



# Inspiring Nurses to See the Extraordinary in their Ordinary

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IN MEMORY OF J. PATRICK BARNES



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The DAISY Foundation and Creative Health Care Management came together because of a shared love of the work of nurses and a keen sense of the importance of nursing care to patient wellbeing. At the DAISY Foundation, we have long wondered why nurses have such a hard time seeing the full value of their work. Creative Health Care Management, a consulting firm staffed almost entirely by nurses, has been able to provide us with some eye-opening answers.

What the DAISY Foundation/CHCM partnership has brought to light is that nominations for The DAISY Award are stories about nurses who are proficient in the *relational* aspects of nursing. These nurses demonstrate a depth of understanding of what it means to tune in to the highly variable needs of people who are vulnerable and suffering. These nurses are technically proficient, of course, but it is their relational proficiency that moves the patient/family experience into the realm of the extraordinary.

This partnership has been a growth experience for both the DAISY Foundation and CHCM. Together we have reflected on the perplexing question of why nurses, when offered recognition for having done extraordinary work, will so often claim that they were “just doing their jobs.” And perhaps

more importantly, we’ve learned that there is a huge opportunity lost when nurses don’t recognize the value of their own work. When nurses fail to notice relational proficiency in themselves and others, this important aspect of caring is far less likely to flourish in a culture. When therapeutic care is noticed, lifted up, and talked about, it provides an invaluable developmental opportunity for everyone in a unit or organization—a developmental opportunity that facilitates the best possible care. Every DAISY story, no matter what the details happen to be, is a story in which a nurse tuned in to the patient and family, saw their need, and found a way to really connect and make a difference.

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It is our hope that what we’ve learned through our partnership will change the way that you as a nurse see your practice and the way that you will influence fellow nurses to think and talk about care. We have put our finger on exactly what you’re doing that’s causing your patients and their families to feel so completely safe in your care, and it is our distinct privilege to share an examination of that extraordinary and compassionate care with you in this article.

## Bonnie Barnes on the Origins of the DAISY Award

In 1999, our family started The DAISY Award™ for Extraordinary Nurses as a way to honor what nurses do every day that makes such a difference in the experience of their patients and families. Having experienced incredible nursing skill, compassion, and sensitivity at the hands of nurses, we needed to say Thank You to the nurses who cared for our Patrick. Patrick died at age 33 from complications of the autoimmune disease ITP, following an 8-week hospitalization. We thought, when we designed the concept for this ongoing recognition program, that nurses would nominate each other for The DAISY Award. After all, nurses work so closely with each other; how could they not see the wonderful work they do? Who better to observe and describe the incredible things nurses do for patients and families?

*Nurses don't see in themselves, or in each other, how their care profoundly affects their patients and families.*

We launched the program at the hospital that took care of Patrick in the last weeks of his life, telling nurses that The DAISY Award was their opportunity to share their stories about each other's outstanding patient care. This turned out to be the proverbial "having a party and nobody came." Nominations were few and far between. We were very puzzled about the reason: Too busy to take a few minutes to write the story? Maybe. Not interested in celebrating each other? This would prove to be completely untrue. Don't care about recognition? Again, when done in a meaningful way, we later found the opposite to be true. When we asked nurses about why they were not nominating each other, the reply was practically universal: Nurses don't see in themselves, or in each other, how their care profoundly affects

their patients and families. When we described the impact of a nurse, the reaction was typically, "I didn't do anything special. I was just doing my job." Nurses view their own work as ordinary, so it doesn't occur to them that the work of their colleagues is all that extraordinary. We didn't realize we would need to teach nurses to appreciate their own unique contribution.

Determined to find a way to celebrate nurses, we tried a different approach. We asked patients and families to nominate their nurses and share their stories. The floodgates of nominations opened up. The people nurses care for cannot wait to tell their stories of how nurses made them feel during their most vulnerable times. Patients and families keep their nurses in their hearts and may nominate them many months and even years following their time together. Today, all these years later, over 425,000 stories have been written about nurses via DAISY Award nominations. Many are written by patients and families, and many are written by physicians and other health care team members who have opened their eyes to the beauty and impact of a nurse's artful care.

## Mary Koloroutis Introduces the *See Me as a Person* Framework

In Bonnie’s introduction to the origins of The DAISY Foundation, the need for nursing recognition emerges. How can nurses capture the stories of their extraordinary work in ways that allow them to be most effectively shared and celebrated?

The *See Me as a Person* work provides a practical and teachable framework through which to view, understand, and describe the therapeutic relationship between the nurse and the patient as well as the patient’s family.

In order for nurses to see and understand that it is often the most subtle acts of caring and connection that make the biggest difference to their patients and families, new language is required. It could be said that in order for nurses to consistently recognize and articulate exactly what it is that makes the biggest difference to the people in their care, a shift in the culture and language of nursing may be required.

Stefano Mercanti, a research fellow at the University of Udine, Italy, sheds some light on the link between language and cultural change:

*Cultural transformation requires new thinking. This in turn requires changes in language: the deconstruction and, where possible, reconstruction of the meaning of old words, as well as coining new words. Linguists point out that a culture’s language provides certain categories for experiences, and speakers of that language will tend to ignore experiences for which there*

*are no commonly agreed-upon categories.*  
(Mercanti, 2014)

Could it be that the reason nurses so often ignore what is extraordinary in their “ordinary” nursing ministrations is that nurses have simply not had the language to name it? And if nurses cannot name it, they cannot teach it, mentor it, or consistently replicate it.

The purpose of this article is to describe a way for nurses to better understand the impact they have on patient care by looking at their patient interactions using the concepts and language provided by the

*See Me as a Person* framework. This framework provides a mindful look at the unique relationship between the nurse and the patient/family, and it shines a light on the professional discipline and knowledge required to engage therapeutically with people during times of suffering and high vulnerability. The hope is that nurses will be inspired to see and appreciate what’s extraordinary in their own patient care and that of their fellow nurses. In appreciating the critical thinking and underlying knowledge in their own stories of care and those of their colleagues, perhaps more DAISY Award nominations of nurses *by nurses* will become a reality.

The work of the nurse is relentlessly challenging. Chaotic environments, rapid technological advancements, higher patient acuity, and a host of other factors put huge pressures on nurses every

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day. In looking at their work through this new lens, it is clear that sometimes the most important work of the nurse is quite subtle or even invisible; sometimes only a touch is needed at a vulnerable time. Or perhaps the nurse discerns that a touch would not be right and that a sturdy

presence—simply the act of compassionately witnessing—is what is needed. It comes down to the ability to tune in and understand what is most important to this person right now. The relationally proficient nurse is guided by the unique needs of *this particular patient*.

## Deconstructing the Therapeutic Relationship Using the *See Me as a Person* Framework

In the book, *See Me as a Person: Creating Therapeutic Relationships with Patients and Their Families* (Koloroutis & Trout, 2012), my colleague, Michael Trout, and I propose the startling old idea that connection matters. It creates safety. It helps people cope. It eases suffering and facilitates healing. And, contrary to popular beliefs, it does not take more time. In fact, connection is efficient. We introduce a straightforward and practical formula—the practices of *attuning*, *wondering*, *following*, and *holding*—for connecting with patients and families in the midst of fast-paced and complex health care settings. By putting language and definition to these practices, clinicians are more able to mindfully put them into action with each person in their care, regardless of external pressures and circumstances. The framework and language are described in the graphic to the right:

The three therapeutic practices of *wondering*, *following*, and *holding* are shown here within a container of “*presence through attunement*.”

It is through presence and attunement that you convey the essential messages in nursing: I see you. I am

interested in you. I give you my full attention. I am here. You are safe.

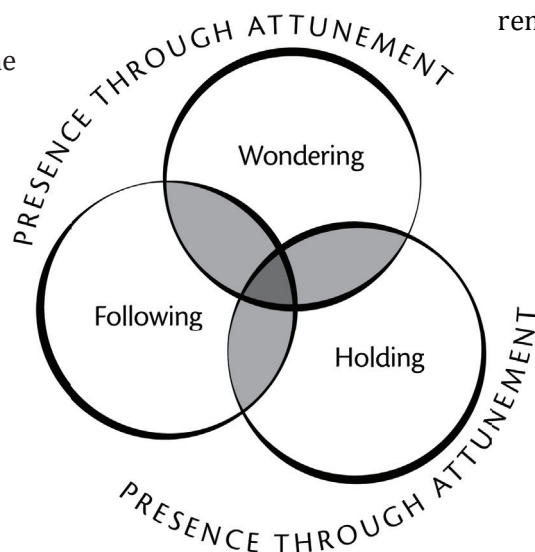
Presence is not what you DO but the way you ARE. It is a state of being. You cannot connect to another without being present and attuned.

### The first therapeutic practice is **Attuning**.

You attune with a person when you move yourself into a position of physical and mental openness in order to catch on to the state of mind of the other.

*Attuning* means to “tune in” to others exactly where they are. It means being aware of their affect, their cues (both spoken and unspoken), and of their circumstances. Attuning requires

remembering that what might be routine for you in the care environment is not routine or ordinary for the person receiving care—in fact their circumstances may be life-altering. Many of us find presence difficult, particularly when we are in environments in which distractions are the norm. The conscious practice of attunement—of tuning in to someone or even something—actually facilitates presence.



Attuning is a thing you can DO which helps you to simply BE.

When a nurse attunes to the patient and family, the choice of intervention is more mindful and disciplined. It also increases the potential for the nurse's interventions to be healing, restorative, and life-sustaining for this particular patient and his or her loved ones.

The next therapeutic practice is **Wondering**.

*Wondering* is a practice of discovery grounded in curiosity and genuine interest in the other.

The therapeutic practice of wondering prevents you from drawing conclusions too quickly, which, among other things, can cause you to disconnect from people prematurely. You may be tempted to chase a quick solution or move to the next task, and in doing so, you may miss important information about the person in your care. When you wonder, you stay open to what you need to learn from this particular person in order to provide the best care. When you wonder, you seek information that facilitates safe and individualized care.

The next therapeutic practice is **Following**.

*Following* is the practice of focusing on what the person is saying and allowing the person's

perspective to guide your care. It is the practice of listening to, respecting, and acting on what you learn from the patient and the family.

*When you wonder, you stay open to what you need to learn from this particular person in order to provide the best care.*

This practice is usually the hardest one to grasp, but you may be able to see it more clearly by looking for just a moment at what clinicians (and people in general) sometimes do *instead* of following.

When a patient expresses fear, for example, following is *not* rushing to reassure. It is not about sharing your own story or advising the person about how to overcome their fears and worries. Following is staying with the person's expressed emotion—either remaining open and quiet, allowing the person to share more, or perhaps asking the person to tell you more about what they are most afraid of—and then listening. In order to follow,

*In order to follow, you have to be able to be with people in their distress,*

you have to be able to be with people in their distress, and respect, appreciate, and learn something *from their responses*, about who they are and what they're going through.

The final therapeutic practice is **Holding**.

*Holding* is devotion. When you are devoted to another, you are vigilant in their care and strive to protect them in every possible way. Your vigilance includes being aware of how you speak about them and how you allow others to speak about them. Holding is also conveying important information to the patient, the patient's family, and other

members of the health care team to assure seamless, consistent, and safe care.

Holding is creating a safe haven for healing in which people feel accepted and held with dignity

and respect. When people feel seen and listened to and that the nurse is watching over them, people feel held.

## The Significance of the Therapeutic Practices

**The practices of attuning, wondering, following, and holding create therapeutic relationships.**

The therapeutic practices have given definition to what already happens in your best patient/family interactions. The formula for creating therapeutic relationships comes directly from the work of looking at successful patient-clinician interactions and discovering what they're comprised of. It's the very definition of "good science" in action:

1. Study what works.
2. Figure out why it works.
3. Consciously practice the things that are shown to work.

The purpose of deconstructing these interactions and giving definition to the individual practices that comprise them is to take the mystery out of therapeutic relationships. Authentic connection can be learned, practiced, reflected upon, continuously developed, and mastered.

*Authentic connection can be learned, practiced, reflected upon, continuously developed, and mastered.*



## Desk Reference: The See Me as a Person Framework

### Presence through Attunement:

Intentionally connecting with people exactly where they are and remembering that what might be routine for you is often life-altering for the person receiving care.

What did it mean to attune to this patient and this family?  
What did you notice that affected your care?  
What made a difference for the patient, for the family, for you?

### Wondering:

A practice of discovery grounded in curiosity and genuine interest in the other. Learning about the person is fundamental to the provision of safe, quality care.

What did you find particularly interesting about this person?  
What did you wonder about and why?  
Describe what you learned about the patient and the patient's loved ones by wondering.

### Following:

The practice of listening to, respecting, and acting on what we learn from our patients and their families.

What did the patient/family teach you about themselves as people?  
What was most important to them? What did they need and why?  
What did you learn from following?  
How did what you learned from following their cues, affect the care you provided?

### Holding:

Creating a safe haven for healing in which people feel accepted and held with dignity and respect.

What are some specific ways you helped them feel safe, seen, and held?



## DAISY Stories with Attuning, Wondering, Following, and Holding Noted

The following DAISY nominations exemplify the very reason The DAISY Foundation exists to thank nurses in a personal and meaningful way. As you read them, notice what these nurses did that may not seem “special” by most definitions of the word, but that made all the difference for these patients and their families.

### Holding a Child and Family through Unspeakable Loss

#### **Chrissie Ochmanowicz, RN, Oncology, The Children’s Hospital of Philadelphia (CHOP) (Family/Manager/Peer Nomination)**

##### **Nomination #1 - Submitted by Patient’s Father**

Very professional, Chrissie took care of my son from the day he was diagnosed until the day he left us. Please, Please, Please, she deserves to be honored, she is the best nurse. Please do it for my son. He would be so happy knowing that she received this award.

##### **Nomination #2 - Submitted by her Nurse Manager**

I am privileged to be able to send a nomination to you for Chrissie Ochmanowicz, a nurse on the inpatient oncology unit. In addition to the form that was completed by the father of a patient (above), I am including a nomination from the nurse practitioner involved in the child’s care. As you read the father’s nomination, what you won’t see is an explanation of how and

*After his son died, he requested a DAISY nomination, then took the time to complete every last line of that form.*

when he completed the form, and I think it is important for you to have this information. The child was cared for by the oncology team since July of 2013, and he died on April 24, 2014. His father’s nomination was written on that date. After his son died, he spent time with his wife in his room saying goodbye to their beloved son. He contacted the funeral home and stayed with his son until he left the unit. He then requested a DAISY nomination form and patiently waited until one was given to him. He then took the time to complete every last line of that form, and to struggle in a language that is not his own to convey the impact Chrissie had on his family throughout his treatment. He literally meant that Chrissie “took care of him from the day that he was diagnosed until the day he left us.” In his deepest grief, his top priority was the recognition of the nurse who had made a difference for his son. Chrissie is an exceptional nurse who will be relocating in June after her marriage. The care that she gave this patient is equal in compassion and excellence to the care she has provided to the thousands of CHOP patients for the past 16 years. The father’s letter is raw and filled with pain,

yet it is a true testimony to the impact Chrissie has on families. Recognizing her with the DAISY award would be a lovely ending to her CHOP Career.

### Nomination #3 - Submitted by a Nurse Practitioner

*NOTE: In this nomination of Chrissie from a fellow nurse, we have noted the instances where the therapeutic practices of attuning, wondering, following, and holding are evident.*

Last week, I was involved in the care of a 3-year-old oncology patient as he succumbed to a progressive brain tumor. This boy was known to many of us in the oncology unit, and his admission was fraught with parental fear and distress as well as sadness throughout the staff. This change had come upon him suddenly and all that happened to him, happened fast. His family was faced with the terrifying, empty experience of watching their child slip away. Our team walked in each day with no good news and no plan to fix the problem this time, but to keep him as comfortable as we could. He died within a few days of his hospital admission. Through the entire process, their nurse was present. Chrissie provided the expected excellent care, but it is difficult to explain the depth to which she impacted the wellbeing of this boy and his family. She was wholly present. I found her in the room with them, just to be there with them. She gave time, compassion, and support. She helped his family get through the unspeakable loss of a child in a way that people can rarely achieve. She didn't try to fill the room with words or vacant actions. She simply answered questions, stayed nearby and cushioned them. She calmly intervened when he was having seizure like symptoms, helping allay panic, and took appropriate actions quickly and quietly. She provided an objective compassion, and I believe through her actions, she started to help them heal, even as he was just dying. I have always respected Chrissie "O" and her high level of competence, knowledge, and aptitude for her role as a pediatric

#### WONDERING

While not stated, it is clear that Chrissie paused to wonder about what this family would need. She could not have cared for them with such grace if she had made assumptions rather than wondering.

#### ATTUNING

Chrissie was "tuned in" to what this patient and family needed.

#### HOLDING

Her presence helped to create a safe haven for this patient and family.

#### ATTUNING

When caregivers are truly present, patients and families feel seen and heard.

#### HOLDING

Really "being there" for the patient and family helps them feel held.

#### FOLLOWING

Following means that your words and actions are inspired by the words and actions of the patient and family. When your tone meets them where they are (for example, not chattering brightly while people are grieving), people know you're really with them.

#### HOLDING

Sometimes being a sturdy presence is all the patient and family require to feel held.

#### HOLDING

In this instance, holding is expressed in action and grounded in her clinical expertise. They felt safe in her care and knew everything possible was being done for their child. This is holding.

#### HOLDING

As Chrissie "cushioned" them, they felt protected, guarded, safe...held.

oncology nurse; however she outdid herself this time. This example is just a highlight of how she is with all her patients. She consistently demonstrates compassion, humor, affection, and a high level of competence, and it is a great combination of characteristics. I am honored to work with such a good soul, and wonderful nurse, and would hope for all of us in this profession to pay attention and learn from her.

### Reflection on Chrissie's Story

This nomination truly reflects what a therapeutic relationship is, what it feels like and what it looks like. The four practices:

attuning, wondering, following, and holding are as much a mindset or way of thinking as they are observable actions. The four practices are not steps in a process, but rather highly integrated and nuanced. For example “our team walked in each day with no good news and no plan to fix the problem this time, but to keep him as comfortable as we could.” We identified “wondering and following” as two practices that support the teams’ capacity to keep the child comfortable. Wondering would facilitate understanding what comfort means to this particular child, and following his cues would guide the team on what next action is required. Wondering would engage Chrissie and the team with learning from the family about what works and what doesn’t for their unique child. While the practices of attuning and holding are most apparent in this nomination, these never happen in isolation. Attuning is the beginning and facilitates presence. Holding is the result. Wondering and following

facilitate the understanding and guide the action that result in the person feeling held.

Clearly, Chrissie’s artful clinical skills were essential to holding this dying child and this family in her care. Her knowledgeable and proficient physical care allowed the family to release any need to be vigilant and protective of their dying child. They knew he was in compassionate and competent hands and could therefore focus on loving and parenting their son to the end. Chrissie’s sturdy and unwavering presence in the face of suffering and dying provided the family with complete permission to feel, to grieve, and to be fully present in these last precious moments with their child.

*“Anyone who enters into the pain of a stranger is a truly remarkable person ...”*

*—Henri Nouwen*

It is notable that while Chrissie’s clinical interventions were foundational to holding the patient and family, as important as what she did was her *way of being* with the patient/family. The nomination speaks to who Chrissie *is* with her patients and families. Her being “wholly present” appears to be the vast majority of the gift of inestimable worth that she gave to

this patient and family. She simply “answered questions, stayed nearby, and cushioned them.” All of these actions are too easily described as “nothing special,” and yet they made all of the difference. The family and patient felt seen, understood, and held in Chrissie’s care. This reminds us of a beautiful quote by 20<sup>th</sup> century Dutch theologian, Henri Nouwen: *“Anyone who enters into the pain of a stranger is a truly remarkable person ...”*

Here are two more DAISY nominations with instances of attuning, wondering, following, and holding noted.

## One Moment of Comfort becomes a Touchstone for the Patient

### Jenna Mackey, RN, BSN, Miami Valley Hospital (Patient Nomination)

I was escorted into the emergency room of MVH South. I first met Jenna when she came into my room to draw my blood. While she assembled her equipment, I told her I was a “hard stick” and not to worry because I was used to it. Suddenly, little tears were seeping from my eyes. The tears were not because she was hurting me but rather in remembrance of the daughter I recently lost. Jenna began to console me while painlessly drawing my blood. This reminded me of the WWII movies I saw as a child, where nurses cared for the soldiers who shared stories about the families they left behind.

ATTUNING, FOLLOWING

I have never in all my hospital stays (which have been many) had a nurse so understanding and compassionate. She took the time to console me and talk me into a better state of mind. She remembered I was there because every time she passed by my room she peeked in to ask how I was doing.

ATTUNING, HOLDING

HOLDING

The tears always come unexpectedly, and I wish I had a copy of the words she said to comfort me whenever it happens. This experience with Jenna has had a positive impact on me. Whenever I start feeling so sad, I think of Jenna and reflect on that moment.

HOLDING

The traits she demonstrated to me originated from her parents, and I applaud her good upbringing. Jenna is a fantastic nurse beyond what nursing school has taught her. This exceptional care should be recognized.

### Reflection on Jenna’s Story

This emergency department intervention speaks to what can happen in a brief moment when the nurse is attuned and open to human connection. Jenna had a task to accomplish but was not absorbed in the task to the exclusion of the person connected to the arm.

We cannot know for certain, but we think it is a solid and educated guess to imagine that the patient revealed that she was crying because of the loss of her daughter to a nurse she had just met because she experienced Jenna as being there fully for her. She felt safe in Jenna’s presence and she was right to. Jenna’s compassionate response—a holding response—demonstrated a combination of masterful clinical and relational proficiency which allowed this mother to express her grief. The mother is describing a moment in her life in which she felt seen and held—one that she can remember and find ongoing comfort in when feeling sad. What a significant impact on someone’s life! Jenna may have never known the impact she had, had this patient not submitted the DAISY nomination. What a poignant, beautiful reminder that nurses touch lives for better or worse in every encounter.

## Listening to what is Being Said . . .and Intuiting what is Not Being Said

### Ly Cao, RN, Transitional Care Unit, Virginia Commonwealth University (Peer Nomination)

*NOTE: In this next story, we invite you to identify the See Me as a Person practices on your own. As you read, try to pick out examples of attuning, wondering, following, and holding.*

The story starts several weeks ago when an older female patient came in for cardiac medication. Ly was conducting her assessment as I was collecting vital signs, performing an EKG, and establishing I.V. access. When asked certain questions about her home life, the patient at first responded with answers that indicated all was well, but Ly picked up on the fact that this was not the case. Ly began to gently and carefully uncover more, posing similar questions in different ways to help the patient open up about what sounded like an abusive relationship with her significant other. I felt that Ly was quick to pick up on an uncomfortable and difficult situation that the patient had been dealing with for a very long time, and the patient expressed that she was both surprised and relieved to have the chance to confront it. The patient seemed to feel that because no one had pressed the issue before, and because it had been going on for such a long time, the ship had sailed with regard to getting help. Ly reassured her that she cared, that she could empathize with her, and that it was important to know that when she felt ready, there were resources available to her to assist.

In my opinion, Ly displayed an incredible amount of intuition that went above and beyond the typical components of patient assessment. I believe that she allowed and trusted this intuition to motivate her, exposing in the process the long held secret of a patient who thought there was no potential for resolution. Ly offered the patient compassion and initiated movement for the first time in the patient's life towards counseling and solutions to equip her to confront domestic abuse being perpetrated by the patient's husband. I was moved by Ly's persistence, and the soft way in which she advocated for this patient who clearly needed it, and was grateful for the interest in her situation.

### Reflection on Ly's Story

This story beautifully demonstrates the therapeutic practices in action. How lovely that another nurse was able to witness and describe this intervention with such clarity. Ly clearly attuned to and followed the patient during admission by listening not only to what was being said, but to what was not being said. She wondered (remaining open to what she might discover) and inquired in such a way that the patient responded to the genuine interest Ly showed. Ly held the patient in her care



through her presence and attunement and her respectful way of following and listening. The result was extraordinary care. The patient felt safe enough to provide information that was critical to her health and well-being. The patient now knows that she matters, that her safety matters, and that there are people and resources to help her. This is a beautiful snapshot of what happens through genuine therapeutic connection and what would have been missed had Ly chosen not to attune but rather simply accepted the person's verbal response.

## Language for a New Generation of Nurses Honoring Nurses

When you look closely at DAISY nominations, you'll see that the things for which nurses find themselves nominated are things that are highly tailored to the patients and families involved. Working with the *See Me as a Person* framework has made visible the fact that fulfilling the final wish of a terminally ill patient is only part of what makes the difference. It was attuning, wondering, following, and holding that made it possible for the caregiver to see the person's unique need, to inquire about the person with an open heart and mind, to follow what was learned, and to create a safe haven for them in their hour of greatest need.

Those who understand the therapeutic practices well can see evidence of them in every DAISY story. This matters because the more you know about how therapeutic connection happens, the more able you are to consistently connect with each patient and family in your care. As an organization pulls the *See Me as a Person* framework into its discussions of its DAISY nominations, those discussions become as developmental as they are inspiring. Nurses will be able to see clearly that it has sometimes been the invisible aspects of their work that have made the biggest difference. Once the therapeutic practices become visible, they are demystified and can be talked about, nurtured, mentored, and repeated.

## Writing Your Own DAISY Nominations

Consider incorporating the therapeutic practices of attunement, wondering, following, and holding, into your DAISY nominations. We think you'll find them very valuable in helping you think through your nomination. They are not intended as a prescription, but rather as a framework for understanding the underlying principles guiding the actions of extraordinary nurses. The more visible the guiding principles of extraordinary nursing care are, the more able the nursing profession is to amplify and deepen them.

The *See Me as a Person* framework may help you to clarify your thinking as you write your own DAISY nomination or perhaps as you use an existing nomination as a springboard for discussion about the therapeutic practices that underpin every therapeutic nursing relationship. When nurses allow their achievements to be lifted up, the whole profession is lifted. In particular, when nurses look together at examples of when the *relational* aspect of practice goes well, they begin to develop a collective vision for a new standard of practice—one in which every patient and family experiences extraordinary care in every interaction.

## About the Authors



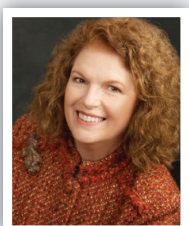
### *Bonnie Barnes, FAAN*

In 1999, Bonnie and Mark Barnes established The DAISY Foundation immediately following the death of Mark's son Patrick from complications of the auto-immune disease ITP. Their goal was to express their gratitude for the extraordinary compassion they experienced from Pat's nurses when he was hospitalized by honoring nurses through an on-going recognition program, The DAISY Award for Extraordinary Nurses. The powerful impact of this program on nurses and their organizations is well documented, in terms of organizational culture, inspiration of extraordinary nursing, enhanced teamwork, and the promotion of the professional image of nursing. Bonnie and Mark are recipients of AACN's Pioneering Spirit Award, Honorary Fellows of the American Academy of Nursing, and in 2015, will be inducted as Honorary Members of Sigma Theta Tau International.



### *Mary Koloroutis, MSN, RN*

Mary is the Chief Executive Officer of Creative Health Care Management. As a creator, author, and editor of the *Relationship-Based Care* series of books and programs, she is known as an innovator, creator, and transformational leader. Her latest book, *See Me as a Person*, co-authored by psychologist Michael Trout, inspires health care professionals to recognize the sacred trust, discipline, and knowledge inherent in their work of caring for people during times of high vulnerability.



### *Cynthia D. Sweeney, MSN, RN, CNOR, NEA-BC*

Cynthia is the Executive Director of The DAISY Foundation. Previously she held the position of Director for the Credentialing Knowledge Center at the American Nurses Credentialing Center. In this role, she was responsible for the development and execution of educational products and services, including the Magnet® and Pathway to Excellence® conferences. In addition she holds the rank of Captain as a retired Navy Nurse Corps Officer.

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## Links

Link to Webinar: View Extraordinary Nursing Through the See Me as a Person Framework: <http://vimeo.com/creativehealthcaregmt/review/108842989/7a0e7ab059>

[SeeMeAsAPerson.com](http://SeeMeAsAPerson.com)

[DAISYFoundation.org](http://DAISYFoundation.org)



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## About Creative Health Care Management

Creative Health Care Management empowers, engages, and inspires health care organizations across the world to transform their cultures into those that provide an unmatched experience for their patients and families and colleagues in all disciplines. We use relationship-based consultation services, innovative education programs, the latest experiential learning methodologies, and some of the most celebrated products in the industry to engage leaders throughout the organization, ultimately empowering those closest to the work in executing their organization's mission and achieving results.

To learn more about Creative Health Care Management, visit [CHCM.com](http://CHCM.com)

## About The DAISY Foundation

The DAISY Foundation was created in 1999 by the family of J. Patrick Barnes who died at age 33 of complications of an auto-immune disease (hence the name, an acronym for Diseases Attacking the Immune System.) Patrick received extraordinary care from his nurses, and his family felt compelled to express their profound gratitude for the compassion and skill nurses bring to patients and families every day. The DAISY Award for Extraordinary Nurses celebrates nurses in over 1,800 healthcare facilities around the world.

For more information about The DAISY Award and the Foundation's other recognition of nurses, nursing faculty and students, visit [DAISYfoundation.org](http://DAISYfoundation.org).