

Work Environment NEWS

GULF COAST HEALTH SERVICES STEERING COMMITTEE

The Gulf Coast Health Services Steering Committee (GCHSSC) was formed in 2000 by The Worksource, in conjunction with the Greater Houston Partnership, as an industry-based hospital workforce development group. Senior executives from area hospitals, healthcare systems, and academic institutions joined forces to improve the quantity and quality of trained healthcare workers for the Gulf Coast region. Our first and primary focus is the nursing shortage facing our community.

The GCHSSC oversees a variety of activities to develop more collaborative relationships between business and education. Its work over the past three years has focused on activities that will allow us to grow our own adequate supply of nurses for the region. The Committee has helped to:

- Increase the capacity of local schools to enroll and graduate nurses
- Increase the supply of nurses by training current hospital employees to become nurses

- Raise awareness regarding the critical importance of a positive working environment in hospitals for nurses and stimulated activities to improve those environments.

The GCHSSC operates through four primary work-groups: Work Environment, Marketing, Education, and Legislative. Learn more about these groups and their activities at www.gchssc.com.

This newsletter is sponsored by the GCHSSC in conjunction with the Improving the Work Environment project and will be distributed monthly.



We encourage you receive this newsletter via email; to request this service, please send an email to dbatten1@houston.rr.com.

Improving the Work Environment PROJECT

Forty-six hospitals have agreed to participate in Year 1 of the **Improving the Work Environment** project, sponsored by the Gulf Coast Health Services Steering Committee. The Work Environment Project is funded for three years by a grant from the US Department of Health and Human Services, Health Resources and Services Administration. The purpose of this project is to improve the work environment through:

- Measurement of work environment outcomes
- Benchmarking performance among hospitals
- Identifying and sharing best practices related to work environments
- Implementing best practices.

Data on outcome measures and best practices are being collected prior to December 31, 2003. Customized reports will be distributed to hospitals in early Spring. Best practices will be shared, including an educational event in the spring. An annual dinner event will be held in early summer.

Please send any questions regarding the project to **Donde Batten, the Project Coordinator**, by email at dbatten1@houston.rr.com or by phone at (713) 665-4382.

On-Line SURVEY

On-line survey work environment outcome data and best practice information must be entered by **December 31, 2003**. If you are unable to complete the survey by that time, please submit your partial information. While we hope that you will be able to provide data for all the measures requested, we understand that this is sometimes not possible. Please direct any questions about the survey or data to **Donde Batten**.

Access the on-line survey at www.gchssc.com and click on the Log-In to Survey bar on the left side of the home page. From the Instructions page, continue to log in to the survey by entering your hospital identification code.

Work Environment Project OBJECTIVES

OBJECTIVE 1

- The number of participating hospitals increases from 30 in Year 1 to 50 in Year 3.
- The number of beds represented by participating hospitals increases from 50% in Year 1 to 80% in Year 3 (including the percentage of Disproportionate Share Hospital (DSH) beds in the region).
- Participating hospitals account for 30% of the employed minority nurses in the region in Year 1, increasing to 50% by Year 3.

OBJECTIVE 2

- Work environment improvement increases from a 3% improvement in core measures and indicators in Year 1 to a 10% improvement in Year 3.
- This improvement occurs in 50% of the total and DSH participating hospitals in Year 1, increasing to 80% of the total and DSH participating hospitals in Year 3.

IN THE NEWS: Is the Current Shortage of Hospital Nurses Ending?

Peter Buerhaus, Douglas Staiger, and David Auerbach published an article in the *Health Affairs* November-December 2003 issue that examined trends in the shortage of nurses. In their article, they noted that although hospitals have experienced many shortages of registered nurses (RNs), most have not lasted as long as the current shortage, which began in 1998. In 2002, hospitals RNs' employment and earnings increased sharply, which suggests that the shortage may be easing. Undoubtedly, the increase in wages in 2002 offered an economic incentive for some RNs to rejoin the labor market and for others to switch from part- to full-time hours or work overtime. In addition, the changes in the U. S. economy more than likely affected the economic position of many RNs' investments and the employment of their spouses, who had benefited from the economic boom of the 1990's, and thus induced some RNs to increase their workforce participation.

However, two-thirds of the increase in employment came from older RNs, with the remainder supplied by RNs born in other countries. In fact, the one-year surge in employment among RNs age fifty and older raised the average age of the hospital RN workforce by nearly a full year, from 41.9 years to 42.7 years. Nearly all of the increase in RN employment between 2001 and 2002 occurred among married RNs, accounting for 94% of the increase in employment between 2001 and 2002.

The recent nurse shortage and market response have important implications for the future. On the demand side, the recent increase in demand for RNs, particularly in hospitals, is likely to continue in the longer term, due to population growth and aging. On the supply side, the increased reliance on older and foreign-born RNs reflects a long-run trend, due to the decline in younger women choosing nursing as

a career during the past two decades. However, the number of older RNs is expected to peak around 2010 as they begin to retire. Unless there is a rapid increase in foreign-born RNs or in younger cohorts' interest in nursing as a career, future shortages are likely to be much more severe.

Implications for policy suggest that the federal government may have to play a more important role in helping nursing schools increase their capacity to educate new RNs. To keep older nurses and their wealth of experience available to hospitals, changes in the hospital work environments are needed, such as improving the clinical ergonomic environment, developing alternative work schedules, developing new, less physically demanding roles, and offering economic incentives for older nurses to stay employed. Finally, health workforce planners and policymakers need to encourage an explicit debate



about ethical, economic, and other issues in using foreign-born RNs in order to develop legislative and regulatory actions.

P. Buerhaus, D. Staiger, and David Auerbach, "Is the Current Shortage of Hospital Nurses Ending?" *Health Affairs* 22, no. 6 (2003): 191-198.

Nurse Job Dissatisfaction Worsens Turnover

A 2002 Advisory Board study of drivers of nurse job satisfaction and turnover reported that more than on-half of nurses were only "somewhat satisfied" with their jobs and that more than one-fourth of nurses are "dissatisfied" with their jobs. More than one-half of the more than 1600 nurses surveyed reported that their satisfaction had decreased over the past two years. The chance that a nurse would contemplate leaving their current employment more than doubled when satisfaction drops from "very satisfied" to "somewhat satisfied." The study found that turnover can increase when any of the following factors are dissatisfying to nurses: total compensation, scheduling options, intensity of work, professional

growth opportunities, competence of clinical staff, support services, effectiveness of direct manager, participation in decision making, and recognition. However, since most nurses indicated that they still believed in a long-term career in nursing, it is likely that hospitals can improve retention by improving these facets of the work environment.

The Advisory Board, Nursing Executive Center. "The Nurse Perspective: Drivers of Nurse Job Satisfaction and Turnover," 2000.

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