

The Flight of the Nightingales:

How Can We Bring Back The Nurses?



A loved one's sudden accident or illness introduces many families to depressing scenes that they did not know were occurring in their own cities, every day.

Not the barely controlled chaos of emergency rooms, which is portrayed dramatically on television and film, but the everyday frustrations of obtaining current information, trying to make sure each new shift of caregivers is informed, vying for the attention of overworked hospital staff and worrying about the seemingly high odds of error amidst the chaotic swirl around the nursing stations, the stacks of paper documents and the cramped medicinal storerooms.

And frequently, the cry is heard: "Where are the nurses?"

By John Southerst



John Southerst is a Toronto-area writer who believes the everyday stories of business hold a fascinating cultural record. He started his career as a teacher in West Africa and a reporter in India. He now writes for major business publications and acts as a consultant and wordsmith to manufacturing, financial services and high-tech clients. His other passions are his family, his vegetable garden, cooking (eating it) and squash (playing it).

Flight of the Nightingales *continued*

It's a question many hospital administrators and healthcare policymakers are asking themselves as well. There is a major nursing shortage, it's affecting patient care and it's costing millions of dollars. And it's getting worse.

Attracting and retaining nurses has become a major preoccupation for healthcare providers. The population is aging and placing heavier demands on the system. At the same time, nurses – and other healthcare professionals – are approaching retirement. Enrollment of young nurses-to-be is on the decline. Even those in their mid-life earning years are fleeing the profession.

The reasons bubble to the surface easily. The hours are long, the demands of lifting and multi-tasking are physically taxing, many facilities are underfunded and the opportunities for advancement are inadequate. A casual look around at overcrowded corridors, make-do work stations, rooms ill-equipped for their purposes, and the lack of any place of retreat from the omni-present pressure, and the downward spiral is apparent. Nursing lacks prestige. No wonder the nightingales of nursing's lore are flying away.

The exodus

How significant is the nursing shortfall? By all accounts, it's severe. The American Hospital Association reports 126,000 unfilled full-time nursing positions nationwide. A

2004 survey of 151 healthcare recruiters by the Bernard Hodes Group set the nursing turnover rate at 15.5% and the vacancy rate at 14%, while the American Hospital Association says 75% of all hospital vacancies are for nurses.

It's not much better anywhere else under other healthcare systems. Canada is already short 16,000 nurses, according to a 2002 Health Canada report. The Canadian Nurses Association is predicting a shortage of between 59,000 and 113,000 nurses by 2011. In the U.K., the Royal College of Nursing's general secretary stated in April 2003 that 50,000 nurses are due to retire by 2008 and, without recruitment from abroad, the number of RNs would not be increasing at all.

Why is this happening now? First, nurses are set to retire in record numbers. The average age of nurses has risen to 43.3 from 37.5 in 1983. The U.S. Bureau of Labor Statistics says half the RN workforce will reach retirement age in the next 15 years. It is predicting a need for more than 1 million replacement nurses by 2012.

But it's not just age. Nursing clearly has an image problem with young people who are choosing their life work. While 25% of nurses were under age 30 in 1980, just 9% were under 30 in 2000, according to the Bureau of Health Professions. The American

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Association of Colleges of Nursing says enrollment in nursing schools fell 2.1% in fall 2000, the sixth year in a row of declining numbers.

The shortage is causing demoralizing disruptions in care that are driving even more nurses away. A study published by the New England Journal of Medicine in December 2002 reported that 53% of doctors and 65% of members of the public cited the nursing shortage as a leading cause of medical errors. But the healthcare environment affects all health professions. In a 2004 report, the U.S. Institute of Medicine estimates that between 44,000 and 98,000 lives are lost and \$29 billion wasted each year due to errors arising from causes such as distraction due to noise, poor lighting and overcrowding.

The result? Some nurses are starting to feel they cannot succeed as caregivers – as the beacons that guide the injured and sick back to health – under their current conditions of work. A 2001 study in Health Affairs found that more than 40% of nurses working in hospitals reported job dissatisfaction, compared to 10% for other health professions. In another 2001 study, the Federation of Nurses and Health Professionals suggests that 20% of nurses working in patient care plan to leave the profession within five years for reasons other than retirement.

The broad solution

Nursing groups cite compensation as an aggravating factor in their dissatisfaction. Some hospitals and healthcare recruiters offer significant signing bonuses to entice new nurses. But it's instructive that national nursing groups don't place supreme emphasis on compensation in prescribing solutions for the nursing shortage.

Consider this abbreviated list of recommendations from the Sigma Theta Tau International Honor Society of Nursing.

- Reposition nursing as a versatile profession where young people can apply science and technology and make critical decisions.
- Construct interdisciplinary practice environments built on relationships between nurses, physicians and other stakeholders in healthcare.
- Create patient care models that encourage nurse autonomy.
- Offer career enhancement incentives for nurses to pursue additional professional qualifications.
- Pursue a marketing and recruitment program that restores the image of nursing.

Astutely, these suggestions boil down to two types of solutions that will fix the long-term problem. One, nurses need to be given the tools to do a better job in fulfilling the imposing demands of their profession. Two, they need to be able to take pride in their role.

Some institutions are already thinking along these lines. Since 1994, the American Nurses Credentialing Center, a subsidiary of the American Nursing Association, has run a program that identifies "magnet hospitals". It has certified 42 facilities that focus on retention, dignity and effectiveness of care that results in job satisfaction and personal fulfillment for nurses. The strategy appears to work: average nurse retention at magnet hospitals is twice as long as other hospitals. Not unexpectedly, studies also show that patients in magnet facilities experience better treatment outcomes.

What does it take to be a magnet? One such hospital, the University of Washington Medical Center (UWMC) in Seattle, offers expanded autonomy and decision-making power, professional practice committees to review and suggest improvements to care guidelines, a year-long residency for new nurses and a new-graduate symposium to learn about such daily challenges as rapid response to medical emergencies.

"Nurses here are treated with respect and as legitimate members of the healthcare team," says Catherine Broom, clinical nurse specialist and UWMC magnet program co-ordinator in an article published in the *American Journal of Nursing*. "That sets the tone for the entire medical center."

Flight of the Nightingales *continued*

So compensation is a factor, but it's also crucial to address such matters as a more flexible health-care delivery system that gives nurses greater responsibilities, opportunities for educational enhancements that allow them to extend their qualifications and expertise, and professional bodies that ally nurses with other professionals. The real solution needs to address the nursing and healthcare environment broadly.

A caring place

Certainly, an improved caregiving environment is also a part of the solution, an element that addresses the image of nursing and other healthcare professions because it can promote team activity, contribute to better job performance and seamlessly help make the demands of the job more manageable.

The Center for Health Design in Pleasant Hill, California, has been studying the empirical ties between design and patient welfare since 2000 with its Pebble Project research program. For healthcare institutions undergoing facilities construction and renovation, the program provides consulting expertise in exchange for research access to patient recovery information and patient and staff feedback.

So far, before-and-after data from 19 healthcare institutions indicate that facility design can:

- Improve staff recruitment and retention
- Improve quality of care
- Raise patient satisfaction levels
- Enhance operational efficiency and productivity
- Raise levels of philanthropical giving.

The Pebble Project has even been able to pinpoint specific design improvements that produce an impact. For safety and efficiency, for instance, creating direct sight-lines between staff and patients from an alcove area rather than a busy hallway seems to improve the ability of nurses to actually observe

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Flight of the Nightingales *continued*

a patient's well-being without distraction. Storing clinical records near patient rooms rather than in a remote area leads to better clinical decision making.

Other design improvements work toward greater staff satisfaction with their jobs and patient satisfaction with the level of care they receive. Rooms in which family members can sleep over, amenities such as refrigerators and microwaves and quick access to medical records, for example, can make these kinds of differences. Clearly, the business case for investing in design in healing environments needs to be strong. Some will argue instead for direct investment in medical technology, for example, or higher levels of compensation. But Pebble Project data is compelling:

- The Barbara Ann Karmanos Cancer Institute in Detroit credited its facility redesign with a 30% reduction in medical errors and a 6% reduction in patient falls. Nurse attrition plunged to 3.8% from 23%.
- Methodist Hospital/Clarian Health Partners in Indianapolis saw a 75% decline in patient falls and cut patient and family dissatisfaction to 2.7% from 6.7% after it opened its new

cardiac critical care unit. It expects annual savings of \$17 million.

- Bronson Methodist Hospital in Kalamazoo, Mich., reduced hospital-linked infections by 11%, raised patient satisfaction levels to 95.4% and pushed nurse attrition below 12% after it opened its new facilities in 2000.

While facility design is just one of several factors in the healthcare environment, the evidence suggests that design affects patient care in many ways, including its contribution to a satisfied and fulfilled healthcare workforce. When staff can provide high-quality, patient-centered care, job satisfaction rises. Staff satisfaction and patient satisfaction appear to be highly correlated.

User-centered care

With its background in designing and equipping workplaces for the people who use them – also known as user-centered design – the Steelcase research team brought its perspective to an in-depth exploration of various in-patient hospital sites in Michigan, Utah, Massachusetts and Texas. The team observed many different units, from intensive care to neo-natal, cardiac and oncology over a period of three to four days in each institution.

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For more information about the Steelcase Healthcare research project, call 1.800.333.9939.

A CEU accredited seminar is available.

What they saw were the fairly typical sights of a hospital day. Nurses gathered around a single chair in front of a terminal screen as they searched for online patient records. Nursing stations behind bank-like counters. Doctors, interns and nurses conferring in a whirl of caregivers, some standing, some behind a terminal screen, some leafing through notes or clipboards. And, of course, the patients in their beds, far from the eyes of nurses and the terminals or binders where their records are kept.

Out of these observations – which included interviews, staff "shadowing" and time studies that examined exactly who did what and how long it took – the Steelcase team concluded that healthcare institutions in general do not support the intensity of healthcare work. In summary, it found that healthcare staff support areas were among the most under-leveraged spaces that members had ever observed for ensuring the people who care for patients were, in turn, being well cared for – emotionally, physically and cognitively.

They saw an opportunity to do it better, applying many of the principles of user-centered design. The team's extensive report is tailored

to improving the way nurses, physicians and other caregivers interact with patients. Nursing stations, for instance, can become hubs where teams of health professionals can come and go easily, meeting in many formats – standing or seated, in groups or in couples, using electronic displays or paper files. In short, these spaces become flexible-use stations that accommodate waves of activity and easy circulation.

Recommendations touch on many other key points where caregivers and patients connect, and where critical decisions take place.

Patient room thresholds become patient information stations with room to spread charts or write notes privately or in consultation. Communal rooms become multi-use living rooms divided by furniture and function. Supply areas get light, space, work surfaces and organizational cues. A visitors' retreat becomes a quiet space with information aids that allow families in crisis to consult, learn or reflect as they wish. And a nurse reprieve room becomes a place where care-

givers, in groups or alone, can periodically escape the pressure of the demands on them.

Bring back the nightingales

To resolve the nursing crisis, one must look at what motivates nurses. It's not necessary to do a survey to discover that few chose the profession for its pay levels or for a soft touch. The gratification derived from helping people, the satisfaction that comes from applying both science and psychology, the pride of being a part of the health professions – these are the motivators of nurses.

When nurses – and other health professionals – feel impeded in their efforts to help, depressed and obstructed by their surroundings, and unappreciated for the stressful burdens they shoulder, they lose the drive to perform at a high level.

The solution must address the nursing environment broadly. User-centered design can be part of that broad campaign to give nurses the tools they need to do their jobs and restore pride to their profession. These are the signs of healthcare rejuvenation that will bring back nursing's nightingales.