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Linda H. Aiken, PhD, RN
LDI Senior Fellow

Sean P. Clarke, PhD, RN

Douglas M. Sloane, PhD

Julie Sochalski, PhD, RN
LDI Senior Fellow

*Center for Health Outcomes and
Policy Research, School of Nursing,
University of Pennsylvania*

Cause for Concern: Nurses' Reports of Hospital Care in Five Countries

Editor's Note: According to most experts, the U.S. faces a growing shortage of registered nurses, threatening the quality of care hospitals can provide. In the setting of nurse shortages and simultaneous concern about patient safety, nurses' job satisfaction and their assessment of quality of care become critical. This Issue Brief highlights a cross-national survey that describes nurses' perceptions of their hospital work environment, and identifies core problems in work design and workforce management in five countries.

In U.S., hospital reorganization has changed nurses' work environment

The past decade has witnessed pronounced changes in the organization of U.S. hospitals, many the direct result of restructuring and reengineering initiatives intended to decrease costs and increase productivity. In a recent article, Aiken and colleagues described initiatives that hospitals undertook from 1986 to 1998, and examined changes in nursing practice environments.

- In a recent national survey, 57% of hospital chief executive officers reported that their hospitals had undergone restructuring. Personnel were reduced in about 90% of restructured hospitals. Skill mix reductions (i.e., declines in the proportions of registered nurses on unit staffs) occurred in about 70% of the restructured hospitals.
- Drawing upon their studies of hospitals over time, the authors found that the nurse practice environment in hospitals has deteriorated. Hospitals are now less likely to have enough registered nurses, adequate support services, supervisors who are supportive of nursing, an influential chief nurse executive, and other organizational characteristics associated with nurse satisfaction.
- Inadequate nurse staffing and uneven quality of care in U.S. hospitals is often blamed on the growth of managed care, reductions in Medicare payments to hospitals, or other factors unique to the U.S. However, news reports indicate that Canada and the United Kingdom face remarkably similar problems of nurse shortages and discontented nurses.

Survey explores hospital organizational climate, nurse staffing in five countries

To provide an international perspective on the changing hospital work environment, Aiken and colleagues surveyed 43,329 nurses from the U.S., Canada, England, Scotland, and Germany working in more than 700 hospitals in 1998 and 1999.

- The study was conducted by the International Outcomes Research Consortium, which consists of seven interdisciplinary research teams in participating countries lead

by the University of Pennsylvania's School of Nursing. The U.S. sample included all hospitals in Pennsylvania; the Canadian sample included all hospitals in Ontario, Alberta, and British Columbia; the Scottish sample included all hospital trusts; the English and German samples included all hospitals participating in benchmarking organizations.

- All nurses in the study received self-administered questionnaires that they returned anonymously by mail. Response rates ranged from 42% to 53% across geographic regions.
- The age distribution of responding nurses is consistent with reports of an aging nurse workforce in the North American countries. In the U.S. and Canada, the percentages of hospital nurses under age 30 (and therefore having the potential for extended careers in nursing) was quite low—19% and 10% respectively. In the Western European countries, between 32% and 41% of responding nurses were under 30.

Low morale among nurses is widespread and not unique to the United States

Nurses' job dissatisfaction and levels of burnout limit adequate staffing, and may reduce quality of care and threaten patient outcomes.

- In the U.S., more than 40% of nurses working in hospitals reported being dissatisfied with their jobs. Job dissatisfaction among nurses, at least in the U.S., is 3-4 times higher than that of other professionals or the average worker. In Canada and the United Kingdom, 33%-38% of nurses were also dissatisfied. In Germany, 17% of nurses reported dissatisfaction with their positions.
- Significant numbers of nurses across countries are experiencing job-related strain. In all countries except for Germany, 30%-40% of nurses had higher "burnout" scores than other medical workers, as measured by a standardized instrument.
- More than three in ten nurses in England and Scotland, and two in ten in the U.S., plan to leave their hospital jobs within the next year. Strikingly, among nurses under 30, about half plan to leave in the United Kingdom, and one-third plan to leave in the U.S.

Nurses point to problems in hospital staffing, management

Although discontent among hospital nurses is high, the nurses surveyed did not perceive all aspects of hospital practice as unsatisfactory. The greatest concerns center around staffing adequacy and management policies.

- A vast majority believe that they work with physicians and other nurses who provide high-quality care. More than 80% of respondents in each country felt that physicians and nurses have good working relationships in hospitals.
 - Only 30%-40% of respondents reported that there are enough registered nurses to provide high quality care and enough staff to get work done.
 - Fewer than half of nurses in each country reported that hospital management is responsive to their concerns, or provide opportunities for nurses to participate in decision making.
 - Fewer than 25% of nurses in the United Kingdom felt that their salaries are adequate, compared to 41% in Germany, 57% in the U.S., and 69% in Canada. In the U.S. and Canada at least, nurses are more likely to be dissatisfied with working conditions than with their wages.
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U.S. and Canadian nurses report greater workloads, more time spent on non-nursing tasks in past year

Responses to a series of questions addressing changes in workload, tasks, and structure of nursing management reveal that nurses are feeling the effects of hospital restructuring in the U.S. and Canada. These questions were not included in the United Kingdom surveys.

- 83% of nurses in the U.S. and 64% in Canada reported that the number of patients assigned to them had increased in the past year. In contrast, 44% of German nurses reported an increased workload.
- Nearly 60% of U.S. nurses reported a decrease in nurse-manager positions in their hospitals. This finding implies that in addition to having responsibility for more patients, staff nurses might also have greater responsibilities for managing services and personnel at the unit level.
- When asked about the kinds of tasks performed on their last shift, many nurses across countries reported spending time on non-nursing tasks (such as transporting patients, delivering or retrieving food trays, and housekeeping activities), while care requiring their professional skills (such as pain control, oral hygiene, skin care, or teaching patients and family) were left undone.

Nurses report deteriorating quality of care in U.S. and Canadian hospitals

Respondents, particularly in North America, voice concerns about the deteriorating quality of care in their hospitals, and the frequency of specific events that indicate problems in patient safety.

- Only one of nine nurses in Germany, and one in three nurses in other countries, rated the quality of nursing care on their units as excellent.
- In the U.S. and Canada, only about one-third of nurses were confident that their patients were adequately prepared to manage at home upon discharge. Western European nurses had relatively positive ratings of their patients' preparedness for discharge, which might be attributable to longer hospital stays as well as more extensive home care services in those countries.
- Nearly half of the nurses in the U.S. and Canada believed that quality of care at their hospital had deteriorated in the past year. Deterioration of quality of care was reported less often in European countries than in North America, which may reflect poorly on the extensive restructuring of Canadian and U.S. hospitals in the years prior to the survey.
- In general, U.S. and Canadian nurses were more likely than German nurses to report that incidents such as medication errors and patient falls with injuries occur with regularity.

POLICY IMPLICATIONS

Nurses in countries with distinctly different health care systems report similar shortcomings in their work environments and the quality of hospital care.

- The current shortage of hospital nurses in Western countries appears destined to worsen over the long term, with nurses' job dissatisfaction and intention to leave at high levels, an aging workforce, and a substantial percentage of young nurses intending to leave their hospital jobs.

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POLICY IMPLICATIONS

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- Hospital restructuring and “reengineering” were designed to emulate industrial models of productivity improvement, rather than to address nurses’ concerns. These approaches have had limited success in retaining nurses or improving patient outcomes, and in some cases, they have yielded negative outcomes.
- To retain qualified nurses, hospitals will have to develop personnel policies and benefits comparable to those in other lines of work, including opportunities for advancement, lifelong learning, flexible work schedules, and policies that promote institutional loyalty and retention. Popular short-term strategies such as signing bonuses and use of temporary personnel do not address the issues at their core.
- The problems reflected in work design and workforce management contribute to uneven quality of care, medical errors, and adverse patient outcomes. Ongoing work by this international consortium is using data on hospital characteristics and patient discharges to refine more clearly the relationship among nurse staffing, nurse organization, and patient outcomes.

This Issue Brief is based on the following articles: L.H. Aiken, S.P. Clarke, D.M. Sloane, J.A. Sochalski, R. Busse, H. Clarke, P. Giovannetti, J. Hunt, A. M. Rafferty, and J. Shamian. Nurses’ Reports on Hospital Care in Five Countries. Health Affairs, May/June 2001, vol. 20, pp. 43-53; and L.H. Aiken, S.P. Clarke, and D.M. Sloane. Hospital Restructuring: Does It Adversely Affect Care and Outcomes? Journal of Nursing Administration, October 2000, vol. 30, pp. 457-465.

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*Janet Weiner, MPH, Associate Director for Health Policy, Editor
David A. Asch, MD, MBA, Executive Director*

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3641 Locust Walk
Philadelphia, PA 19104-6218
215.898.5611
fax 215.898.0229
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