Linking Outcomes to Nurses! Roles in Health Care

Executive Summary

- As the health care industry refines quality assurance and quality improvement standards, the accountability of individual care providers is intensifying.
- Care providers work within a system of interdependent roles and functions and collaborate to attain the common goal of quality care.
- A conceptual model was developed which relates the achievement of specific outcomes to nurses' independent, dependent, and interdependent roles and functions.
- Empirical literature was used to identify outcomes associated with nurses' role functions.
- Outcomes associated with nurses' independent role functions included the prevention of complications, clinical outcomes, knowledge of diseases and treatments, satisfaction, and cost outcomes.
- Outcomes associated with nurses' dependent role included adverse incidents which caused problems or prolonged hospital stays.
- Outcomes associated with nurses' interdependent role included interdisciplinary team functioning.

ISCAL CONSTRAINTS and expectations among consumers, policymakers, and regulators for accountability in health care spending have resulted in an emphasis on costs and patient outcomes as measures of system effectiveness. Health care professionals are being asked to assume responsibility for managing system costs and outcomes. They are increasingly held accountable for their own practice through the development of professions' quality assurance and quality improvement activities (Bond & Thomas, 1991).

Identifying outcomes for which individual nurses can be held accountable is a challenge. The challenge stems from accumulated evidence suggesting outcomes are multifaceted and reflective of what preceded them. Outcomes are affected not only by the care provided, but also by the factors related to the patient, to the interpersonal aspects of care, and to the setting or environment in which care is provided (Brooten & Naylor, 1995; Hegyvary, 1991; Tarlov et al., 1989). Therefore, identifying and investigating nursing-sensitive patient outcomes must be guided by a conceptual framework that establishes specific relationships between the factors in a nursing care situation

and outcome achievement. Several scholars have argued against a focus on outcomes research alone (Higgins, McCaughan, Griffiths, & Carr-Hill, 1992; Sidani, 1996), because when the process is not also examined one cannot know what caused the favorable and unfavorable outcomes. Without an understanding of the relationship between the outcome variables and

DIANE IRVINE, PhD, RN, is Assistant Professor, Faculty of Nursing, University of Toronto, and Co-Investigator, Nursing Effectiveness, Utilization and Outcomes Research Unit, Canadian Medical Research Council and National Health Research and Development Program Research Scholar, Toronto, Ontario.

SOURAYA SIDANI, PhD. RN, is Assistant Professor, Faculty of Nursing, and Co-Investigator, Nursing Effectiveness, Utilization and Outcomes Research Unit, University of Toronto, Toronto, Ontario.

LINDA McGILLIS HALL, RN, is a Doctoral Candidate; Lecturer, Faculty of Nursing; and Co-Investigator, Nursing Effectiveness, Utilization and Outcomes Research Unit, University of Toronto, Toronto, Ontario.

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