Major Issues in Professional Nursing

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Nursing is a multifaceted profession that faces many issues at practically every level; administrative, clinical, and educational. Many of nursing’s issue are directly related to the continuously evolving healthcare system, the aging workforce, the increasing diversity of the patient population and the increasing complex needs of patients and how to meet these demands. There will soon be an astounding influx of new graduate nurses entering the workforce. Therefore, it is imperative that these nurses are well prepared to effectively meet these needs. The IOM recommends implementation of nurse residency programs to ensure the nurses’ seamless transition into the clinical practice setting (IOM 2010). This addresses two major issues that nursing is facing today, which are nurse retention in the workforce and the nursing shortage. High nurse turnover is directly related to lack of staff support and clinical preparation, a negative work environment, and nurse burnout. In addition to nurse retention and the nursing shortage, mandated staffing ratios and whether or not it improves nurse and patient outcomes, ensures nurse retention and improves job satisfaction, is another issue the profession of nursing presently faces. Many healthcare organizations strive to achieve quality patient care and positive patient outcomes, but in order to meet these goals, these issues must be addressed and corrective measures put in place. This paper will discuss these issue in depth, identify their significance in nursing today and their impact in the future of nursing.

Firstly, new graduate nurses are estimated to make up almost half of the acute care hospital workforce due to more and more nurses reaching retirement between now and 2020. Implementation of nurse residency programs are essential for new graduate nurses to develop the skills necessary to be confident and competent providers. Nurse residency programs are beneficial to nursing in that it helps to resolve issues such as the nursing shortage and nurse retention, and creates a workforce that is prepared to work in a technologically advanced environment and provide quality care to the acutely ill. A nurse residency is a 12-month program that few hospitals have in place to give new graduate nurses comprehensive training, coaching and the resources necessary to ensure a smooth transition into the acute care area. “Nurse residency programs are designed and intended to increase retention and decrease turnover by providing the new graduate with the tools and resources for success in the practice setting, thus increasing the retention rate of this valuable supply of nurses.” (Welding, 2011) Hospitals with nurse residency programs have been shown to increase nurse retention and nurse satisfaction. “Nurse residency programs allow the development of supportive environments to ‘grow our own’ nurses and address the nursing shortage before it reaches critical levels.” (Lindsey & Kleiner, 2005)

Many hospitals do not offer residency programs because it is expensive and they do not have the resources and money in the budget for it. “Unlike the physician, pharmacy, and pastoral residency programs, which receive pass-through dollars from the Centers for Medicare and Medicaid Services (CMS), the costs for a nurse residency program are borne solely by the hospital.” (Goode, et al, 2009) Although nurse residency programs are expensive, the expected benefits are greater than the cost. The IOM report included several suggestions to State boards and accrediting bodies to support and advocate for the implementation of nurse residency programs; and to the U.S. Department of Health and Human Services and health care organizations, to redirect funds from diploma nursing programs to fund nurse residency programs. In order for nurse residency programs to receive pass-through dollars from CMS, they must be nationally accredited and the program must be deemed a requirement for employment. According to Goode et al., as of 2009, a hospital and its partner school of nursing are able to apply to have their residency program accredited and therefore be eligible to receive CMS funding.

Secondly, the nursing shortage has been an issue that has plagued nursing since World War II. It was during this time that Associate degree nursing programs were introduced and the importing of foreign nurses began as a resolution to the nursing shortage. The nursing shortage is expected to worsen in the near future, with an estimated shortage of one million nurses by the year 2020 if its not addressed aggressively. “The nursing shortage is predicted to exist in every state in the nation by 2020, at which point, the demand for nurses will exceed the supply by an estimated 29% to 36%.” (Zinn et al, 2012) The demand for nurses will exceed the supply as the U.S. population and the average age of the population continues to grow, especially with the increasing health care demands of the Baby Boom generation and the number of experienced nurses expected to retire. Other factors also contributing to the nursing shortage are difficult and negative work environments, nurse burnout and dissatisfaction.

In an effort to reduce the nursing shortage, the IOM recommended the implementation of nurse residency programs for new graduate nurses since they will make up about 50% of the nursing workforce and will need the resources necessary to thrive in their work environment. “New graduate nurses often lack the skills to transition quickly to providing care at the bedside, and as a result, they are more likely to resign than are newly hired but experienced nurses; 75% of new graduate nurses are likely to resign within their first year.” (Welding, 2011) Hospitals must develop measures to attract and retain nurses, ensure a positive environment and address the internal issues that contribute to turnover.

Thirdly, there has been an ongoing debate for over a decade about whether staffing ratios should be mandated and regulated by legislation. Inadequate staffing has also been linked adverse patient outcomes such as complications and mortality, and high nurse turnover due to burnout and job dissatisfaction. On one hand, some research suggests that there is no concrete evidence that proves the effectiveness of mandated staffing ratios on improved patient outcomes. There are also concerns that mandated ratios don’t allow flexibility and limits and organizations ability to adjust staffing to meet staffing needs. Many organizations feel that certain factors unique to each organization, such as hospital size and location (rural vs. urban) plays a part in determining what the nurse patient ratio should be for that hospital and the various units and specialty areas within.

On the other hand, other research has shown evidence of a direct relationship between the number of patients a nurse has and its effect on patient outcomes as well as nurse burnout and job satisfaction. In a study by Aiken et al., they indicated that the final adjusted odds ratios (ORs) indicated that an increase of 1 patient per nurse to hospital’s level increased burnout and job dissatisfaction by factors of 23% and 15%, respectively”, and that “the odds of patient mortality increased by 7% for every additional patient in the average nurse’s workload in the hospital.” The ANA lobbied for the RN Safe Staffing Act, where hospitals are accountable for determining the appropriate number of nurses on each shift for each unit support based on patient needs. They do however agree that staffing ratios should be required by legislation but that the actual number of patient to nurse should be set by the by the nursing unit amongst the nurses.

As the profession of nursing strive to address the issues that presone day in the near future, nurse residency programs and staffing ratios will be mandated and we will begin to see an improvement in the nursing workforce, how nursing care is provided, and in patient outcomes. The goal for the future is that all hospitals have nurse residency programs.

References

Rajecki, R. January 2009 *Mandatory Staffing Ratios: Boon or Bane?* RN vol 72 (01) 22-25

Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health.* Washington, DC: National Academies Press; October 2010

Zinn, J.L., Gugliemi, C.L., Davis, P.P., and Moses, C. December 2012 *Addressing the Nursing Shortage: The Need for Nurse Residency Programs.* AORN Journal Vol 96 (6) 652-657

Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J., and Silber, J.H. October 2002 *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction.* JAMA vol 288 (16) 1987-1993

Goode, C.J., Lynn, M.R., Krsek, C., and Bednash, G.D. May-June 2009 *Nurse Residency Programs: An Essential Requirement for Nursing.* Nursing Economics$ vol. 27 (3) 142-147

Lindsey, G. & Kleiner, B. (2005) Nurse residency program: an effective tool for recruitment and retention. Journal of Health Care Finance. 31 (3) 2-32

Welding, N. (2011) Creating a nursing residency: decrease turnover and increase clinical competence. MEDSURG Nursing. 20 (1) 37-40