"Thank you" Isn't Enough

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The Dilemma:

There is a major health care system dilemma related to the nursing situation within Canada. While the nursing profession and its value to health care is receiving increased attention, the pressure on governments and management to ensure health care efficiency and control cost escalation is directly contributing to the intolerable workload and stressful environment in which care is provided. The current instability, workload and environmental deficiencies are imbedded in the 'benchmarks' thus perpetuating the current unacceptable health care work environment within which the professionals work. In this article, some of the current anomalies are outlined with a view to encouraging and perhaps, provoking discussion.

Introduction:

In his recently published book, 'Critical Care', Andre Picard states, "Nurses have borne the brunt of financial cutbacks in the health care system..... the workload increases unrelentingly as the population ages, health care staffing declines, and more and more tasks are off-loaded onto nurses." (p. 5) In addition, we hear nurses and the nursing profession indicating that lack of respect is confronted on a daily basis....lack of respect from colleagues, from the public, and various levels of government. In most cases nurses will tell you that they are unable to provide the patient care that is necessary and must priorize to focus on aspects of care such as treatment and medication. Time for ambulation of patients is sacrificed, patients confined to bed are turned less frequently, patient education diminishes, and support to the patient and family members is not adequate. While there is a critical need for more research in the area of patient outcomes, some current research indicates that these care elements (and others) being sacrificed impact negatively on patient outcome. In addition, the physically- and mentally-stressful patient care environment leads to frustration, ethical conflict (in being unable to provide the care which the nurse knows should be provided), and work-related stress and injuries thereby directly resulting in retention and recruitment problems.

"Focus on Nursing"

Today, Nursing has the attention of government and employers. There is well meant acknowledgement that nurses are fundamental to the integrity and quality of the health care system. Many studies are underway at all levels to assist in accurate identification of the extent and timing of the nursing human resource requirements and to determine the most effective menu of retention and recruitment strategies. Governments, health care boards and the public are conveying their support for the nursing profession, looking at various ways to do this order to ensure effective support. This is encouraging. These verbal promises, however, are hollow, almost 'token' acknowledgements of the value of nurses to our health care system.

Why does the working environment continue to be so stressful? The reason is that many of the 'solutions' do not seem to be effectively targeted, and are superficial at best. Nurses continue to refer to **lack of respect**.

What is Lack of Respect?

Over and over again, the statement 'lack of respect for nursing' is echoed. What does it mean? Following many discussions with nurses who are providing care, lack of respect is conveyed to the nurses by the following situations.

First, in some patient care environments there is excellent teamwork and mutual respect. However in others there is a periodic lack of tolerance, lack of mutual understanding, an impatience, internally and externally from colleagues (physicians, management, other health care team members) and patients/families. This is not manifest in all patient care areas, but all nurses have experienced degrees of it. This is interpreted by nurses as 'lack of respect'. This may partially be due to the fact that most members of the health care team are under stress, inside and outside their work environment, resulting in this increasing discord between co-workers. The public is more demanding and situations of verbal or physical assault are on the rise. The fuses are short. Comments such as "you should be able to cope with this situation" or "if this patient dies its your fault".. are actual statements made to nurses by colleagues or the public, sometimes at the bedside, in front of patients and families. The integrity of the health care team is suffering in our stressful environment.

Second, as health care budgets were cut over the past decade, the initial ones have been targeted at the support departments such as housekeeping, supply, processing, and distribution, dietetics and physical plant. The intent was to minimize the reduction in nurses....to reduce direct patient care budgets only as a last resort. Ironically these departmental cuts have removed vital support which frees the nurse to provide care effectively. Examples of the impact of support department cuts include: lack of adequate supplies such as linen, wheelchairs, IV pumps; the need for repeated calls to have problems attended to. What has further angered the nurses is that they are rarely contacted for input into support department changes, informed only after they have been made. "Obviously management does not understand how

important support services are to enabling us to provide effective care".

Evidence is clear that when support department hours decrease, nursing hours increase. If there is a spill on the floor, and no housekeeping staff nearby, who wipes up the spill so that staff and family members will not slip? If there is no one to hand out dinner trays, who hands them out to ensure the patients receive their meal? If the patient must be transferred to a private room for infection control reasons, and there is no team assigned to this task, who moves the furniture in order to place the patient in the appropriate area? The answer to all these questions is the same—the nurse. The message of 'lack of respect for nurses' is communicated with the lack of attention to the health care environment and lack of recognition of the critical role fulfilled by support department staff that enable the nurse to do his/her work.

The Outcome?

As support department hours decrease and nurses assume some of those responsibilities, simultaneously the nurses are dealing with the impact of changes such as increasing patient acuity, aging patients, advanced technology, diagnostics and therapies, an increase in verbal and physical abuse, high occupancy rates and staffing shortages. The result? An even greater proportionate increase in workload and in nursing hours. The imperative to stretch the support department staff and nursing workload elastic in order to control deficit budgets, to accelerate the pace and stress level is interpreted by the nurses as 'lack of respect' and untenable. "If we were respected, we would not have to fight to have staffing levels adjusted and to have effective support in place." A comment made by full-time nurses which is increasingly heard today is "I'm seriously thinking of leaving my full-time position and switching to part-time or casual work in order to control my workload".

The research (lead by Dr. Eva Grunfeld and reported in the Canadian Medical Association Journal) results revealed burnout, low morale and stress among cancer care workers. High levels of emotional exhaustion were reported.
It is identified that the high degree of restructuring of the health care system which has been experienced over the past decade, as a cost saving strategy, has played a key role in fuelling the instability and stress of the health care environment.

Data Reporting to Government

With the front and centre goal of improving the quality of worklife for nurses, why are the steps being taken by governments and boards having minimal impact? What is inhibiting our ability to effectively deal with improving the environment? One explanation, as outlined below, is that the mandatory data which is reported to the Ministry of Health in order to track many data elements such as nursing worked hours, and support department hours is, ironically, actively working against decision-makers in being able to effectively improve the quality of worklife and the environment within which nurses work. Why is this working against our attempts to improve the working environment?

Within the Ontario hospital sector, nursing worked hours are reported annually to the Ministry as part of the operating plan and annually as part of the trial balance submission. These hours are 'representative' of the hours of nursing care that were provided to patients. However, what is being reported is hours of care which were provided, not the care that should have been provided. For example, in one scenario, if nurses on a unit or program worked 'minus one nurse' on a shift due to an unexpected absence of a colleague (and attempts to find a replacement for that nurse were unsuccessful), then the nursing hours reported reflect the absence of that nurse. In another scenario, if a patient requires ambulation 4 times each day but the nurse only has time to ambulate twice each day the worked hours of care reflect that lowered standard. Consequently, the worked nursing hours reported are hours which reflect and reinforce the less than appropriate hours of care being provided, and nursing care which is being provided at an intensity of pace which can no longer be sustained.

As these worked hours are submitted and then compared from hospital to hospital (as worked hours per patient day) there is a false assumption that those reported hours reflect a relative efficiency and productivity – that the nurse staffing was appropriate (or not) and the standard of care provided was appropriate. While the hours are realistic for that shift, they do not demonstrate realities such as the fact that the nurses on that unit worked short-handed, another nurse worked overtime for a few hours and essentially, that, the necessary care was not provided.

In addition, the reported nursing workload measurement data is primarily collected retrospectively (as with workload data of other professions such as physiotherapy). Retrospective data reflects the care provided, not the care required and is no reflection on the stress experienced by the staff at that time.

It is important to note that support service hours are reported as well to the ministry and tracked in a similar way.

In addition to reporting of these numbers to the Ministry of Health, annually the HayGroup conducts a Benchmarking Comparison of Canadian Hospitals. "The Annual ACTH Benchmarking Study is designed to help participating hospitals identify high performing clinical and operational processes at peer hospitals that can serve as a model or bench-

mark for improving these processes at their hospitals. The results of this year's study provide meaningful information to help the participating organizations improve the efficiency and quality of their care processes" (p. 3, 1999 report).

In this report, those nursing worked hours are reported in several tables such as: Acute Inpatient Nursing Total Worked Hours per Weighted Case, and Total Emergency Worked Hours per Emergency Visit. It is important to report these hours, these 'actual' hours because they partially explain our current costs. Food Services and Housekeeping worked hours and Physical Plant net cost is comparatively reported as well. These hours do not reflect the tense environment within which nursing care was provided, an environment that is not sustainable and is quickly becoming inefficient and ineffective.

The situation is compounded in that these 'actual' hours end up becoming the standard/norm or target of the organization, for which 'nursing' and 'support services' must continue to reduce hours of care or justify why they are not as low as another organization. As these comparison reports are released, government and management immediately look to which peer organization has the least number of worked hours per patient day, urging their own organization to drive the hours down to that artificial 'benchmark' erroneously assumed to represent efficiency, and quality care.

Given the financial situation faced by many hospitals and the escalating costs of health care, it is understandable why boards, CEOs and governments aggressively review the data of a 'comparable' institution which may seem to be providing care at fewer hours. Understandably as nursing hours rise, costs escalate. Consequently with the focus on the cost/case, on the worked nursing hours/weighted case, the nursing standards continue to be pushed down and the stressful nursing environment becomes entrenched. Nurses, the professionals that they are, are resisting this compromise to their patient care standards and are consequently working harder and harder.

The Dilemma and the Irony

The irony of the situation is that governments, boards, and the public are saying that nurses require more respect, that nurses are working too hard, that the quality of worklife must improve. Yet, at the same time, those same government and hospital board/administrations (less so the public) keep saying that nurses and the support departments must do more with less, that costs are escalating too much, that we need to provide the same care and service with fewer hours of staff time.

A Solution

In order to demonstrate respect towards nurses and take constructive steps to decreasing the stress in the environment, the staffing hours must be expected and permitted to increase resulting in an increase in the proportionate number of hour worked per patient. It would be management's responsibility in consultation with nursing to determine how additional hours might best be allocated. In many situations more staff within support departments would have significant positive impact on nurses and patient care. This could mean that if there are usually six nurses on a day shift, increasing to seven nurses for the same number of patients and same diagnosis may be required.

Patient Outcomes or Profession Outcomes?

Has quality of patient care suffered through the last few years of budget cutbacks? Some critics may say that the 'efficiency' button can be pushed farther because there is minimal, if any, indication that patient care has been negatively affected by budget reductions. Patients continue to be admitted and discharged, day care programs are provided reasonably effectively, patient satisfaction survey results are surprisingly good. This author suggests that the impact of our health care system changes may not be negatively reflected in patient care indicators for another five or more years. Added to this is that fact that in most cases we do not measure or have not yet discovered— what and how to measure those patient outcomes that are most indicative of quality of care.

While patient outcomes seem minimally affected at this time by the health care system/nursing pressures, what about the impacts within the profession of nursing, and the other health care professions? Although this article focuses on nursing, the medical profession and many others relate a similar story. Nurses have the highest absenteeism rate of the health care professions. The number of work-related injuries, e.g. back injuries, is astounding. Stress is an increasing reason for absence. The quality of worklife is affecting retention and recruitment. Are these not valid indicators of problems in the health care system? Should they not lead to questions about the methods utilized to measure efficiency and productivity?

The message of sincere respect for nurses and improvement to their quality of worklife will be superficially communicated until we acknowledge and address this fundamental reporting dilemma and contradiction. We cannot say we respect nursing, while continuing to drive down the number of worked nursing hours and those of the health care team.

For the nursing crisis to be effectively addressed, the financial and statistic reporting upon which decisions are made by boards, administration and government requires serious review. We can say 'thank you' to nurses repetitively but if workload and other factors contributing to their situation are ignored, and the need for injection of funds is ignored, our retention and recruitment efforts will be fruitless.

Nurses For Hire?

If funds for additional nursing positions are found, will there be sufficient nurses available to hire? With an initial influx of funds targeted to increase the worked hours/weighted case, if nurses are not available to hire then some beds may need to close and some clinic activity reduced. This would demonstrate a true commitment to decreasing the work load (resulting in an increase in the worked hours/patient or visit) and the stress. With time, within a few months, there would in fact be more nurses available as stress and absenteeism decreases, leading to potential cost savings and the evolution of other benefits as they evolve.

Conclusion

Unless the push to decrease nursing and support service worked hours stops, until there are valid and reliable benchmarks created, until there is a recognition that the current health care environment is burning out the staff, until the 'benchmark' of lowest worked hours/weight case is recognized as an erroneous benchmark, until additional funding is obtained to increase the hours/patient day with appropriate support from departments such as housekeeping and dietary, the inevitable major nursing shortage which is looming will become reality. At that point, the impact on patients will be painfully apparent.

There is currently a vicious cycle of attempts to decrease costs, while acuity increases, the average age of patients increase, the complexity of diagnostics and therapies increase, and support department structures decrease. The result is heavier nursing workload, increasing stress, increasing absenteeism, staff working overtime, poor morale, negative publicity, retention difficulties and recruitment challenges. We must break this cycle—the point at which to do that is obvious.

Nursing is a wonderful profession. Respect the profession, respect the nurses, respect our patients. Aggressively deal with the contradiction that we continue to try to decrease nursing worked hours yet improve the quality of worklife. More than words are needed.

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