Evidence, ideas and actions: New reports on the state of the shortage

Three new reports have been released that, when taken together, create a compelling structure for understanding and responding to the shortage of qualified nurses.

One study published by the New England Journal of Medicine represents some of the strongest evidence yet that lack of qualified nursing care results in an increase in adverse patient outcomes, including mortality. The other two—one funded by The Robert Wood Johnson Foundation and the other created by the American Hospital Association—propose specific solutions to the challenges of inadequate numbers of qualified nurses.

Each report has something valuable for the members of Sigma Theta Tau International, according to Nancy Dickinson-Hazard, Sigma Theta Tau International’s chief executive officer.

These are an extraordinary validation of what we already know: Nurses suffering not just because there aren’t enough nurses in hospitals, but because hospitals aren’t using nurses optimally to process the creation of policies and building cultures and models of care,” says Dickinson-Hazard.

Perhaps now these essential issues can move higher on the national agenda.

From the New England Journal of Medicine: Clear Evidence

This report, Nurse-Staffing Levels and the Quality of Care in Hospitals, was authored by Jack Needleman, PhD, an assistant professor of economics and health policy at the Harvard School of Public Health. Other contributors to the report include Peter Buerhaus, RN, PhD, (a member of Sigma Theta Tau’s Board of Directors); Soren Manfe, MD, MPH, Maureen Stewart, BA, and Katya Zelenevsky.

“This study used 1997 data for 799 hospitals in 18 states to examine the relationship between the level of staffing by nurses and the quality of care in hospitals. In all, 5,075,969 patient discharge records were examined, including 1,106,659 discharges of surgical patients. The investigators used regression analyses that controlled for patients’ risk of adverse outcomes, differences in the nursing care needed for each hospital’s patients, and other variables.

Needleman and his colleagues report that, in the United States, a higher proportion of hours of nursing care provided by registered nurses (registered-nurse-hours) and a greater number of registered-nurse-hours per day are associated with better outcomes for hospitalized patients.

Among medical patients, these outcomes were a shorter length of stay and lower rates of urinary tract infection and upper gastrointestinal bleeding. A higher proportion of registered-nurse-hours was also associated with lower rates of pneumonia, of shock or cardiac arrest, and of death from five causes considered together—pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis, and deep venous thrombosis. The findings for surgical patients were similar, although fewer significant associations were found.

The study found no evidence of an association between a greater number of hours of care per day provided by licensed practical nurses or hours of care per day provided by nurses’ aides and better outcomes.

The study size in excess of 5 million patients represents an important response to a 1996 Institute of Medicine report that concluded higher levels of staffing by nurses in nursing homes were linked to higher-quality care, but that the overall data for hospitals were not good enough to use as the basis for a number of RNs effect.


National Public Radio has broadcast a feature that addresses the image of nurses across the nation, but will it provide the necessary leverage to give nurses the voice needed.

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Capstone Program eases the transition to clinical careers

Remember your first weeks on your first job in nursing? It’s likely that your excitement was equalized by your nervousness. Each year, thousands of nursing school graduates face their first weeks on the job. For many, the stress and confusion will be enough to turn them away from clinical settings where they are so badly needed.

A program underway at the Indiana University School of Nursing (IUSON) is creating a solid base of experience—and with it, increased confidence—for nursing students about to graduate from their baccalaureate programs. The program is a “Capstone” course designed to give students at the end of their formal study an opportunity to solidify knowledge and demonstrate competencies in a clinical environment. Capstone courses aren’t new, but by building the program around a preceptor teaching model, the IUSON has immersed over 300 graduates in various clinical settings and made their transition to work a more confident one.

Hospitals and health agencies in close collaboration

The key is the active and ongoing involvement from the hospitals and community health agencies, says Connie Rowles, DSN, CNAA. She is the course leader and has directed the efforts to create, fund and manage the program from its inception in 1997. “This program is advanced by the direct involvement of every hospital in the Indianapolis area, as well as a number of regional centers and community health organizations. They are active in monitoring CAPSTONE PROGRAM... PAGE 3
A new kind of Excellence is taking shape

Our work as nurses is a continual effort to improve. We aim to deliver better care. We strive to be better managers, teachers and mentors. We have a passion for the better idea.

Improvement is at the core of our work in creating Excellence as well, and with each quarter’s issue, you’ll discover the next generation of this newsletter that is more informative, more interactive and more useful. In a word, better.

Excellence is migrating to the online environment. All the news and resources contained in the profiles and articles will be exclusively contained in expert voices that speak directly to you where you are now in your career. Yet, in moving to an entirely online environment, nursingsociety.org.

The nursing shortage in California is going to get worse with proposed legislation that mandates set ratios of patients to licensed nurses. If we’re going to get out of ‘semester-thinking’ and find ways to develop the nurses from inside our program and one-on-one consulting that prepared them to practice in the U.S. In addition, ElGindy says, “We are also involved in the work of cross-cultural issues related to delivery of care and helping nurses on an individual basis to understand their current environment and to adapt to it effectively.

Sigma Theta Tau walks against Alzheimer’s disease

Sigma Theta Tau is launching a new initiative with the Alzheimer’s Association through their nationwide fundraising event, Memory Walk. The society has committed to take part in the National Team Initiative by encouraging members to form Memory Walk Teams. A National Memory Walk Team is a group of 10 or more individuals walking together as a single nationwide team.

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CAPSTONE PROGRAM... FROM PAGE 1 and evaluating the program, making adjustments as necessary and, of course, identifying the right preceptors from their staff.

What’s the difference between this program and a typical undergraduate clinical course? “ConCENTrated time,” according to Rowles. “Students work the same hours as their preceptor. If it happens on the preceptor’s shift, it happens to the student. It’s not a course as much as it is a short-term job.”

Pick your preceptor. Pick your setting.
The capstone course is a requirement to graduation and is offered during the last month of the last semester when all other clinical nursing courses have been completed. Students use a Web site developed exclusively for the program to identify and select the preceptor they wish to work beside. Over 200 preceptors are registered and profiled in the online database, and they are working in a variety of settings, from family care units like ICU and emergency, to urban clinics, to occupational therapy centers. The money was used to develop the course, create the Web site, train the preceptors and support the ongoing program maintenance.

Rowles concludes, “Our feedback and formal evaluations tell us the course has been successful in meeting all expectations, including our students’.

In the review, Coffman has aggregated the current research that continues to show that bicycle helmets prevent serious injury and death in cyclists of all ages. The purpose of the review was to update nurses on the use and protective effect of bicycle helmets for child cyclists. Not surprisingly, trauma center data reveals that most seriously injured victims of bicycle collisions are non-helmeted riders.
The review also includes a survey of legislative and community education programs that either require or stress helmet use among children and adolescents, including an interesting and unexpected connection between mandatory helmet laws and a decrease in overall bike ridership among children.

Adding the informed voices of nurses
The implications for nurses are many. They are often in advantageous positions to encourage helmet use by educating children and parents. Nurses can add credibility and present medical evidence as part of community-based education and advocacy programs.

By wearing a helmet when riding a bike, children and adolescents can prevent serious head injuries among. They have a lot of great knowledge to do the kinds of critical thinking they have been preparing for. They have a lot of great knowledge to do the kinds of critical thinking they have been preparing for.

Nurses can even help add to the knowledge base on this timely issue. Nurse researchers can initiate studies that examine factors such as parental rules and adolescent risk-taking—two less understood factors in this very preventable injury.

Summer is here. The issue is hot.
With this new review as further evidence, nurses can be confident in stressing helmet use among their patients, and within their communities.

Interview with a Preceptor
Cheryl Heer, RN, is a staff nurse in the ICU at Community Hospital North, in Indianapolis. She spoke with Excellence about her experiences as a preceptor in the IUSON capstone program.

Excellence: Take us through your interaction with a student.
Heer: As you can imagine, the ICU can be an intimidating place even for students who have spent time on the unit through course work. The patients are sicker here than anywhere else in the hospital, and the equipment appears very difficult to use and monitor. So, their first few shifts are spent charting and observing. Our first goal is to defuse some of the fear and intimidation that just naturally occurs.

Excellence: Then what?
Heer: We get to work. The students stay close to me as I manage the hour-by-hour care of each patient, they’re in on my conversations with the physician—and they are part of the family interactions. They are participating in all clinical functions on every shift, I take for a month or so. All in all, it’s well over 100 hours.

Excellence: What’s the goal for the end of that period?
Heer: These are smart, young nurses. Our goal is to give them the confidence to do the kinds of critical thinking they have been preparing for. The artistic expressions that are presented in this book provide a rare glimpse into nurses’ interior lives. Includes poems, short stories, essays, photographs, drawings and needle-based pieces.

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to affect change. "It can," according to Dickenson-Hazard, "if we have the capacity to create long-term, effective solutions and the strength to put them in action."

From The Robert Wood Johnson Foundation: Re-Envisioning Nursing
In a report entitled "Health Care's Human Crisis: The American Nursing Shortage," authors Bobbi Kimball, RN, MBA, and Edward O'Neill, PhD, MPA, of Health Workforce Solutions conclude that the complex and enduring nature of the current nursing shortage requires bold new solutions.

The study and report were funded by The Robert Wood Johnson Foundation and calls on the philanthropic sector to provide the crucial leadership and resources to help create and fund new solutions.

The authors' central solution is the formation of an independent body of nursing and healthcare stakeholders to address the shortage and the reasons behind it. They call for the creation of a National Forum to Advance Nursing. This new organization would, as envisioned, in the report build upon the vast numbers of activities that are already underway, acknowledge their value and, ultimately, help nurses and nursing by further advancing the profession.

The proposed National Forum would focus on four strategic areas:
- Create new nursing models that address both the current shortage and broader health and social issues.
- Renovate nursing education and work environments to align with a new generation of nurses.
- Establish a national workforce measurement and data collection system.
- Create a clearinghouse of effective strategies to advance cultural change within the nursing profession.

According to the report, "If lessons from the nursing shortage are any guide, addressing a systemic problem requires the input of all those who have a stake in that system. The National Forum to Advance Nursing would provide the necessary structure to bring together all stakeholders in a collective effort to develop meaningful, lasting solutions to the American nursing shortage."

Sigma Theta Tau will be at that table," responds Dickenson-Hazard. "This organization is already actively engaged—at an international level—addressing the nursing shortage and the issues behind it. We look forward to adding the voices of nurse leaders, scholars, educators and researchers."

From the American Hospital Association: Challenging Leaders to Change
The Commission of Workforce, a multi-disciplinary task force of the American Hospital Association (AHA), has recently published a detailed set of recommendations for hospital leadership entitled "In Our Hands: How Hospital Leaders Can Build a Thriving Workforce.

The report places nurses at the center of several of its clear and comprehensive recommendations saying: "While technology, market share, financial performance, physician recruitment and facilities management are all important to a hospital's success, they fail to include an important truth: health care is always about people caring for people."

The report recommends that hospital workers, with nurses at the center, must be included in a human resource strategy based on continual input and a partnership model.

According to Dickenson-Hazard, "This report—aimed at hospital directors and administrators—is unequivocal in its language that so many current programs are not working. Clearly, a new model of care is required that lets nurses do what they do best, and it's encouraging to see administrators reading what nursing has been saying for years."

The AHA task force report makes five broad recommendations then balances each with the significant challenges that stand in the way. Concrete strategic and tactical recommendations are attached to each recommendation, supported by existing background data (when available) and profiles of hospitals (including individual administrators, complete with contact information) that succeeded in implementing tactics that have made measurable differences in care or positive contributions to the hospital's culture.

The categories forming the cores of the strategic and tactical recommendations are:
- Foster meaningful work
- Improve workplace partnerships
- Broaden the base of workers
- Collaborate with other hospitals
- Build societal support

This report calls for immediate and sustained action by hospitals, associations, schools and universities, foundations, and others—but identifies hospital leaders as the keys to making changes to address the current shortage and prevent a long-term crisis. In words of the report, "The changes are not easy... but they are necessary."

Nurse-Staffing Levels and the Quality of Care in Hospitals
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Share your knowledge and advance nursing.

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Because the World Needs Nurses
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