



NURSES MAKE THE DIFFERENCE!

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What is the evidence on the contribution nurses make to patient health? The facts show that care provided by nurses is the most cost-effective way to deliver excellence in patient care.

Numerous studies document the impact professional nursing care has on important patient outcomes, such as: functional status, patient satisfaction, quality of life, effectiveness of discharge planning, patient knowledge and compliance, and complications. [Patricia Prescott, (1993) Nursing: "An Important Component of Hospital Survival Under a Reformed Health Care System," *Nursing Economics*, 11(4), 192-199.]

Evidence shows that nursing care influences mortality rates. The higher the skill mix of care providers in acute care hospitals, the lower the patient mortality. [A.J. Hartz et al. (1989) Hospital Characteristics and Mortality Rates," *The New England Journal of Medicine*, 321 (25), 1720-1725. See also L.H. Aiken et al. (1994) "Lower Medicare Mortality Among a Set of Hospitals Known For Good Nursing Care", *Medical Care*, 32, 771-787.]

Staffing levels affect patient complication, lengths of stay, and cost. When comparing two units, one with inadequate nursing staffing levels, the other with adequate nursing staff, it was found that the short-staffed unit had a higher incidence of complications, and in some cases longer lengths of stay. The longer patient stays cost the hospital \$116,286. [S.D. Flood & D.Diers, (1988) "nursing staffing, patient outcome and cost," *Nursing Management*, 19 (5), 24-43.]

Clinical nurse specialists provide cost-effective pre-natal care. A study compared various ways of delivering prenatal care to low-risk women. The clinic staffed with nurse clinicians had costs of \$7.81 per visit, compared with \$11.19 for a private, not-for-profit physician clinic. Client satisfaction was higher at the nurse clinic, and there were no significant differences in outcomes [E.A. Graveley, (1992) "A cost effective analysis of three staffing models for the delivery of low risk prenatal care." *American Journal of Public Health*, 82(2), 180-182.]

De-Skilling - And Where It Leads What Is De-Skilling?

Nursing is a highly skilled profession, yet nurses often feel they are not delivering the kind of nursing they are able to give, and were taught to give, through their education and years of experience. Although nurses seem to work harder and faster than ever, the profession is de-skilled when nursing care becomes doing the bare minimum for patient safety. Individual skills are not recognized or developed and nursing is relegated to a series of tasks that need to be accomplished each shift.

Health Care Restructuring De-Skills Nursing

Changes to the way hospitals provide patient care are driven by efforts to reduce costs. The 'prime target' of hospital restructuring is labor costs, especially nursing labor costs. These costs are reduced by lowering nursing staffing levels, and bringing in more unlicensed health care workers to do what was previously 'nursing work'.

American health care restructuring models (such as Connie Curran's) treat patient care like a factory assembly line, the goal being minimum cost and maximum profit. To these health care consultants, nursing care is simply a 'series of tasks', and the objective is to delegate nursing work piece by piece to other health care workers who hospital administrators can hire for less money than nurses. As nursing is delegated to the 'multi-skilled' worker — usually a health care aide — the patient is distanced from the care of skilled and qualified nurses. As well, the holistic practice of nursing is lost in the process.

Nursing staff cuts and the delegation of nursing work to unlicensed health care workers contribute to the de-skilling of the nursing profession. Both take nurses away from the bedside and both de-value the caring role of nursing.

Defending Nursing-Defending Patient Health

Protecting the nursing profession for the future means we must look at how health care restructuring is affecting the quality of patient

care. Research shows that good nursing care leads to improved patient outcomes and lower mortality rate. Studies also suggest that substituting nurses with unlicensed health care workers poses a risk to the public and may result in little long-term cost savings.

Instead of accepting the concepts of fragmenting and de-skilling, we should be defending the nursing process as an integrated whole. Unless we fight against the delegation of nursing work to unlicensed personnel, it is difficult to argue for the preservation of nursing jobs and the nursing profession. Under the current scenario, the results can only mean an increased workload for nurses, job loss, occupational stress and low job satisfaction.

Although the competency of their care provider is very important to patients, a patient often can't tell who is caring for them. Patients have the right to know the qualifications of the individual who is taking care of them. It is crucial to identify yourself as a nurse.

As the number of health care aides increases, nurses actually spend less time providing care because they must provide orientation, supervision and evaluation to unlicensed personnel. So, savings at one end add up to costs at another.

Cost-effectiveness also means maintaining the quality of care. Numerous studies indicate that the quality of care declines as nursing staffing and skill mix decline. This means the dollar savings for lower-paid assisting staff do not add up to cost-effectiveness.

Learn to recognize the following
"buzz words" as they all imply a
threat to nursing:

- ~Patient-Focused Care (PFC)
- ~Continuous Quality Improvement (CQI)
- ~Generic Health Care Workers
- ~Cross Training
- ~Multi-Skilling
- ~Patient as "Customer" or "Client"

Restructuring Is Based On a Faulty Premise

FACT: "Much of the early work on the patient-focused hospital was led by operations specialist, not hospital managers and traditional health care consultants. Their backgrounds were in manufacturing, banking and retail industries. They had never seen the inside of hospital professionally..."*

No wonder then, that restructuring models like patient-focused care (PFC) fail to understand the intricate and complex process of nursing.

"When management consultants hired to save money arrive at hospitals, they see what we call the tapestry of nursing and are distressed by its intricacy. They're unable to grasp that nursing interweaves simple skills with complex judgements, "people sense" with intellectual prowess, fact-finding with patient teaching."**

*J.Phillip Lathrop, Restructuring Health Care.

**Ellen D. Baer & Suzanne Gordon, (October 1994) "Money Managers Are Unraveling the Tapestry of Nursing." *American Journal of Nursing*.

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Synopsis - What is the evidence on contribution nurse make to patient health ? The facts show that care provided by nurses is the most cost effective way to deliver excellence in patient care.