The Case for Nursing in a Profit-Driven Environment

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Beth Israel Hospital ...

- Had one of the most famous nursing programs in the world
- Pioneered primary nursing, which emphasized the relationship between nurses and patients
- Had a highly skilled, professional nursing staff
- Gave high status and power in the organization to nurses
- Was a magnet hospital
The Corporate Shift

From “patient-provider relationships,” “healing,” and “caring”

To “cost effectiveness,” “efficiency,” and “productivity”
The Corporate Shift

From provider “knowledge” and “experience”

To “data,” “evidence,” “numbers”
“When the economics hit and the questions started to be asked, ‘What does a nurse bring to a patient?’ they were ready with all these touchy-feely, unmeasurable types of things. Those things are all good and all important, but that’s not what is driving the boat anymore.”
What changed?

Nurses do not have enough time to ...

- give “that personal touch”
- “know your patients as people”
- “spend some time listening”
- “make someone feel special”
- “develop relationships”

Is this a compelling argument for more resources and money?
“The way the system works is that you get paid more for a higher acuity. I personally don't believe that you should cut your staffing levels because you've got lighter care people, because . . . a large part of what the staff is there for is to provide companionship and relationships. They're not just to wipe butts and shower people.” (Administrator)
In the perfect world, I’d like . . . an extra CNA on every floor, every shift. In a perfect world, they could all use another person. Then they would be able to spend a little bit more time with the residents and do the extra things that sometimes they don’t have time to do now. . . Do their nails, play a little game with them, things like that. Some days they do, but other days-- answer their lights quickly. It’s hard, especially at meal time. . . . because everyone needs to go to the bathroom after lunch, everyone needs to go to the bathroom when they get up, and they all want to go to bed immediately after supper. That’s just the nature of the beast, and four people can’t be there for 24 residents.” (DON)
“I understand that there have been a lot of changes through Medicaid and Medicare, and their reimbursements and all of that. But there is one nurse on a floor, just one nurse taking care of 26 residents, which is unheard of. They never used to do that years ago. . . . We have one nurse to take care of the doctors, the labs, the treatments, medications” (Nurse)
“You can't always get to things at the time the resident wants you to, or the time you're supposed to. . . . I once counted how many pills I poured. It was well over 500. . . . . You have certain times to get them out by, and if you don't have them all out by 10:00 o'clock, you're not in compliance. So that's the frustrating part. It's almost overwhelming at times, a lot of days” (Nurse)
Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2013

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
What Nurses Do and Why It Matters: Cases for Nursing

- The caring case
- The business case
- The patient safety case
The Caring Case
Caring Case: Nurses Care

- Johnson and Johnson 2005 nursing career recruitment campaign with the slogan: “Join the ones who dare to care.” The ad posters have captions like:
  - “My strength is my compassion. I’ve seen kindness heal. There’s nothing I’d rather be”
  - “I have to be the strong one. Every day is a new challenge. I touch people’s lives”
Caring Case: Does Nursing Matter?

- Why should money-strapped hospitals worry if nurses don’t have enough time to care?
- Why should doctors consider nurses’ opinions about patient treatment?
BI nurses made the caring case

Nurses do not have enough time to …

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- “develop relationships”

Their Nursing Department was completely dismantled.
The Business Case
Business Case: Costs of Problems in Retention and Recruitment

- Scarcity
- Cost of replacing nurses
- Negative association between nurse burnout and patient satisfaction
Nurse dissatisfaction is a major predictor of turnover.

- Turnover costs can represent >5% of a hospital’s annual operating budget (Waldman, et al. 2004)
- It costs up to 2x a nurse’s salary to replace one nurse (Atencio, Cohen, and Gorenberg 2003)
Demand for Nurses in 2008

- There are 116,000 vacancies for nurses in US hospitals. This is a national vacancy rate of 8.1%. (AHA 2007)
- Predictions of the shortage by 2020 range from 500,000 to more than 1 million nurses (Buerhaus, Potter, and Staiger, et al. 2008; US Bureau of Labor Statistics 2007)
Distribution of RN Workforce by Age Group, 1980 – 2008

National Supply and Demand Projections for FTE RNs, 2018 – 2025

The Business Case: Does Nursing Matter?

- Institutions must have nurses.
- There is competition for attracting nurses.
- Replacing nurses is costly.
- Unhappy nurses could cost hospitals patient ratings and market share.
The Healthcare Industry Has Relied on the Business Case

- Salaries increased.
- Flexibility in scheduling increased.
- The number of foreign-trained nurses increased.
- The financial crisis kept more nurses at work than projected, delaying the predicted crisis.
- Work conditions did not change.
Retention vs. Replacement

- **Retention Strategy**
  - Retention wages
  - Returns to education and experience
  - Firm internal labor markets
  - Internal job movement
  - Promotions into jobs that more fully utilize skills

- **Replacement Strategy**
  - Wage compression
  - More external job movement
  - Higher rates of upward authority moves to meet demand for supervisory personnel
Evidence of Replacement Personnel Strategy

- Few report career ladders or promotional opportunities
- Weak internal labor markets, with most job moves out of organizations
- High probability of direct and personal control, given high proportion of managers
- Low returns to education and experience
The Patient Safety Case
Patient Safety Case

- When nurses are overworked or understaffed
  - they make more mistakes
  - fail to meet quality standards
  - fail to rescue patients on the brink
Patient Safety Case: Do Nurses Matter?

- Nurses protect patients
- More errors happen when nurses are overworked

→ “Nursification of Error”
13 states currently address hospital nurse staffing in law / regulations: CA, CT, IL, MN, NV, NJ, NY, OH, OR, RI, TX, VT, and WA.

7 require staffing committees— CT, IL, NV, OH, OR, TX, WA.

CA is the only state with a minimum ratio to be maintained at all times by unit. MA passed a law specific to ICU requiring a 1:1 or 1:2 nurse to patient ratio depending on stability of the patient.

MN requires a CNO or designee develop a core staffing plan with input from others.

5 states require some form of disclosure and / or public reporting – IL, NJ, NY, RI, VT

Source: http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-StaffingPlansRatios
Patient Safety Case

- Won better staffing ratios for nurses in some states
- Has spurred greater research funding on nurses’ contributions to care and safety
- Has successfully spotlighted staffing ratios, but not other aspects of work environment
- Has made nurses more personally accountable despite “systems” rhetoric
The caring case didn’t work in the 1990s
Patient safety case won staffing ratios in California only and research funding
The business case led to higher salaries and greater importation of foreign nurses
But not to changes in the way nurses are treated in hospitals
The Professional Case
Cases for Nursing

- The caring case
- The business case
- The patient safety case

Why would nurses’ knowledge matter?
- ... if a nurse’s main contribution is compassion.
- ... if any nurse can fill a vacancy?
- ... if patient safety is about hours and numbers?
“It’s hard to document and to show what it is you do when you walk into a room and say hello to a patient. Anybody can walk into a room and say hello.

But nurses do something that’s different. Our patients are complete strangers, and they came to the emergency room because they believed they were having an emergency. Some of them are, and some of them aren’t. But [nurses] . . . can determine which is which.”
What do nurses do?

“We’ve really not been good about making people understand what’s going on. And part of it is that nurses, themselves, don’t know what they’re doing. You ask them what they were doing and they’ll say, ‘Oh, I was just checking on a patient.’

Just checking on a patient is an extremely complicated thing. . . . Because if you’re looking for response to illness, which is what nursing is doing, then those response are very subtle and very wide ranging.”
What do nurses do?

“...You’ve had the patient every night for five nights. . . The doctors don’t know boo about them. . . And how many times will an intern say, ‘What do you think we should do? You know them? What do you think? I’ll say, ‘Well, last time this happened, this is what we did. It didn’t work; so then we did this. Why don’t we do this?’”
Using More Professional Language

- Evaluate patients
- Monitor their condition
- Analyze their response to treatment
- Develop appropriate care plans
- Deliver necessary care
When nurses don’t define their role, others define it for them

What the residents say...
- In spring and summer 2006, we interviewed 20 medical and surgical residents about their work relationships.
Q: How well do they understand what you do? What do you need from them to do your job?

A: It is important to keep them in the know on why you’re treating, what you’re doing with a patient, why you’re doing it so that they can understand and learn as well.... [If] you have a very competent nurse who is very knowledgeable who is professional enough to understand the situation, she knows what I am doing and carrying out, that’s fine. Then again, on an average the nurses are like competent, but then you have those nurses who may not be up to the task . . . [and] will have to spend more time explaining what you are planning to do for the patient.
What do nurses know?

- “The more experienced nurses seem to understand better what we do so that they know when to call us for help... Sometimes the younger nurses don’t understand ... the illnesses quite as well that we are working to diagnose and treat.”
- “I don’t give them much information. They’re not making decisions about treatment or anything.”
"They kind of work independently, and ... some of them are very smart, and they know what they are doing. Some have no clue what they are doing, and they call you when they don’t need to call you, and they don’t call you when they need to call you."
“I want to explain to the nurse what’s happening to the patient and not just give orders and go…. Because if she understands what’s going on, there’s a better chance of the next time the patient develops something that she has some idea what might’ve been the case. And then she may not bother you. Also the fact that she might be able to help the patient more because she knows what’s going on….. All said and done they have education too, so they should not be treated like they don’t know what’s going on.”
Do nurses perform discreet, menial tasks
- That merely require following orders?
- That require little professional discretion or judgment?
- That can be performed equally well by any RN, regardless of years of experience, specialty, tenure in an organization, or academic degree?
Are nurses knowledge workers?

Does the work that nurses do depend upon

- A specialized body of knowledge, such that nurses with more education are better at the job?
- On experience, such that nurses who have been working in the field or in a particular specialty longer are better at the job?
- On specific information about patients and their families that a nurse must have time to collect, share, and analyze to be better at the job?
- On knowing how to work with other professionals and navigate a complex system, such that nurses with longer time in an organization or on a team are better at the job?
Defining Profession

- Power and market control
- Ethical character – “professionalism” and value of service to client
- Technical knowledge and expertise
Nurses have professional skills and knowledge.
Nurses are responsible for patient care and require control over practice commensurate with that level of responsibility.
Nurses make clinical assessments and do not merely conduct a series of menial tasks.
Less experienced and less educated nurses require greater support.
Nurses are critical to patient safety and care quality.
Supporting Professional Work

Work Environment
- Status in the hospital
- Philosophy of nursing
- Teamwork with doctors and others
- Autonomy and control over work
- Control over the practice environment (staffing, resources, etc.)
Role of the Profession and Universities

Effective nursing education should:
- Define nurses’ roles and worth -- for students and the field
- Impart distinct, specialized knowledge and skills
- Socialize professional behavior
- Prepare leaders who advance the profession
- Provide educational opportunities that are accessible and affordable
Nurses require a voice in organizational governance.

- Nurses must have meaningful input into hospital decisions affecting their jobs and patient care.
- Nurses must have protection to raise concerns about job quality and patient safety.
Nurses must have jobs that value their knowledge as demonstrated by:

- Opportunities and incentives to upgrade education and skill
- Rewards and recognition for education and experience
- Emphasis on the importance of nurses’ knowledge to patient care – professional empowerment and teamwork
- An emphasis on retention