Why Nursing Matters More Than Ever and Not Nearly as Much as It Should
15 Years of Research

- Case study of effects of hospital restructuring
- Intervention research on care coordination for knee replacement patients
- Case studies of nursing homes
- Interviews with residents
- Interviews with nurse managers
- Study of nurses’ career trajectories
- Study of the effects of nurses’ education on patient outcomes
- Study of unit-based patterns of teamwork
- Study of CNA education and teamwork at the VA
code green
Money-Driven Hospitals and the Dismantling of Nursing

Dana Beth Weinberg
with a foreword by Suzanne Gordon
Nursing Matters

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
In the wake of financial crisis, nurses ...  
- Saw cuts to staffing and support that undermined their professional model  
- Did not have “good” arguments for more resources and time  
- Were cast as impediments to restructuring

*The famous nursing department was dismantled.*
Restructuring → More Work

- Fewer RNs at the bedside
- Higher numbers of patients per nurse
- Increased responsibilities from cross-training, supervision of aides
- Less support staff and services
Restructuring → A Nurse is a Nurse

- Fewer educational resources and supports for clinical decision-making
- Less attention to the mentoring and orientation needs of new nurses
- Requiring nurses to take full patient loads outside of their areas of expertise
Restructuring → Worse Jobs

- Temporary work, work with fewer benefits, and/or mandatory overtime
- Sped up work and fewer breaks – conditions that breed medical errors, personal injury, and burnout
- Personal responsibility for patient care, but little or no control over practice environment
The “Fix”

- Systems Approach
- Interdisciplinary Teams
- Quality and Safety Measurement and Monitoring
The System
### University of Pennsylvania Model: Work by Aiken and Colleagues

#### Work Environment
- Status in the hospital
- Philosophy of nursing
- Teamwork with doctors
- Autonomy
- Control over the practice environment (staffing, resources, etc.)

#### Outcomes
- Less burnout
- More job satisfaction
- Greater patient safety
- Better retention

Restructuring negatively affected all of these work environment factors at Beth Israel Deaconess Medical Center... and elsewhere.
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.
Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1993 – 2013

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
Interdisciplinary Teams
Teams in Health Care

“All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice quality improvement approaches and informatics.” (IOM 2001)

1 of 5 core competencies – “Work in interdisciplinary teams -- cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable” (IOM 2003)
Visions of Teamwork

Egalitarian
Joint Decision-Making

Hierarchical
“I decide, you carry it out”
Rhetoric and Reality

Rhetoric
- Interdisciplinary teams
- Egalitarian, collaborative decision-making

Reality
- Shifting and inconsistent interaction
- Decision-making in the context of a rigid hierarchy
What Is a Team?

- Group with interdependent tasks
- Bounded group
- Stable membership over time
Hierarchical vs. Collaborative Teams
What the residents say about RNs...

“I don’t give them much information. They’re not making decisions about treatment or anything.”
“I write orders, and I expect the nurse to carry them out.”
“We make the decisions; they follow the orders essentially. But they do more than like just follow the orders.... They’re like the mothers [of the patients].”
What nurses say about CNAs...

“CNAs, that’s a different story. That’s where you see them wanting to come in, punch in, get their paycheck and go home. The least amount of work they can get away with doing – not all, but there’s a handful. If I really could weed them out.... I’m watching them because I just feel that’s right.”
What nurses say about CNAs...

“[CNAs are] the closest link to the patient, more so than we are.... They know right down to whether they’re in a good mood or bad mood that day.”
What nurses say about CNAs...

“There are many nurses here who think, ‘I’m the nurse, I don’t care what you have to say, you’re just a CNA, I don’t have to listen to you. You’re just a housekeeper, I don’t have to listen to you.’ That’s a big thing here.”
“Teamness” Depends on Position

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Quality of Interactions</th>
<th>Collaborative Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>3.18</td>
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<tr>
<td>Nurse Practitioners and Physician's Assistants</td>
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<td>3.05</td>
</tr>
<tr>
<td>Case Managers and Social Workers</td>
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<tr>
<td>RNs</td>
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<tr>
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</tr>
<tr>
<td>Clerks and Secretaries</td>
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</tr>
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</table>
Collaborative Capacity

- The likelihood that providers, no matter how brief their interdependent task or exchange, will collaborate as if they were members of a team, even in the absence of a formal team structure.

- Components: Interdependence, norms of working together, and collaborative decision-making
Engaging Workers and Supporting Effective Teams

- Material resources and staffing
- Support for communication and information-sharing
- Discretion and participation in decision-making
- Human resource management practices that develop, retain, and reward employees

Requires real investment in THE SYSTEM!
The experiences of teamwork differ by occupational group, but they are largely the same across hospitals.

<table>
<thead>
<tr>
<th></th>
<th>Interaction Quality</th>
<th>Interdependence</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Unit</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</table>
“It all depends. Some are very nice. Some are not very nice. Some are very smart and knowledgeable, and some are not.”

“Now that I have worked with them for a while, I guess I know who to trust and who not.”
“It depends on the academic level, I mean whether whatever information they give is it right or not.”

“Some of them are really good at this kind of picking up something that doesn’t look right or doesn’t smell right. Then some of them call you every five minutes; so you never trust them.”
“I feel like a babysitter sometimes, that I’ve got to say, ‘Did you do this?’ and it’s every day.”

“Getting your vital signs done. Thing that you want them to do…. It depends on the person, like anything; sometimes you just have to stay on top of people; sometimes you only have to tell people once.”
“My philosophy is if I get a new girl up here, I really try to keep my eye on them, and then after that, ... if I feel that they’re a good aide, I’ll give them report, and I try to build a good rapport with that particular staff member to guide them.”
Bad Apples and Horror Stories

- “... evening shift is bad. And the night shift is terrible, and they are really just kind of hostile, unpleasant people... They don’t tend to do their job, and they really create a lot of headaches.”
- “Nurses are very good in general. There’s just one floor in this hospital that’s notorious for having nurses that have no idea what they’re doing.”
“Of course, there’s always the good apples and the bad apples. There are some that are wonderful, that I know are RNs, and there are some that are LPNs or Patient Care Technicians.... They don’t seem to be highly educated people. I think most of them have an Associate’s degree or maybe a Bachelor’s degree. I don’t know what their qualifications are, but to me they don’t seem that they’re held to a very high standard.”
## Who’s on the Team?

<table>
<thead>
<tr>
<th>Health Profession</th>
<th>Minimum Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Doctorate + internship and residency</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Master’s</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>Master’s</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>Master's/doctorate</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>Master's</td>
</tr>
<tr>
<td>Speech Language Pathologists</td>
<td>Master's</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Master’s</td>
</tr>
<tr>
<td>RNs</td>
<td>2 year associate degree</td>
</tr>
<tr>
<td>LPNs</td>
<td>One-year training program</td>
</tr>
<tr>
<td>aides</td>
<td>75 hours of training</td>
</tr>
<tr>
<td>office clerks</td>
<td>High school</td>
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Nurses’ Status in the Hierarchy

- Nurses remain the largest and least educated group of licensed health care professionals in this country.
- HRSA reported in 2013 that 55% of the RN workforce had a BSN or higher.
- 2010 IOM report called for 80% BSN by 2020.
Quality Measurement
When nurses are overworked or understaffed...

- they make more mistakes
- fail to meet quality standards
- fail to rescue patients on the brink
- A skill mix with more BSN RNs yields better patient outcomes
Based on evidence, several states are considering changing the requirements for nursing practice.

BUT we don’t know why nurses’ education makes a difference for patient outcomes.
Competing Explanations

- Nurses’ education affects practice
- “Individuals who complete a bachelor’s receive more training in areas such as communication, leadership, and critical thinking, all of which are becoming more important as nursing care becomes more complex.” (Bureau of Labor Statistics 2007, emphasis added)
Nurses’ education does not really matter for practice. Results are a matter of selection bias.

- More educated nurses work in more selective institutions, which also provide better care.
- Different types of people go into the different programs, but the programs themselves do not make a difference.
Hypotheses Relating Education to Outcomes

- BSN nurses are more empowered.
- BSN nurses are better team members.
- Hospitals that hire greater proportions of BSN nurses also provide greater support for patient care.
## RN Empowerment

<table>
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<tr>
<th>Variable</th>
<th>Estimate</th>
<th>Error</th>
<th>p-value</th>
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<td>0.49</td>
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<tr>
<td>MA</td>
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<td>0.13</td>
<td>0.01</td>
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<tr>
<td>Role Years</td>
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<td>0.004</td>
<td>&lt;.0001</td>
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<tr>
<td>20-40% BSN</td>
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<td>0.1</td>
<td>0.34</td>
</tr>
<tr>
<td>+% BSN Unit</td>
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<td>0.1</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>Estimate</td>
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<td>--------------------------------</td>
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<tr>
<td>Intercept</td>
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<tr>
<td>Bachelor’s degree</td>
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</tr>
<tr>
<td>MA</td>
<td>0.31</td>
<td>0.05</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Role years</td>
<td>0.005</td>
<td>0.002</td>
<td>0.029</td>
</tr>
<tr>
<td>20-40 % BSN Unit</td>
<td>-0.09</td>
<td>0.05</td>
<td>0.080</td>
</tr>
<tr>
<td>40+% BSN Unit</td>
<td>-0.20</td>
<td>0.05</td>
<td>0.0007</td>
</tr>
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</table>
Work Environment

- Nurses working in institutions with 40% BSN report better human resource management practices and more involvement in decision-making.
- Non-nurses with increasing proportions of BSN nurses report more involvement in decision-making, a greater emphasis on patient-centered care, and better support for communication.
Summary: Does BSN Education Matter?

- Nurses with BSNs did not report greater empowerment or teamwork.
- Working on a unit with higher proportions of BSN nurses (up to 60%) did not improve empowerment or teamwork from the nurses’ perspective.
- Units with higher proportions of BSN nurses did not have better teamwork from the perspective of non-nurse providers or patients.
None of the units had more than 60% BSN

The MA made a difference in empowerment and perceived teamwork for individual staff nurses
  - Maybe the MA is what makes the difference
  - Note: experience did not improve teamwork to the same degree

More supportive work environments confound the effects of BSN or higher education.
Units with higher proportions of BSN nurses had more supportive work environments for nurses and non-nurses.

These are the same conditions that support more egalitarian collaboration and teamwork.
No Difference from the BSN

- “I think for a profession it would probably behoove us to all be bachelor degreed. Yet functionally I’m not sure if it’s necessary” (P3).
- “[BSN graduates] have more theory and so forth. . . . I'm sure the more education the better. But, from what I've seen, a two year RN is just as good, does just as well as a four year RN.” (P24).
- “They have to impress me and education is important, but the more important thing to me is the passion. I don’t think it’s something that’s consistent with how you’re prepared. It’s more of what you’re made of…”(P27).
Hiring Preferences of Nurse Managers

- “I look for a **personality** that will fit into our unit as far as the teamwork that's required, and I look for a **positive attitude**. A lot can be learned, you know. ... But if they don't have that positive **personality** and **attitude**, it tends to be a struggle and it tends to be poison for the unit” (P4A).
- “I’m not so much hiring for clinical skill as I am for that friendly **compassionate** person who really has the desire to be a nurse” (P2A).
- “**Attitude**...We can teach if they’re willing to learn. They have to come with a positive **attitude** and they have to care. They have to **care** and be **compassionate**” (P20).
Nurse Labor Market

- ... emphasizes caring and compassion in new hires
- ... places little economic value on professional training or experience
- ... does little to recruit or retain the most skilled and experience nurses
Nurses in the same setting have similar experiences, regardless of having a BSN. The observed relationship between BSN and patient outcomes is likely due to uncontrolled differences in hospitals. What about the contributions of other team members?
“Nursification of Error”

- Care quality is measured with nursing sensitive indicators.
- Collaborative teamwork produces better patient outcomes.
- Support for RNs and for teams takes investment. $$$

- But there are other members of the team.
- But most healthcare teams are hierarchical.
- But there is little difference in the investments hospitals make overall.
Nurses are the largest group of licensed healthcare providers and provide services across healthcare settings.

Restructuring has required nurses to do more with less.

Patient care quality and safety research demonstrates the need for more nurses with more education and more control over their work.

Teams have been a solution to various crises in healthcare.
Interdisciplinary teams hold potential to improve practice and care, but tend to be more hierarchical than egalitarian.

Nurses’ lower level of education hinders their being equal members of teams.

Quality indicators are “nursing” rather than “team” sensitive.

Persistent limited resources and investment hinders both teamwork and individual practice.
Summary

- Individuals have mixed experiences with teamwork. “It depends.”
- Negative experiences color future interactions.
- Claims to influence based on education and credentials reinforce the current hierarchy and could backfire for nurses.
- Supportive organizational contexts and emphasis on patient-centered care promote greater influence in decision-making for all types of care providers.
What You Can Do

- Join a union
- Remember you’re part of a system
- Don’t “eat our young”
- Don’t “haze the residents”
What You Can Do

- Focus on patient-centered care and collaboration with other care providers, not just influence with doctors.
- Advocate for the support you need to do your job well and to have time to collaborate.
- Remember that the metrics are based on system and not individual performance.