

Calling for appropriate staffing



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Appropriate staffing = safe, quality care

ANA, nurses work on range of efforts to address this nursing priority.

By Susan Trossman, RN

When asked why appropriate staffing was so important, Tracy Viers, MSN, RN, CCRN, didn't hesitate for a second.

"The bottom line is it's all about patient safety and positive outcomes," said Viers, an ANA-Illinois member and intensive care unit (ICU) staff nurse at Blessing Hospital in Quincy, Illinois. "Good patient outcomes are dependent upon nurses, who can't do their best when they have too many patients and tasks."

And that inability to provide every patient with the best possible care also causes nurses, no matter where they work, incredible physical and emotional stress, she added.

The American Nurses Association (ANA) wants appropriate staffing to be the rule—not the exception—across care settings. To that end, the association continues to increase and widen its efforts, knowing that complex problems require a multipronged approach.

One effort involves pursuing a unified legislative and regulatory approach to achieve ANA's staffing goal. Another is an educational and outreach campaign launching this fall to provide nurses with guidance and tools to help them make an immediate case for appropriate staffing and implement practical, comprehensive staffing plans. Among these resources is *ANA's Principles for Nurse Staffing*, which was recently revised to make it more applicable to all settings and to emphasize nurses' critical role in ensuring healthcare facilities meet their mission of providing patients and communities with quality, safe, and cost-effective care. (Read more about ANA's work in this issue's special section on staffing.)

Assessing the problem

In a 2019 ANA membership survey of more than 6,700 nurses, 93% identified staffing as an important issue, with 72% identifying it as "extremely important." And when asked to name their top three nursing issues, "early career" nurses (0-4 years of experience) and "up and comers" (5-14 years of experience) named staffing as a priority far more than any other issue.

Texas Nurses Association member Bob Dent, DNP, NEA-BC, FAAN, FACHE, FAONL, who helped revise



ANA's staffing principles, pointed to years of research showing that appropriate nurse staffing leads to better patient outcomes and fewer adverse events. Studies also have linked appropriate staffing to cost-savings that result from preventing complications and readmissions.

Yet findings from an ANA Enterprise HealthyNurse® Survey gathered between February 2017 and May 2019 revealed that more than a quarter of the 18,500-plus respondents said they were often assigned a higher workload than they felt comfortable with. About 52% responded that they frequently must work through their breaks to complete their assigned workload and 53% often have to arrive early or stay late to get their work done.

Speaking to staffing as a national issue, Washington State Nurses Association (WSNA) member and neuro-trauma ICU staff nurse Danielle O'Toole, BSN, RN, CCRN, said, "Nurses are continually being asked to do more and more and more with less."

She also affirmed the ANA's survey findings about nurses working nonstop. For years, nurses in her facility didn't take rest and meal breaks for fear of overburdening their coworkers and putting their patients at risk. "Anything can happen in 30 minutes, especially in an ICU where you have critical I.V. drips," O'Toole said.

Looking at the principles

Although ANA's revised principles include additional information, such as referencing the Institute for Healthcare Improvement's triple aim efforts to im-

prove health system performance, this resource continues to provide nurses with an important framework to help them develop, implement, and evaluate appropriate nurse staffing plans and activities. It includes core components of appropriate staffing such as:

- RNs at all levels within a healthcare system must have a substantive and active role in staffing decisions to ensure they have the necessary time to meet patients' care needs and their overall nursing responsibilities.
- All settings should have well-developed staffing guidelines with measurable nurse-sensitive outcomes specific to that setting and the healthcare consumer population they are serving that are used as evidence to guide daily staffing.
- Staffing needs must be based on an analysis of the patient's or consumer's healthcare status, such as acuity and intensity, and the environment in which care is provided.

Other considerations include RNs' competencies, experience, and skill set; staff mix; and previous staffing patterns that have shown to improve care outcomes.

Dent reinforced the importance of nurse involvement and collaboration—such as through the implementation of staffing advisory committees—to attain appropriate staffing and good patient experiences and care.

"It's important that nurses aren't questioning whether they are really making a positive difference for their patients," said Dent, who recently left his long-time leadership role at Midland Memorial Hospital in Texas and is now vice president and chief nursing officer of three facilities within the Emory Healthcare system. "I've found that if nurses have a positive and healthy work environment—and appropriate staffing is a component of that—then their patients are getting good care and having great experiences."



Bob Dent

The ANA document also outlines specific principles related to healthcare consumers, RNs and other staff, the organization and workplace culture, the practice environment, and staffing plan evaluation—all of which can guide direct care nurses and those at other levels in making sound staffing decisions and plans.

For example, staffing decisions should take into account factors such as the age and functional ability of patients and healthcare consumers, as well as their cultural and linguistic diversities, scheduled procedures or treatments, and complexity of care needs.

On the other side of the equation, nurses' level of overall experience (novice to expert), educational preparation, language capabilities, and experience with the population being served should be among the factors considered.



"Staffing is complex," said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE, who also contributed to the revised principles. "We need to look at patient outcomes and how we get the best match of patients and nurses."

The principles of staffing document also emphasizes other key points, such as calling mandatory overtime an unacceptable solution to achieving appropriate staffing, ensuring that nursing students aren't counted as staff, creating a workplace culture that leads to retention, and identifying costs of nursing care in patient billing and reimbursement requests to provide visibility to the value of nurses and nursing services.

Maust Martin, a Wisconsin Nurses Association member, noted that the principles are designed to be applicable to nurses working in all settings, from acute care to school and community-based practices. The term "healthcare consumers" instead of "patients" shows the broad reach of nurses' roles and the populations they serve.



Deborah Maust Martin

Pursuing other efforts

Many state nurses associations and specialty-focused organizational affiliates also are engaging in a range of efforts to address this priority issue.

In Washington State, O'Toole testified before legislators about nurses' inability to take needed rest and meal breaks and the impact it has on nurses and patients. Her advocacy and that of other WSNA nurses and staff led to the passage of a state law providing breaks and overtime protections for nurses, effective in January 2020. Her facility, Tacoma General Hospital, hired "break relief" staff to cover nurses during those times as a result of legal action by WSNA, and the new law reinforces the hospital's obligation to ensure nurses get breaks.

"I'm taking my first breaks since the law passed," said O'Toole, who also is chair of her WSNA local. "We also have a robust staffing committee that meets once a month that is 50-50 staff nurses and management to address staffing issues." The committee additionally reviews the efficacy of every unit's staffing plan, including negotiated standards, every 6 months to determine if any changes are needed.



Danielle O'Toole

ANA-Illinois Executive Director Susan Swart, EdD, MS, RN, CAE, said the association plans to introduce legislation to strengthen the state's existing staffing law, which went into effect in 2008 and was based on ANA's earlier staffing principles. The law requires healthcare facilities to have staffing committees made up of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other key factors.

"We want to put some teeth in the law so the committee isn't advisory but has real pull," Swart said. "We know from our recent member survey that nurses continue to struggle with staffing and workplace issues that are connected with understaffing."

ANA-Illinois also is working with the Illinois Hospital Association's new chief nursing officers group to more immediately strengthen and raise the profile of staffing committees. Part of their strategy is to include information about staffing committees, including their purpose, as a routine part of orientation in all facilities, Swart said.

"We want nurses to feel empowered and that their participation is valued and respected," Swart said. That requires an institutional culture that supports nurses, as well as nurses at all levels working together to implement staffing solutions.

One staffing solution that Viers believes can be instrumental is having a dedicated charge nurse on every unit who doesn't have to carry a patient assignment. That would leave the charge nurse free to mentor new nurses and handle all the other issues that routinely crop up during the course of a shift. (Her Illinois facility has a professional practice committee that addresses staffing issues.)



ANA-Illinois board member and staff nurse Lauren Martin, RN, CEN, also thinks it's critical that nurses from all shifts are represented on staffing committees.

"Night shifts tend to not be staffed as well as day shifts, and oftentimes it's new nurses, who are just learning the job, working those shifts," said Martin, who works in a specialty long-term care facility. "So, we really need to increase nurses' involvement on committees and in other ways to solve staffing issues. That includes looking at all the factors that are causing inappropriate staffing."

Both Dent and Maust Martin added that nurses must think about new ways to manage staffing needs—whether it's adjusting shift length, having long-time nurses support novice nurses through ongoing, virtual mentoring, or piloting new models of care.

Noted Dent, "We all have a piece of the pie when it comes to addressing nurse staffing."

— Susan Trossman is a writer-editor at ANA.



Washington State Nurses Association members rally for rest break legislation at their state capitol.

Resource

Access ANA's new staffing webpage for key documents and tools at nursingworld.org/practice-policy/work-environment/nurse-staffing/.

What's new about measles?

By Chad Rittle, DNP, MPH, RN, FAAOHN

Measles has been in the news frequently this year given recent outbreaks of this vaccine-preventable disease. Before the measles vaccine was introduced in 1963, an estimated 3 to 4 million people in the United States were infected each year, with 500,000 reported cases causing 48,000 hospitalizations, 400 to 500 deaths, and 1,000 cases of encephalitis, according to the Centers for Disease Control and Prevention (CDC).

The 2017 MMR (measles, mumps and rubella) vaccination coverage among children ages 19 to 35 months was 92.7%, with coverage levels varying by state. But measles outbreaks are now on the rise. The CDC notes that this year 1,182 cases of measles have been reported from 30 states as of August 8. That's more than double the most recent previous high of 667 reported cases in all of 2014. Measles complications can range from ear infections to pneumonia, encephalitis, and death. Although measles was declared eliminated in the United States in 2000, many cases are being reported every year.

Measles is a highly contagious virus, and outbreaks often are linked to travelers returning from nations where large measles outbreaks are occurring. This causes measles to spread in local communities where there are pockets of unvaccinated people who are susceptible to the virus.

What can nurses do to promote measles vaccination and minimize these unvaccinated pockets? According to CDC's best practice guidelines for immunization (tinyurl.com/y46p9ssl), vaccinations are recommended for persons of all ages. Nurses should recommend vaccinations and promote the elimination of religious and philosophical exemptions to minimize barriers to vaccinations.

The American Nurses Association's (ANA's) Membership Assembly recently voted to update its position statement on immunizations (tinyurl.com/yxh4w4t3). ANA now supports only medical exemption for immunizations with annual recertification.

As of June 14, 2019, all 50 states permit exemptions based on medical issues, 45 because of religious beliefs, and 15 for philosophical or personal beliefs. If your state legislature is considering eliminating religious and/or philosophical exemptions, contact your representative and ask them to support such

legislation. Check the status of exemptions in your state at vaccines.procon.org/view.resource.php?resourceID=003597.

Nurses can work to eliminate philosophical exemptions via targeted education and resources. Since the two-dose recommendation for the MMR vaccine has led to a more than 99% reduction in measles cases,

you should strongly recommend to your adult patients and parents or guardians of children that they need to be vaccinated (for those without contraindications). Ensure that you and your family are vaccinated, as well.

Additional recommendations include: client reminder or recall systems, patient or family incentives for being vaccinated, reducing out-of-pocket costs for vaccines, case management practices targeted to

hard-to-reach populations, expanded office hours, standing orders so that nurses can quickly vaccinate patients in need, and using immunization information systems to rapidly verify who is and isn't vaccinated.

If you have questions about measles or vaccines, consult your local health department or contact www.cdc.gov/dcs/ContactUs/Form. Also see ANA's immunization site at anaimmunize.org.

— Chad Rittle is associate professor, nursing faculty, at Chatham University in Pittsburgh, Pennsylvania.

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American Academy of Nursing supports congressional efforts to address maternal mortality

American Academy of Nursing (Academy) President-Elect Eileen Sullivan-Marx, PhD, RN, FAAN, spoke at the U.S. House of Representatives Black Maternal Health Caucus's Stakeholder Summit on black maternal care along with other national policy and advocacy organizations in July. The Academy pledges its continued commitment to addressing the causes, consequences, and solutions to combat two prominent issues related to maternal and infant health (MIH): increased rates of maternal mortality and morbidity and preterm births (PTBs) within the United States, especially among African American mothers.

The Black Maternal Health Caucus, co-chaired by Representatives Alma Adams (D-NC) and Lauren Underwood (D-IL), was launched in the spring to improve black maternal health outcomes. Even as advancements are made in MIH, the United States lags behind other developed countries on these important maternal and infant health issues. Maternal mortality rates have doubled since the 1990s and despite a steady decline from 2007 to 2014, PTBs peaked at 9.93% in 2017, according to the Centers for Disease Control and Prevention, National Center for Health Statistics Brief, and National Vital Statistics Report (tinyurl.com/y4upelfo). Racial disparities



within MIH are significant as African American women are 3.2 times more likely to die during pregnancy or childbirth than white women, and research shows that impoverished, marginalized, and under-represented women are most vulnerable to PTBs.

Recent efforts to improve MIH and to address the health and racial disparities in this area remain insufficient. The Academy stands with the Black

Maternal Health Caucus in its mission to raise awareness within Congress and establish effective, evidence-based, culturally sensitive health policies to improve health outcomes for African American mothers.

"The Academy was honored to be present and share recommendations at the Black Maternal Health Stakeholder Summit," said Academy President Karen Cox, PhD, RN, FACHE, FAAN. "As a nation, we owe mothers access to equitable care. The Academy is committed to working toward this necessary and achievable goal."

Read Cox's President's Message, "Global maternal mortality rate declines—Except in America," along with the policy briefs "Reducing Preterm Births in the United States" and "African-American Mothers' Persistent Excessive Maternal Death Rates" at nursing-outlook.org.

Nursing home nurses lack time, resources for complete care

For years, extensive evidence from hospitals has shown that nurses are more likely to leave necessary patient care unfinished when employed in settings with insufficient staff and resources. This "missed care" has been linked to poor care quality, increased adverse events, and decreased satisfaction with the health system. New research from Penn Nursing's Center for Health Outcomes and Policy Research (CHOPR) finds similar evidence in nursing homes and identifies the strong relationship between missed care, nurse burnout, and job dissatisfaction.

The CHOPR team used data from 540 nursing homes in California, Florida, New Jersey, and Pennsylvania to examine the relationship between job burnout, dissatisfaction, and incidence of missed care reported by RNs. The results are published in the *Journal of the American Geriatrics Society*.

In the study, led by Elizabeth White, PhD; Linda Aiken, PhD, RN, FAAN, FRCN; and Matthew McHugh, PhD, JD, MPH, RN, CRNP, FAAN (Aiken and McHugh are Pennsylvania State Nurses Association members), researchers found that 72% of RNs reported missing one or more necessary care tasks on their last shift due to lack of time or resources. One in five RNs reported frequently being unable to complete necessary patient care. The activities most often skipped include comforting patients, talking with them, performing adequate patient surveillance, teaching patients and families, and developing care plans.

Missed care was significantly more common among nursing home RNs who were dissatisfied with their jobs or experiencing burnout.

Read more at Penn Nursing News (<https://www.nursing.upenn.edu/live/news/1443-nursing-home-nurses-often-unable-to-complete>).

Does a professional code of ethics matter?

To: **Ethics inbox**

From: **Concerned RN**

Subject: **Applying the *Code of Ethics for Nurses with Interpretive Statements***

I've been a nurse for a few years and I'm having a difficult time understanding if the *Code of Ethics for Nurses with Interpretive Statements* really matters in my everyday practice. I observe so many ethical problems and I don't see how the Code can help me.



nurses are doing their best to provide care for their patients and their communities and are supporting each other in the process so that all nurses can fulfill their ethical and professional obligations. It also addresses the variety of relationships that nurses encounter in the course of their professional duties. The Code speaks to individual as well as collective nursing intentions and actions while requiring each nurse to demonstrate ethical competence in professional life.

The Code applies to and supports the nurse in a steadfast way across various settings and in a variety of nursing roles. For example, it's critical when nurses face issues such as decision-making regarding an assignment or delegation of tasks, caring for patients at end of life, and patient confidentiality or privacy. It's an important tool that can be used to support and leverage a better future for nurses, patients, and healthcare.

Nurses are change agents who can take action to change aspects of social structures that detract from health and well-being. The Code can be applied to the sociopolitical, economic, interdependent, and environmental context of all humanity; it also can be used to support change and focus on the most important moral challenges of the 21st century.

From: **ANA Center for Ethics and Human Rights**

Being a member of a profession such as nursing is generally viewed as an indicator of integrity, ethics, trust, and expertise. A 2018 Gallup poll found that more than four in five Americans (84%) rate the honesty and ethical standards of nurses as "very high" or "high," and this earned nurses the top spot among a diverse list of professions for the 17th consecutive year. If most of the public recognizes nurses as ethical practitioners, does it really matter if the profession has a code of ethics?

This answer is a most resounding "Yes." It's clear that nursing is a profession with ethics at its core and the ANA's *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/coe-view-only) provides explicit information on ethical practice as well as support and guidance for nurses. In addition, the Code is a dynamic document that can be revised as changes occur in healthcare and society.

The Code makes explicit the primary obligations, values, and ideals of the profession. It's the promise that

As nursing and its social context evolve and change, so does the Code, which has been revised as needed over the years. The provisions in the Code are broad, noncontextual statements of nurse obligations. The interpretive statements provide more specific guidance in the Code's application to practice. As professionals, nurses need to articulate ethical aspects of their practice and be able to support practice decisions when confronted or questioned. Using the Code promotes ethical nursing practice.

— Response by Kathryn Schroeter, PhD, MA-Bioethics, RN, CNOR, CNE, member of the ANA Ethics and Human Rights Advisory Board.

Selected reference

Brenan M. Nurses again outpace other professions for honesty, ethics. Gallup. December 20, 2018. news.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx

Do you have a question for the Ethics Inbox?
Submit at ethics@ana.org.

Nurse philanthropists influence outcomes

Did you know that nurses and the nursing profession receive a very small portion of charitable gifts in the United States? While 90% of care in hospitals is provided by nurses, most grateful patient contributions aren't directed to nursing priorities.

There are bright lights of change, however. Two examples are the Rita and Alex Hillman Foundation, which makes significant investments in nursing innovation, and Howard and Rose-Marie "Rory" Meyers, who contributed to support nursing education at New York University's now renamed Rory Meyers College of Nursing.

A third example is individual philanthropist Bernie Park, MSN, RN, ANP, who is pursuing her doctorate at Yale School of Nursing and beginning to formalize her personal commitment to creating a legacy of giving. A mother of two, an active community leader, and a Connecticut Nurses Association member, Park has begun to create a family foundation—a charitable organiza-



Bernie Park

tion typically funded by a single family or corporation.

While volunteering in her community, Park witnessed firsthand both the role and impact of key community organizations. "I started with fundraising to support programs focused on health and education for women and children and have served on various philanthropic boards," she said. "Seeing the impact and reach of these organizations has led me to develop my own philanthropic and leadership approach."

Part of the power of nurses' giving is that it allows for discernment—determining what gets supported and how. This is another form of nursing leadership—the ability to influence outcomes by directing where resources are placed. "Within my own family foundation, I will have a unique platform to assume a leadership role as a nurse, collaborate with community partners, and determine the kind of engagement and advocacy work that is needed to impact change and improve health as well as advance the nursing profession," Park said. "This will enable me to better leverage my expertise, especially in healthcare. Using the nursing lens, I will develop the mission and strategic plan for our foundation to further impact the health of my community and support nursing."

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The 2019 ANCC National Magnet Conference® will be in Orlando, FL, Oct. 10-12.

Please join this fall campaign by texting 20222.

Text NURSE to donate \$10.

Text THANKS to donate \$25.

Your contribution will support the local Orlando charity, Shepherd's Hope, and the national charity, the American Nurses Foundation.

Shepherd's Hope is a faith-based organization of volunteers, including hundreds of RNs and APRNs, that provides access to free health care to uninsured and underserved Central Floridians.

The American Nurses Foundation is the 501(c)(3) affiliate of the American Nurses Association and the American Nurses Credentialing Center.



What can you do?

You don't have to have significant financial resources to make a difference. Here are some suggestions:

- Set aside a portion of your annual gifts to charity to specifically support nursing and nurses. This could be supporting a national effort like helping improve the well-being of nurses through the American Nurses Foundation's Healthy Nurse, Healthy Nation™ Fund or supporting a nurse-led clinic or nursing education fund in your local community.
- Ask your employer if a special fund to support nursing exists, perhaps for education or research. If not, suggest starting one to enhance care by supporting nurses' growth and development.
- Have an answer ready when someone says, "I'm so grateful for what you [or another nurse] did for me and my family, how can I show my appreciation?" Suggest a fund at your organization that specifically supports nursing, a local Nurse-Family Partnership program (nursefamilypartnership.org), or ANA's national campaign to "Honor a Nurse" (nursingworld.org/foundation/donate/honor-a-nurse).