



Messages for Thought Leaders and Health Policymakers

EXECUTIVE SUMMARY

- ▼ Even a well-delivered message is unlikely to be effective if it does not connect to the interests or concerns of the receiver.
- ▼ The messages described here are intended to directly connect the prevention of the future shortage to achieving the interests of health policy thought leaders and policymakers.
- ▼ Link job growth in the national economy to nursing.
- ▼ Link health care reform to nursing.
- ▼ Job growth, economic prosperity, and ensuring the success of health care reform can only occur if there is an increase in the number of RNs who are being produced in the nation's nursing education programs.
- ▼ Develop an effective message so that you are well prepared for the next time you have the ear of a thought leader or health policymaker.



Peter I. Buerhaus

THIS IS AN IMPORTANT TIME for the nation as it adjusts to new political leadership in the White House and in the Congress. Both branches of government are being tested on many fronts but no other topic commands more attention than restoring the country's financial system so that it can raise the capital needed for businesses and corporations to

grow, create jobs, and revitalize the economy. Yet, as the recession deepens and the national average unemployment rate continues to increase (7.6% at the time of this writing), it will be increasingly difficult for those setting the national political agenda to pay much attention to the problems facing the nursing profession, let alone spend any of their political capital trying to fix them.

Because policymakers have a finite amount of time to work on issues, and because the speed and magnitude of national developments are unlikely to abate, the attention span of thought leaders and policymakers is likely to be in short supply. Consequently, there will be little room in the policy

PETER I. BUERHAUS, PhD, RN, FAAN, is Valere Potter Distinguished Professor of Nursing; Director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health, Vanderbilt University Medical Center, Nashville, TN; and a Nursing Economic\$ Editorial Board Member. Send your comments and suggestions about this column to Peter.Buerhaus@Vanderbilt.Edu

space for consideration of other matters, particularly on those that seem distant and unimportant. Given these circumstances, the cost of delivering policy-relevant messages will increase because if one fails to deliver an effective message when given the opportunity, there may not be a good chance to access the attention of thought leaders for a considerable period of time. Moreover, others are competing for the limited attention of thought leaders and policymakers. In such an environment, the need to provide effective messages is increasingly important.

Effective messages are simple, straightforward, and make a limited number of points. However, even a well-delivered message is unlikely to be effective if it does not connect to the interests or concerns of the receiver. This means that it is wise to take the time to find out about the receivers' concerns and then consider how they can be connected to supporting, in this case, the nursing workforce. Thus, to be most effective, *the message nurses' deliver should provide information that establishes a new awareness of how addressing the problems facing nursing are vital to accomplishing the particular interests of the receiver.* Effective messaging increases the chance that thought leaders and policymakers might do more than just listen, but be willing to consider spending some of their spare time and political capital to help the nursing profession.

In this column, I outline messages that can be communicated to health policy thought leaders and to those in positions to craft private and public policies to benefit the nursing profession. The goal is to stimulate actions that are aimed at averting the large and protracted shortage of nurses that is projected to develop in the next decade. The messages described here are intended to directly connect the prevention of the future shortage to achieving the interests of health policy thought leaders and policymakers.

Message One

Link job growth in the national economy to nursing. In early 2008, public opinion polls revealed that the war in Iraq was replaced by concerns about the economy as the most important problem facing the country. The economy continues to dominate the attention of the media, government, and the public. A recent national survey of the public reported that 73% feel that improving the economy is the top priority for the President and Congress (The Henry J. Kaiser Family Foundation, 2009). Therefore, when you are talking to a thought leader or policymaker, begin by linking the well-being of the nation's economy and job growth to nursing. Explain that 5.3 mil-

lion people are employed in acute care hospitals alone, and another 8.7 million are employed in over a dozen major industries that provide goods and services needed by health care providers (waste management, food service, construction, etc.). Compared to other sectors of the economy, many health care-related jobs are good paying jobs that are filled by a diversity of people who possess a continuum of skills and knowledge ranging from aids and technicians to physicians and 2.5 million nurses (American Hospital Association, 2008). Moreover, health care jobs are more recession-resistant compared to those in almost any other sector of the economy; unlike other sectors of the economy that have shed hundreds of thousands of jobs, the health care sector has consistently added jobs.

But these good paying jobs could be at risk if the projected nursing shortage develops. Why? Because even the most conservative estimates of the nursing shortage (285,000 RNs by 2020) is nearly three times larger than any shortage of nurses that has occurred in the past 60 years. A shortage of this size will undoubtedly cause hospitals to close some inpatient nursing units, limit outpatient hours or capacity, and otherwise scale back operations that support its core business. Similar reductions will occur in home care, long-term care, and other settings and organizations that rely on nurses. These negative impacts are likely to reduce employment of health care workers and spill over into the businesses and industries that supply health care providers; as the demand for their goods and services decreases, these firms will have little choice but to lay off workers. *Thus, having enough nurses in the future is essential to protect against future job loss in the one sector of the nation's economy that has been adding jobs, not shedding them.*

Now that you have the attention of the thought leader or policymaker, there are additional messages to link nursing to the interests of the person with whom you are communicating.

Message Two

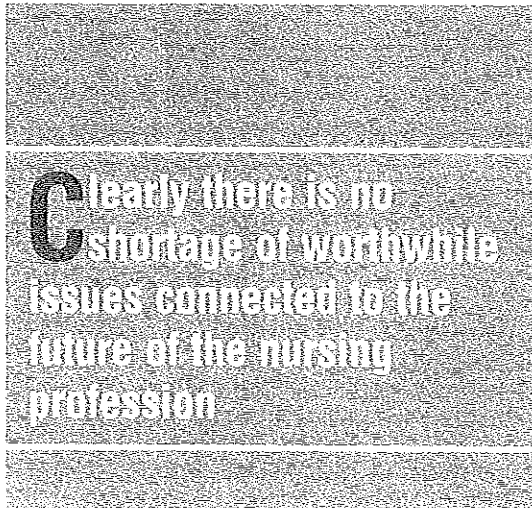
Link health care reform to nursing. Surprisingly, momentum to reform the nation's health care system does not seem to have dissipated, and it is likely that the thought leaders you have engaged have an interest in health care reform. If you know or suspect the person is a Democrat or has a liberal ideology, then there is a good chance that providing health insurance to the millions of uninsured Americans is their overriding interest with respect to health care reform. The message you want to give, therefore, is that having enough nurses is essential to ensure that the millions of people who obtain financial access to health care can obtain care they need. How can the health care system possibly respond to the new demand created by the removal of insurance barriers if there is an unprecedented shortage of nurses? Having worked so

hard to provide health insurance coverage to millions, only to discover that timely access to care could not be provided because we don't have enough nurses, is not only a cruel outcome but one that can be avoided.

If you know or suspect the thought leader or policymaker is a Republican or has a conservative ideology, there is a good chance that reducing the rate of increase in health care costs is a priority objective of health care reform. Here, the message is that a severe nursing shortage will push-up the rate of increase in health care costs, not decrease the rate. How? To combat shortages, health care providers will increase wages to stimulate existing nurses to supply more of their time working. Because future demand for RNs is projected to increase by approximately 3% per year, but the supply of RNs is projected to expand by a fraction of this amount each year after 2015, organizations will therefore face continuous and strong pressure to increase RN wages sharply. This action alone will increase total costs. However, because some of the dollars used to raise nurse wages to combat the nursing shortage could be used more productively if allocated elsewhere in the organization, a large shortage of nurses impairs the efficiency of health care organizations. Efficiency is key to keeping costs as low as possible; when patient care is produced inefficiently, more resources than are necessary are used. The more severe the imbalance between the demand for and the supply of nurses, the higher wages will need to increase to restore a balance and the greater the impact on overall efficiency. Having enough nurses available to satisfy the growing demand for nurses will not only be good for jobs and future economic growth, but are needed to help slow the rate of increase in health care costs and enable health care delivery systems to produce health care more efficiently.

Still other thought leaders may want health care reform to emphasize increasing the quality and safety of health care. Here the message is straightforward: When health care providers experience shortages of nurses, the ability to provide high-quality and safe patient care is threatened and patients are at increased risk of experiencing an adverse outcome; the larger the shortage, the greater the risk. If the thought leader or policymaker needs a stronger message, then followup by noting that since 2000 there has been an increasing number of studies published in top health care journals that find evidence that nurse staffing is associated with an expanding list of adverse patient outcomes, including mortality. These studies have used different data, different methods to analyze the data, different measures of quality, and have been conducted by nurses, economists, physicians, health services researchers, and others. Some of the quality outcomes associated with nurses are now included in government and private payment systems

that are being used to give economic incentives for hospitals to improve care quality (Kurtzman & Buerhaus, 2008). Today, we have a firm and growing base of evidence that establishes that nurses matter when it comes to the quality and safety of patient care (Clarke & Donaldson, 2007).



Finally, I believe that initiatives to expand the future supply of nurses should do more than just increase the number of nurses, but should also ensure that the nursing workforce is well prepared to meet the future health care needs of society over the next decade and beyond. Thus, nursing education programs

Message Three

Job growth, economic prosperity, and ensuring the success of health care reform can only occur if there is an increase in the number of RNs who are being produced in the nation's nursing education programs. The trouble is education programs are currently unable to admit all the people who want to become nurses, a problem that has been going on for the past 5 years. Conservatively, as many as 30,000 qualified people who have applied to nursing education programs have been turned away each year since 2002. The reasons these people have been unable to become a nurse appears to be a combination of a shortage of nursing faculty, budget restrictions, lack of classroom space, and organizational barriers restricting the availability of clinical settings for students to acquire hands-on clinical experience. Until these capacity barriers are removed, it will be very difficult if impossible to increase the future supply of nurses.

Solution

If, after delivering your message, you are asked to identify what can be done to help, then you will know that you communicated an effective message. But what can be done? My answer begins by first acknowledging that we don't have a good enough understanding of the factors that appear to be restricting the ability of nursing education programs to produce the nurses that will be needed in the future. There has been no objective and independent analysis of the scope and severity of the factors restricting the capacity of nursing education programs. Hence, I hope that the agenda of the recently announced Institute of Medicine Committee on the Future of Nursing will include a study to validate the causative factors and provide information about them. This is needed to gain assurance that eliminating these factors will in fact lead to the desired outcome — removing the bottleneck preventing the long-run expansion of the size of the nursing workforce. Second, I hope the study will identify options to overcome the underlying causes in the fastest and least costly manner. Third, the IOM committee might also recommend actions that the public and private sectors can undertake to quickly and decisively expand the capacity of nursing education programs.

should be encouraged to place much greater emphasis on several key areas and, thinking like an economist, the size of any potential financial subsidies that may be required to expand the capacity of nursing education programs should be linked to modifying the nursing curriculum to: (a) emphasize geriatrics, caring for and coordinating the care of people with multiple chronic conditions, and increasing the ability of nurses to work effectively in non-acute care settings; (b) provide rigorous exposure to the theory underpinning quality improvement and ensuring a culture of safety, and hands-on learning experiences to practice tools to improve quality and safety (ideally in conjunction with medical, pharmacy, and management students); and (c) expand the enrollment of men and Hispanics so that the future nursing workforce will be more reflective of the ethnic and gender composition of the general population. If these outcomes were accomplished, then in my view society would get a good return for its investment (tax dollars used to finance the subsidy).

These are but a few of the topics you might consider in developing your message. Clearly there is no shortage of worthwhile issues connected to the future of the nursing profession (e.g., advanced practice nurses as a means to help address an impending shortage of physicians). The main thing, however, is to develop an effective message so that you are well prepared for the next time you have the ear of a thought leader or health policymaker. \$

REFERENCES

- American Hospital Association. (2008). Beyond health care: The economic contribution of hospitals. *Trendwatch*. Retrieved February 20, 2009 from <http://www.aha.org/aha/trendwatch/2008/twapr2008econcontrib.pdf>
- Clarke, S., & Donaldson, N. (2007). Nurse staffing and patient care quality and safety. In R.G. Hughes (Ed.), *Patient safety and quality: An evidenced-based handbook for nurses* (AHRQ publication No. 07-0015). Rockville, MD: Agency for Healthcare Research and Quality.
- Kurtzman, E., & Buerhaus, P. (2008). New Medicare payment rules: Danger or opportunity for nursing. *American Journal of Nursing*, 108(6), 30-35.
- The Henry K. Kaiser Family Foundation. (2009). *The public's health care agenda for the new President and Congress*. Retrieved February 20, 2009 from <http://www.kff.org/kaiserpolls/posr011509pkg.cfm>