

Commentary

Investing in the Nursing Workforce to Improve Quality of Care: The Reinvention Imperative

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In a recent issue of the *Harvard Business Review*, Miles D. White posits that leaders keep their organizations relevant and high-performing by heeding the “reinvention imperative” (White, 2013). He delineates two elements of reinvention: separating important and enduring trends from the short-lived and ultimately irrelevant, and deciding to take short-term “hits” (declines) in performance in order to lay the groundwork for long-term gains. White’s article has special resonance given the recurring trend in health care to redesign the workforce so as to achieve efficiencies and reduce costs.

In relation to the nursing workforce, cost-cutting has historically involved eliminating nursing positions, leaving vacated nursing positions unfilled, and replacing registered nurses with practical nurses or unregulated health-care providers. Yet more than two decades of research has laid out the relationships between patient outcomes and the nursing workforce (Shekelle, 2013). The findings consistently show a correlation between more RN staff and better work environments (e.g., lower turnover and absenteeism rates) as well as better patient outcomes (e.g., lower mortality and morbidity rates and higher patient satisfaction rates). This downsizing of nursing has sometimes been justified using the allegedly economically based argument that cheaper care is better care. This argument is flawed, however, because it has been established that “quality care” is almost always the most “cost effective” when the fundamental purposes of health-care organizations are taken into account.

The recurring trend to dismantle nursing services and nursing leadership as a cost-reduction strategy is disturbing at a time when the “smart talk” is about evidence-based practice, decisions, and policies. Further, as care becomes more complex it requires an educated RN workforce to meet the many challenges, including a growing elderly population, advances in science and technology, migration of primary care out of

hospitals and into community and home settings, and rising public expectations of health care (Bohmer & Imison, 2013).

Workforce redesign based solely on cost (efficiency) needs to encompass quality health care and service improvements (effectiveness). We need to rethink our approach to task assignment and nursing staff mix and to adopt models of care that harness the talents of an educated RN workforce (Wakefield, 2013). How can we heed the reinvention imperative to ensure that our nursing workforce evolves in such a way that it responds to service shifts and improves health care in Canada? We need to move beyond local “natural field experiments” in staffing levels and team composition that emerge from local decisions. We need to base our decisions on ongoing research into trends in nursing workforce characteristics in relation to utilization patterns (e.g., readmission rates, length of stay, cost of care), clinical outcomes (e.g., infection rates, pressure ulcers), and experience with patient care.

Given that we now have the most educated and experienced nursing workforce in history, it is paramount that we invest in the intellectual capital of nurses to optimize their scope of practice and that we adopt innovative approaches to workforce redesign that are scalable and sustainable. This requires building into the funders (e.g., all levels of government, insurance companies) and organizations’ accountability models explicit ties to their performance. Promising results have been demonstrated with smaller-scale investments by the Robert Wood Johnson Foundation in preparing nurses to take part in the redesign of health care as members of interprofessional teams (Hassmiller, 2013).

Rather than implementing change for the sake of change or blindly pursuing cost-cutting, the next round of service and workforce redesign needs to reflect on long-term goals and to integrate the lessons of outcomes research and evaluations of innovative service delivery. While it might seem that we are facing “déjà vu all over again” (with apologies to Yogi Berra), nursing health service researchers are in a better position than ever before to help managers and executives make wise choices and progressively improve the cost-quality ratios in their organizations.

References

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