health systems

Physician as Healer, Leader and Partner: Tackling the Nursing Shortage

Abstract

Context: Physicians have been notably silent on the nursing shortage in spite of articles that have suggested that physician behavior is one of the causes of job dissatisfaction among professional nurses. In addition to the role of healer, the physicians of the Colorado Permanente Medical Group (CPMG) are expected to have the additional responsibilities of being both leaders in health care and strong clinical partners with the nursing staff. CPMG has embarked upon a program to leverage physician leadership to address the nursing shortage through multiple avenues. We expect not only to increase the number of nurses in the future, but also to enhance their careers by being their "Preferred Clinical Partner."

Objective: To describe a model for engaging physicians in becoming active participants in solving the nursing shortage through leadership and partnering.

Results: The Preferred Clinical Partner Program has been developed to address the nursing shortage in multiple ways. We have significantly increased the number of scholarships available for nursing students as well as funding and developing additional educational programs to meet the needs of nurses entering from various points in their lives and educational journeys. We have also enhanced programs around physicians serving as teachers and mentors in the education and long-term development of health care team members. And finally, we are clarifying leadership and partnership expectations for physicians and developing very specific physician-nurse relationship training programs to try to solidify the long-term sustainability of careers of these important members of our health care team.

Conclusions: Physician groups that take an active role by "opting-in" to nursing shortage issues will benefit by having an engaged, professional, compassionate nurse on their health care team.

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Physician Stakes are High

Could there be a group of professionals with any greater stake in solving the nursing shortage than physicians?

- Nurses assure the quality and safety of care delivered to patients through their scope of practice and technical skills, their culture of empathy and advocacy, and their participation in the development and execution of the patient care plan.
- Nurses extend physician influence and leverage physician time through their expertise in patient education and their management of other health care team members.
- Nurses partner with physicians: anticipating difficulties in patient care, offering options, working with family members, and optimizing communication in the care of patients.

Where Have all the Nurses Gone?

Local and National Nursing Trends

Increasing evidence shows that the shortage of nurses has severe implications for affordability, accessibility, and quality of health care. In 2000, the US Department of Health and Human Services (DHHS)[1] identified Colorado as one of 30 states with a nursing shortage. The 2000 supply-versus-demand comparisons by DHHS projected a shortage of 11% (3656 RNs) for Colorado by 2007 compared with the national nursing shortage trend at 6%.[2] The shortage is expected to grow slowly until 2010, at which time demand will accelerate and exceed supply in 2020 by 31% (16,926 RNs) in Colorado.[2] DHHS anticipates a 40% increase in demand for RNs between 2000 and 2020 with growth of this labor pool at a modest 1.7% annually (Figure 1).[2] On a national level, there will be more than one quarter of a million unfilled nursing positions by 2010.[1]

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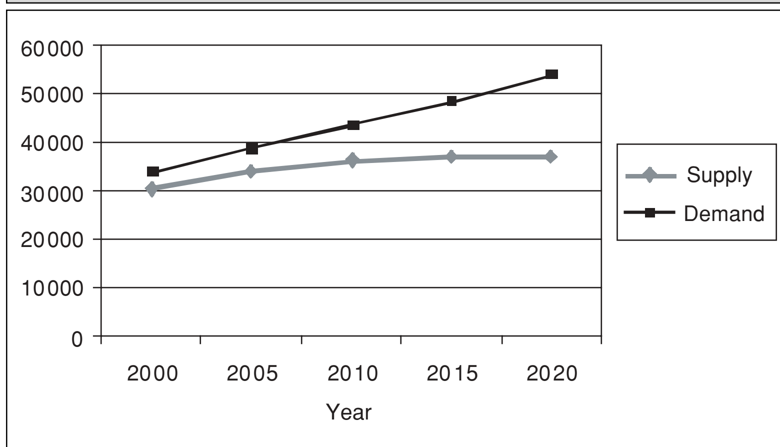
Figure 1. Nursing Trends in Colorado[2]



Factors driving demand include population growth, a larger proportion of elderly with more chronic diseases, new approaches to care that leverage RN talent (eg disease management and group visits), and medical advances that heighten the need for RNs. Growth in supply is expected to peak by 2011 and then begin to decline as the number of nurses leaving the profession exceeds the number who enter.

According to the Spring 2003 Colorado Department of Labor Job Vacancy Survey,[3] there were 951 open registered nursing positions in the Denver area. Last year, the State of Colorado higher education system turned away between 500 and 1000 qualified students from nursing programs because of lack of capacity. Colleges that offer nursing programs have had their funding cut and cannot afford to add qualified faculty to accommodate student interest. The even bigger capacity issue and the true bottleneck in the system is in the provision of clinical sites for nursing students. Hospitals that are understaffed already have their nursing workforce precepting large numbers of student nurses. To take on more students compromises patient care and overburdens nurses further.

Nursing Shortage: CPMG's Wake-Up Call

The Colorado Permanente Medical group (CPMG) is a 700 member, multispecialty physician group that provides care in metropolitan Denver and Boulder to Kaiser Permanente patients. CPMG physicians work with nurses and other health care team members in a variety of settings: primary care clinics, ambulatory surgical centers, partner hospitals, specialty clinics, and a variety of other clinical and administrative venues.

In 2000, CPMG began to experience the effects of an acute and, in some situations, crippling shortage of nurses. Patients were being diverted away from Kaiser Permanente's (KP) primary partner hospital to other community hospitals. KP patients and members were unable to receive care by CPMG because of a shortage of staffed beds in the hospital and in the emergency department.

Four new hospitals being built on the periphery of Denver pose an additional challenge. These more suburban facilities will be vying for nurses who choose to work in the inpatient setting closer to their homes. There is a significant concern that these new suburban hospitals will be able to market themselves more effectively to the shrinking talent pool of nurses and other health care professionals. This may put KP's older, urban, partner hospitals at even greater risk of ongoing nursing shortages. Classified advertisements in Denver newspapers show that some urban hospitals have resorted to offering an additional per diem of up to $50 for simply driving to work.

An overall shortage of health care workers, the addition of new hospital beds without commensurate increased staffing visible anywhere on the horizon, and the threat to inner-city hospitals, meant CPMG needed to take action to insure that Permanente Medicine[4] would be available to our patients in the future.

"Physician Tyrant"—a Role in the Nursing Shortage?

A recent VHA study[5] found that disruptive physician behavior and verbal abuse was a strong contributing factor to diminished nurse satisfaction and morale. When asked whether they had ever observed abusive behavior by a physician toward a nurse, 96% of nurses said yes. Nearly 30.7% of nurses, physicians, and hospital executives said they knew of nurses who had left a hospital as a result of being berated, harassed, or abused by a doctor.[5] An all too revealing necessity is the universal adoption of "abuse-free" policies in medical settings. Nurses' expectations for collaboration, acknowledgement, and respect is a long way off when "abuse-free" policies are considered a real step forward (and they are) in managing the work environment. Although CPMG has a "zero-tolerance" policy for abuse,

some nurses state they don't have a voice and are not respected in spite of years of experience.

Preferred Clinical Partner Program

"PCP" Program—the Origins

CPMG's leadership team and Board of Directors were determined not to simply stand on the sidelines and document the deterioration of health care teams. The need for action became a vision that led to the development of the "Preferred Clinical Partner" (PCP) Program. The PCP Program articulates the breadth and significance of the partnership between physicians and nurses (Table 1). The PCP vision is for physicians to pick up the mantle of leadership and participate in solving the nursing shortage. The strategy of the PCP Program is to be comprehensive and innovative in the drive to stimulate interest, develop capacity, and offer opportunity for nurses and other future health care team members.

Consistent with a dedication to be "physician leaders" on all issues that affect our patients and the health care industry, CPMG developed a response to the nursing shortage. What were CPMG's motives?

First, to ensure that every place a Permanente physician treats patients and KP patients receive care, there is a health care team fully staffed with excellent professionals. With high-quality, intact teams, we can ensure that our patients get all of the benefits of KP care.

The second, more audacious motive is to help solve this shortage globally by demonstrating that an accountable physician group can play a leadership role in solving one of the most problematic issues in health care today. If we can demonstrate success in our own local area of influence, it may be a model for medical groups, medical staffs, and all physicians to be leaders in trying to address and make a major contribution in solving this critical shortage.

Table 1. Preferred Clinical Partner Program
1. Funding scholarships
2. Building capacity: funding and development of educational programs
3. Physicians serving as faculty and mentors
4. Clarifying leadership and partnership expectations for physicians
5. Developing physician-nurse relationship training programs

In addition to the financial commitment to building programs, physicians can affect the nursing shortage by enhancing the work-lives of nurses. Physicians have a legally based, nontransferable leadership role within a medical team or department. Physicians can affect the nursing shortage by using their leadership role in their care teams to support nurses, purposefully investing in the relationship, and acknowledging and respecting their nursing colleagues.

Preferred Clinical Partner Program "Nuts & Bolts"

To launch the PCP Program, the physicians of CPMG contributed $250,000 to help fund scholarships and build nursing capacity at community colleges and universities.

A project manager for Nursing and Community Relations was hired by the Medical Group to manage the PCP Program.

The PCP Program includes the following components:

Nursing scholarship program: distribution of scholarships; solicitation and fostering of potential recipients at every educational level; engagement of community leaders and hospital leaders to raise money, to support the program, and to facilitate people and systems to identify recipients. The PCP Program seeks to foster interest in health careers in school-age children, and to offer opportunities for health care workers, both inside and outside KP, to attain more advanced degrees.

Create educational capacity: Extensive collaboration with community and hospital leaders. Leaders of the Catholic high school system serving the urban area (CPMG's partner hospital is an urban Catholic hospital) and college leaders has resulted in extraordinary interest and cooperation in the PCP Program. In addition to scholarships, a core need is more educational capacity at the local colleges as well as within our hospitals for clinical precepting and clinical experience. CPMG's physicians sponsor these programs and will also provide additional faculty for the training programs.

Changing the nursing work environment: A key component of the PCP Program is driving a cultural change in the work environment for nurses. Dissemination of information about the role physicians play in nursing work life has been accomplished through the Executive Medical Director's monthly communication to physicians as well as discussion and repetition in more informal sessions. Results of the VHA study on disruptive physician behavior and its effect on nurses was sent to all physicians. The attached introductory comments by the Executive Medical Director included the following statement: "Every day we

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Current Status and Next Steps

The Dollars

The CPMG Healthcare Education Fund (the "Fund") has continued to grow through additional donations and grants and has expanded to $950,000. CPMG is collaborating with educational institutions to determine what type of "hands-on," "front-of-classroom" support our physicians and other professionals might be able to offer. Additionally, we are seeking to expand the involvement of CPMG in mentoring and teaching health care professionals in the hospital and clinic settings.

To date, the Fund has granted money to Metropolitan State College to provide staffing for a newly developed accelerated BSN program and a nursing laboratory. The Fund has also committed financing over the next two years to partner with KP to provide matching funds to support an onsite "MA to LPN" program. These two-year programs, taught by the Community College of Denver, will provide evening and weekend training for 32 KP employees with no out-of-pocket cost to them. CPMG has also agreed to match existing Kaiser Foundation Health Plan nursing scholarships during the next three years, which resulted in ten additional nursing scholarships this year.

Early Evidence of Success

When the Director of Nursing at KP proposed a structure to reenergize nurses and focus on the importance of nursing, physician-leaders agreed to partner in every way. Fifteen physicians are actively involved: many as co-chairs of the task forces that were created to address issues such as quality of nursing care, career ladders, and nursing education. Physician-leaders have helped coach nurse-leaders on the development of appropriate peer review processes, collaborative nurse-physician educational projects, quality assurance efforts, and have helped with nursing orientation programs.

The Colorado Region People Pulse Survey is evidence that physicians are making a difference internally. The 2003 survey showed that 84% of nurses say MDs treat them with respect compared with 81% in 2002. Positive nurse response to the question "MDs support me in providing quality service" increased from 78% to 86%. Perhaps the most important question, in an era of severe nursing shortage, is "I would recommend KP as a place to work." Eighty-nine percent of nurses agreed compared with 73% just a year ago. In the last year, when newly hired nurses were asked for the top 10 reasons they joined KP, one of the top reasons cited was their ability to have long-term collegial, respectful relationships with an outstanding medical group. These data are consistent with national studies showing that positive, collaborative relationships with physicians help to recruit and retain nurses.

The Mantle of Leadership

Clearly, the stakes are high for physicians as the increasing reality of a nursing shortage unfolds. Despite the leadership, education, and power represented by physicians, they are rarely mentioned as playing a role in solving the nursing shortage. Given the legal responsibilities and leadership roles of physicians in health care, it is incomprehensible and unacceptable for physicians to be "silent" on this subject. The physicians of CPMG have "opted in." The PCP Program represents physicians picking up the mantle of leadership and extending a hand of support to our partners in the nursing profession. ❖

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