PROMOTING AND EMPOWERING BEDSIDE NURSING

NLN Connecticut League for Nursing

CHA CONNECTICUT HOSPITAL ASSOCIATION

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PROMOTING AND EMPOWERING BEDSIDE NURSING

- Create a document that highlights the issues contributing to nurses leaving the beside as well as make recommendations based on the literature

- Share document with educators and healthcare executives

- Post document to CHA and CLN websites as a resource

- The document includes the following features:

  - An executive summary

  - At-a-glance view of issues driving nurses from the bedside as well as strategies and recommendations

  - A chart depicting a theoretical framework regarding why nurses leave the bedside

  - A diagram depicting *Why nurses leave the bedside…influences and negative impacts*

  - A diagram depicting *Why nurses stay at the bedside…recommendations and outcomes*

BACKGROUND:

- New graduate nurses make up 10% of the acute care workforce (Liu, Wu, Chou, Chen, Yang, & Hsu, 2016)

- 27.7% of new graduates leave their position within the first year of hire (NSI Nursing Solutions, Inc., 2019).

- Hospital turnover is at a high for the decade at 19.1%.

- The average cost of turnover for a bedside nurse is $52,100 (ranges from 40,300-64,000) resulting in the average hospital losing $4.4-6.9 million.

- Each percentage change in RN turnover will cost/save the average hospital an additional $328,400/year.

WORK ENVIRONMENT/SAFETY

Nurse Injuries:

- Nurses have the highest injury rate of any of the health groups in the healthcare industry (Bureau of Labor Statistics, 2018)

- 12% of nurses report leaving the profession due to chronic back pain (Nelson & Baptiste, 2006)

- 42% of nurses believe that lifting and repositioning patients puts their safety at risk (Francis & Dawson, 2016).

- 62% of nurses have reported developing a disabling musculoskeletal disorder [American Nurses Association (ANA), 2011]

- 56% of nurses report that they feel pain from musculoskeletal disorders that were exacerbated by their career (ANA, 2011)

- 80% of nurses report pain from musculoskeletal disorders but continued to work despite experiencing frequent pain (ANA, 2011)

- 75% of nurses have access to safe patient handling and mobility technology, but only half use it consistently (Francis & Dawson, 2016)

WORK ENVIRONMENT/SAFETY

Nurse Injuries---Recommendations/Strategies:

- Provide equipment, safe patient handling and mobility (SPHM) technology

- Educate nurses and ensure competency related to SPHM

- Develop and implement comprehensive SPHM programs to eliminate manual patient handling

- Establish and maintain a *Culture of Safety*

- Continually monitor effectiveness of SPHM and remediate as necessary

WORK ENVIRONMENT/SAFETY

Overwhelming Patient Assignments/Rapid & Increased Turnover of Clients & Staff:

- Approximately 16-35% of nurses report feelings of burnout (Gaines, 2019; National Academy of Medicine, 2019; Reith, 2018)

- 93% of nurses indicate staffing is an important issue; 75% indicate that it is extremely important (Brusie, 2019)

- In a survey of nurses to identify the top reasons RNs leave, staffing/workload accounted for 16% (People Element, 2017)

- 44% of nurses report they usually do not have the time they need to spend with patients (AMN Healthcare, 2019)

- 66% of nurses report worrying that their jobs are affecting their health (AMN Healthcare, 2019)

- 44% of the nurses report they often feel like quitting their jobs (AMN Healthcare, 2019)

- Rapid turnover of nurses at the bedside creates a burden on seasoned staff to orient additional nurses

- Novice bedside nurses train new nurses while caring for multiple patients with complex healthcare concerns

WORK ENVIRONMENT/SAFETY

Overwhelming Patient Assignments/Rapid & Increased Turnover of Clients & Staff--Recommendations/Strategies:

- The Joint Commission is emphasizing developing *resilience* to address nurse burnout and suggest that leaders use the following strategies:
  - Use of mentors/role models, team support, organizational support, use of debriefings, developing feelings of competence, positive reappraisal, empowerment

- Consider utilizing ANA's updated guide to nursing staffing which incorporates 5 principles (*health care consumer, interprofessional teams, workplace culture, practice environment, evaluation*)

- Support flexible nursing staffing (Brusie, 2019)
  - Nurse driving staffing guidelines with measurable outcomes
  - Nurses at all level to have a voice in staffing decisions
  - Staffing needs/assignments incorporate factors such as nurse competencies and patient status
  - Adequate training time and resources for new graduates and orientees

WORK ENVIRONMENT/SAFETY

Overwhelming Patient Assignments/Rapid & Increased Turnover of Clients & Staff--Recommendations/strategies:

- Consider implementing recommendations from the National Academy of Medicine's *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being* (2019):

  - Create positive work environment

  - Create positive learning environment

  - Reduce administrative burden

  - Enable technology solutions

  - Provide support to clinicians and learners

  - Invest in research

WORK ENVIRONMENT/SAFETY

Violence, Incivility, & Bullying:

- 41% of nurses report being victims of bullying, incivility or other forms of workplace violence (AMN Healthcare, 2019)

- 63% report their organization did not address the situation well at all (AMN Healthcare, 2019)

- 46% of hospital workers report workplace violence (WPV) incidents during their last five shifts with one third relating to a physical assault (Phillips, 2016)

- 61% of nurses who experienced an episode of workplace violence during the last year considered leaving their position (Jeong & Kim, 2018)

- 24.1% of nurses report being verbally abused by a peer (Luparell, 2011)

- 43% report being verbally and/or physically threatened by a patient or family member of a patient. Additionally, 24% have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014).

- Lost productivity related to workplace incivility costs $11,581 per nurse annually (Lewis & Malecha, 2011).

- The estimated cost of workplace violence treatment is $94,156 annually. This amount included $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital's nurses that reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

WORK ENVIRONMENT/SAFETY

Violence, Incivility, & Bullying--Recommendations:

- Patient/family assessment for potential for violence and clear identification in the chart (Gillespie, Gates, & Fisher, 2015)

- Management commitment and employee involvement in a WPV Prevention Program

- Policy with clear definitions and consequences

- Worksite analysis with hazard prevention and control

- Staff training

- Adequate staffing and skill mix

- Record keeping and program evaluation

- Implement a culture of zero tolerance

WORK ENVIRONMENT/SAFETY

Violence, Incivility, & Bullying--Recommendations:

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence (2015) recommends the following resources:

- The ANA Leadership Institute's™ "Diversity Matters: Create an Inclusive Nursing Culture that Leads to Better Outcomes" webinar (ANA, 2015b).

- The American Association of Critical Care Nurses' Standards for Establishing and Sustaining Healthy Work Environments" (American Association of Critical-Care Nurses, 2005)

- Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (Adeniran et al., 2015).

- Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (2nd ed.) (Bartholomew, 2014).

- NIOSH's online training titled "Workplace Violence Prevention for Nurses" (NIOSH, 2013)

- ANA's Position Statement: Just Culture (ANA, 2010b) and the American Psychiatric Nurses Association's Workplace Violence: APNA 2008 Position Statement (APNA, 2008)

- Occupational Safety and Health Administration's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" (OSHA, 2015; Lipscomb & London, 2015)

CULTURE/RELATIONSHIPS & CULTURE/LEADERSHIP/HIRING PRACTICES

- In a survey of nurses to identify the top reasons why RNs leave, relationships with immediate supervisor/directors/management accounted for 21% of the reasons (People Element, 2017)

- 82% of nurses indicated that more nurse leaders are needed in healthcare (AMN Healthcare, 2017)

- Over half the nurses reported they do NOT (AMN Healthcare, 2017)
  - Trust their leader
  - Think their leaders care about them as an individual
  - Believe their leader supports their career goals

- 61% of nurses said they would not consider moving into a leadership position (AMN Healthcare, 2017)

- Millennial nurses were more likely 36% to be interested in a leadership position (AMN Healthcare, 2017)

CULTURE/RELATIONSHIPS & CULTURE/LEADERSHIP/HIRING PRACTICES

Recommendation/Strategies:

- Creating the right culture—culture of safety, quality and service

- Create mentoring opportunities

- Shared governance

- Leadership training

- Increase leadership engagement and provide support to staff

- Improve communication

- Use evidence-based practice

TECHNOLOGY

Alarm fatigue:

- 72-99% of alarms are false leading to alarm fatigue in nurses (Gaines, 2019)

- A hospital reported that on average one million alarms are sounded in a single week; 350 alarms per patient/day in the ICU (Gaines, 2019)

- Increased noise has been linked to negative outcomes for nurses including:

  o Stress

  o Irritation

  o Fatigue

  o Tension headaches

TECHNOLOGY

Alarm Fatigue--Recommendation/Strategies:

- Have alarm management processes in place, review and adjust default parameter settings, ensure appropriate settings for different clinical areas.

- Determine where and when alarms are not clinically significant and may not be needed

- Create procedures to allow nurses to customize alarms based on client's condition

- Implement an interprofessional alarm management team (examine policies/procedures for monitoring, develop unit specific default parameters, provide ongoing education and competency-based assessment)

TECHNOLOGY

Electronic Health Record (EHR):

- Nurses spend an average 33% (4 hours) of a 12-hour shift with technology including the EHR (Higgins, 2016)

- Barriers to EHR technology efficiency exist due to:

  o Mixed paper and electronic documentation

  o Redundant documentation

  o Data entry burden

  o Inattention to nursing workflow

  o Lack of clinical decision support

  o Missing concepts and new shared vision

  o Increased time documenting resulting in less time with clients and their families

TECHNOLOGY

Electronic Health Record-- Recommendation/strategies

- Invest in platforms that allow safe communication exchange on all devices

- Advocate need to support interventions that improve efficiencies for users and improve clinical support

PROFESSIONAL DEVELOPMENT

Professional Development & Nurse Practice Autonomy

- Professional development of staff requires adequate staffing

- Staffing patterns must allow the nurse time for professional development

- Budgetary resources are essential

PROFESSIONAL DEVELOPMENT

Professional Development & Nurse Practice Autonomy-- Recommendation/Strategies:

- Clinical ladder programs

- Certification bonuses/recognition

- Tuition assistance for career advancement

- Leverage group discounts with bulk professional membership

- Mentorship—ongoing dialog with nurse and manager to identify specific opportunities and suggestions for professional development

- Use role models and coaches in practice

- Encourage nurses to have meaningful participation on committees

- Have nurses at all levels (from bedside to boardroom)

- Practice and education collaboration on ways to present bedside nursing as a career

RESOURCES

Time and tasks:

- Nurses spend about 10% of their time on non-nursing activities (Yen et al., 2018)
- Nurses spend up to 28% of a shift at non-value-added tasks (Storfjell, 2019).

Time and tasks—Recommendations:

- Reduce overall workload
- Shift non-value-added tasks away from nurses to other support roles
- Conduct pilot projects to examine the role of the charge nurse without a patient assignment
- Conduct pilot projects to examine a role for a unit-based equipment and supply assistant

RESOURCES

Staff Compensation:

- Just 53% of nurses are satisfied with their compensation and 44% said they would choose a different profession (Rapaport, 2015)

- Organizations use compensation to attract talent and potential employees compare compensation before accepting a position (Henderson, 2019).

RESOURCES

Staff Compensation—Recommendations:

- Nursing input into compensation package

- Removal of rotating shifts

- Return to 8-hour shifts or part-time positions for those who desire them

- Salary increases with degree advancement

- Performance based bonuses

- Child care assistance, wellness and employee assistance programs.

Nurses Leave the Bedside

Structure (characteristics of the work environment)	Process (resulting behaviors within the work environment)	Outcome (realized by the RN)
• Understaffed patient care units • Complex patients • Rapid patient turnover • Fragmented/outdated technology • Inefficient workflow • Long & undesirable hours	• Incivility • Bullying • Lack of advocacy • Lack of appreciation • Ineffective leadership	• Stress • Overwhelmed • Compassion fatigue • Lack of autonomy as a professional RN • Injuries

Nurses Stay at the Bedside

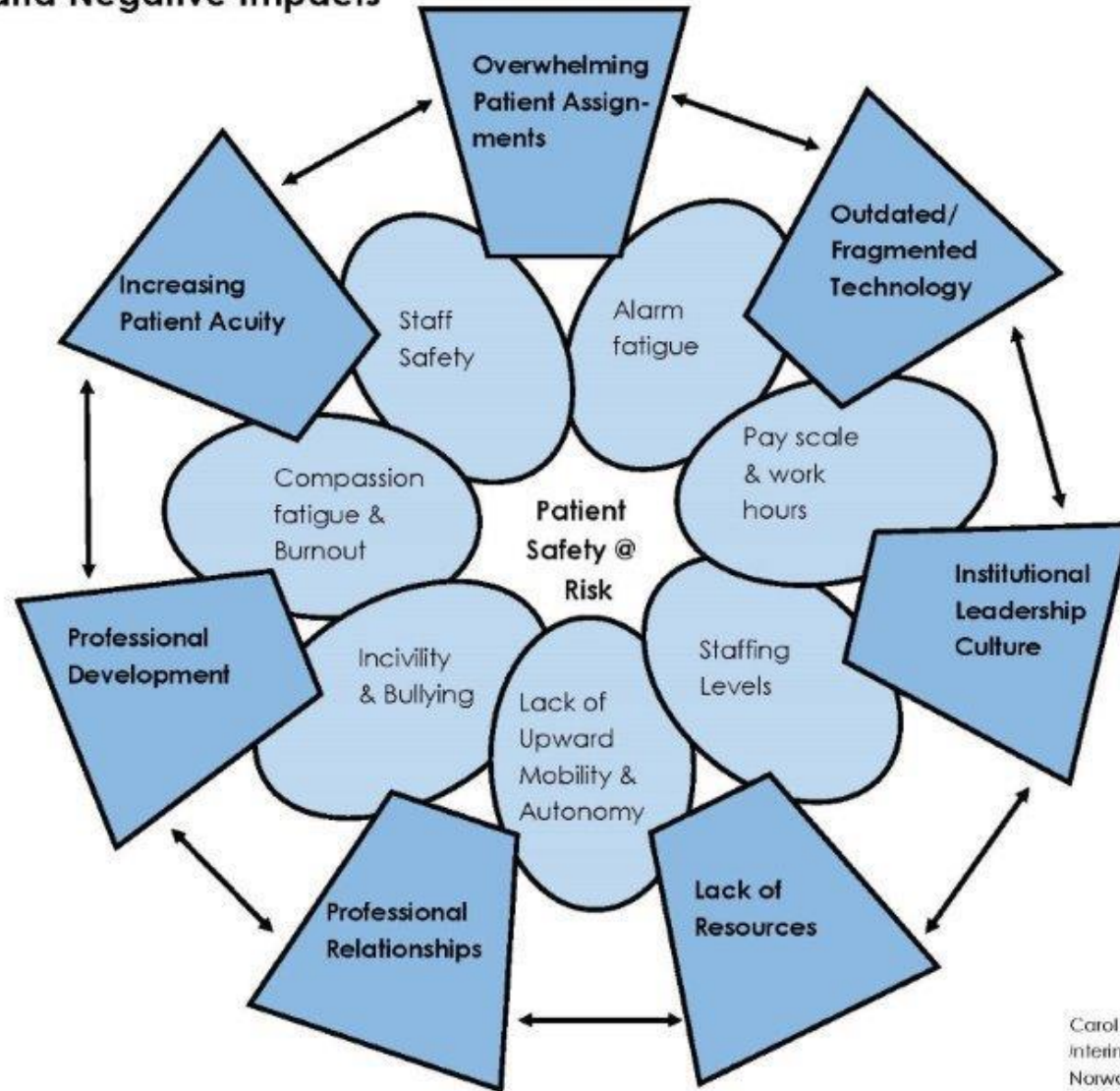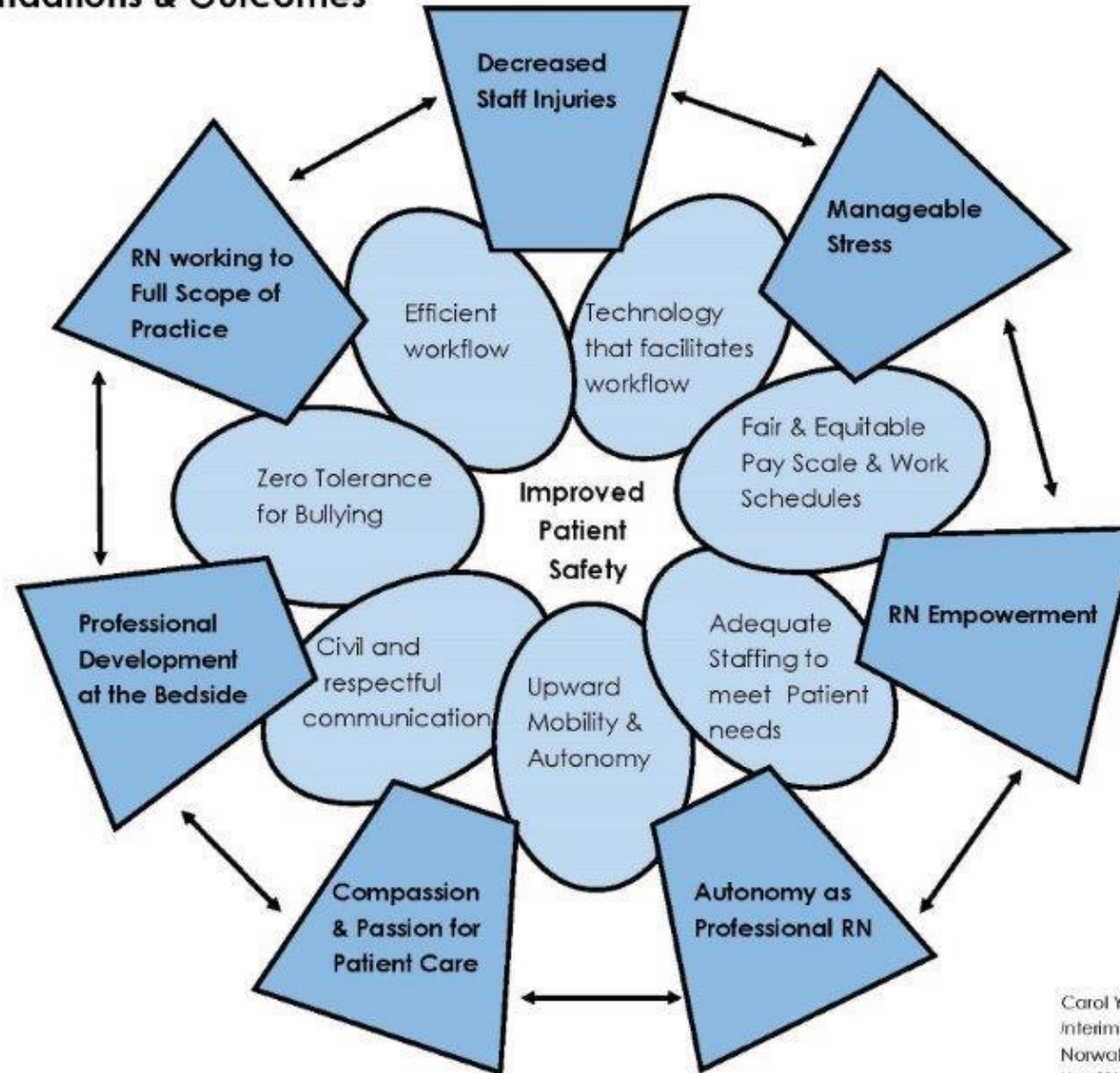| Structure (characteristics of the work environment)	Process (resulting behaviors within the work environment)	Outcome (realized by the RN)
• Patient care units with adequate staffing to meet the complex needs of patients • Managable patient turnover • Technology that faciliates workflow and patient care • Efficient workflow • Managable and fair work schedules	• Civil and respectful communication • Zero tolerance for bullying • A culture of advocacy and appreciation • Effective leadership to empower the RN	• Managable stress • Compassion and passion for the work of nursing and colleagues • Autonomy as a professional RN, practice at the fullest extent of their scope • Decreased injuries

Why Nurses Leave the Bedside ...
Influences and Negative Impacts

Overwhelming Patient Assignments

Outdated/ Fragmented Technology

Increasing Patient Acuity

Staff Safety

Alarm fatigue

Compassion fatigue & Burnout

Patient Safety @ Risk

Pay scale & work hours

Institutional Leadership Culture

Professional Development

Incivility & Bullying

Lack of Upward Mobility & Autonomy

Staffing Levels

Professional Relationships

Lack of Resources

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Why Nurses Stay at the Bedside …
Recommendations & Outcomes

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NEXT STEPS

- Make final edits to the document

- Recommendation to vet the document with the other members of this CHA/CLN group

- Once suggested edits are made, consider sharing with nurse executives

- Post information to the CHA and CLN websites

- Other steps?