

QSEN paper: Connecting QSEN competencies to patient outcomes in clinical settings

A Case Study of CM

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Introduction

Quality and safety education for nurses' competencies provides a foundation for safe and effective nursing care. They focus on patient-centered care, teamwork, evidence-based practice, safety, and quality improvement. These competencies are important because they help nurses support patients in becoming active participants in their own care. This paper focuses on patient CM, an 80-year-old female with multiple chronic conditions and acute respiratory illness. Due to her complex medical history, she faces several challenges that limit her ability to actively engage in her care. This paper will identify those barriers, propose evidence-based discussion strategies to address them, and explain the role of the nurse and healthcare team in improving patient involvement.

Patient Demographics and Supporting Data

CM is an 80-year-old female admitted with hypoxia related to human metapneumovirus(HMPV) and pneumonia. HMPV is a respiratory virus that causes illness in older adults, especially those with underlying health conditions (Centers for Disease Control and Prevention, 2023). Her medical history includes pulmonary embolism, multiple sclerosis, anxiety, Clostridium difficile infection, celiac disease, sepsis, nephrostomy complications, kidney stones, and recurrent uti's. She currently requires assistance with mobility and is on airborne and droplet precautions due to her infection. Her oxygen saturation on room air was 82%, requiring supplemental oxygen.

Barriers to active involvement in healthcare

CM faces several challenges that make it harder for her to be involved in her care. These include physical, physiological, and psychosocial barriers

Physical barrier: Multiple sclerosis and limited mobility

One of the biggest challenges for CM is her multiple sclerosis. MS is a progressive neurological disorder that disrupts communication between the brain and the body, leading to

muscle weakness, fatigue, and impaired mobility (Thompson et al., 2022). In her case, she requires assistance with basic activities like getting out of bed or going to the bathroom. Because of this, she has less independence, which can make it harder for her to feel involved in her care or make decisions about her daily activities.

Physiological Barrier: Respiratory Illness and Hypoxia

CM's respiratory condition also limits her participation. With an oxygen saturation of 82% on room air, she is experiencing significant hypoxia. This can cause shortness of breath, fatigue, and difficulty concentrating. When patients are struggling to breathe, their priority is often just getting through the moment. In her case, she was diagnosed with human metapneumovirus infection, a respiratory virus that causes upper and lower respiratory tract infections, leading to bronchitis and pneumonia (Centers for Disease Control and Prevention, 2023). These respiratory compromises impede her participation due to significant dyspnea, fatigue, and reduced energy reserves.

Psychosocial Barrier: Anxiety and Chronic Illness Burden

CM has anxiety and a long history of chronic illness. Repeated hospitalizations and ongoing health problems can be overwhelming. Anxiety contributes extensively to impairing the patient's ability to actively participate in their care by reducing their attention span and creating an emotional barrier to processing health information (National Institute of Mental Health, 2003). This combination of anxiety and stress of acute illness and isolation can make her feel even more disconnected and less motivated to engage.

Evidence-based Strategies to Overcome Barriers

To help CM become more involved in her care. Several evidence-based strategies can be used.

Improving Mobility Through a Structured Plan

One way is to address her physical limitations by gradually increasing her mobility. Research demonstrates that progressive mobility interventions in hospitalized older adults

improve functional outcomes and enhance patient engagement in self-care (Brower and PUGH, 2022). Starting with simple movements in bed and progressing to sitting and walking with assistance can help rebuild strength. Working closely with physical therapy is important to ensure the plan is safe and realistic. Using assistive devices like a walker can also help her feel more confident. The goal is for CM to regain some independence, even if it's in small steps, so she can participate more in her daily care

Managing Respiratory Symptoms and Conservation Energy.

Helping CM manage her breathing is another priority. Teaching techniques like pursed lip breathing and encouraging rest breaks can make a big difference. Evidence supports the use of structured energy conservation education techniques to improve outcomes in patients with acute respiratory illness by optimizing oxygen utilization and reducing dyspnea (Jones et al., 2023). It is important to explain why oxygen therapy is needed and how it helps her body. When patients understand their treatment, they are more likely to participate. By improving her oxygen levels and reducing fatigue, she may have more energy to engage in conversations and care decisions

Addressing Anxiety and Encouraging Engagement

To support CM emotionally, building a trusting relationship is key. Simple things like checking in regularly and explaining what's happening can reduce anxiety. Research indicates that cognitive behavioral interventions and anxiety management significantly improve patient engagement and satisfaction with care (Hofmann et al., 2022). Relaxation techniques such as deep breathing or guided imagery can also help her feel more in control. Giving her small choices, for example, when to do certain activities, can increase her sense of independence. Over time, this can help her feel more comfortable participating in her care.

The Nurse's Role

The nurse plays a central role in helping CM overcome these barriers. Regarding mobility, the nurse ensures safety, assists with movement, and communicates progress to the

healthcare team. Monitoring for fatigue and preventing falls are also important responsibilities. For respiratory care, the nurse teaches breathing techniques, monitors oxygen levels, and works with respiratory therapy to adjust treatment as needed. Emotionally, the nurse provides support through active listening and reassurance. Building trust and maintaining consistency can help reduce anxiety and encourage participation.

Other Members of the Healthcare Team

Physical Therapy

The physical therapists help assess CM's strength and mobility and create a plan to improve her function. They will also help teach safe movement techniques and recommend equipment to help her stay independent.

Respiratory Therapy

The respiratory therapist monitors her breathing status, manages oxygen therapy, and teaches her techniques to improve lung function. They play a key role in helping prevent further complications.

Conclusion

CM case highlights how multiple barriers can affect a patient's ability to participate in their care. Her physical limitations, respiratory illness, and anxiety all play a role in reducing her engagement. By using strategies like mobility support, respiratory management, and emotional support, nurses can help patients like CM become more involved in their care. Collaboration with the healthcare team further improves outcomes. Overall, applying QSEN competencies enables nurses to provide more patient-centered care and improve health outcomes.

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