NurseGrid

America's Nurses: Empowering a Silent Majority of Clinicians to Transform Healthcare

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~ Theresa Brown, RN

EXECUTIVE SUMMARY

There are 3.1 million registered nurses practicing in the U.S.—three times the number of professionally active physicians.[1] Charged with improving patient experiences and health outcomes while complying with evidence-based standards of care and controlling facility costs, nurses occupy a unique vantage point. Their close proximity to the patient, along with their rank as the most trusted profession in public opinion polls, make them well positioned to help facilities both adapt to the massive change afoot and shape the future of U.S. healthcare.[2]

In 2010, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) released their landmark report, "The Future of Nursing: Leading Change, Advancing Health," acknowledging the collaborative impact nurses can and should have as partners with physicians and other healthcare professionals in transforming the country's healthcare system.

Still, in a healthcare climate seeking solutions and leadership, nurses—the largest cohort of bedside clinicians—are rarely involved in management or policy decisions to improve patient care. This lack of engagement has downstream consequences that affect patient outcomes, readmission rates and nursing staff turnover—the latter costing the average hospital between $5.2 - $8.1 million annually.[3]

In a presentation to nursing students at Princeton, clinical nurse and author, Theresa Brown, RN, weighed in, "Yes, it is lovely and flattering to be trusted, but if we're so trustworthy, why does nobody listen to us? Many patients feel that it's really the nurses that truly understand what's going on. But it's said in a whisper. Why a whisper? We can't give a voice to this?"[4]

In Brown's opinion, the barriers come down to institutional and individual gridlock. Overcoming these roadblocks and elevating nurse leaders beyond a whisper requires a continued focus on what nurses are capable of as well as proactive efforts to solicit their opinions and ideas—an undertaking that provides the foundation for this white paper.

WHY NOW?

The U.S. healthcare system has long been a moving target, subject to shifting demographics and federal agendas. Yet never before have so many market forces coalesced to compel everyone with a stake—patients, clinicians, administrators, innovators and policymakers—to reevaluate and attempt to redesign the healthcare experience.

Changing patient demographics and expectations

Consumers are now on the front lines of care, both as patients and patrons more involved in diagnoses and decision-making. Two-thirds of nurses who responded to a recent NurseGrid survey cited patient expectations as the biggest challenge facing the field of nursing today.[5]

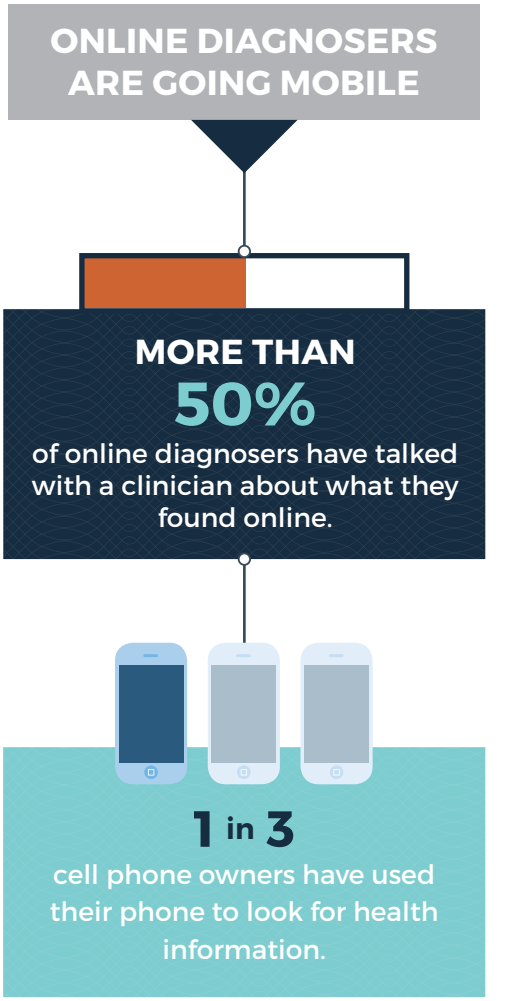
"Now we have Dr. Google," explains Joan Hascall, an RN at Legacy Emanuel Hospital in Portland, Oregon. In Hascall's 38-year tenure, she's witnessed significant changes when it comes to patient expectations. "Patients come in to the hospital more educated on some things, which is great. But the flip side is that they expect you to agree with what they've read, which in many cases may be inaccurate. People are less patient and want answers now, because they're used to that with the Internet. It feels like patients used to have more respect for healthcare professionals."

Patient volumes and demographics are changing too. The number of people in the U.S. over the age of 65 is expected to reach roughly 70 million by 2030, or one-fifth of the population.[6] Thanks to advances in medicine, many of these older adults will live longer than previous generations did and with multiple chronic and complex conditions. The result: a trend many in this country are calling the nation's next healthcare crisis.

Dr. Joane Moceri, PhD, MN, BSN and Dean of Nursing at the University of Portland, says, "Caring for the whole person is harder now. What used to be a diabetic patient may now be a diabetic patient with heart failure, an addiction and chronic back pain. Nurses have to put this puzzle together, making knowledge work increasingly important in the field."

Balancing supply and demand

Despite the increasing demand for nurses, they may soon be in short supply. That's partly because a significant number of them are either approaching retirement age or have delayed retirement. Debate about how the numbers will shake out is ongoing, with the



U.S. Health Resources and Services Division forecasting a surplus of nurses by 2025, while researchers at Georgetown University predict a shortfall of nearly 200,000 by 2020.[7]

There is little dispute around the impending experience deficit however. "While supply outpaces demand in many areas, it doesn't account for the loss of knowledge that will occur when nearly one million nurses who entered the profession in the mid-1970s and early-1980s retire," explains Peter McMenamin, PhD, senior policy advisor and health economist at the American Nurses Association.[8]

"Nurses will be critical in embedding advanced analytics into the decision-making process and the workflow continuum."

~ Dr. Steve Miff,
President & CEO, PCCI

As this older cohort of nurses prepares to retire, a new generation of millennial nurses is stepping in with a different flavor of education, technology dependence and expectations—all of which are bound to take patient care in a new direction.

The number of nursing educators is also dwindling. According to a survey by the American Association of Colleges of Nursing (AACN), nursing schools turned away 68,938 qualified applicants from baccalaureate and graduate nursing programs in 2014.[9] The same study found that the average age range of professors teaching in baccalaureate and graduate programs is 57 to 61 years, which means that the dearth of educators will continue to expand as current faculty near retirement age.

Nurse leader and Director of Academic Partnerships at WellStar Health System in Atlanta, Georgia, Dr. Stephan Davis, DNP, MHSA, NEA-BC, CPHQ, FACHE, says his organization feels the squeeze. "On the one hand, we need to meet the demand for nurses and there's tremendous pressure to help develop them," he says. "But, now there's a challenge in meeting the quality and rigor standards needed with a faculty shortage."

Adapting to new care delivery and payment models

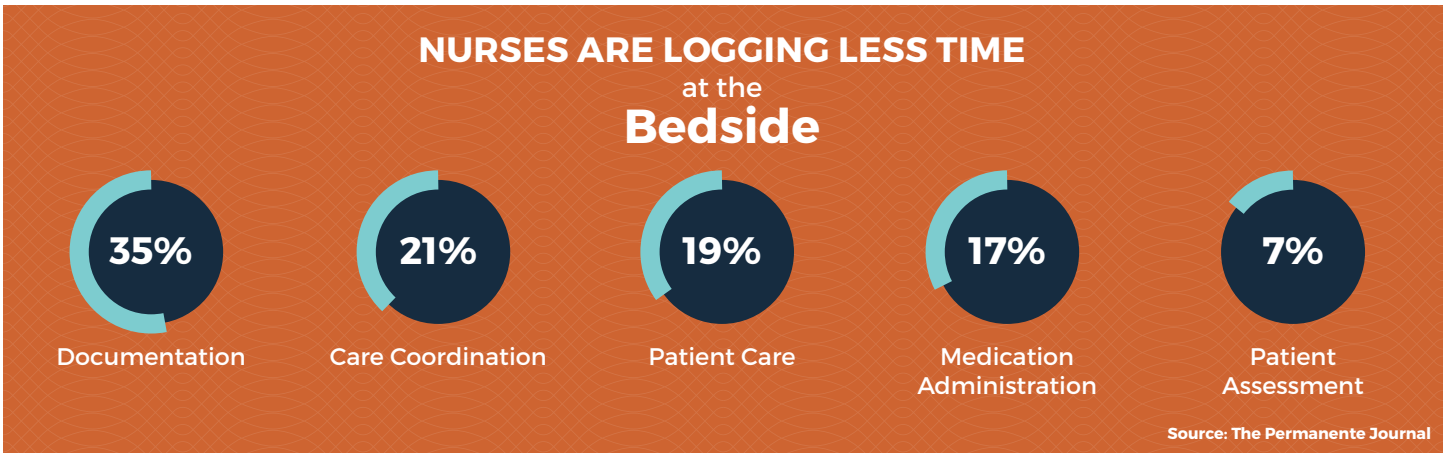
Healthcare reform has shifted the focus from fee-for-service incentives to alternative payment models and care delivery systems tied to patient satisfaction, quality of care and cost control. Accountable care organizations, patient-centered medical homes and bundled payments, for example, present challenges and opportunities for nurses. On the one hand, because nurses are well positioned to see the patient as a whole person versus a system of body parts, they can contribute significant value in this new environment. At the same time, this puts more pressure on them to deliver, despite already being stretched thin.

The impact of technology

Technology is already impacting nurses in significant ways, from how computer simulators are advancing their learning to new tools that allow them to communicate with each other, physicians and patients. The downside is that nurses may be logging less time at the bedside; some studies suggest they're spending one-third of their time interacting with technology instead of patients.[10]

Still, while further advances will require nurses to become even more tech-savvy, they will also yield more opportunity for them to contribute. The emergence of informatics dovetails with the push for more patient-centered care, which will provide nurses with more access to evidence-based data at the point of care, for example.

Dr. Steve Miff, PhD, President and CEO of PCCI, a non-profit cognitive computing and advanced analytics organization in Dallas, Texas, predicts, "As care is becoming more digitized and data- and analytics-driven, it's pulling clinicians away from patients. Nurses will be critical in embedding advanced analytics into the decision-making process and the workflow continuum, and in coordinating teams of providers to deliver personalized, precision medicine."



WHY NURSES?

Throughout history, nurses have had an impact on many elements of healthcare that benefit everyone today—from mental and public health to women's reproductive health and hospice care. As pioneers on the front lines of care during acute periods in the nation's history, they identified gaps; overcame obstacles to galvanize support for change; and paved the way for better patient care.

Healthcare again desperately needs leaders who can see the bigger picture, think on their feet, help facilities adapt, and drive change. Nurses are well positioned to take the reins and make an impact.

Dr. Miff echoes this sentiment:

"Nurses are one of the true catalysts to make healthcare more about health in this country. They think about the clinical implications of treatment as well as the operational implications relative to the workflow associated with treating an individual. They think down the road about the transition necessary for a patient to have longitudinal success and are increasingly focused on the social determinants of health that are such a key part of a patient's recovery."

Nurses are the common denominator engaged in all aspects of population health and healthcare, sitting at the junction of a facility's profitability and patient experience. They understand care delivery and the costs associated with it.

Kati Kleber, BSN, RN, CCRN, author and FreshRN blogger, says it's vital that those making decisions, both clinical and operational, understand the downstream implications. "All they have to do," she says, "is ask a nurse."

So, the question remains:

What will it take to help nurses become the leaders that our increasingly complex healthcare system so acutely needs?

1. Education
2. Mentorship & Professional Development
3. Communication & Mutual Respect
4. Innovation
5. Economics

1. Education

Among its ambitious goals, the 2010 IOM/RWJF report recommended that the ratio of baccalaureate-educated (BSN) nurses increase from fifty to eighty percent by 2020, and that the number of nurses with doctorates double by then as well. While the latter goal has been achieved, more progress needs to be made on the BSN front. RN-to-BSN programs have grown substantially, along with the number of nurses pursuing these degrees, but the percentage of BSN-prepared nurses in practice sits just above fifty percent. To foster support for the initiative, the American Nurses Credentialing Center is now requiring Magnet applicants to document their progress toward achieving an 80% BSN-prepared nursing staff at their hospitals, prompting an increase in the number of hospitals that require nursing applicants to have BSNs.

"A Bachelor's-prepared nurse is a nurse leader," says Dr. Moceri. "We need to help students wrap their heads around this concept. At this level of educational preparation, they will be called upon to lead, so we need to make sure they're ready."

Raising the bar to entry for nursing may also help galvanize the field, according to Dr. Davis. "The various educational pathways to becoming a nurse create an acculturation problem and prevent nurses from having a unified voice," he says. "More consistency around these pathways would create a common voice around what the practice should be."

Davis also advocates having more Master's entry programs. "They would help convince those on the fence right now who are reluctant to repeat their Bachelor's studies," he says. "This is a group that brings tremendous expertise and a higher level of education, maturity and life experience to the field. They'll speak up, move into leadership roles and impact critical areas of nursing."

Mark Brown, MSN, RN, CEN, doctoral student at the Johns Hopkins School of Nursing and the Chief Nursing Officer at

Seton Medical Center, agrees with Davis. “As a whole, we are the least educated of all our medical colleagues,” Brown explains. “The fact that we still allow nurses to enter the profession with an Associate’s degree when the rest of our colleagues are Bachelor’s, Master’s or Doctoral-prepared puts us on unequal footing from the onset.”

Mandating higher levels of education is one thing; curriculum is another issue. Brown believes change management should be integrated into undergraduate curriculum. “Seventy-five to eighty percent of all the staff in a hospital is in nursing,” he says. “Any time you want to change something, you need to change nursing—and nurses need to be involved in that change. By learning about change management in school, students will understand how to affect change in their departments when they become staff nurses or move up to charge nurses. More importantly, it would help them understand why those above them are making the changes that impact their workflow.”

Dr. Moceri says that at the University of Portland students are introduced to nursing as a leadership and thinking profession—one that stresses their roles as advocates managing the dichotomy of cost cutting, safety and quality care based on evidence-based practice. Still, she says, “As a field, we haven’t taught our students the value of nursing and that it extends beyond just the care that’s administered. Our knowledge needs to be valued in a better way, and we haven’t been able to consolidate this power in a manner that’s truly difference making yet.”

2. Mentorship & Professional Development

Despite the benefits that may come with higher levels of nursing education, some argue that nurses entering the profession now are less prepared clinically. Kati Kleber graduated with a Bachelor’s degree in 2010 and started working in a cardiac step-down unit. “There’s more theory taught in school now,” she says. “When you graduate with a Bachelor’s degree, you have less clinical experience now than a nurse had with a diploma thirty years ago.” Kleber attributes her survival as a new nurse to a residency program.

“I’d learned about the theory of time management in school and passed all my exams, but I’d never had six patients who all needed attention simultaneously,” says Kleber. “It was overwhelming.”

Kleber’s experience isn’t unique. Despite preceptor and orientation programs, many nurses say they didn’t feel well prepared when they started their first jobs. In a recent NurseGrid survey, more than two-thirds of respondents said they only felt somewhat prepared as new nurses and nearly half of them said stronger mentorship would have helped them.

Angela McBride, PhD, RN, FAAN, and chair of the National Advisory Committee of the RWJF Nurse Faculty Scholars (NFS) program, says, “You need formal education to read the lines, and you need socialization experiences to read between the lines. Mentoring is one of those socialization experiences.”[11] It’s also crucial in helping young nurses cope with burnout—the biggest challenge facing the field of nursing, according to the NurseGrid survey.

Mentoring should surface professional development opportunities as well. “Nurses are often ignored when they come to the floor,” says Mark Brown. “We expect them to do things on their own and then we have a tendency to let them stagnate in their jobs. We expect that after five years they’re experts, when they still may be novices because we haven’t done anything to nurture and help them grow as a nurse.” Kleber agrees, stressing that new nurses need guidance to understand what their options are and how best to apply their strengths.

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Ideally, mentorship and professional development should intersect to create opportunities for nurses who want to move beyond the bedside to the boardroom as well.

3. Communication & Mutual Respect

Most nurses are drawn to the field because of their passion to care for others, promising to adhere to a code of ethics formally known as the “Nightingale Pledge.” Among the modern-day version of the vow’s tenants is a promise to “co-operate faithfully with the other members of the nursing team and to carryout [sic] faithfully and to the best of my ability the instructions of the physician or the nurse who may be assigned to supervise my work.”[12]

And, yet, there’s a well-documented bullying culture within nursing—one that pits nurse against nurse. It inhibits constructive communication, threatens patient safety and ultimately affects how the industry views nurses as leaders.

Courtney Hamer, BSN and RN at Providence Health Systems, says that while she hasn’t experienced the issue herself, she can see how intentions may be misinterpreted, especially in high-stress situations. “As new nurses, we’re excited to put our education to work,” Hamer says. “We’re curious and

enthusiastic, and we want to get to the bottom of what's ailing a patient. Sometimes the more tenured nurses interpret that as us thinking we know more than they do, when it's really just coming from our yearning to learn and heal."

Quelling the tension isn't easy. It requires that nurses embody and display soft skills that are difficult to teach: communication, teamwork, empathy and respect, for example. They are traits that can be modeled by nurses at every level of tenure. Joan Hascall explains, "As the charge nurse, I watch the younger nurses to see how they react in all kinds of situations. I might encourage them to pull up a chair and sit down to talk to the mom of a young child. When they do that and see how their interaction with a patient and family improves, they embed it in their practice. Having these kinds of informal cues from an experienced nurse helps. The newer nurses will tell me they liked how I handled something and reach out to me because they want to have the same positive experience." Not only does this kind of mentorship benefit the patient, it fosters better communication and mutual respect between nurses.

While modeling positive behavior is one way to discourage bullying, having the courage to speak up and question the norms is also important. Nurses like Kati Kleber are doing just that. Troubled by the lack of communication she experienced as a new nurse, she started blogging about the unspoken essentials she felt were getting lost in translation. "There's a lot you don't know as a new nurse," explains Kleber. "But, you're too afraid to ask simple questions—how to give and receive report or how to call a surgeon in the middle of the night, for example. You don't want to be judged or shamed for not knowing."

Further, education can also play a vital role in improving the culture of nursing. Mark Brown is optimistic about the field's future, "The way we present ourselves is how people perceive us," he says. "Education will help us take ourselves seriously as a profession, and then people will start looking at us differently."

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~ Dr. Steve Miff,
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4. Innovation

The transition to value-based care will continue to pull nurses in more directions, forcing them to think beyond hospital walls. Through innovation, nursing will make and save money, says Nancy Albert, Chief Nursing Officer for Research and Innovation at the Cleveland Clinic.[13] To ensure their success, nurses need to be more involved in the problem solving, measurements and idea generation that will directly impact their workflow.

"For us to reimagine the way we do healthcare or even health, we need nurses at the table," says Dr. Steve Miff. "They see the bigger picture, and we need to tap into their expertise, vision and creativity."

The Cleveland Clinic is a prime example, fostering a culture of innovation that nurtures and recognizes nurses for novel ideas. This includes a dedicated team that fosters a five-step model for innovation development; one-on-one mentoring; ideation and prototyping workgroup sessions; among other initiatives. In just three years, these efforts culminated in submissions for more than 75 nursing innovations.

For many nurses, this kind of environment isn't foreign territory. They're already applying their ingenuity outside the facility, contributing to scientific research, innovating mobile technology, shaping healthcare policy, and conducting public outreach through channels such as TED talks. And, as Joan Hascall, RN, explains, providing exemplary patient care often requires coming up with workarounds too. The everyday practice of nursing calls upon nurses to think creatively.

5. Economics

Before health became institutionalized, nurses were entrepreneurs, administering care and charging for their services. According to Dr. John Welton, professor and senior scientist at the College of Nursing at the University of Colorado, nurses' roles changed when they became hospital employees in the mid-1950s and hospitals started billing for their care as hotels would for room and board. "Nurses are invisible in the healthcare financial system and essentially have no economic value because we don't pay for nursing outright like it was once done," Welton says.[14]

Dr. Moceri at the University of Portland has had similar thoughts. "Physicians' groups help hospitals make money," she comments. "Nurses are viewed as an expense, yet they help hospitals cut costs. When you're an expense versus a profit center, it's disempowering."

As value-based care gains traction, researchers like Welton are driving more attention toward the importance of measuring the value of nursing care. Their work has already resulted in a value data model that may be able to provide real-time information about nursing care quality, performance, effectiveness and outcomes of care. According to an article in *Nursing Economics*, this data will help distinguish what nurses do differently than other healthcare professionals, provide insight into how that adds value and, ultimately, open new research opportunities and potentially allow new discoveries about nursing care in the future.[15]

HANDING OVER THE BULLHORN

In the haze of today's healthcare system, nurses are beacons of clarity—carrying on the important work of their predecessors such as Florence Nightingale and Clara Barton. The 2010 IOM/RWJF report foretold the role nurses should play in shaping a healthier future for the country. While monumental at its release, the report also served as a wake-up call to illuminate the contributions nurses have been already been making, albeit without recognition in many cases.

For decades, nurses have been putting the patient at the center of care, both in facilities and in the community; mentoring each other; watch-dogging costs; and innovating to ensure the best possible outcomes all around. At the same time, there's been an unspoken recognition by patients that if they really need assistance—a medication explained, their charts updated or attention from their physician, for example—they'll ask a nurse. "If someone is really sick, there will be consultants from neurology, cardiology, radiology, and more," says John Paris, a bioethicist at Boston College. "But there's no captain on the ship. Everyone gives their two cents. The nurse is the only one with any continuity."[16]

It's up to everyone with a stake in the future of healthcare in this country, from policy makers and technologists to facility executives and nurses themselves, to shine a spotlight on the value of nurses, and create more opportunities for them to lead and project their collective voice.

ABOUT THE CONTRIBUTORS

Mark Brown, MSN, RN, CEN

Doctoral student at the Johns Hopkins School of Nursing and the Chief Nursing Officer at Seton Medical Center in Daly City, California

Dr. Stephan Davis, DNP, MHSA, NEA-BC, CPHQ, FACH

Nurse leader and Director of Academic Partnerships at WellStar Health System in Atlanta, Georgia

Joan Hascall, RN

Legacy Emanuel Hospital in Portland, Oregon

Courtney Hamer, BSN, RN

Providence Health Systems in Portland, Oregon

Kati Kleber, BSN, RN, CCRN

Author and FreshRN blogger

Dr. Steve Miff, PhD

President and CEO of PCCI, in Dallas, Texas

Dr. Joane Moceri, PhD, MN, BSN

Dean of Nursing at the University of Portland, focusing on increasing diversity and inclusivity, building leadership capacity for students, faculty and staff, and creating a space for innovation in the development of new programs and curriculum

Endnotes

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About NurseGrid

NurseGrid is a healthcare technology company founded by a team of nurses and healthcare professionals, dedicated to providing modern solutions to existing inefficiencies within hospitals and healthcare systems. The company has launched one of the most successfully adopted mobile apps for nurses on the market, with more than 325,000 downloads and a 5-star App store rating.

NurseGrid also has a web platform for nurse managers, which is used in facilities across the country. For more information, visit **www.NurseGrid.com.**