

News Briefs

A battle in Britain over nurses'

prescription powers
Health officials in the U.K. announced last month plans to increase prescribing rights for nurses in an effort to improve health care. But editors of *The Lancet*, leading medical journal, have expressed strong opposition to the plan, saying it could have serious consequences and pose unnecessary risks for patients.

Twenty-three thousand nurses are already prescribing drugs in the U.K., and officials would like the numbers to increase to 30,000 by 2004. Physicians have criticized the move, saying more training is needed and warning that nurses do not have the clinical knowledge they need to prescribe drugs. Officials counter that nurse prescribing means improved care.

Utah is short of nurses, but needs them less

The *Deseret News* reports that Utah is among the most severely affected by the nursing shortage, with fewer nurses per capita than only two other states. That's the bad news. The good news is Utah has a young and healthy population that simply doesn't need as many health-care services.

The state has one of the largest populations of young people, and one of the largest populations of elderly, especially those over 90. There is an acute need for long-term care nurses, but everywhere else the number of nurses is equal to the job, thanks in part to the full enrollment in the state's six public and two private universities and colleges with nursing programs.

New laws give nurses a boost

A new law in Florida called the Nursing Shortage Solution Act allows the Florida Department of Health to make loan repayments of up to \$4,000 annually for four years for graduates of accredited nursing schools who work as a nurse in the state.

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Honor Society of Nursing Sigma Theta Tau International

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Evidence, ideas and actions: New reports on the state of the shortage

Three new reports have been released that, when taken together, create a compelling structure for understanding and responding to the shortage of qualified nurses.

One study published by the *New England Journal of Medicine* represents some of the strongest evidence yet that lack of qualified nursing care results in an increase in adverse patient outcomes, including mortality. The other two—one funded by The Robert Wood Johnson Foundation and the other created by the American Hospital Association—propose specific solutions to the challenges of inadequate numbers of qualified nurses.

Each report has something valuable for the members of Sigma Theta Tau International, according to Nancy Dickenson-Hazard, Sigma Theta Tau International's chief executive officer.

"These are an extraordinary validation of what nurses already know. Patient care is suffering not just because there aren't enough nurses in hospitals, but because hospitals aren't bringing nurses fully into the process of creating policies and building cultures and models of care," says Dickenson-Hazard. "Perhaps now these essential issues can move higher on the national agenda."

From *The New England Journal of Medicine*: Clear Evidence

This report, *Nurse-Staffing Levels and the Quality of Care in Hospitals*, was authored by Jack Needleman, PhD, an assistant professor of economics and health policy at the Harvard School of Public Health. Other authors on the report include Peter Buerhaus, RN, PhD, (a member of Sigma Theta Tau's Board of Directors), Soeren Mattke, MD, MPH, Maureen Stewart, BA, and Katya Zelevinsky.

This study used 1997 data for 799 hospitals in 11 states to examine the relation between the level of staffing by nurses and the quality of care. In all, 5,075,969 patient discharge records were examined, including 1,104,659 discharges of surgical patients. The investiga-

tors used regression analyses that controlled for patients' risk of adverse outcomes, differences in the nursing care needed for each hospital's patients, and other variables.

Needleman and his colleagues report that, in the United States, a higher proportion of hours of nursing care provided by registered nurses (registered-nurse-hours) and a greater number of registered-nurse-hours per day are associated with better outcomes for hospitalized patients.

Among medical patients, these outcomes were a shorter length of stay and lower rates of urinary tract infection and upper gastrointestinal bleeding. A higher proportion of registered-nurse-hours was also associated with lower rates of pneumonia, of shock or cardiac arrest, and of death from five causes considered together—pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis, or deep venous thrombosis. The findings for surgical patients were similar, although fewer significant associations were found.

The study found no evidence of an association between a greater number of hours of care per day provided by licensed practical nurses or hours of care per day provided by nurses' aides and better outcomes.

The study size in excess of 5 million patients represents an important response to a 1996 Institute of Medicine report that concluded higher levels of staffing by nurses in nursing homes were linked to higher-quality care, but that the overall data for hospitals were not good enough to "isolate a number-of-RNs effect."

The report has generated media coverage across the nation, including articles in *The New York Times*, *The Wall Street Journal*, *The Chicago Tribune* and *The Los Angeles Times*. National Public Radio has broadcast a feature that explored the study's conclusions. It's been news across the nation, but will it provide the necessary leverage to give nurses the voice needed

EVIDENCE, IDEAS AND ACTIONS... PAGE 4 ▶

Capstone Program eases the transition to clinical careers

Remember your first weeks on your first job in nursing? It's likely that your excitement was equaled by your nervousness. Each year, thousands of nursing school graduates face their first weeks on the job. For many, the stress and confusion will be enough to turn them away from clinical settings where they are so badly needed.

A program underway at the Indiana University School of Nursing (IUSON) is creating a solid base of experience—and with it, increased confidence—for nursing students about to graduate from the baccalaureate program.

The program is a "Capstone" course designed to give students at the end of their formal study an opportunity to solidify knowledge and demonstrate competencies in a clinical environment. Capstone courses aren't new, but by

building the program around a preceptor teaching model, the IUSON has immersed over 300 graduates in various clinical settings and made their transition to work a more confident one.

Hospitals and health agencies in close collaboration

"The key is the active and ongoing involvement from the hospitals and community health agencies," says Connie Rowles, RN, DSN, CNAA. She is the course leader and has directed the efforts to create, fund and manage the program from its inception in 1997. "This program is advanced by the direct involvement of every hospital in the Indianapolis area, as well as a number of regional centers and community health organizations. They are active in monitoring

CAPSTONE PROGRAM... PAGE 3 ▶

Our Position. Our Role. Our Recommendations.

Sigma Theta Tau International recognizes the nursing shortage as a major threat to the future of the world's health care system. We recommend several steps to reverse this trend now instead of later. Sigma Theta Tau recommends the following initiatives:

- Demonstrate to health care leaders that nurses are the critical difference in America's health system.
- Reposition nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making.
- Construct practice environments which are interdisciplinary and build on relationships between nurses, physicians, other health care professionals, patients and communities.
- Create patient care models that encourage professional nurse autonomy and clinical decision making.
- Develop additional evaluation systems which measure the relationship of timely nursing interventions to patient outcomes.
- Establish additional standards and mechanisms for recognition of professional practice environments.
- Develop career enhancement incentives for nurses to pursue professional practice.
- Evaluate the effects of the nursing shortage on the preparation of the next generation of nurse educators, nurse administrators and nurse researchers and take strategic action.
- Implement and sustain a marketing effort that addresses the image of nursing and the recruitment of qualified students into nursing as a career.
- Promote nurses of all educational levels to pursue higher education.
- Develop and implement strategies to promote the retention of RNs and nurse educators in the workforce.



AstraZeneca recently presented Sigma Theta Tau International with a \$4,000 contribution to advance the society's work in continuing education. Presenting the contribution on behalf of the company is Joseph P. Gomes, PharmD, MSA, BCPS, senior medical information scientist. Accepting on behalf of the society is Chief Executive Officer, Nancy Dickenson-Hazard.



Sigma Theta Tau International
Honor Society of Nursing

A new kind of *Excellence* is taking shape

Our work as nurses is a continual effort to improve. We aim to deliver better care. We strive to be better managers, teachers and mentors. We have a passion for the better idea.

Improvement is at the core of our work in creating *Excellence* as well, and with next quarter's issue, you'll discover the next generation of this newsletter that is more informative, more interactive and more useful. In a word, better.

Excellence is migrating to the online environment. All the news and resources contained in the profiles and articles will be exclusively contained in a specially developed section of the Sigma Theta Tau International Web site, nursingsociety.org.

What you'll see there will be an ingenious evolution that embodies what members expect from *Excellence*: A lively, informed perspective on nursing, and expert voices that speak directly to you where you are now in your career. Yet, with this new generation of *Excellence*, you'll also be able to speak directly to us.

Dialogue and Investigation

In moving to an entirely online environment, *Excellence* will become a starting point for conversations between the articles' authors and you. Resources and back-

ground information that help to shape articles will emerge from the background and be made available to you for instant exploration. Back issues will be archived and searchable.

And for those of you who appreciate the ability to take *Excellence* anywhere and read it away from your desk, you will be able to print the entire newsletter in a format that's easy to carry and to read.

Keep watching (both) your mailboxes

Excellence will be entirely and exclusively online with the next issue, but we'll let you know when it's posted and ready for your eyes. Next quarter, a postcard announcing the new issue and highlighting some of the top articles will arrive in members' postal mailboxes. Members who have shared their e-mail addresses with Sigma Theta Tau International will receive an e-mail with immediate links to the new issue.

Future issues will be announced from the society's Web site and through e-mail to members. Which brings up a good question: Do we have your e-mail address?

By registering an e-mail address with Sigma Theta Tau International, you'll be among the first to know when a new *Excellence* is available and what's waiting there for you to explore. It's important to note that this is not an invitation to flood your inbox. The Sigma Theta Tau International policy on spam is very clear and can be viewed at www.nursingsociety.org/new/privacy.html. While you're there, click over to www.nursingsociety.org/publications/excellence.html to enter your name and e-mail.

Excellence is changing to reflect the way nurses and nursing careers are changing. We're becoming more responsive, informed and connected. It's going to be an exciting transition, and we invite you to share it with us.

Thinking outside the campus: Non-traditional educational programs that get nurses into positions to lead.

Tomorrow's nurse leaders must come from more than major universities and schools of nursing. In one program, students in high school are given the exposure and experience that sets the table for a nursing career, and in another, foreign-born nurses are given the assistance needed to begin practicing in the United States.

In California: A high school nursing academy

Students at a medical magnet high school in Santa Clara have been taking advantage of programs that introduce them to nursing and to allied health fields. The programs originate with the California's Regional Health Occupational Resource Center (RHORC) in the Bay Area Region. Programs include visits of clinical settings, speakers and course work. Students are prepared to continue their academic career in

nursing or other health fields, or to enter their training as a nurse assistant. "The programs are terrific introductions," says Katherine Ricossa, RN, MS, business management/development specialist for the RHORC. "Most RNs came to the field after having some experience with health care early in their lives. Of course, some of our students are not initially focused on a degreed program; many others are. Either way, we're giving them a head start on a great career right when they are thinking about what they want to do with their lives. That's good for nursing, wherever they end up."

A full curriculum in development

Thanks to a grant from Alza Pharmaceuticals, a Johnson & Johnson company, the RHORC is leading the effort to develop a three-

year curriculum that builds on the programs already in place at the medical magnet high school.

"This curriculum is going to give these students a comprehensive and direct experience with nursing and the health-care industry," says Ricossa. "We will be blending basic skills like text reading and math with physiology and chemistry."

The new course of study begins in the sophomore year with observation, seminars and mentoring programs. In the junior year, the students will be introduced to basic physiology and get exposure to various diseases states through respective clinical experts and advocacy groups. The senior year will culminate with chemistry and continued clinical exposures.

Reaching into the community colleges

Ricossa and the RHORC also are taking nursing into the nine community colleges in the region. Through speakers, seminars and visits to clinical settings, students interested in nursing and health-care programs are learning more about the degreed programs and getting the help needed to complete academic prerequisites.

Ricossa adds, "Our mission in those settings is to foster upward mobility among students and nurse assistants. The nursing shortage in California is going to get worse with proposed legislation that mandates set ratios of patients to licensed nurses. If we're going to hit the numbers, we have to get out of 'semester-thinking' and find ways to develop the nurses from inside the profession as well as out."

In Washington D.C.: Bringing foreign-born nurses into U.S. hospitals

A wealth of nursing talent is sitting

unused outside the U.S. health-care system. Thousands of nurses with foreign credentials are living here, but not working because they do not have the appropriate license, or the cultural barriers have prevented them from remaining in the field.

Gihan ElGindy, RN, MSN, is working to change that.

ElGindy is an independent consultant and trainer in health, nursing, cross-culture, education and business entrepreneurship. She is the owner and founder of the Transcultural Educational Center (TEC). She was born in Egypt and earned her master's degree from the Catholic University of America. She has practiced nursing and business in Africa, Asia and the United States.

Through the TEC, she is reaching out to foreign-born nurses with a program and one-on-one consulting that prepares them to practice in the U.S. In courses that have been developing since 1984, ElGindy has helped thousands of nurses begin working as LPNs and RNs.

"Ninety-three percent of our enrollees passed their examinations and were licensed as nurses," says ElGindy. The program's success has also attracted a major collaborator, Kaplan.

Now, in collaboration with Kaplan, the programs are integrated into their course offerings and taught by Kaplan instructors.

Bridging cultural differences, one nurse at a time

ElGindy is also engaged in the work of helping licensed nurses of foreign origin acclimate to the U.S. health-care system and to their individual hospital or place of work. "Every country has its own way of delivering care. The basics may be the same, but the environments and the cultures can be so different that a nurse can quickly get off track here. Our job is to keep good nurses on the job treating patients."

That means consulting with hospitals all along the East Coast to help them understand cross-cultural issues related to delivery of care and helping nurses on an individual basis to understand their current environment and to adapt to it effectively.

Sigma Theta Tau walks against Alzheimer's disease

Sigma Theta Tau is launching a new initiative with the Alzheimer's Association through their nationwide fundraising event, Memory Walk.

The society has committed to take part in the National Team Initiative by encouraging members to form Memory Walk Teams. A National Memory Walk Team is a group of 10 or more individuals

walking together as a single nationwide entity.

Chapters can get involved by selecting a team captain, who will recruit team members and set team goals. If you are interested in becoming a team captain or have questions about Memory Walk, contact Lauren Hickel, National Team Recruitment, Memory Walk at 800.272.3900.

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Director of Clinical Nursing Research
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The knowledge momentum continues:

Young bike riders are safer wearing a helmet

By wearing a helmet when riding a bike, children and adolescents can prevent serious head injuries among. But that simple and powerful fact has yet to create a large-scale change on the sidewalks, streets and driveways of the world, according to a review of helmet use and legislation recently published on Sigma Theta Tau International's Online Journal of Knowledge Synthesis for Nursing.

The review of current research, entitled Promotion of Safety Helmets for Child Bicyclists: 2002 Update, was conducted by Sherrilyn Coffman, DNS, APN, CPN

In the review, Coffman has aggregated the current research that continues to show that bicycle helmets prevent serious injury and death in cyclists of all ages. The purpose of the review was to update information on the use and protective effect of bicycle helmets for child cyclists. Not surprisingly, trauma center data reveals that most seriously injured victims of bicycle collisions are non-helmeted riders.

The review also includes a survey of legislative and community education programs that either require or stress helmet use among children and adolescents, including an interesting and

unexpected connection between mandatory helmet laws and a decrease in overall bike ridership among children.

Adding the informed voices of nurses

The implications for nurses are many. They are often in advantageous positions to encourage helmet use by educating children and parents. Nurses can add credibility and present medical evidence as part of community-based education and advocacy programs.

Nurses can even help add to the knowledge base on this timely issue.

Nurse researchers can initiate studies that examine factors such as parental rules and adolescent risk-taking—two less understood factors in this very preventable injury.

Summer is here. The issue is hot.

With this new review as further evidence, nurses can be confident in stressing helmet use among their patients, and within their communities.

CAPSTONE PROGRAM ... FROM PAGE 1

and evaluating the program, making adjustments as necessary and, of course, identifying the right preceptors from their staff."

What's the difference between this program and a typical undergraduate clinical course? "Concentrated time," according to Rowles. "Students work the same hours as their preceptor. If it happens on the preceptor's shift, it happens to the student. It's not a course as much as it is a short-term job."

Pick your preceptor. Pick your setting.

The capstone course is a requirement to graduation and is offered during the last month of the last semester when all other clinical nursing courses have been completed. Students use a

Web site developed exclusively for the program to identify and select the preceptor they wish to work beside. Over 200 preceptors are registered and profiled in the online database, and they are working in a variety of settings, from acute care units like ICU and emergency, to urban clinics, to occupational therapy centers.

The program is funded, in part, through a \$100,000 grant from Clarian Health Values Fund for Education. The money was used to develop the course, create the Web site, train the preceptors and support the ongoing program maintenance.

Rowles concludes, "Our feedback and formal evaluations tell us the course has been successful in meeting all expectations, including our students'."

Interview with a Preceptor

Cheryl Heer, RN, is a staff nurse in the ICU at Community Hospital North, in Indianapolis. She spoke with *Excellence* about her experiences as a preceptor in the IUSON capstone program.

Excellence: Take us through your interaction with a student.

Heer: As you can imagine, the ICU can be an intimidating place even to students who have spent time on the unit through course work. The patients are sicker here than anywhere else in the hospital, and the equipment appears very difficult to use and monitor. So, their first few shifts are spent charting and observing. Our first goal is to defuse some of the fear and intimidation that just naturally occurs.

Excellence: Then what?

Heer: We get to work. The students stay close to me as I manage the hour-by-hour care of each patient... they're in on my conversations with the physician...and they are part of the family interactions. They are participating in all clinical functions, on every shift I take for a month or so. All in all, it's well over 100 hours.

Excellence: What's the goal for the end of that period?

Heer: These are smart, young nurses. Our goal is to give them the confidence to do the kinds of critical thinking they have been preparing for. They have a lot of great knowl-

edge, and we help them move past the blocks to being able to use it.

Excellence: Completing tasks is not the same as making decisions.

Heer: Exactly, and this program brings them through the process and gets them ready to make those critical decisions. They have a lot left to experience, but they also can move more confidently in the unit.

Excellence: Is the program working?

Heer: I think the program is succeeding overall, and I know my students have done quite well in their school-to-work transition. I just spoke by phone with a former student who is now an RN in Phoenix. She is working in an ICU there and told me that she could not have imagined entering that unit and doing what was expected of her in so short a time without the training she received in this course. Other preceptors tell similar stories.

Excellence: What did this particular nurse see during her course?

Heer: Everything, including a very rough death—a 35-year-old breast cancer patient who coded several times and was eventually treated for comfort only. She was taken off the ventilator and died shortly thereafter. This nurse was there to share it all with the family. It was as real as the ICU gets, and she needed to understand that if a critical care career is for her.

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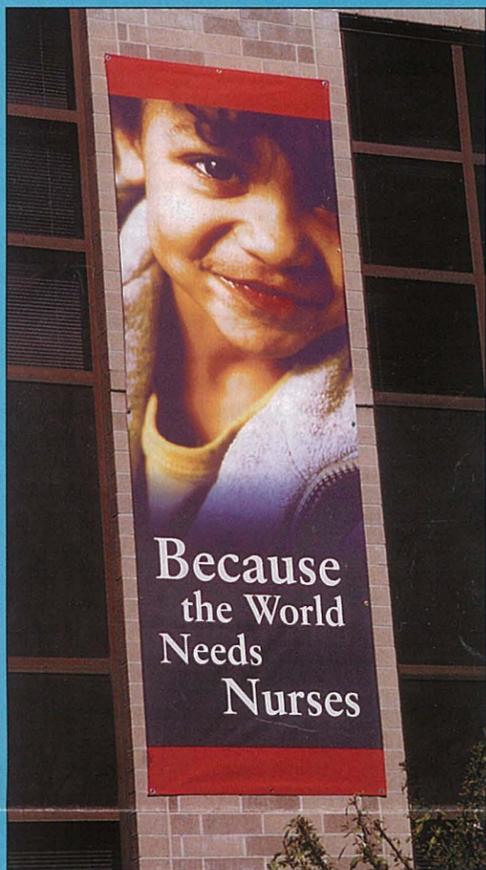


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Honor Society of Nursing

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Celebrating nurses as a society, and as a nation



National Nurses Week was marked by the society in a number of ways. Banners hung from the Center for Nursing Scholarship for an entire month; e-mail messages were sent to over 50,000 society members with words of appreciation and an offer to complete an online case study for free and earn two CE credits.

Present your work at the 2003 Biennial Convention

The Honor Society of Nursing's 2003 Biennial Convention will be held in Toronto, Canada, from November 1 through 5. The call for abstracts and presentations has begun.

Check the society's Web site at www.nursing.society.org for submission requirements and deadlines.

Share your knowledge and advance nursing.

EVIDENCE, IDEAS AND ACTIONS... FROM PAGE 1

to affect change? "It can," according to Dickenson-Hazard, "if we have the capacity to create long-term, effective solutions and the strength to put them in action."

From The Robert Wood Johnson Foundation: Re-Envisioning Nursing

In a report entitled "Health Care's Human Crisis: The American Nursing Shortage" authors Bobbi Kimball, RN, MBA, and Edward O'Neil, PhD, MPA, of Health Workforce Solutions conclude that the complex and enduring nature of the current nursing shortage requires bold new solutions.

The study and report were funded by The Robert Wood Johnson Foundation and calls on the philanthropic sector to provide the crucial leadership and resources to help create and fund new solutions.

The authors' central solution is the formation of an independent body of nursing and health-care stakeholders to address the shortage and the reasons behind it. They call for the creation of a National Forum to Advance Nursing. This new organization would, as envisioned in the report, build upon the vast numbers of activities that are already underway, acknowledge their value and, ultimately, help nurses and nursing by further advancing the profession.

The proposed National Forum would focus on four strategic areas:

- Create new nursing models that address both the current shortage and broader health and social issues.
- Reinvent nursing education and work environments to align with a new generation of nurses.
- Establish a national workforce measurement and data collection system.
- Create a clearinghouse of effective strategies to advance cultural change within the nursing profession.

According to the report, "If lessons from the nursing shortage are any guide, addressing a systemic problem requires the input of all of those who have a stake in that system. The National Forum to Advance Nursing would provide the necessary structure to bring together all stakeholders in a collective effort to develop meaningful, lasting solutions to the American nursing shortage."

"Sigma Theta Tau will be at that table," responds Dickenson-Hazard. "This organization is already actively engaged—at an international level—addressing the nursing shortage and the issues behind it. We look forward to adding the voices of nurse leaders, scholars, educators and researchers."

From the American Hospital Association: Challenging Leaders to Change

The Commission of Workforce, a multi-disciplinary task force of the American Hospital Association (AHA), has recently published a detailed set of recommendations for hospital leadership entitled "IN OUR HANDS: How Hospital Leaders Can Build A Thriving Workforce."

The report places nurses at the center of several of its clear and comprehensive recommendations saying "While technology, market share, financial

performance, physician recruitment and facilities management are all important to a hospital's success, they fail to include an important truth: health care is always about people caring for people."

The report recommends that hospital workers, with nurses at the center, must be included in a human resource strategy based on continual input and a partnership model.

According to Dickenson-Hazard, "This report—aimed at hospital directors and administrators—is unequivocal in its language that so many current programs are not working. Clearly, a new model of care is required that lets nurses do what they do best, and it's encouraging to see administrators reading what nursing has been saying for years."

The AHA task force report makes five broad recommendations then balances each with the significant challenges that stand in the way. Concrete strategic and tactical recommendations are attached to each recommendation, supported by existing background data (when available) and profiles of hospitals (including individual administrators, complete with contact information) that succeeded in implementing tactics that have made measurable differences in care or positive contributions to the hospital's culture.

The categories forming the cores of the strategic and tactical recommendations are:

- Foster meaningful work
- Improve workplace partnerships
- Broaden the base of workers
- Collaborate with other hospitals
- Build societal support

This report calls for immediate and sustained action by hospitals, associations, schools and universities, foundations, and others—but identifies hospital leaders as the keys to making changes to address the current shortage and prevent a long-term crisis. In words of the report, "The changes are not easy...but they are necessary."

Nurse-Staffing Levels and the Quality of Care in Hospitals

By Jack Needleman, PhD, Peter Buerhaus, RN, PhD, Soeren Mattke, MD, MPH, Maureen Stewart, BA, and Katya Zelevinsky.

Published by *The New England Journal of Medicine*

www.content.nejm.org

Health Care's Human Crisis: The American Nursing Shortage

By Bobbi Kimball, RN, MBA, and Edward O'Neil, PhD, MPA, of Health Workforce Solutions

Funded by The Robert Wood Johnson Foundation
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IN OUR HANDS: How Hospital Leaders Can Build A Thriving Workforce

By the Commission of Workforce, a multi-disciplinary task force of the American Hospital Association (AHA)
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