Chapter 1: A Vision for the Future Nursing Workforce

Ed speaks

… as you think about the next 5, 10 years, maybe 15 in the context of reform, that's part of the
discussion today, the changing landscape, what's out there for the nursing workforce and how’s
that going to change and… how do we need begin to prepare ourselves to take on those
leadership roles?

Peter speaks

Ya, I think someplace starts at about a vision. I'll start there. I don't know if this works for you
but it's sort of what I have found myself thinking about. A couple years ago, you know, there
were books about the World War II soldier, the greatest generation. And to me, I respect that and
I mean that, that was my father and I am aware of it, but I did not live that, so… but I respect that
that was an important thing for the world. And when I think about where we’re going in health
care, over the next 10 and 15 years, it's really quite clear regardless of health reform where we're
heading. Our population is growing, so there will be more demand just at that level for
healthcare, but it's aging, and so that will add… multiple times more demand and our generation,
we really did a good one here, were bringing in multiple chronic conditions with that. So we’re
going to add all of that to this growing demand and that's expensive care, that's difficult care,
that's... we don't have the answers to that but that could be a major clinical and economic
challenge going forward. So we know that's in our future. We also know that the quality/safety
movement is no longer a fad or whatever, that is here to stay and will grow and get richer. And
now I think it's safe to say that unless something dramatic changes, we are going to be living in a
society where resources are going to be more important and I don't mean that in a necessarily
threatening way, I think we have great capacity for innovation and surprise in our economy. But
looking at the debt going forward looking at where the Medicare programs are, it is going to be
an environment that will seek out efficiency, seek out innovation, seek out people and activities
that help restrain the growth of costs. And so when I put all that together, I think of the nursing
profession... in the year 2020 or 2025 and you and I might be back here talking and we would
have a conver...

Ed speaks

We would be wheeled up on stage.

Peter speaks
Yap will be wheeled out... right on stage and so forth. And will be talking and will be saying three or four things to each other and Ed you'll say, “Man I can't believe it. This, you know, remember back then we had this conversation and things began”, not because of this necessarily, “but the profession really did an amazing thing. It renovated its education sector so that it produced nurses who were just quality and safety experts. They came out, they knew this stuff. And they didn't go into the hospital to learn it. They came to the hospital, or their other organization, with that skill set and they were good at it. And thank God because we still had shortages but they were able to overcome the negative effects of that shortage because they applied that quality and safety. And who can believe that they did such a amazing work on these chronic conditions in taking care of all these older people. Not just in the hospital, but in all these other settings. So nursing stepped up and dealt with that problem and no one saw that happening. And the third thing is that my gosh. Did you see this study Ed that was published? They're showing that the effects of nursing actually lowered the growth of the increase in costs. Who saw that coming?” Now to me, that's the next great generation. That's the nursing professions opportunity to be right up there with the way we value the World War II veteran as the greatest generation. This could be our social contribution. But we're not there. So I would start with that a vision and that's sort of where I'm going for the next 10 years in my life.

Chapter 2: Seven Areas for Nursing Leadership

Ed speaks

These are, these are seven places where I think, the system that we have now will bend and will expose an opportunity for nursing leadership. Beginning of life... nurse midwifery, birthing clinics used in less than 20% of the cases, it can be in no European nation is used less than 80% of the cases. We can't afford a normal delivery at $22,000. Nursing needs to reinvent that. They used to own it completely. It needs to be re-owned and reinvented. School clinics. We used to have, it used to be a vibrant part of the care delivery system. If you want to see poly-pharmacy and practice, go to any elementary school. I'm talking about the legal poly… not the horror story about the social conditions, but the amount of the meds that... psychoactive drugs that are being passed daily, an important part, is a great place for education to address the epidemic of obesity. Nurses used to own that, not so much But the community clinics represent that, they are... most of them are run by nurses, all of them should be a place for nurses are exhibiting that leadership. Transitional care Mary Naylor’s work, we know a lot about that, but not just the transmission from inpatient back home, all of the transitions across every part of care needs to be directed by a nurse. Healthy aging and wellness that is a prevention piece, but it's going to be a big demand area, community part managing chronicity and the community as I said earlier, not just in the physician practice. But here’s a great partnership that doesn't exist yet. Nursing and what we now call telemedicine, it always had that stripe, but nursing and the information technology that's been afforded to us before the Moore family created the foundation, those two things need to come together to change the calculus of how knowledge of healthcare is exchanged. And then finally palliative care, end of life care, Hospice is prescribed in less than 20% of the cases in which it indicated and the average length of stay is about three days. Meaning of course that the
vast majority of those prescriptions are useless. Nursing once owned all of that. It needs to recapture that part and direct itself. So these for me are the opportunities, then just quickly, these are the things in addition to the DNA, but organizational flexibility, the evidence-based that Peter’s been arguing for in contributing to through his entire career. How do we collect the economic data and evidence of this transformation? Informatics, leadership skills, and the new expectations of all of those, the new expectations are the most important. The essential, because if you don't expected it of yourself, like my quote from McAdams, if someone doesn't expected it of you, you won't do it. You've got to help yourself and other nurses have that expectation that you can do it.

Chapter 3: Economic Influences on the Nursing Workforce

Peter speaks

… lot of things are sort of moving forward in a positive way in terms of, first of all recognizing this problem about our work force. It was getting older and we're not replacing it with younger people and I'm going to show you I think a slide or two that is one of the greatest things that have happened in my professional life. Is that whole problem started to get rectified and moving in a right direction. But, a funny thing happened on the way towards that. This recession. In this recession has just sort of really done a major transformation, unexpected to our workforce and it is causing I think a big problem for lots of people. Nurses, and I would even suggest maybe the Foundation, is certainly is with other foundations and government policy makers, how do we think about the nursing profession. We thought we had the story, now this economy is suddenly giving us a different story. Where are we going? And that is the bottom line of where I want to go with this. And what happened is, this is a big busy slide that I’m trying to show you is sort of the bust periods are the shaded area, up here, this is when the economy wasn't doing well, these are the last four recessions and the boom years when things were doing better. And if you just look over here on average the gross domestic product, which is sort of how we measure the health of the economy, growing stronger when the boom years, and here the unemployment rates were higher of course when the economy is doing worse. Now if we had the current year data in here that inflation or unemployment rate would be even higher. But here's what goes on in our nursing labor market. It operates differently than other labor markets. During times when the economy is going down and south, we see a rise in employment and that is driven by the fact that so many… well 90% of nurses are women, 70% are married. And if so what happens to the spouse’s income, whether or not they have a job or they worry if they will have, drives a lot of pressure, economic pressure, on the nurse to work because she or he may be the only breadwinner in the family. So some nurses be already working but at halftime or whatever. This says I'd better start upping my hours and some nurses who had left to retire or to have children, suddenly are going, I better get back in pretty darn quick because I don't know where this economy is going. And so these are very strong economic motivators and you see them play out a little bit on this slide with this strong 8% almost 9% growth in hospital employment. Let's get even more interesting. We've had two recessions in this decade. The first one was in 2001 and unemployment rates hit 6.8% I think it was and… but they stayed high above 6% for a while, a couple years after that. And what…
and that sounds pretty nice given our 9.8% right now so just remember that. So 6.8% and so hospitals saw at that time a record two-year increase in full-time equivalent RNs coming back in for that reason I just mentioned and at the same time hospitals also raised earnings. We had a shortage that had developed about four years earlier. Now hospitals had tried all the non-economic ways to deal with that shortage weren't having success, it was starting to inflict pain they were starting to half shut down units and so forth. And so they went to the wage policy. They hit the wages at the very same time the economic pressures were also mounting and we had at that time a record growth of RN employment. And it did not knock down the shortage though. We dropped it from about 13% national vacancy rates down into the high sevens low eights. But, look at 2007 and in 2008. This is just an unbelievable growth.

So underneath this we saw 50,000 nurses leave their nonhospital jobs and come into the hospitals for the higher wages, the better benefits, the insurance, health insurance. The opportunity to work 3, 12 hour shifts. Talk about crazy economics they could do a full time job get all the benefits, still have time for a second full-time job. Now for some nurses that is great. But, I want you to see where I'm going with this, the problem is... it's clogged up all those jobs that we were expecting the new graduates to come in and have. And now that story of we need to pump up production, we need to get this all going and we started to see it happen, suddenly hits this economic wall. And that is a terrible issue for our profession to deal with. And Ed, I don't have great answers for it, I'm just saying when you talk about barriers it is, it is as clear to me, it is as right, right here. We've got to walk through it with got to somehow get through this and see where were going downstream because it's just what you were saying before. Where we're going, what I was talking about. That has not changed. We've just got this problem right in front of us and we've got to somehow get through it and I think that it up last night about looking at how do we create transitions? How do we keep people that are coming out of the field now engaged, involved, ready to go? If we get a quick jobs recovery, and we suddenly… unemployment starts dropping, will a lot of nurses suddenly exit? And then suddenly we're back to where we were? So we'd better have a good supply of nurses coming ready to do that. And… but it could take a while… before that happens so we need to do that.

**Chapter 4: Setting a High Bar and Focusing on your Passion**

Peter speaks

if you have a passion, follow it. Stick to your passion and follow it relentlessly. And the other thing is… Ed you mentioned something about setting high bars, set them higher. Set them really high. You know in your life when you accomplish something you never thought you could do, how much more satisfied you are and you say this to our kids, do it to yourself. So set your bar is high and then set them up higher. And you will achieve far more if you do that. Focus, focus, focus, avoid these distractions. Avoid the distractions that get in your way of following your passion. Whatever it is. And you have to work at that because there's too many distractions. Broaden your understanding by taking time to understand if your passion is about cardiology and nursing or quality and safety, how do others see that? Pharmacy, medicine, administration,
policy, everybody, how are they all seeing your problem and you will be far better and you will know about it and you will see the niches where nursing can get at better and with clarity and a better opportunity so take time broaden out. And finally, take an occasion to look at yourself in the mirror. And sort of ask that question, now why did I get into this field? What was it that drove me to that, what was that, we all sort of took a vow when we became a nurse. What was that article that I read as a freshman or as a first-year that really kind of changed to me. Go back and read it. Go back and get in touch with yourself and do it more often than what you think. You will find there is a lot of richness with inside of you and you become more passionate, articulate spokesperson, spokesperson for what you want.

Chapter 5: Having the Courage to do things Differently

Ed speaks

I've got just three things. They mirror this. The first is to be self aware. And that means really being honest about your skills, your anxieties. I mean it's much better to be self-aware of where you're fearful and where you feel yourself short, where you're angry, but then deal with that. And then go on and be positive about that but it starts with self awareness. Second is skills. I'm your biggest non-nurse advocate for the skills that you have. I hope you know that, but there are a lot of things that you don't do well. Like there's that business case thing. Or getting the data about what you do and making that case aggressively Don't be afraid to develop them and develop them across... good leaders are always doing that. Good leaders are always self-aware of what do I need to learn and how do I need to grow area and develop. And the third thing is what we have folks, doesn't work. The system that we have is really, really broken. We don't have any clue how broken it is because we are inside of it. Everybody in this room has been trying to prop it up and make it work and push and contort. I think what you should do is to begin to think about where are those places where those customers, those clients, those organizations where I can take this wonderful set of nursing skills, now newly self aware, newly skilled and actually create stuff that can work. And I guarantee… you start on that road, and it looks pretty lonely, but before you get very far, you're going to meet a lot of other folks who are going to want the things that you are bringing. And you have to have the courage finally to go do that.