

## Chapter Four Nursing Workforce Environment

In the last several decades, many changes have occurred in the US healthcare system, which affect the work environment for nurses and nurse aides and the ways in which they provide care.<sup>1</sup> Advances in technology and greater emphasis on cost-effectiveness have resulted in changes in the structure, organization, and delivery of healthcare services. Many of the traditional roles of the hospital have been shifted to ambulatory clinics, community-based settings, or home healthcare settings. Meanwhile the overall acuity of patients seen in hospital settings has increased and the average length of stay has decreased. This means that today's nurses and nurse aides, particularly those in hospital and/or long-term care settings, have more stressful work environments because they are caring for patients who are sicker and turn over faster than nurses who practiced in earlier decades.<sup>2</sup> The increased acuity of patients cre-

ates physical demands of nurses and nurse aides, who are constantly on their feet and moving from patient-to-patient, and often require help to lift or move patients.

Nurses report lower job satisfaction than other professionals, which is problematic because job satisfaction is strongly correlated with turnover and retention. More than four-fifths of all workers (85%) who responded to the General Social Survey conducted by the NC Center for Nursing were satisfied in their current positions and 90% of professional workers were satisfied with their job.<sup>3</sup> In contrast, in North Carolina, only about half of all nurses reported being "happy" with their jobs; close to one-fifth of all nurses reported being "unhappy" with their jobs (19.9% of staff RNs and 17.7% of staff LPNs), and the rest were neutral (Table 4.1). Different aspects of job satisfaction vary among work

**Table 4.1.**  
**Job and Career Satisfaction by Setting Type (2001)**

Percent that agree or strongly agree with the statement:	Staff RNs				LPNs			
	Total	Hospital In-Patient	Long Term Care	Comm. Setting	Total	Hospital In-Patient	Long Term Care	Comm. Setting
<i>Job aspects:</i>								
I am happy with my current work environment.	47.9	42.6	12.5	57.9	47.7	30.2	41.1	57.9
I am satisfied with the quality of care I am currently able to provide	54.6	47.0	12.5	68.3	53.4	43.2	44.4	62.7
I would encourage other nurses to apply for a job with my employer	47.0	41.5	25.0	56.5	46.8	38.6	47.2	49.3
My employer places a high value on the work I do	47.3	39.4	50.0	58.7	57.3	45.5	53.9	63.4
<i>Career aspects:</i>								
Overall, I am satisfied with my choice of nursing as a career	62.7	57.9	50.0	70.4	70.0	70.5	67.4	71.6
I like being a nurse	76.3	73.2	75.0	81.0	82.8	77.3	84.4	83.6
I would encourage others to become a nurse	46.1	40.4	62.5	53.2	58.6	50.0	62.2	59.0

Source: Lacey LM, Shaver K. Staff Nurse Satisfaction, Patient Loads, and Short Staffing Effects in North Carolina. Findings from the 2001 Survey of Staff Nurses in North Carolina. The NC Center for Nursing. July 2002. Tables 9, 10, 11

settings, with nurses in hospitals and long-term care settings being least satisfied with their job; and those in community settings much more satisfied. Job dissatisfaction in nursing often results in low morale, absenteeism, turnover, and poor job performance.<sup>4</sup>

When nurses are dissatisfied at work, they are more likely to change jobs, leading to higher costs to employers and fewer staff who are experienced and familiar with the organization.<sup>5,6</sup> The NC Center for

Typically, the costs of new hire orientation programs were the most expensive across employers, with some long-term care facilities, home health and hospice and public health departments reporting spending \$50,000 or more annually. North Carolina employers reported total costs, rather than costs per employee. However, a recent study suggested that the cost of turnover of one hospital nurse ranges between \$62,000-\$68,000.<sup>7</sup>

**Table 4.2.**  
Turnover Rates by Type of Employer (2002)

	RN			LPN			Nurse Aide		
	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range
<b>Hospital</b>	15%	15%	0-60%	15%	14%	0-60%	31%	28%	0-82%
<b>LTC Facilities</b>	57%	33%	0-1000%	41%	33%	0-240%	58%	42%	0-385%
<b>Home Health &amp; Hospice</b>	26%	18%	0-207%	18%	0%	0-200%	26%	14%	0-400%
<b>Public Health</b>	17%	10%	0-200%	21%	0%	0-100%	30%	0%	0-400%
<b>Mental Health</b>	21%	11%	0-133%	24%	5%	0-100%	16%	6%	0-67%

Source: NC Center for Nursing. Quick Facts. Turnover and Recruitment Spending in North Carolina Hospitals, September 2003; Turnover and Recruitment Spending in North Carolina Long-Term Care Facilities, September 2003; Turnover and Recruitment Spending in Home Health and Hospice Agencies, September 2003; Turnover and Recruitment Spending in NC Public Health Departments, September 2003; Turnover and Recruitment Spending in NC Mental Health Agencies, September 2003.

Nursing surveys nursing employers every two years. The most recent survey (2002) collected information on annual turnover rates, or the percentage of employees who left their employer during a fiscal year.<sup>A</sup> NCCN also collected information on the costs spent in recruiting and training new nursing personnel. Employers reported that the average annual turnover rate for RNs varied from 15-57%, for LPNs from 15-41%, and for nurse aides, from 16-58%.

Some North Carolina employers reported significant financial outlays to recruit and train new nursing staff. Hospitals had the highest reported costs among employers who reported and were able to calculate their recruitment and orientation costs. For example, some hospitals reported spending millions of dollars annually on new hire orientation, advertising, referral bonuses, and sign-on bonuses (see Table 4.3). Other employers reported smaller recruitment and training expenses, but still these expenses were significant.

Not only does job satisfaction affect turnover and performance in a particular job, but it also can affect satisfaction with nursing as a career. North Carolina nurses are, in general, slightly more satisfied with their choice of nursing as a career than they are with their current jobs (Table 4.1). However, nurses, especially those working in inpatient hospital settings, were less willing to recommend nursing as a career to other people. Only 40.4% of hospital inpatient RNs, and 50% of inpatient LPNs reported that they would encourage others to become a nurse.

Job satisfaction is influenced by a variety of different factors, including management support and in particular, the quality of nurse management, treatment by physicians and other coworkers, autonomy and control of nursing practice, the physical demands of the job, stress, adequate staffing, reasonable hours, flexible scheduling, adequate pay and benefits, career ladder and advancement opportunities, paperwork,

<sup>A</sup> Turnover is defined as the percentage of employees who leave an employer during a fiscal year. The NC Center for Nursing calculated turnover rates by dividing the number of RNs, LPNs and Nurse Aides who left by the average number employed during the fiscal year.

**Table 4.3.**  
**Recruitment Spending**

	Relocation expenses paid for new hires		Sign-on bonuses paid in cash or other forms		Referral bonuses paid to established employees		Advertising		New hire orientation programs (including preceptor expenses)	
	Avg \$	Range	Avg \$	Range	Avg \$	Range	Avg \$	Range	Avg \$	Range
Hospital	\$38,399	\$0-\$789,484	\$66,498	\$0-\$1,267,000	\$42,775	\$0-\$1,800,000	\$126,249	\$500-\$1,328,614	\$486,604	\$0-\$4,198,000
LTC facilities	\$32	\$0-\$1,000	\$1844	\$0-\$20,000	\$1126	\$0-\$50,000	\$3,460	\$0-\$18,000	\$9,681	\$0-\$60,000
Home health & hospice	\$0	N/A	\$615	\$0-	\$272 \$10,000	\$0-	\$3,580 \$15,000	\$0-	\$5,921 \$50,000	\$0-
Public health	\$2,000	N/A	\$3500	\$1,000-\$6,000	N/A	N/A	\$737	\$14-\$3000	\$8,650	\$200-\$50,000
Mental health	\$57	\$0-\$2500	\$0	\$0	\$0	\$0	\$785	\$0-\$5,000	\$1,237	\$0-\$30,000

Source: NC Center for Nursing. Quick Facts. Turnover and Recruitment Spending in NC Hospitals, September 2003; Turnover and Recruitment Spending in North Caroling Long-Term Care Facilities, September 2003; Turnover and Recruitment Spending in Home Health and Hospice Agencies, September 2003; Turnover and Recruitment Spending in NC Public Health Departments, September 2003; Turnover and Recruitment Spending in NC Mental Health Agencies, September 2003.

ergonomics and use of technology, workplace safety, and whether the culture of the workplace embraces staff diversity.<sup>8</sup> North Carolina nurses who recently left their jobs or who were thinking about leaving were most likely to report leaving to pursue a career that was less stressful and physically demanding, that had regular hours and schedules, or with better advancement opportunities.<sup>9</sup> However, three-quarters of these nurses reported that they might be willing to return to their jobs or professions if the workplace environment improved. Both current and former nurses said that increased staffing levels and less paperwork and administrative duties would do the most to improve the profession. In addition, higher wages, more say in decision-making, and more flexible scheduling also topped the list. Staff nurses (RNs and LPNs) who stayed with the same employer for five or more years reported some of the same factors in their decision to remain with their employer. They reported that good pay and benefits, positive relations with doctors, good mentors and colleagues, and management that accommodated their schedules were primary reasons for staying with the same employer for five or more years.<sup>10</sup>

There has already been a lot of work done to identify organizational attributes in hospitals that have been successful in recruiting and retaining nurses. In the early 1980s, when this country was in the midst of another nursing shortage, the American Academy of

Nursing (AAN) conducted a study to identify hospitals that were considered good places for nurses to practice.<sup>11,12</sup> From this study, 41 hospitals were identified as “magnet” hospitals because of their commitment to professional nursing practice. These hospitals shared certain organizational features that promoted and sustained professional nursing practice, including: a flat organizational structure, decentralized decision making, nurse executives who were formal members of the highest decision making body in the hospital, an emphasis on staff education, good communication between physicians and nurses, high patient satisfaction, high registered nurse-to-patient ratios, better patient outcomes, and very low nurse turnover.

Based on the shared features of the 41 original “magnet” hospitals, the American Nurses Credentialing Center developed the Magnet Recognition Program in 1994.<sup>13</sup> This program is designed to recognize hospitals that have worked hard to achieve and maintain a positive work environment for nurses. The process involves the development of an organizational system that distinguishes itself in terms of quality patient care, nurse autonomy, nurse recruitment and retention, education, and its overall quest for excellence. While every healthcare organization and/or institution does not need to seek magnet status, and in fact, many healthcare organizations cannot seek magnet status as it is currently limited to hospitals and some nursing facilities; healthcare employers can nonetheless learn

from and adopt similar workplace strategies. The Task Force studied these magnet principles to identify principles and organizational strategies that can be used across nursing work environments, as well as those strategies that are more appropriate to specific workplace settings.

The evidence strongly shows that when job satisfaction is increased, nurses are less likely to leave their current position, less likely to leave nursing, less likely to burn out, and are more likely to encourage others to enter into a career in nursing.<sup>14</sup> Increases in job satisfaction could do a lot to alleviate current and future nurse shortages in the US.<sup>15</sup> Changes to improve job satisfaction are usually not as expensive as the costs organizations incur in having to train new nurses because of high turnover rates.<sup>16</sup> Many changes such as decreasing verbal abuse among physicians, increasing nurses' autonomy and involvement in decision-making, and increasing the flexibility of schedules can drastically improve the work environment for nurses. Magnet hospitals that have implemented many environmental changes to improve the work environment for nurses have seen increases in job satisfaction.<sup>17</sup> When implemented, these positive changes can not only increase the number of nurses who choose to stay in the profession and with their current job, but it can also help bring new nurses into the profession.<sup>18</sup>

Many of the same factors that affect job satisfaction have also been shown to affect patient safety. The national Institute of Medicine, National Academy of Sciences, recently completed a study examining the impact of the nursing work environment on patient safety. The report *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004)<sup>19</sup> found that certain nursing work conditions contribute to patient errors, and that improving the work environment could lead to increased patient safety. Specifically, the Institute of Medicine identified key areas which could improve patient safety, including: educating management on the link between the work environment and patient safety, setting reasonable work loads and work hours, improving the capacity and skills of nursing managers to support patient care staff, involving direct-care nurses in policy development and work processes and work flow, improving orientation programs for newly hired nurses and providing ongoing educational opportunities for existing staff, creating an interdisciplinary team environment, and reducing

paperwork. Environmental changes to improve the work environment should be considered as a primary strategy for decreasing the nursing shortage and improving patient safety in the years to come.

### **Critical Elements for a Successful Workplace Environment**

The Task Force recognized that the primary goal of the healthcare system is meeting the needs of patients. Thus, priority should be placed on developing patient-focused work environments. Focusing on the needs of patients will also help improve the work environment for staff.

After reviewing the literature and North Carolina-specific research, the Task Force determined that there were a number of elements necessary to create positive patient-focused work environments that will encourage nurses, nurse aides and other health professionals to remain in the workplace. These include: management support and skilled nurse managers; an environment that promotes positive team relationships with coworkers; orientation and mentoring programs; involving nurses and nurse aides in policy and decision-making at both the institutional and unit level; competitive salaries and benefits; reasonable staff loads; a safe working environment; career ladders and opportunities for advancement; minimizing paperwork and administrative burdens; flexible scheduling; supporting nurses in their role as patient care integrators; and professionalism and process standards in all departments with accountability.

#### **Management support**

The overall key to creating a successful workplace environment is to have an institutional culture that values employees. Supportive and skilled management is critical to create a positive work environment and high job satisfaction. Support must come from all levels of the institution, including the CEO, Board, management, and the nursing leaders and managers at the institutional and unit level. In governmental institutions (federal, state or county), management support must also come from policy makers who have control over the institutional budget. Lack of appreciation from management and lack of fairness in decision-making has been shown to decrease occupational commitment among nurses.<sup>20</sup>

The national Institute of Medicine noted that clinical nurse leadership has been reduced in many hospitals

as a result of the restructuring efforts of the last two decades.<sup>19</sup> There has been a decrease in the numbers of nurse managers, and an increase in the responsibilities of the remaining nurse managers to care for more than one patient care unit as well as other non-nursing staff. This has led to a decrease in the ability of the nurse supervisors to provide needed support to patient care staff.

The relationship between a staff nurse and his or her immediate nurse supervisor is critical to overall job satisfaction. One way to improve this relationship is to ensure sufficient numbers of nurse managers, with the skills to focus on the needs of the patient care staff. Nurse managers often get promoted to these positions because of their good clinical skills; not necessarily because of their strong management skills. Nurse managers should serve as retention officers, focusing more of their attention on the needs of their nursing staff and nurse aides to help them provide better care for their patients. Nurse managers should be taught to coach and nurture nursing staff, identify turnover risks, build teams, and involve staff nurses in unit decision making. Nurse managers, as well as the executive managers, must have the commitment and skills to support the needs of their employees.

**Positive team relationship with co-workers (including doctors, nurses, other health professionals and unlicensed assistive personnel)**

Positive workplace environments foster respect and open communications among all professionals/staff. Creating a climate that promotes positive team relations with co-workers is critical in all work settings. For example, the interaction that nurses have with doctors plays an important role in the overall satisfaction of staff nurses in hospitals. Maltreatment of nurses by physicians has long been noted anecdotally, but a recent national survey shows that this disrespect occurs more frequently than once suspected. Of the 1,200 nurses that responded to the survey, nearly one-third said that they knew of a nurse that had left a job because of physician abuse.<sup>21</sup> In addition, 90% of nurses had witnessed public berating of nurses, yelling, and abusive language by doctors. Further, this survey also showed that the work environment and the treatment nurses receive on the job is a bigger predictor of job satisfaction than compensation.

The Task Force recognized that establishing positive relationships with co-workers is important across

all job settings. However, the team of coworkers will differ across healthcare settings. Negative doctor-nurse interactions have been cited as major problems in hospital settings; whereas, negative nurse-nurse aide interactions are greater problems in nursing facilities. Regardless of work setting, it is important to create a work environment in which the skills and contributions of all of workers are respected and valued; and in which each person is considered part of the patient-care team.

Employers must establish clear communications standards that are required of all health professionals and staff. This policy must be explained to all staff (including medical staff) during orientation and reinforced throughout the year. Further, managers must enforce these standards of conduct, ensuring a “zero tolerance” policy for disruptive staff. There should be some visible evidence that the process is working to ensure that staff know that their concerns are being addressed. In addition, medical and nursing staff may need skills training in team-building, communication and conflict resolution, in order to ensure that the workplace fosters respect and open communication among all staff.

To the extent possible and appropriate, different health professionals (i.e., doctors, nurses, nurse aides, social workers, etc.) should work collaboratively on patient care and be involved in helping develop care plans. The national Institute of Medicine found that all healthcare professionals, including both doctors and nurses, need training and organizational practices that promote interdisciplinary collaboration.<sup>19</sup> Positive team relations enhance staff satisfaction; therefore, employers should have a vested interest in promoting policies that encourage better team relations, such as offering interdisciplinary rounds or creating interdisciplinary treatment teams. In addition, employers should consider the medical, nursing and other staff members’ abilities to work with others as part of their overall job performance evaluations.

**Have a process to orient and mentor new staff**

An adequate orientation is critical to help new employees understand their new job responsibilities. This is particularly important for new graduates, but is also important for employees who have new job responsibilities. In 2001, the National Council of State Boards of Nursing surveyed new nursing graduates and nurse employers to assess the adequacy of the

nurses' preparation on 14 separate tasks.<sup>22</sup> Both recent RNs and the employers identified problem areas in which the gap between education and practice was greatest. This included: recognition of abnormal findings, assessing the effectiveness of treatments, supervising care provided by LPNs and assistive personnel, and documenting care. Similar but slightly different problem areas were identified for recent PN graduates, including: recognizing abnormal findings, guiding care provided by others, working with machinery used for patient care, and teaching patients. These findings confirm the importance of providing an adequate school-to-work transition to help new nurses attain the skills to provide competent care on the job.

In the past, many new nursing graduates had opportunities for more structured supervision. Nurses, who graduated and were qualified to sit for the NCLEX exam, were given a temporary license to practice. They were able to work with direct supervision until the NC Board of Nursing obtained the results of the license exam (generally about four months after they were qualified to sit for the exam). This acted as a type of internship period, in which nurses were able to gain more clinical experience. However, the Board eliminated the temporary license category once the NCLEX exam changed to computerized testing (because of the rapid turnaround time). As a result, new nurses lost this informal "internship" period of direct supervision. Now, new nurses' post-graduate transition to work is dependent on the nursing employer and the resources they devote to this purpose.

Ideally, nursing students would be given a more intensive clinical experience while still in school, followed by a more intensive orientation or internship opportunity once the new nurse begins practice. Employers should provide orientation to all new staff (doctors, nurses, other health professionals, and other health professional staff). The orientation should help the staff understand the organization and individual unit's procedures and work expectations. In addition, new staff—particularly those who are recent graduates—should have a structured period of time to provide supervised skills training, along with a system of peer support, including mentoring programs or preceptors.

Different job environments provide varying levels of support for inexperienced nursing staff. Hospitals typically provide longer, more intensive orientation periods for new staff (including both nurses who recently finished nursing school and those who are

moving from different jobs). Nursing facilities (i.e., nursing homes) typically provide shorter orientation periods. In addition, nurses employed in hospitals usually have doctors and/or more experienced nurses (or clinical nurse specialists) as resources when questions arise; whereas doctors and clinical nurse specialists are rarely present in nursing facilities. Back-up support may be even more limited in other work environments, such as home health or assisted living. Nurses and/or nurse aides working in these jobs have very little immediate backup when working with frail patients. Providing orientation and peer support is critical and cannot be shortchanged. Adequate orientation takes time; the length of the orientation makes a difference in how well prepared new nurses feel in meeting the requirements of their job.

Employers should also consider hiring clinical nurse specialists and/or promoting experienced staff to provide the support needed for new staff. Management should provide support (time and pay) to experienced staff to enable them to serve as mentors and/or preceptors. Additionally, hospitals may want to consider residency programs for new nursing graduates, beginning in areas that are (or have been) experiencing the greatest or more rapid turnover.

### **Competitive salaries and benefits**

Another factor that influences job satisfaction is salary and benefits. While this factor is seldom listed as the top reason that people go into nursing, it consistently ranks among the top few factors that influence job satisfaction among nurses. According to the Bureau of Labor Statistics, the mean annual earnings in 2002 for an RN nationally was \$49,840. North Carolina had slightly lower mean annual salaries at \$46,370. For LPNs, the national average was \$32,300 and \$31,200 in North Carolina.<sup>23,24</sup> Another survey, conducted annually by the journal *Nursing*, found slightly lower national salaries levels (Table 4.4).<sup>25,26</sup> In that study, hospital nurses earned the highest salaries in 2001, however the salary gap between hospitals and other settings is narrowing.<sup>27</sup> The study also showed regional variations in salaries, with nurses in the South Atlantic region (DE, FL, GA, MD, NC, SC, VA, and WV) earning slightly less (\$44,800) than the national average (\$45,500).

A report by the US Department of Health and Human Services found that low pay can help explain the shortage of nurses. The National Sample Survey of

**Table 4.4.**  
National Average Annual Earnings for Nurses (1999 – 2003)

	2003	2002	2001	2000	1999
<b>Average</b> (all degrees)	\$49,634	\$45,498	\$45,500	\$42,000	\$38,000
<b>LPN</b>	\$32,764	\$29,422	\$29,400	\$29,100	\$27,174
<b>ADN</b>	\$48,258	\$43,363	\$43,400	\$40,700	\$43,382
<b>Diploma*</b>	\$51,154	\$46,959	\$47,000	\$44,000	\$37,178
<b>BSN</b>	\$51,983	\$46,828	\$46,800	\$44,300	\$39,848
<b>MSN</b>	\$60,892	\$57,691	\$57,700	\$53,200	\$42,059

Sources: Nursing, 33(10); Nursing, 32(4); Nursing, 31(3)

\* The study noted that the relatively high salary of Diploma RNs reflects the length of time many of them have been in nursing.

Registered Nurses found that the salaries for hospital staff nurses increased by only 2% annually between 1996 and 2000.<sup>28</sup> The report noted that “demand for a high level of skills in staff nurse hospital service is not being compensated at a rate that even meets the CPI [Consumer Price Index].”<sup>29</sup> These increases can be compared to those for other hospital employees. According to the Hay Group’s 10th Annual Compensation & Salary Guide, while the average cash compensation for hospital CEO increased by 6.8% in 2000 (from 1999), and other executives got a 5.1% increase, nurses only received a 3.2% increase.<sup>30</sup>

Offering competitive salaries and benefits is a necessary precursor, but not sufficient in itself, to address workforce issues. However, providing competitive salaries and benefits is a primary retention strategy—as nurses listed this as one of the primary reasons for staying with their employer for five or more years. Not only must employers examine their salary and benefit structure when recruiting new employees; they must also examine pay equity issues to ensure that salaries paid to new staff are not excessive compared to those paid to experienced staff, thus creating morale issues among more experienced staff. Further, the benefit package is also important. In the 2000 Survey of Employers, most employers reported that they offered other benefits, such as health insurance and paid vacation time; but that they required a contribution for certain benefits (such as health insurance coverage). Employers should examine the adequacy and affordability of the benefits offered as part of the overall compensation package. Providing employees with some flexibility in covered benefits may also be attractive to certain employees, without necessarily raising the overall costs of the benefit package.

The Task Force recognizes that the ability to offer competitive pay and benefits is directly related to the

institution or agencies’ revenues. The costs of nurses’ salaries and benefits are often the single largest expenses in a healthcare organization’s budget; thus the collective impact of changes in nursing salaries and/or benefits can be staggering. While the Task Force recognizes the difficulty of addressing this recommendation in a time of declining revenues, this issue must be addressed. Providing a competitive salary is one key strategy that has been identified in many nursing surveys to improve job satisfaction and retention. To some extent, healthcare facilities are already paying these expenses—in the costs of recruiting new nursing staff, paying for traveling nurses or overtime to existing staff. Some of these expenses could be offset by improving the nursing environment (including offering competitive compensation packages), in order to decrease turnover.

#### Reasonable staff loads

Job satisfaction among nurses is also related to the quantity and quality of patient care given. Having inadequate numbers of nursing staff leads to worse patient outcomes. In its recent study of the nursing work environment, the national Institute of Medicine reported:

“In reviewing evidence on acute hospital nurse staffing published from 1990 to 2001, the AHRQ report Making Health Care Safer: A Critical Analysis of Patient Safety Practices (Seago, 2001:430) concluded that ‘leaner nurse staffing is associated with increased length of stay, nosocomial infection (urinary tract infection, postoperative infection, and pneumonia), and pressure ulcers...These studies...taken together, provide substantial evidence that richer nurse staffing is associated with better

patient outcomes.’ Subsequent studies have added to this evidence base and substantiate the observation that greater numbers of patient deaths are associated with fewer nurses to provide care (Aiken et al., 2002), and less nursing time provided to patients is associated with higher rates of infection, gastrointestinal bleeding, pneumonia, cardiac arrest, and death from these and other causes (Needleman et al., 2002). In caring for us all, nurses are indispensable to our safety.”<sup>31</sup>

A national report on nurses noted that the biggest problem identified by nurses was understaffing.<sup>32</sup> Stress and the physical demands of the job were reported as the second biggest workplace problem. A report by the Robert Wood Johnson Foundation found that among nurses participating in focus groups the number one concern of nurses was their increased daily workload. The increase in work intensity was noted to be physically demanding and emotionally exhausting and caused concern among nurses for the quality of care they were providing to patients.<sup>33</sup> Nurses are often dissatisfied when they are unable to provide enough bedside nursing care to their patients.<sup>34</sup> Conversely, meeting patient needs, finishing all work activities, and providing good patient care were related to job satisfaction among nurses.<sup>35</sup>

A study by the NC Center for Nursing showed similar results. Job satisfaction varied by the number of patients and how often short staffing affected the nurse’s ability to care for their patients.<sup>36</sup> One quarter of the hospital nurses who were responsible for six or

more patients on an average day said that short staffing interfered with their ability to care for their patients on a daily basis, one third said short staffing affected them and their patients at least once a week<sup>37</sup> (Table 4.5). The frequency of short staffing events was found to be the most influential factor on job satisfaction when also controlling for the size of the patient loads, employment setting, job commitment, job tenure, and years until retirement.<sup>38</sup> That study also noted that among nurses who have been in their current job five or more years, one of the top reasons they stayed was because of adequate staffing levels (22.8% of RNs and 12.0% of LPNs).<sup>39</sup>

Employers must set reasonable workloads for nurses and other staff. Employers should conduct workload studies that focus on the staff needed to promote and maintain positive patient outcomes, and should incorporate information about staff mix (staff skills and experience, inclusive of all staff), numbers of patients, acuity level, patient mix and physical layout of the unit. Workload estimates should include an analysis of patient volume, including admissions, discharges and patients who are treated on an outpatient basis (or less than a full-day); as well as some capacity for variations in acuity and patient volume (for example, the patient census in a small hospital may vary considerably from day-to-day or hour-to-hour). The workload studies should also include input from existing staff to determine if there are sufficient staff to address patient needs, and to determine if there are better ways to address workflow issues.

Health care facilities that reduce “support personnel” to save money should examine the impact on

**Table 4.5.**  
Short staffing affected ability to meet patient needs (2001)

Frequency that short staff affected ability to meet patient needs	All staff RNs (hospital inpatient RNs)	All staff LPNs (hospital inpatient LPNs)
Never	15.4% (11.0%)	19.6% (4.8%)
1-2 times	21.6% (21.4%)	22.6% (19.1%)
3-5 times	16.7% (17.6%)	16.0% (21.4%)
Weekly	27.5% (33.0%)	22.9% (42.9%)
Daily	16.1% (17.0%)	14.2% (11.9%)

Source: Lacey L, Shaver K. Findings from the 2001 survey of staff nurses in North Carolina. Staff nurses satisfaction, patient loads and short staffing effects in North Carolina. July 2002.

existing nursing staff (e.g., increased paperwork and administrative burdens that will reduce direct clinical care). Nurses and, in some settings, nurse aides have the most continuous contact with patients. Reductions in non-nursing staff and/or the failure of other departments to provide necessary services often fall to nurses to remedy. Not only are nurses then forced to assume non-nursing responsibilities, but they also bear the brunt of patient dissatisfaction when services are not being provided.

### Setting Reasonable Work Hours

Closely related to the issue of reasonable staffing is the issue of work hours. The national Institute of Medicine noted that long hours worked by some nurses pose one of the most serious threats to patient safety.

While most nurses typically work 8- or 12-hour shifts, some work much longer hours. In one study, 3.5% of scheduled shifts exceeded 12 hours, including “shifts” as long as 22.5 hours (citations omitted here). In another study, 27% of full-time hospital and nursing facility nurses reported working more than 13 hours at a stretch one or more times a week. (citations omitted here). The effects of fatigue on human performance are well known. Prolonged periods of wakefulness (e.g., 17 hours without sleep) can produce performance decrements equivalent to a blood alcohol concentration (BAC) of 0.05%, the BAC level defined as alcohol intoxication in many western industrialized countries (citations omitted here).<sup>40</sup>

To reduce the likelihood of patient error and improve patient safety, the national Institute of Medicine recommended that state regulatory bodies prohibit nursing staff from providing patient care in any combination of scheduled shifts, mandatory or voluntary overtime, in excess of 12 hours in any given 24-hour period, or 60 hours in any 7-day period.

### Involve nurses in policy and decision making at both the institutional and unit level

Employers should actively encourage nurses and nurse aides to participate in policy and governance committees at the unit and institutional level, and should pay their salary and provide time for this participation. Direct care nurses and nurse aides operating

within a self-governance structure should help guide the work redesign.

Studies have shown that structures that enhance nurses’ autonomy, on a level that is consistent with their expertise, will foster improved patient outcomes.<sup>41</sup> Further, when nurses are allowed and encouraged to participate in the decision making process, they are more likely to be satisfied.<sup>42</sup> One of the hallmarks of hospitals that qualify for Magnet status is high levels of nurse participation in institutional decision-making at the highest levels of hospital management. Nurses and nurse aides should be involved in decision-making at the unit-level (e.g., how to manage the workflow of the unit), as well as at the institutional level (e.g., clinical committees, personnel committees, etc.). Management should pay nurses and nurse aides their regular salary for the time spent in administrative, policy-making work. Requiring staff to participate in these committees “on their own time” shows a lack of support for the value of the nurse or other employee’s time and involvement.

### Ensuring a safe work environment

The Task Force heard from several presenters about how nurses employed in certain types of jobs have increased fear of physical harm, which is causing major job dissatisfaction. Nurses who work in hospital emergency rooms, state psychiatric institutions, and other healthcare environments are sometimes presented with violent or abusive patients and/or visitors. Last year, for example, WakeMed removed 3,600 weapons from patients or their visitors (most of which were guns). Nurses who conduct home visits can also be placed at risk. Violence is not unique to healthcare settings; there is an increase in violent episodes in all types of workplace settings. However, the opportunity for workplace violence is exacerbated in a hospital setting. The federal Emergency Medical Treatment and Labor Act (EMTALA) mandates that hospitals evaluate and screen everyone who comes to the emergency room—so hospitals cannot automatically exclude people who seek care even if they are being threatening or disruptive.

Some hospitals have installed metal detectors in portions of the hospital; others have created locked units (with slide locks) so that people can’t wander through the hospital without an electronic key. Hospitals have also instituted lock-down procedures to exclude visitors from emergency rooms or other

units. Some hospitals have instituted policies to exclude disruptive family members or visitors from the hospital. There are other options that can help improve safety (including hiring security guards, having “greeters” at the door, etc.).

The problem in state psychiatric institutions isn’t generally the presence of weapons; rather it is the fear of physical assault from some of the patients suffering from mental illness. State psychiatric institutions use paging systems, and train staff in verbal and physical de-escalation techniques. Nonetheless, violent episodes will still occur occasionally, and the fear of violence has discouraged some staff from continuing to work in these job settings. Health care organizations and institutions must take the steps necessary to ensure the physical safety of their employees.

#### **Career Ladders and Opportunities for Advancement**

National studies suggest that nurses’ commitment to their jobs is improved when offered opportunities to learn in their work environment.<sup>43</sup> Although not mentioned as often in North Carolina, approximately 10% of nurses who worked for the same employer for five or more years reported that good continuing education and advancement opportunities were reasons they stayed with the same employer.<sup>44</sup> Slightly more than half of all staff nurses in North Carolina reported that they thought about extending their nursing education within the last two years; although only about one quarter of nurses (25% of staff RNs and 29% of LPNs) reported that their employer offered rewards or incentives to increase their level of nursing education.<sup>45</sup>

Management should seek out, recognize, support and reward staff who are particularly caring and compassionate, and those who demonstrate great knowledge and skills, regardless of what position they currently hold. Employers should make special efforts to nurture and promote these staff. More broadly, managers and other hospital staff should help nurses, nurse aides and other healthcare employees create individualized career development plans. These plans should include educational opportunities, career ladders, and/or clinical ladders, as appropriate, building on the resources that professional associations, AHECs, universities, and community colleges currently

provide. Career ladders help individuals increase their credentials and move into higher levels of responsibility and positions (for example, LPNs who obtain additional education and receive their RN degrees). Clinical ladders reward and recognize nurses with expertise in direct patient care (for example, by making them preceptors or mentors). Health care institutions and organizations should provide funding and/or time to allow their qualified staff to take classes to improve skills and/or credentials.

The Task Force specifically supported the ongoing efforts of the NC Board of Nursing, NC Department of Health and Human Services, NC Health Care Facilities Association, NC Association of Nonprofit Homes for the Aged, the NC Assisted Living Association, Association for Home and Hospice Care of North Carolina and other partnering organizations to create new job categories for nurse aides, including geriatric nurse aides and medication aides, to create a career ladder for nurse aides and other non-licensed direct care workers. In addition, the Task Force supports the continuation of the Win-A-Step Up project, designed by the NC Department of Health and Human Services and the UNC Institute on Aging. This program provides continuing education to nurse aides working in long term care in areas identified by nurse aides and their supervisors for additional skill development.<sup>B</sup> Participating facilities must commit to teach these courses to a selected number of nurse aides and the nurse aides who participate must commit to remain in the facility for nine months after the completion of the first educational module. The aides receive a stipend for successful completion of each educational module. Facilities are encouraged to give aides who remain employed after the program’s completion either a raise in hourly wage or a retention bonus in addition to the course completion bonuses. Facilities who do so can receive an incentive payment to support their efforts.

An employer that is committed to workforce development should partner with educational organizations (public schools, community colleges and universities, AHEC, etc.) to help encourage new people to enter the health professions, to provide clinical training sites for nurses and other health professionals, and to encourage their existing staff to seek more education.

<sup>B</sup> Win-A-Step Up currently provides ten different training modules, including: A More Empathetic You; Advanced Communication Skills; Being Part of a Team; Fecal Impaction and Hydration; Infection Control; Me, Myself and I; Pressure Ulcers; Assistive Technology and Communications; Mobility and the Care of Individuals with Dementia.

**Minimize “paperwork” and administrative burdens**

Charting a patient’s progress and tracking medical and nursing interventions has been and continues to be an important part of quality nursing. The scope of that activity has expanded, however, as regulatory agencies, Medicare, Medicaid, and private insurers all require more detailed and thorough documentation. The results of these changes has been a perception in the nursing community that the time staff nurses have available for direct care has been decreasing, in part because of the increased demands for charting and care documentation. In their study of staff nurses in 2001, the NC Center for Nursing asked nurses if the amount of time they had daily to spend in direct patient care had changed in the past two years and what other activities had increased. The results showed that hospital staff RNs experienced an average decline of 5.7% in time spent on patient care (from 48.6% in 1999 to 42.9% in 2001), an average increase of 1.6% devoted to staff supervision (from 4.2% to 5.8%), and an increase of 2.8% in the time devoted to paperwork connected with care documentation (from 20.5% to 23.3%).<sup>46</sup>

While there is a need to maintain healthcare information, much of the paperwork required in healthcare organizations is redundant or could be accomplished in a less time-intensive manner. Integrated computerized patient records can help reduce paperwork, although these systems are often costly to install. Technology and voice recognition systems may also be helpful in reducing paperwork. The costs of incorporating technology into the workplace must be balanced against the lost productivity and increased costs of maintaining paper records.

**Professionalism and process standards with accountability in all departments**

Employers should set professionalism and process standards for all staff. In other words, staff must have clear expectations of their responsibilities and the institutional procedures that must be followed. This includes interpersonal communications standards as well as standards for patient care. Employers should have policy and procedures manuals that clearly state performance expectations and appropriate standards of conduct. The institution must also have accountability provisions to ensure that the standards are enforced. Further, if the institution delegates certain responsibilities to nurses or nurse managers, the hos-

**Table 4.6.**  
**Racial Composition of Licensed RNs and LPNs in NC Workforce (2001)**

	RNs	LPNs
White	87.8%	73.3%
African American	8.7%	23.2%
American Indian	0.6%	1.2%
Asian or Pacific Islander	1.6%	0.4%
Hispanic	0.5%	0.7%
Other	0.5%	0.6%
Unknown	0.3%	0.3%

Source: Lacey, Linda M. and Shaver, Katherine. North Carolina Trends in Nursing: 1982 - 2001 RN and LPN Workforce Demographics. March, 2003. [www.nursenc.org/research/Trends2001/workforce\\_demos.pdf](http://www.nursenc.org/research/Trends2001/workforce_demos.pdf)

pital must give the nurse the authority and autonomy to carry out their responsibilities.

In addition to clear job expectations and process standards, employers should support professionalism among nurses and nurse aides by encouraging them to participate in professional organizations, learn best practices, and to seek additional education to maintain high standards of practice.

**Nurses as patient care integrators**

Nurses play a central role in the coordination of care for patients in most healthcare settings, and are often considered “patient care integrators.” Nurses have a responsibility to monitor the patient’s condition, to communicate with other providers when patient’s needs change or when problems arise, and to intervene to solve problems. Nurses should be recognized for this valuable role and given authority needed to ensure that patient care needs are being met and that resources are deployed to meet these needs. Not only do nurses need the authority to coordinate patient care, but also the time. When healthcare facilities cut staff in other areas (such as food services, laundry, etc.), the nursing staff must often pick up the slack. This takes away from meeting the direct needs of the patients.

**Diversify the workforce to broaden the base of potential workers and to provide culturally appropriate care to patients with different cultural or ethnic backgrounds**

North Carolina has a diverse population, with 72.1% of the population listed as white, 21.6% of the population listed as African American, 1.2% as American Indian, and 1.4% as Asians in the 2000

Census.<sup>47</sup> Approximately 5% of the population is Latino, many of whom are new immigrants with limited English proficiency. People of different cultural and/or ethnic backgrounds may have healthcare beliefs that can affect healthcare-seeking behaviors; and that may create barriers to the most effective use of healthcare services.

The North Carolina RN workforce does not reflect the state's diversity, with approximately 12% of RNs coming from racial or ethnic minority groups. The LPN workforce more closely reflects the state's diverse population, with approximately 26% of the workforce being from racial or ethnic minorities.<sup>48</sup> Men are less represented in nursing, with only 6.6% of RNs and 5.1% of LPNs being males in 2002. In contrast, 49% of the state's population was estimated to be male in 2002.<sup>49</sup>

Ensuring a diverse workforce, including nurses from different racial, ethnic and cultural backgrounds, can help bridge the cultural gap. Further, reaching out to racial and ethnic minorities could help broaden the pool of potential nurses. Health care employers, trade associations, professional associations should offer cultural sensitivity training to health professionals and other staff in order to encourage a more diverse workforce and to provide culturally appropriate services to the state's diverse population. Further, special outreach efforts should be made to attract men into the profession.

#### **Adopt information, ergonomics, and other technologies designed to improve workflow and safety and reduce risk of error and injury**

Employers should invest in informatics and other technology designed to reduce paperwork, improve workflow and safety, and reduce risk of error and injury. Employers should focus both on reducing workplace injuries (for example, back injuries from lifting and moving patients), as well as ensuring safety for employees. Further, trade associations should work with federal and state regulatory agencies and other organizations to advocate for changes in paperwork/administrative burdens that are not directly linked to patient care.

#### **Flexible scheduling**

Shortages in staffing create an increased reliance on overtime for current staff. A survey of North Carolina hospitals conducted in 2000 found significant

reliance on overtime for staff nurses.<sup>50</sup> A follow-up study in 2002 found that the average annual spending on overtime by North Carolina hospitals was \$809,402, and that, not unexpectedly, larger hospitals spent more than smaller hospitals on overtime for nursing staff.<sup>51</sup> Various reports have noted that workload/staffing is one of the primary factors for high nurse turnover rates.<sup>52,53</sup> Nurses who work night or variable shifts are much less satisfied than those who worked days (52% very/fairly satisfied verses 67% of those who work day shifts).<sup>54</sup> Nurses also feel more dissatisfied when they feel overloaded and are forced to work longer hours and cannot get off when desired.<sup>55</sup> One way to address this issue is to offer greater flexibility in scheduling.<sup>56</sup> In North Carolina, 41.5% of RNs and 33.8% of LPNs reported that management being willing to accommodate scheduling requests was listed as one of the reasons they stayed with their employer for five or more years.<sup>57</sup>

Institutions should employ flexible scheduling that meets the needs of the workforce while at the same time meeting patient care needs. Offering flexible schedules can help employees balance work and family commitments, and can help reduce burnout and stress.

#### **Recognition**

Nurse managers and other management staff should recognize staff for their professional and personal successes and milestones. Recognition is important to employee morale because it helps them feel like valued employees. Recognition can run the gamut from a simple "thank-you" for positive work to more formal recognition programs, including nominating employees for facility, state or national awards. The NC Nurses Association, for example, recognizes the *Nurse of the Year* in several practice categories, the NC Center for Nursing recognizes 30 staff nurses annually in their Institute of Excellence, and an independent group of nurses in North Carolina recognizes 100 excellent nurses each year. Similarly, the NC Long-Term Care Facilities Association's *Fabulous Fifty* recognizes nurse aides and other direct care workers. Many other professional and trade associations offer similar recognition programs.

#### **Involve existing staff nurses in addressing nurse shortages and recruitment efforts**

It is important to involve existing staff when creating strategies to address nurse shortages. Existing staff

may have many solutions other than employing traveling nurses or requiring mandatory overtime. Seeking input from existing staff prior to implementing specific recruitment efforts can help ensure some level of staff buy-in to the strategy. It can also alert management to specific strategies that are likely to cause resentment and create morale problems among existing staff. Existing staff are important reservoirs of information that can help an institution understand reasons for high turnover rates.

### **Improve the image of the work setting and the job of nurses and nurse aides**

The Task Force recognized the importance of the role that a public relations campaign could play in improving the image of nurses, nurse aides and specific work environments. This is a particularly important issue to address to attract nurses and nurse aides to long-term care facilities; however, the image of nurses cuts across all job settings. The Task Force recognized that improving the workplace environment so that individuals recruited into nursing or as nurse aides will have a long-term commitment to their jobs and profession is a necessary precursor to any public relations campaign.

### **Priority Steps to Improve the Workplace**

The Task Force considered the role of nurses in different workplace settings in North Carolina, including institutional settings (e.g., hospitals, psychiatric institutions), long-term care facilities (nursing facilities and assisted living facilities) and community-based settings (home health and hospice, public health and school nursing). While not an exhaustive examination of nursing practice, this analysis gave the Task Force the opportunity to examine a range of nursing and nurse aide workplace environments. Task Force members recognized that all nursing work environments could be improved with greater attention to the strategies discussed previously. However, there are certain strategies that are more critical in certain types of workplace environments (for example, the challenges facing nurses working independently in schools and home health may not be the same as those working in large hospitals). Therefore, the Task Force identified a set of priority strategies for different types of work environments that, if improved, would have the most immediate impact on enhancing the

workplace for nurses and nurse aides in North Carolina. Some of these factors were similar across job settings, while others were unique to specific types of healthcare settings. The priority issues are listed in Table 4.7, by type of healthcare employment setting. Additional strategies to implement these issues are listed in Appendix 4.1 at the end of this chapter.

As just noted, some workplace issues are unique to specific types of institutions or employers. For example, employers have different requirements for nursing staff, both in terms of overall numbers of nurses needed, skills and educational levels. The capacity to hire nurse managers or clinical nurse specialists to provide support to other nursing staff may vary across healthcare institutions. Hospitals typically have different layers of nurse management (including an Executive Nurse Manager, as well as unit nurse managers), whereas other healthcare providers may have a more flat organizational structure. Some hospitals across the state have successfully changed the role of nurse managers to include a responsibility to serve as retention officers, focusing on the needs of the nurses as well as the clinical needs of patients. Although the Task Force feels strongly that all nurse managers should incorporate the duties of retention officers into their jobs, this may be easier in some institutions than in others. Large hospitals may also be able to hire clinical nurse specialists who can help provide assistance to more inexperienced nurses. In contrast, smaller hospitals and other healthcare employers may have fewer resources to hire clinical nurse specialists.

Different job environments provide varying levels of support for inexperienced nursing staff. For example, hospitals typically provide longer, more intensive orientation periods for new staff (including both nurses who recently finished nursing school and those who are moving from different jobs). Nursing facilities typically provide shorter orientation periods. Similarly, the strategies used to support nursing staff will be different depending on whether the nurse works directly with doctors and other nursing staff (as in hospitals or private physician practices), or whether the nurse operates more independently. In nursing facilities, doctors are not always present, although other nursing staff may be available to help with an immediate problem. In home health, assisted living and/or school settings, the nurse may be working independently, with no other healthcare professionals physically accessible. Nurses and/or nurse aides working

in these jobs have little immediate back-up when problems or questions arise. The strategies used to ensure proper back-up support must vary to accommodate these different workplace realities.

Different types of healthcare institutions also operate under different regulatory environments that may affect their ability to change the workplace environment. Certain healthcare institutions, such as nursing facilities, are more strictly regulated by the federal government than are other healthcare settings. For

example, RNs working in Medicare-certified nursing facilities are required to conduct the resident assessments,<sup>c</sup> which may leave little time for direct patient care. As a result, in many nursing facilities, LPNs and nurse aides provide direct patient care. Similarly, nurses in the home health environment must deal with complex regulations and are also required to conduct comprehensive assessments.<sup>58</sup> However, unlike in nursing facilities, LPNs working in home health have very limited roles in the delivery of

**Table 4.7.**  
Priority Workplace Elements Necessary to Create a Positive Work Environment

Elements of Successful Workplace Environments	Hospital	Nursing Facility	State Institution	Assisted Living	Health Health	Public Health	School Nurse
Management support, including nurse managers	✓	✓	✓	✓	✓	✓	✓
Positive team relations with co-workers	✓	✓	✓	✓	✓	✓	✓
Employers offer adequate orientation and mentoring programs	✓	✓	✓	✓	✓	✓	✓
Employers offer competitive salaries and benefits	✓	✓	✓	✓	✓	✓	✓
Nurses and nurse aides have reasonable staff loads	✓	✓	✓	✓	✓	✓	✓
Work hours limited to reasonable levels	✓	✓	✓	✓	✓	✓	✓
Nurses involved in policy and decision making at institutional and unit levels	✓	✓		✓	✓	✓	✓
Employer ensures a safe workplace	✓		✓		✓	✓	
Employer offers opportunities for advancement	✓	✓	✓	✓	✓	✓	✓
Paperwork and administrative burdens minimized	✓	✓	✓	✓	✓	✓	
Employers set clear professionalism and process expectations	✓						✓
Nurses supported in role as patient care integrators	✓						
Diversity in the workforce broadens base of workers and provides more culturally-appropriate care to patients	✓	✓	✓	✓	✓	✓	✓
Information, ergonomics, and other technologies designed to improve workflow and safety and reduce risk of errors and injuries are adopted	✓	✓	✓				

<sup>c</sup> Under federal Medicare law, nursing facilities must employ RNs to conduct resident assessments, which typically take 2-4 hours per patient. New assessments must be conducted yearly, or more frequently if there is a change in the resident's condition. In addition, parts of the assessment need to be updated at least quarterly. This leaves little time for RNs employed in nursing facilities to provide direct patient care.

healthcare; therefore, the majority of nursing care is delivered by RNs.

Over the last two years, hospitals appear to have made more of a financial commitment to implement some of these strategies in order to retain nurses; whereas other healthcare providers have employed fewer of these strategies.<sup>59</sup> The experience of North Carolina hospitals over the last two years after implementing many of these workplace changes, suggests that implementing workplace improvements can make a positive impact on the retention of nurses. Analysis of the 2002 survey of hospitals reveals that hospitals using certain retention strategies experienced a decrease in their RN turnover rate. The strongest associations occurred when hospitals assigned mentors or preceptors to new hires; put staff RNs on policy making committees; allowed nurses to self-schedule, provided permanent shift placements, or offered weekend-only work options. Slightly weaker, but still significant, associations with decreased turnover occurred in hospitals that conduct public recognition programs for nursing personnel; ensure competitive compensation; pay for continuing education; and encourage a supportive atmosphere between physicians and nurses.<sup>60</sup> Many of these retention strategies have little or no financial costs (for example, including nurses on the policy committee, scheduling flexibility, public recognition programs, and encouraging a collegial atmosphere between nurses and physicians). Other retention strategies may have more of a cost, but many of these costs would be offset with reduced turnover.

The Task Force recognizes that other recommended retention strategies (including paying competitive wages) are more costly; and that different types of healthcare organizations have different financial resources and abilities to raise revenues necessary to make certain workplace changes. Certain types of healthcare industries or organizations are more reliant on single revenue sources, and may have less ability to raise revenues needed to hire new staff or offer more competitive salaries and benefits. For example, on average, more than half (52%) of the revenues of nursing facilities come from Medicaid; whereas hospitals typically have a more mixed revenue stream (Medicare, Medicaid, and multiple insurers). Facilities that have mixed revenue sources (including private payers) may have more flexibility in negotiating reimbursement increases to invest in workplace enhancements.

Just as the types of strategies needed to improve the workplace environment varies across employers and job settings, those strategies needed to retain employees should be targeted to the needs of specific staff. The strategies that may work for baby-boomers, may not work for staff that are part of Generation X or Y.

## Recommendations

The Task Force developed a set of recommendations that would, if implemented, improve nursing workplace environments and lead to a more highly trained workforce. Health care employers have primary responsibility to implement these changes; but there are other organizations and institutions (including educational institutions, trade and professional organizations, foundations and the NC General Assembly) that can help facilitate these changes. The recommendations are grouped into the following categories: employer-initiated changes; educational opportunities and skills training; development of best practices; dissemination of best practices; and funding.

These recommendations must be viewed as long-term commitments. Similar changes have been proposed and implemented in the past, only to be abandoned when national attention to nursing shortages waned. That is why the Task Force focused on the work of Magnet hospitals, which have made a long-term fiscal commitment to nursing, and have seen higher nurse satisfaction and lower nurse turnover as a result. Not only will these strategies improve the working environment for nurses, nurse aides and other health professionals; but equally importantly, it will improve the quality of care provided to patients.

### ***Employer-initiated changes:***

#### **4.1 Health care employers (including but not limited to hospitals, nursing facilities, home health and hospice, state institutions, assisted living, public health, mental health, schools, and private practitioners) must:**

- a. Create a job environment that promotes positive team relationships, including physician-nurse relationships, nurse-nurse aides and more broadly among all healthcare professionals;**

- b. Create orientation, mentoring and peer support programs that help orient and support new and existing staff;
- c. Ensure a reasonable workload that is tied to ensuring positive patient outcomes;
- d. Develop policies to prevent nurses who provide direct patient care from working longer than 12 hours in a 24 hour period, or 60 hours in a 7-day period, under normal working conditions;<sup>d</sup>
- e. Offer competitive salary and benefits;
- f. Develop clear job expectations, communications and process standards and hold all staff accountable for these standards;
- g. Involve nurses and nurse aides in policy making and governance decisions, and ensure that nursing is represented at the highest level of institutional decision making;
- h. Ensure a safe working environment to protect staff from threats of violence;
- i. Provide career and clinical ladders and opportunities for advancement; and
- j. Utilize ergonomics, information technology and other technologies to reduce paperwork, improve the workflow, and reduce the risk of injury to patients and workers.

***Educational opportunities and skills training:***

**4.2** AHEC, medical, nursing and other health professional schools, trade associations (including, but not limited to, the NC Hospital Association, NC Health Care Facilities Association, NC Association of Nonprofit Homes for the Aged, Association for Home and Hospice Care of North Carolina), professional associations (includ-

ing, but not limited to, the NC Nurses Association, NC LPN Association, NC Organization of Nurse Leaders, NC Medical Society, and NC Direct Care Workers Association) and other organizations should help develop educational opportunities for management, nurses, nurse aides and other healthcare professionals. The educational opportunities should focus on:

- k. Leadership development and management training;
- l. Conflict resolution and communication skills;
- m. Interdisciplinary team building;
- n. Health care informatics; and
- o. Preceptor training.

Employers should support these training opportunities by encouraging and helping to pay staff or management to attend these sessions or to pursue advanced education to obtain these skills. Further, the trainings, courses and advanced educational opportunities should be made as accessible as possible, for example, through online courses, evening hours, or locations that are accessible throughout the state.

**4.3** The NC Board of Nursing should convene a work group to study options to improve school-to-work transitions. The work group should include, but not be limited to representatives of: nursing education programs (e.g., NC community colleges, public and private university nursing programs, and hospital diploma programs), nursing employers (e.g., NC Hospital Association, NC Health Care Facilities Association, NC Association of Nonprofit Homes for the Aged), NC Center for Nursing, AHEC, NC Nurses Association and the NC Organization of Nursing Leaders. The work group shall explore and recommend

<sup>d</sup> The Task Force recognized that there may be emergency situations in which a nurse, or other health professional, may be needed to work longer than 12 hours in a 24 hour period (for example, hospitals may require health professionals to stay at the hospital during an ice or snow storm, as replacement health professionals may be unable to access the facility). Special allowances should be made in these emergency situations.

options to ensure that newly licensed nurses are adequately prepared to assume independent clinical responsibilities. These options to consider shall include, but not be limited to, methods to:

- a. Ensure that nursing students have a concentrated/intensive clinical experience of direct patient care in the final semester; and
- b. Provide a supervised clinical internship experience in which new nursing graduates are assessed to determine clinical competence and opportunities provided to address areas of identified weaknesses.

***Development of Best Practices:***

**4.4** The NC Organization of Nursing Leaders, NCNA, NCHA, NCHCFA and other trade associations should help develop model programs for shared governance, growth and development of nurse managers, respectful communication, conflict resolution and other key workplace policies among all levels of staff, drawing from magnet principles. The CEOs and CNOs of magnet hospitals and other model healthcare organizations should be integrally involved in this effort. Model strategies should be tied to the differences in various work settings.

**4.5** The Nursing Workforce Task Force supports the efforts of the NC Department of Health and Human Services to:

- a. Create a special designation for licensed healthcare organizations that provide long-term care services (including nursing facilities, home health and home care, and assisted living) that voluntarily choose to meet/enhance workplace and quality assurance standards.
- b. Continue the Win-A-Step Up program which provides additional training to nurse aides.

The NC Department of Health and Human Services is working with a broad-based Partner Team

(including the NC Health Care Facilities Association, NC Association of Nonprofit Homes for the Aged, Association of Long-Term Care Facilities, NC Assisted Living Association, and the Association for Home and Hospice Care of North Carolina), to develop a special licensure designation for long-term care providers who voluntarily improve the workplace for nurse aides and other direct care workers. This effort is being funded through a Better Jobs/Better Care grant funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies. To obtain the special licensure designation, long-term care providers will have to meet specified workplace expectations in the areas of workplace culture, effective care teams, staff empowerment, effective coaching supervision, staff development and career ladder opportunities, and peer mentoring. Initially, institutions that meet these enhanced standards will be able to use the special designation in marketing and promotion materials; but the Department would also like to tie any future labor enhancement effort to this special licensure designation effort (see Recommendation 4.9). If this effort is successful, the Department should consider similar efforts for other types of healthcare institutions, including, but not limited to: hospitals, state psychiatric institutions, and public health.

***Dissemination:***

**4.6** Trade and professional organizations, AHEC, and private philanthropies should take the lead in disseminating best practices and encourage board members, CEOs, nurse executives, management staff, physicians and other nursing leaders to invest in strategies to help create a positive workplace culture.

Dissemination can include educational forums, articles in trade journals as well as other training opportunities. The NC IOM report can help highlight the importance of creating a culture that values employees. AHEC, trade and professional associations should help publicize and disseminate the report among nursing employers, policy makers and the public at large. Further, AHEC can help disseminate best practices through the AHEC digital library. The Duke Endowment can also help facilitate training opportunities and best practices by encouraging hospital Board members and executives to model successful workplace environments.

**4.7** The NC IOM Nursing Workforce Task Force supports the efforts of the NC Nurses Association to work with consumer advocacy organizations to develop a group of consumers that can help advocate for institutional change. Consumers should be educated about the importance of having a well-educated, adequately staffed workforce in overall quality of care.

Consumers can be strong advocates for institutional change, if educated about the connection between successful workplace environments and improved patient outcomes.

***Funding:***

**4.8** Philanthropic organizations should help provide technical assistance and otherwise assist healthcare organizations make the changes necessary to improve the nursing workplace environment and enhance patient care. Financial assistance should be targeted to those institutions that would be unable to make the necessary changes without financial support.

**4.9** The NC General Assembly should appropriate funds as a wage pass-through to enhance

nurse aide salaries and/or increase the number of staff in nursing facilities and other organizations heavily reliant on Medicaid. The funds should be targeted to institutions that have voluntarily achieved the special designation for LTC organizations that meet enhanced workplace and quality assurance standards.

***Regulatory changes:***

**4.10** The NC Board of Nursing and the NC Division of Facility Services within the NC Department of Human Services should implement regulations to prohibit nursing staff from providing patient care in any combination of scheduled shifts, mandatory or voluntary overtime in excess of 12 hours in any given 24-hour period or in excess of 60 hours per 7-day period under normal working conditions. Special allowances should be made for emergency situations.

Health care executives, nurses, educational institutions, trade and professional associations, foundations, and policy makers all have a roll to play in improving the work setting. A list of implementation strategies is included in Appendix 4.1.

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