Workforce/Workplace Issues: Strategies for Success

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Outline

- Nursing workforces: Supply and demand issues
- Some North American context
- Top workplace/workforce issues
- Strategies for coping with these issues (with some discussion of specialty care)

Workforce Issues

- Nurse practice settings are where multiple factors influencing the nurse workforce converge:
  - Personal career choices
  - Management decisions
  - Societal trends
  - Health system trends

Forces Influencing Supply of Nurses

- Output of prelicensure and specialty education programs
- Hours worked by practicing nurses
- Temporary and permanent departures from practice
- Reentry to practice
- Nurse migration
Nurse Migration

- Complex debate involving needs in countries of origin, destination country needs, individual freedoms and choices, and benefits of international exchange of ideas
- "Push" and "pull" factors are critical in analyzing the policy issues
- Nurse labor is typically local: migration is expensive for all stakeholders and not sustainable as a lone workforce strategy

Forces Influencing Demand for Nurses

- Sizes of populations to be served
- Population health needs and types of services allocated to deal with those needs
- Models of care and the place of nurses within them

Realities

- Supply and demand for nurses can play out very differently across:
  - Countries
  - Regions
  - Settings
  - Specialties
  - Roles
  - Settings within the same city or region, or even in the same hospital
  - Over time
- KNOW YOUR CONTEXT[S]!
- Goal for practice settings: A nurse workforce equipped to meet patient needs in a suitable and cost-effective model of care

Background: Shortage

Nurse shortages not new
Date back to last century—cyclical pattern:
- Nursing one of sole careers for women
- Nursing schools operate at capacity
- Supply kept pace with demand
- Some loss of labor force to marriage/child-rearing with compensation from new graduates
- Interest in nursing would dry up when job market declined during economic downturns/slowdowns, rebound several years later
Profiles and Trends

- Nursing workforces across countries reflect the histories of nursing and the health care system in each society
- Distribution of nurses across and within countries varies a great deal as do shortages
- In first decade of the new millennium, the RN shortage has been relatively stable at under 10% underfilled positions nationally in Canada and the US

Nursing Workforce Statistics--2004

- Nursing is the largest health professions occupation in US
- 2.9 million registered nurses licensed in the U.S. in 2004
- 2.42 million or 83.2 percent were employed in nursing
- An aging group: Between 1980 and 2004, the percentage of RNs under the age of 35 dropped from 40.5 to just 16.4 percent


- 59% Hospitals
- 16% Government agencies, social assistance agencies and educational settings
- 8% physician offices
- 5% Home health
- 5% Nursing care facilities
- 4% Employment services
- 3% Outpatient care centers

Fast Facts: Canadian RNs in 2006 (N=252 948)

- Mean age 45.0 yrs (20% under 35, 38% 50 and over)
- 5.6% male
- 7.8% internationally educated
- 33% part-time
- 62% hospital employed
- 87% in direct care
- 36% hold baccalaureate or higher degrees

Source: CIHI, 2007
Age Distribution of Canadian RNs Employed in Nursing, 2007 (www.cihi.ca and www.cna-nurses.ca)

Projections
- Subject to change as supply and demand move over time—changes in economies
- Pessimistic estimates: Up to 30% shortfalls of RNs in Canada and the U.S. by 2020-2022
- Nursing school enrollments are at an all time high but demands are increasing steadily—attention to retention of the workforce is critical

Caveats about modeling supply and demand
- Supply is easier to predict than demand
- Demand could be affected by:
  - Social change
  - Economic change
  - Technology (could increase or decrease demand)
  - Regulations
  - Changes in scope of practice for nurses and/or those with scopes bordering on nursing
- Like weather forecasting—estimates only as good as the data being used and can always be flawed

Calm Before the Storm in Healthcare in North America ...
- Nurse supply and demand trends (see Buerhaus and colleagues):
  - Supply
    - Nurses are working more hours, later in life than ever before
    - International migration of nurses
    - Nursing school enrollments have rebounded
    - We have not yet seen mass retirements
    - New graduates and nurses in the workforce are generally happy
  - Demand
    - We have not yet seen the full demographic impact of aging on demand yet ...
    - Financial stability of healthcare industry is questionable
3 Top Issues

- Demographic trends—aging population and aging of health care workforce
- Technological and health system trends—cost containment, shifts in locations of care, serious challenges to ability to cope with/deliver high quality care
- Workforce shortages: The worst is yet to come

The Questions

- How will we ensure that the current generations of new graduates find employment (in the short term) and career satisfaction (in the longer term)?
- Are nurses equipped for the challenges of the specific populations and their treatment?
- How will we continue to retain experienced nurses as long as possible, especially when immediate financial motivations fade?
- How will we cope with drops in the clinical experience levels of staff in many settings?
- What new models of care will be required to cope with anticipated shortages and political/economic realities?

Management Strategies

- Assessing the local situation
- Identifying and planning for future trends
- Supporting nursing education and transitions from education to practice
- Identifying pathways/sources for filling positions
- Attending to staffing and practice environments as influences on retention
- Tailoring retention approaches to age/career phase where possible
- Benchmarking staffing and practice environments
- Coping with staffing shortfalls
- Support of policy initiatives
Implications for Specialty Care

- Must consider local labour market forces—all facilities will be affected; less desirable locations will have to think even more carefully about their recruitment and retention strategies
- Shortages will have impacts on working conditions for all
  - Nursing is only one of the disciplines involved/affected

Implications for Specialty Care (2)

- The best evidence linking nursing human resources to patient outcomes:
  - Lower nurse staffing and increased incidence of postsurgical complications in adult patients
  - Other safety issues in adult acute care
  - Many potential safety implications...
- Possibly coming if staffing problems become severe (have seen this in various jurisdictions in the recent past): ...
  - Bed closures
  - ICU/ER backups, hospitals going on diversion status
  - Cancellations of elective procedures

Research

- Need to understand local, regional, national, continental trends in the workforce as they unfold
  - Studying impacts of policies to allow possibility of course correction
- Studying impact of workforce factors and skill mix influences on patient outcomes
  - Properly evaluating new approaches/models

A decade ago ...


The conclusion of lit review: No systematic evidence that nurse staffing levels affect hospital outcomes
Lang et al. (2004)
43 studies examining effects of nurse staffing on patient, nurse, and hospital outcomes, 1980-2003

- Quality of evidence judged sufficient to conclude that there are statistically meaningful associations between the following outcomes and staffing:
  - Failure to rescue
  - Mortality
  - Shock in medical patients; gastrointestinal hemorrhage
  - Nurse needlestick injuries
  - Burnout
  - Documentation quality
  - Length of stay

Clarke & Donaldson (2008)

Kane et al. (2007)
Nursing staffing and quality of patient care.
Available at http://www.ahrq.gov

- 94 studies examining associations of nurse-to-patient ratios and hours per patient day on patient outcomes in hospital practice from the United States and Canada, 1990-2006
- Formal meta-analysis (calculation of pooled effect sizes across studies and subpopulations) incorporating evaluation of methodological quality

Outcomes associated with RN-to-patient ratios
- Hospital-related mortality
- Failure to rescue+
- Medical complications
- Unplanned extubation*
- Pulmonary failure+
- Hospital-acquired pneumonia*
- Bloodstream infections+
- Cardiopulmonary resuscitation*
- Extended length of stay

Outcomes associated with HPPD (all staff types):
- Mortality
- Shock
- Upper gastrointestinal bleeding
- Nosocomial infection
- Extended length of stay

* Evidence of a stronger effect or more consistent evidence in ICUs
+ Evidence of a stronger effect or more consistent evidence in surgical patients
Education

- Maintaining (raising?) outputs of prelicensure/preregistration nursing education programs
  - Will demand stay high if new graduates have difficulties securing first positions?
  - Where is there room for innovation?
- Specialty nursing education and certification programs
  - Post-basic certificates and master's-level programs
  - Building broader skill sets

Marketing

- Marketing the nursing profession to a new generation
- Marketing oncology nursing (and other specialties) to a new generation
  - Early, positive, powerful contacts/experiences
- Marketing specific workplaces for optimal recruitment and retention
  - Managing the workforce as a body of knowledge workers with many choices—why a particular region, facility, environment? Importance of leadership and intrinsic motivation
In General (especially in North America ...)

- Enormous variation across regions and institutions in vision of/profile of nursing
- Differences between academic health sciences centers and community hospitals in approach to nursing

In General ...

- In North America, much emphasis on formal education as a means of advancing the profession and one's position within it AND moving across institutions to take advantage of positions as they open
  - Less and less likely as nurses age
- Relatively little mobility for the great majority of nurses (changing specialties and advanced practice roles are the 2 most common routes)
- Most nurses are geographically bound by personal/family commitments and personal preferences ...

New Thinking?

- Old thinking: A near-exclusive focus on supply
- New thinking: A need to examine demand and contextual issues
- Conventional recruitment/retention strategies alone cannot be enough ... care models will need to change in many regions and countries—can we do it responsibly??
- Old assumptions in nursing education and nursing service administration will need to be revisited ...

The Key to the Future ... New Perspectives ...

The significant problems we face cannot be solved at the same level of thinking we were at when we created them.

Albert Einstein, scientist (1879-1955)