

Evidence-Based Research in Nursing Administration: The Time Is Now

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The paper “Working in Canada or the United States: Perceptions of Canadian Nurses Living in a Border Community” by Cameron, Armstrong-Stassen, Rajacich and Freeman sheds new light on the recruitment and retention factors that influence the reasons nurses select certain work environments. In a border city where Canadian nurses have a choice between working in the United States or Canada, the researchers found that full-time employment was the most important factor attracting nurses to specific institutions, followed by educational opportunities, relationships with physicians and supervisors, and scheduling that is compatible with the nurse’s lifestyle. While these employment factors have been identified in the past, the research reminds us of the importance of focusing on the elements that attract nurses to specific healthcare institutions and encourage them to remain, as well as the relative importance of these factors.

The study also reminds us of impending staffing shortages on the horizon. Some parts of the country have already initiated interventions in an effort to reduce the impact. In Ontario since 2005, the New Graduate Initiative has been successful in increasing the number of full-time RN nursing staff positions in acute care settings from 42.5% to 64.7%, and full-time RPN positions from 14% to 22.6% (Baumann et al. 2008). This initiative has had major impact in keeping nurses in the province, predominantly through the attraction of full-time positions. Nurse executives have also noted that the slowing economy seems to have reduced the attrition and retirement rate in the same institutions, a trend that may be short-lived as the economy recovers and the cohort of nurses eligible for retirement increases.

The economic downturn has also generated renewed requirement to control healthcare costs, including exploring alternative models for nursing care delivery,

and changing the skill mix of nurses and non-regulated professionals. Models of nursing care delivery, including interprofessional care, should be distinguished from changing skill mixes. At the Canadian Nurses Association Annual General Meeting last June in Halifax, an open “standing-room only” forum to discuss changes in models of nursing care delivery and skill mix was attended by nurses from across the country, revealing an intense interest in these related topics.

Different models of nursing care delivery were described briefly from nurses working in Saskatchewan, Nova Scotia and Ontario. Some representatives also discussed the regional mandates to change skill mix, influenced more by economic pressures than by evidence-based practice. Unlike the cost-cutting exercises of the mid-1990s, which eliminated large numbers of nursing positions, nurse executives, provincial nursing representatives and national nursing bodies are all reaching out to one another to share findings from research on different models of nursing care, and to suggest ways to use research tools to produce better metrics to evaluate alternative approaches to patient care delivery. In addition, nurse executives facing recommendations from consulting firms to change skill mix as a cost-cutting strategy have been successful at using research methods to measure the acuity and complexity of nursing care and, in turn, successfully challenge assertions from external consultants. This approach has been successful in a number of hospitals across the country, and supports the urgent need to find effective ways to measure what nurses do, together with the central role that nurses play in patient care delivery.

The central message from the CNA forum is that we need to explore new models of nursing care delivery and changes in skill mix, such as using nurse practitioners in new settings, as well as working with other health professionals to enhance interprofessional opportunities. Members of the ACEN executive are working with the CNA to explore ways in which nurse leaders, provincial nursing directors and the provincial associations can share results of research on models of nursing care delivery, skill mix and potential applications. Although there are strong economic incentives to focus primarily on efficiencies and strategies to cut costs, the stakes are very high. We have entered a new era of evidence-based medicine. At the same time, we need to adopt a culture of evidence-based administration, using models of nursing care delivery that are not based solely on cost saving, but have been evaluated on robust nursing research and supported by reality testing from front-line staff as well as nursing managers.

The study by Cameron and colleagues published in this issue of *CJNL* is an excellent example of how research that focuses on important questions, using effective methods, can help guide nurse leaders in administrative roles in making important decisions and taking action. The time for evidence-based research in nursing administration is now, when it is more important than ever before.

Reference

Baumann, A., M. Hunsberger, D. Idriss, M. Alameddine and D. Grinspun. 2008 (June). *Employment of Nursing Graduates: Evaluation of a Provincial Policy Strategy*. Health Human Resources Series No. 10. Toronto: Nursing Health Services Research Unit. Retrieved August 6, 2010. <<http://www.nhsru.com/documents/Series%2010%20Employment%20of%20Nursing%20Graduates.pdf>>.

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