The Synergy Model

About the Synergy Model...

The Synergy Model is a viable model to use as a basis for our professional practice. Our patients want to be taken care of in an environment with harmony and we as caregivers want the same thing. The patient's and family's perception of being well cared for can be defined using the Synergy Model. When patient characteristics and nurse characteristics match and synergize, optimal patient outcome can result. And, when care is derived from what patients need, it will be felt by them and contribute to their perception of being well cared for.

Please take this opportunity to read more about the model and think about its application to your patient population. I am look forward to continuing to make the model unique to our Nursing Practice!

From

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The Synergy Model is based upon five assumptions:

1. Patients are biological, social, and spiritual entities who present at a particular developmental stage. The whole patient (body, mind, and spirit) must be considered.
2. The patient, family and community all contribute to providing a context for the nurse-patient relationship.
3. Patients can be described by a number of characteristics. All characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.
4. Nurses can be described on a number of dimensions. The interrelated dimensions paint a profile of the nurse.
5. A goal of nursing is to restore a patient to an optimal level of wellness as defined by the patient. Death can be an acceptable outcome in which the goal of nursing care is to move a patient toward a peaceful death.

Patient Characteristics

- **Vulnerability** is the level of susceptibility to actual or potential stressors that may adversely affect patient outcomes. Vulnerability can be impacted by the patient's physiological make-up.
or health behaviors exhibited by the patient.

- **Stability** refers to the patient's ability to maintain a steady state of equilibrium. Response to therapies and nursing interventions can impact the stability of the patient.

- **Complexity** is the intricate entanglement of two or more systems. Systems refer to either physiological or emotional states of the body or family dynamics or environmental interactions with the patient. The more systems involved, the more complex are the patterns displayed by the patient.

- **Resource availability** is influenced by the extent of resources brought to the situation by the patient, family and community. The resources can present as technical, fiscal, personal, psychological, social or supportive in nature. The more resources that a person brings to the health care situation the greater potential for a positive outcome.

- **Participation in care** is the participation by a patient and family in being engaged in the delivery of care. Patient and family participation can be influenced by educational background, resource availability and cultural background.

- **Participation in decisions making** is the level of engagement of the patient and family in comprehending the information provided by health care providers and acting upon this information to execute informed decisions. Patient and family engagement in clinical decisions can be impacted by the knowledge level of the patient, their capacity to make decisions given the insult, cultural background (i.e., beliefs and values) and the level of inner strength during a crisis.

- **Resiliency** is the capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult.

- **Predictability** is a characteristic that allows one to expect a certain course of events or course of illness.

**Nurse Characteristics**

- **Clinical judgement** is the clinical reasoning that is utilized by a health care provider in the delivery of care. It consists of critical thinking and nursing skills that are acquired through a process of integrating formal and experiential knowledge. The integration of knowledge brings about the clinical decisions made during the course of care provided to the patient.

- **Advocacy** is working on another's behalf when the other is not capable of advocating for their self. The nurse serves as a moral agent in identifying and helping to resolve ethical and clinical concerns within the clinical setting.

- **Caring practices** are the constellation of nursing interventions that are unique to the needs
of the patient and family. Caring behaviors include compassion, vigilance, engagement, and responsiveness to the patient and family.

- **Collaboration** is the nurse working with others to promote optimal outcomes. The patient, family and members of various health care disciplines work toward promoting the needs and requests of patients.

- **Systems thinking** is the tools and knowledge that the nurse utilizes to recognize the interconnected nature within and across the health care system. The ability to understand how one decision can impact the whole is integral to systems thinking. The nurse uses a global perspective in clinical decision making and has the ability to negotiate the needs of the patient and family through the health care system.

- **Response to diversity** is the sensitivity to recognize, appreciate and incorporate differences into the provision of care. Nurses need to recognize the individuality of each patient while observing for patterns that respond to nursing interventions. Individuality can be observed in the patient's spiritual beliefs, ethnicity, family configuration, lifestyle values and use of alternative and complementary therapies.

- **Clinical inquiry** is the ongoing process of questioning and evaluating practice, providing informed practice and innovating through research and experiential learning. Clinical inquiry evolves as the nurse moves from novice to expert. At the expert level, the nurse improves, deviates and/or individualizes standards and guidelines to meet the needs of the patient.

- **Facilitation of learning** is understood as the nurse facilitating patient and family learning through education. Education should be provided based upon individual strengths and weaknesses of the patient and family. The educational level of the patient should be considered in the design of the plan of educating the patient and family to ensure informed decisions. Creative methods should be developed to ensure patient and family comprehension.