**Human Health Ecology**

A field of study that considers the intersections between humans, their health, and their environment.

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**What does it mean to be human?**

Each person inherited his/her ecology. Each person is uniquely created with:

1. **Body** — physical possibilities and limitations
2. **Mind** — capacity to learn and choose
3. **Spirit** — connection to a greater whole (soul, grace, eternal love)

*Swanson, 1993*

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**Healthy Human Ecology**

Inequities unfold when a *socially unjust manufactured* environment pollutes the *created* healthy human ecology.
Each of us is called to do our part in creating an ecologically healthier world for humankind.

"A leader is anyone who wants to make a difference at this time in this place."
— Margaret Wheatley

Premise:
Providing better healthcare for more people at a lower cost is a universal challenge.

In health care for too long we have tolerated toxic work environments…

where 7 weapons of silence …

- harm patients,
- fracture families,
- ruin careers,
- increase legal costs,
- bankrupt organizations,
- skyrocket health care costs

sacrifice safety
Change is happening...

“IOD – 2” (2001)
1. Continuous healing relationships
2. Driven by patient’s needs and values
3. Patient controls
4. Shared knowledge, communication
5. Evidence-based decision making
6. Safety as a system property
7. Transparency
8. Anticipation of needs
9. Continuous decrease in waste
10. Cooperation among clinicians

Why (and where) do we need nurses?
- At the bedside: keeping patients safe, informed, and comforted until such time as they can resume self (or family) care in their own environment.
- In the clinic: providing primary care and chronic illness management
- In the community: helping create and sustain environments where people are safe, comforted, and thriving where they live, study, work, and play.
- During transitions of care: assuring that individuals, families, and providers are well-prepared to keep people safe and comforted as they move between care settings.
- In ambulatory care settings: to support individuals and families in their pursuit, maintenance, and recovery of health and well-being.
- At the table: to assure that institutional, federal, or global policies are pragmatically and clinically in the best interests of the health of populations and the most cost-effective means to achieve population health.
- In the academy: to educate the next generation and discover the knowledge that optimizes health outcomes and enhances health care delivery.
- At the helm: Leading organizations that deliver care, educate, set policy, and do research

It takes people who are.....
willing to own that in every interaction they are the ‘face, hands, head, and heart of the mission.’

What leads to caring?
Act of love
- Tenderness offered to one’s beloved? (Filial love)
- Compassion towards the “least of our brethren”? (Agape love)

Professional duty
- A commitment to heal? (vocational calling)
- A pledge to “first do no harm?” (societal mandate)

Organizational commitment
- The right way to treat ‘those entrusted to our care’ (corporate mission)
- Good business strategy (better, faster, longer lasting outcomes)

It feels good
- Meaningful work (spiritual fulfillment)
- Achievement (ego boost)
Begin with your very notion of what it means to have personhood…. Then accord every individual you meet with the status of personhood … under that condition your capacity for caring will become easy to access.

Jean Watson

Caring

a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility

Knowling

• Knowing
• Being with
• Doing for
• Enabling
• Maintaining Belief

Knowing

striving to understand an event as it has meaning in the life of the other

avoiding assumptions
assessing thoroughly
seeking cues
centering on the other
engaging the self of both

Doing For

• Doing for

Doing for

doing for the other as they would do for themselves if it were at all possible

performing competently / skillfully
comforting
anticipating
protecting
preserving dignity

Being with

• Being with

Being with

being emotionally present to the other

being there
conveying availability
enduring with
sharing feelings
not burdening
Enabling
facilitating the other’s passage through life events and transitions

Maintaining Belief
sustaining faith in the other’s capacity to get through an event or transition and face a future with meaning

Swanson Caring Theory
one feels a personal sense of commitment and responsibility.

Knowing:
continually seek to understand the demands, constraints, and resources of those we serve.

Knowing:  continually seek to understand the demands, constraints, and resources of those we serve.

Being with:  Tend to the losses, challenges, setbacks, successes, and joys experienced by patients, their families, our colleagues, and the communities we serve.

Organizational Mindfulness
1. consider the possibility of failure – even in success
2. defer to expertise – regardless of rank or status
3. adapt when the unexpected occurs
4. concentrate on task – while seeing big picture
5. alter and flatten hierarchy as best fits the situation

Fair and just cultures:
learn and improve by openly identifying and examining their own weaknesses.

Highly reliable industries:
•obsessed with safety
•live to learn
•thrive on “mindfulness”
•anchored in accountability
•run on respect

(Weick and Sutcliff, 2001)

(Weick, Leonard, & Denham, 2006; Marx, 2001)
Competence

**Doing For:** Create and sustain a culture of safety, respect, and comfort. Advocate for others when they are unable to do so for themselves. Standardize practice based on best evidence.

**Enabling:** Seek and share knowledge. Facilitate innovation and inclusivity. Invest in people and their future. Support diversity in thought. Respect the contributions of all.

Creativity

**Maintaining Belief** – sustain a sense of hope. Take pride in accomplishments. Challenge the way it has always been. Take risks. Continuously improve. Stay in touch with the world around us. Become invaluable to our community. Serve with integrity. Leave the organization better than you found it.

How are you monitoring your caring effectiveness?

The essential truth I’m discovering right now is that *when we are together, more becomes possible.*

When we are together, *joy is available.*

In the midst of a world that is insane, that will continue to surprise us with new outrages...in the midst of that future, *the gift is each other.*

Margaret Wheatley, 1999

Five Modes of Being in Relationship*

1. **Bio-genic** – life giving
   fosters spiritual freedom, healing flows freely
   *(SELF AND OTHER = INSPIRATION)*

2. **Bio-active** – life sustaining
   concerned, compassionate, competent
   *(SELF AND OTHER = COLLABORATORS)*

3. **Bio-passive** – life neutral
   detached, passive, disengaged
   *(SELF AND OTHER = IRRELEVANT)*

4. **Bio-static** – life restraining
   blind to the other’s plight, neglect them as a nuisance
   *(SELF = ENTITLED; OTHER = IRRITANT)*

5. **Bio-cidic** – life destroying
   acid-edged, alienating, diminishing the other
   *(SELF = PERPETRATOR; OTHER = TARGET)*

*Halldorsdottir, 1991

This is my “depressed stance”. When you're depressed, it makes a lot of difference how you stand. The worst thing you can do is straighten up and hold your head high because then you’ll start to feel better. If you’re going to get any joy out of being depressed, you’ve got to stand like this.

Charlie Brown

*"depressed stance"*
Finding Joy and Meaning in the Service of Others

Joy-full-ness
1. Knowing you are exactly where you are meant to be.
2. Affirming life through service, creation, and connection.
3. Being intimately connected to people, purpose, and place.
4. Experiencing the awesomeness of living the life that is yours.
5. Realizing grace: living with faith, hope, and love.

Thank you
One can never consent to creep when one feels an impulse to soar.
Helen Keller

Swanson Caring Theory: Framing the Culture of Carolina Care

TRANSLATING CARING THEORY INTO PRACTICE

UNC Health Care Joint Conference and Quality Committee
January 17, 2012

Kristen M. Swanson PhD, RN, FAAN
Dean UNC-Chapel Hill School of Nursing
Mary Tonges, PhD, RN, FAAN
Senior Vice President and Chief Nursing Officer, UNCH

Carolina Care™ Behaviors and Associated Swanson Caring Theory Component

**Moment of Caring: Knowing and Being with**
- Each patient each shift
- Nurse sits with patient
- 3-5 minutes of touch and therapeutic listening

**No Passing Zone: Being with and Doing For**
- Answer call lights regardless of assignment
- “Road Signs” posted in hallways

**Words and Ways that Work: Being with and Enabling**
- Alternative to “scripting”
- Key points to cover in interactions

**Blameless Apology: Being with and Enabling**
- Listen to patient
- Apologize without placing blame
- Take action to address problem
- Follow-up with patient

**Hourly Patient Rounds**
- Are you comfortable?
- Other Side (Does patient need to turn?)
- Use the bathroom (Does patient need assistance?)
- Need anything
- Door/curtain open or closed for privacy
- Safety (Call bell will reach and no tripping hazards)

Figure 4: Annual Mean PG Scores for Overall Satisfaction and Satisfaction with Nursing 2004-2013
Results: Mean PG Scores
Concern with Privacy, Meeting Emotional Needs and Special Attention to Special/Personal Needs

CarolinaCare® implemented in July

Results: Mean PG Scores
Satisfaction with Pain Control and Prompt Response to Call

CarolinaCare® implemented in July