or our veteran MCH/NFPs, but I see a remarkable parallel to the mentorship I have received at the county and the services we provide our clients. Nursing interventions in the community are often less tangible than in the realm of the hospital, their impact not fully understood or recognized until months or years later. I have often felt homesick for the instant gratification inpatient nursing interventions provide, but I also am finding an empowerment each time I connect a client with the necessary resource, information, or care.

At risk of sounding obnoxiously saccharine, I will share what I confided in my supervisor after my first solo home visit, "I can't believe I get paid for this. I can't believe this is a job. I would do this for free." She smiled, "I have been saying that for years." As I gain autonomy, I believe I am starting to experience a professional freedom that perhaps only fellow PHNs can understand.

