

AT WORK

Hospitals Improve Working Conditions To Battle Nursing Shortage

By V. DION HAYNES | Washington Post

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PHYSICAL THERAPIST Kim Harris, left, and nurse Tara Allen use a lift to move Robert Hermann from a recliner to the bed in his room at the UConn Medical Center in Farmington. Such devices are becoming commonplace in hospitals, as nurses demand better working conditions. (JOHN WOIKE / October 8, 2008)

Nurse Jennifer Dimmick helped her 71-year-old patient, George Mulligan, struggle from a chair to his feet for his daily walk around the corridor outside his hospital room.

In the days after Mulligan's aortic valve replacement surgery, Dimmick was preparing him to care for himself after his discharge, showing him ways to lift himself while protecting his incision and playing videotapes about dressing wounds and the proper use of a breathing device. The hospital introduced the education program after Dimmick and other nurses discovered an unusually high readmission rate for heart patients.

Hospitals nationwide are grappling with a nursing shortage that is projected to worsen in the next two decades. As a result, hospitals are increasingly responding with a new recruitment and retention strategy, giving nurses such as Dimmick much more say in their patients' care.

Five years ago, hospitals waged intense bidding wars to fill nursing vacancies, luring nurses with huge signing bonuses and even sport-utility vehicles and vacations to the Bahamas. Those efforts often only served to exacerbate turnover, as nurses remained in jobs just long enough to claim their prizes before moving to other hospitals with better incentives.

As it turns out, many nurses want better working conditions more than they do extra money.

Hospitals are responding by introducing technology to reduce paperwork, offering more flexible hours, reducing caseloads, paying for advanced training and giving nurses more authority.

Like their counterparts throughout the country, hospital administrators in Connecticut are focused on improving working life for their nurses so they'll stick around. They're paying for advanced degrees, buying equipment that reduces physical demands and offering more flexible schedules.

"Everybody's competing for the experienced nurse," said Ellen Leone, director of nursing at the [University of Connecticut Health Center](#) in [Farmington](#).

For example, Leone said [UConn](#) will help put promising registered nurses through full-time master's degree programs to become nurse practitioners while paying their full salaries in exchange for a work commitment.

UConn has also been buying mechanical lifts to help nurses move patients, especially useful for an increasingly obese patient population.

The Hospital of St. Raphael in [New Haven](#) allows nurses to work 12-, 8- or 4-hour shifts, and last year it adopted a Web-based scheduling system so that nurses can

request shifts from home. Previously they had to be at the hospital to see what was available on a paper schedule.

"Scheduling is, believe me, the No. 1 issue," said Mary Kuncas, St. Raphael's vice president for patient services. Inova [Fairfax Hospital](#) in [Virginia](#) recently introduced a state-of-the-art data system — consisting of video monitors and other equipment that tracks the vital signs of intensive care patients — to reduce the amount of time nurses spend filling out paperwork. It also has established a concierge that offers such services as dry cleaning and movie tickets for busy nurses trying to juggle their professional and personal lives.

"Autonomy is a big thing," said Dimmick, who has been at her Virginia hospital for 7½ years. "It's important for me to know that what I do matters."

Hundreds of hospitals are spending millions of dollars to retool their practices, experts say, because of the high expense of losing nurses.

"It costs \$50,000 to \$100,000 to replace one nurse, and that's not counting salary," said Pat Rutherford, vice president of the Institute for Healthcare Improvement, a nonprofit organization based in Cambridge, Mass.

The money, she said, is spent on overtime payments and temps to cover the position, as well as recruiting and training for a permanent replacement.

The number of open nursing jobs nationwide reached 116,000 in 2007. The vacancy rate has dipped slightly; for now, the dismal economy is providing some respite as nurses take on more work to make up for income lost by others in their households who were laid off.

But hospitals are bracing for 2025, when retirements and other factors are projected to push the number of open jobs to as many as 1 million, just when baby boomers will require more nursing care.

"We're in a big, big world of hurt coming up," said Peter I. Buerhaus, director of the Center for Interdisciplinary Health Workforce Studies at Vanderbilt University. Buerhaus said that having fewer nurses would seriously compromise hospital care, putting patients at greater risk for pneumonia, falls, bed sores and infections. "This would be lights out for many [hospital] organizations."

More than 150 hospitals have launched pilot projects under the Institute of Healthcare Improvement, which works with such facilities to enhance patient care and nurse retention. And about 300 have become certified under the American Nurses Credentialing Center's Magnet Recognition Program. The credentialing center's program is awarded to hospitals deemed to be "magnets for nurses" for introducing more training programs and mechanisms for nurses to have a greater say in patient

care.

Experts say the hospitals' investments are paying off.

"We're able to show that nurse satisfaction is significantly higher in magnet hospitals than in matching hospitals" that don't have the status, said Linda H. Aiken, director of the Center for Health Outcomes and Policy Research at the University of [Pennsylvania](#).

With a higher proportion of nurses with bachelor's and master's degrees, Aiken added, "magnets have significantly lower mortality rates than other hospitals."

Moreover, she said, patients at magnet hospitals have fewer complications, keeping pharmaceutical and diagnostic costs lower.

- Courant Staff Writer Eric Gershon contributed to this story.