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 two other—one funded by The Robert Wood Johnson Foundation and the other created by the American Hospital Association—prompose 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 Dickenson-Hazard, Sigma Theta Tau International's chief executive officer.

"These are an extraordinary validation of what nurses already know. Shortage care is suffering not just because there aren't enough nurses in hospitals, but because hospitals aren't bringing nurses fully into the process of creating policies and building cultures and models of care," says Dickenson-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 on the report include Peter Buerhaus, RN, PhD; (a member of Sigma Theta Tau's Board of Directors); Sevone Markle, MD, MPH; Maureen Stewart, BA; and Katya Zelenevsky.

This study used 1997 data for 799 hospitals in 11 states to examine the relationship between the level of staffing by nurses and the quality of care. In all, 5,075,969 patient discharge records were examined, including 1,104,659 discharges of surgical patients. The investigators used regression analyses that the 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—harvest, upper gastrointestinal bleeding, sepsis, or 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 "isolate a number-of-RNs effect."

The report has generated media coverage across the nation, including articles in The New York Times, The Wall Street Journal, The Chicago Tribune and The Los Angeles Times. National Public Radio has broadcast a feature that explored the study's conclusions. It's been news across the nation, but will it provide the...

Evidence, ideas and actions... PAGE 4

Family caregivers: A critical resource in today's changing-health care climate

By Carol J. Farran

During the early 1980s, "family caregiver" was the term professionals began to use to describe the family members who were caring for an elderly person in their family. Today the term has taken on more widespread meaning and may apply to any attention where families provide emotional and/or unpaid care is provided by relatives or close friends to persons who are dependent on others or require assistance to manage their daily lives or personal care (National Alliance for Caregiving and American Association of Retired Persons, 1997). In many cases, even some 20 years later, when family members are asked if they are the "family caregiver" they are not sure what the term means and reply by saying, "We are part of a family, and that's just what family does."

Family caregivers are moving to the forefront. Just as it is with nurses, family caregivers have come to the forefront for two major reasons: 1) increasing numbers of persons who live longer and have chronic illnesses for a longer period of time; and 2) changes in the health-care delivery system. Family caregivers essentially serve as the backbone of the long-term care system. It is estimated that nearly one-fourth of the households in the United States provide care to persons 50 years of age and older. The majority (75%) of family caregivers are female, generally wives, daughters, or sons, who are not in the work force, or live in the home. Family caregivers provide an average of 18 hours of care per week, but these hours increase substantially if their care recipients have Alzheimer's disease or another related dementia (AAD). Family caregivers, particularly younger ones, have additional responsibilities including child care (41% have children under 18 years), and the majority of those under 64 years of age (66-77%) are employed outside the home. The role of family caregivers is filled by the majority of those under 64 years of age (66-77%) are employed outside the home.
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Dialogue and Investigation

In moving to an entirely online environment, Excellence will become a starting point for conversations between the articles' authors and you. Resources and back

CAREGIVERS... FROM PAGE 1

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FAMILY CAREGIVERS... FROM PAGE 1

A long list of needs. A wide range of care. Care include Anticipating what their family members need in the next several minutes, several days, or coming week. Other aspects of care involve Preventing complications. One wife caregiver said proudly, "I cared for my husband for 17 years and he was independent when he was hospitalized, he developed three decubitus ulcers in one week. For many caregivers, the financial responsibility for providing personal care that is provided by the primary caregiver. Other times, old family conflicts "resurrect their heads" and these family members simply disappear and have no further contact with the caregiver. Grounding and using outside help often occur simultaneously with the delivery of home care, but may be a problem for some professional caregivers. Research suggests that family caregivers only use an average of 1.4 out of 7 possible services. For some caregivers, realizing that they can't and shouldn't provide care without help requires a major re-think of their thinking. They may feel they have failed, that they are inadequate, and they may feel great guilt and shame. For some, the care recipient's personal space becomes access to having outside help, they may find that they have more time to do things they used to do before they once again begin to develop their own lives. Adult day care, chore workers, and home care providers. Because of care services are amongst the services that families find very helpful.

Hospitalization of the ill family member constitutes another transition for some family members. The major post-hospitalization event frequently occurs in the ill person's medical or mental status. For elderly persons this may include medical complications due to existing illnesses, surgery, stroke, hip fractures, pneumonia, or urinary tract infections. Psychiatric hospitalizations of elderly persons generally result from unmitigating depression or behavioral changes. Hospitalization of the care recipient is an unexpected and uninvited event where the caregiver feels she "loses control" of the situation, particularly if the care recipient is a major family member, she may "lose ground." For persons who have dementia, 30-40% are transferred to another care provider. Hospitalization caregivers must often learn new skills, modify their environment, and once again, change the role.

Nursing home placement is a transition that may be the most difficult for family caregivers, a wife caregiver said, when commenting about the day her husband was placed in the nursing home. "It would have been easier if it was his funeral." Nursing home placement may be experienced as a personal failure by the involved family member. It is also an early promise to the spouse "to never place him/her in a nursing home." For persons who have dementia, hospitalization caregivers may often learn new skills, modify their environment, and once again, change the role.

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**The knowledge momentum continues: Young bike riders are safer wearing a helmet**

By wearing a helmet when riding a bike, children and adolescents can prevent head injuries. This simple and powerful fact has yet to create a large-scale change on the sidewalks, streets, and driveways of the world, according to a review of helmet use and legislation recently published in The International Journal of Knowledge Synthesis for Nursing. The review of current research, entitled "Promotion of Safety Helmets for Child Cyclists: 2002 Update," was conducted by Sherillyn Coffman, DNS, APN, CPN.

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 information on the use and protective effect of bicycle helmets for child cyclists. Not surprisingly, trauma center data reveal the 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 explanations for these rates are many. Nurses are often in advantageous positions to encourage helmet use by educating patients and parents. They can be credibly and present evidence-based practice as part of community-based education and advocacy programs. Nurses can even help add to the knowledge base on this timely issue.

Nurses can include initiatives that examine factors such as parental rules and 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 and should promote bicycle helmet use among their patients and within their communities.

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**Family Caregivers... From Page 2**

Generally, a family caregiver who is actively involved in providing care will not be clinically depressed, as a person with clinical depression has difficulty attending to his or her own needs. But nonetheless, caregivers tend to suffer from depressive symptoms—fatigue, difficulty sleeping, changes in eating habits, and mood changes. In addition, the research also suggests that caregivers experience changes in physical health. This may involve changes in health behaviors (e.g., increased smoking or alcohol use, changes in eating habits, decreased physical activity, and reduced use of medication), and a more negative perception of their physical health (Schulz, O'Brien, Bookwala, Fleisher, 1995). Over time and when caregivers were strained, higher mortality rates have also been reported (Schulz & Beach, 1999). Hence, if caregiver stress, depressive symptoms, and changes in physical health and physical health are not addressed, family caregiving may result in two patients—one who has a diagnosed illness and the family caregiver.

In addition to changes in caregiver mental and physical health, family caregiving can affect all other aspects of one's life. Family life can be affected when an elderly family member moves into the home or the family caregiver frequently must check on a dependent relative who is living outside of their house. Leisure time and when caregivers engage in leisure activities is also affected as the majority of family caregiving costs are out-of-pocket. Medicaid and Medicare may not pay for the costs of providing in-home care to a family member.

**Clinical interventions to reduce stress** While intervention studies conducted with family caregivers suggest that there are minimal decreases in family caregiver distress (Knight, Lowery, & Jacobs, 1996), less research has examined the potential for family caregivers, nonetheless, report that they are helped by the following:

- Participating in information and support groups.
- Contacting and using information provided by the Alzheimer Association (1-800-272-3900 or at www.alz.org).
- Developing adults in providing personal care and dealing with difficult behaviors associated with dementia.
- Finding and using support services such as personal chore workers, adult day care and other respite care.
- Finding ways to "make sense" of what is happening to them and creatively dealing with their responsibilities and responses to caregiving.
- Maintaining caregiver mental, physical, and spiritual health.

**Our role as nurses**

Nurses can play a major role in working not only with the care recipient, but also in identifying family caregivers. Often times nurses are the persons who are talking with family caregivers by telephone or seeing them in the health-care setting. The major question "How are you doing?" provides family caregivers the opportunity not only to ventilate but also to share some of the issues they are facing.

Nurses are particularly equipped to assess caregivers' concerns concerning their caregiving responsibilities to identify caregivers' feelings of distress such as burdens, low self-worth, and depressive symptoms; and to determine what toll family caregiving may be taking on the caregiver's health. Treating the caregiver/care recipient dyad is a comprehensive way of addressing health-care needs and is vital to protecting the family caregiver as a critical resource in today's changing health-care climate.

Carol J. Farran, RN, DNSc, FAAN, is a professor and the Nurses Alumni Association Chair in Health and the Nursing Process at Rush University College of Nursing, and senior scientist at the Rush Alzheimer's Disease Center and Rush for Healthy Aging, Chicago, IL. She is a member of INA District 19.

**References**


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**Stories of Family Caregiving**

**Reconsiderations of Theory, Literature, and Life**

This unique new book provides an interdisciplinary exploration of the experiences of women and men who provide long-term, life-sustaining care to family members. It brings a narrative approach to the subject through stories from fiction, autobiography, interviews with the family caregivers and the theories of care that are informing our understanding of family caregiving. The settings are drawn from the frameworks that underlie the family caregiving literature and are intended to provide a broad context for the experiences of family caregivers in our midst. This book is not only for nurses, but for anyone who cares about this complex and critical way of addressing health-care needs.

Chiron: Ak / driv: the wise centaur in classical mythology who mentored Asclepius, Achilles and Hercules

Chiron, the Sigma Theta Tau leadership development program for mentors, fellows and senior fellows

www.nursingsociety.org
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 entity.

 Chapters can get involved by selecting a team captain, who will recruit team members and set team goals. If you are interested in becoming a team captain or have questions about Memory Walk, contact Lauren Hickel, National Team Recruitment, Memory Walk at 800.272.3900.

Nurses for a Healthier Tomorrow campaign recognized with a top national award

Nurses for a Healthier Tomorrow, a coalition of leading nursing and health-care organizations, including Sigma Theta Tau International, has been awarded the Public Relations Society of America’s 2002 Silver Anvil Award, which honors the best in strategic public relations planning and implementation.

The award is in recognition of the campaign’s research, planning, execution and results over a sustained campaign. There were 603 entrants in this year’s Silver Anvil competition and only 47 winners. Nurses for a Healthier Tomorrow won in the public service category, beating strong campaigns from McDonald’s and Gould Electronics.

“As a Silver Anvil Award winner, Nurses for a Healthier Tomorrow has been recognized by its industry peers to have met the highest standards of performance in the public relations profession,” said Gerald F. Corbet, chairman of the 2002 Silver Anvil Awards and vice president of Hitachi America Ltd. “We congratulate them on the exemplary research, planning, execution and results they delivered in this program.”

EVIDENCE, IDEAS AND ACTION... FROM PAGE 1 necessary leverage to give nurses the voice needed 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 Bobbs Kimball, RN, MBA, and Edward O’Neail, 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 health-care 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.
- Reinvent 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 of 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.”

“The Sigma Theta Tau will be at that table,” respondents 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 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 unique 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 by 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 hospital leaders
- Build societal support

This report calls for immediate and sustained action by hospital associations, schools and universities, foundations, and others—because hospitals are 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

By Jack Needleman, PhD, Peter Buerhaus, RN, PhD, Soeren Mattke, MD, MPH, Maureen Stewart, BA, and Katy Zelevinsky.

Published by The New England Journal of Medicine www.nejm.org

Health Care’s Human Crisis: The American Nursing Shortage

By Bobbi Kimball, RN, MBA, and Edward O’Neail, PhD, MPA, of Health Workforce Solutions Funded by The Robert Wood Johnson Foundation www.rwjf.org

IN OUR HANDS: How Hospital Leaders Can Build A Thriving Workforce

By the Commission of Workforce, a multi-disciplinary task force of the American Hospital Association (AHA). www.aha.org