Beating the nurse shortage

Make the move toward ‘magnet’ to attract and retain top nurses

Hospitals across the country that have achieved magnet recognition form an elite faction of facilities noted for their excellence in nursing. Studies show that nurses at magnet facilities stay twice as long as those in conventional hospitals. Magnet hospitals try to attract and retain nurses dedicated to providing the highest quality patient care and service excellence. MD Anderson Cancer Center in Houston has recently joined the ranks.

“Magnet can be looked at in two ways,” says Harriett Chaney, RN, PhD, CNS, associate director of nursing and director of the magnet team at MD Anderson. “Magnet is something that you can demonstrate that you’ve achieved, but magnet standards are also a set of standards to move toward.”

Established in 1993 by the American Nurses Credentialing Center (ANCC), the Magnet Nursing Services Recognition Program for Excellence in Nursing is the highest level of recognition that the ANCC can grant to structured nursing services in health care organizations. According to the ANCC Web site, the center awards the honor to facilities that show distinction in:

- the practices and management philosophy of nursing services
- adherence to standards for improving quality of patient care
- leadership of the chief nurse executive in supporting professional practice, and continued competence of nursing personnel
- attention to the cultural and ethnic diversity of patients and their significant others, as well as that of the care providers in the system

The ANCC’s Commission on the Magnet Recognition Program > p. 2

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Magnet

uses the American Nurses Association’s (ANA) Scope and Standards for Nurse Administrators (ANA, 1996)—a guide containing 14 standards that candidates must meet, seven of care and seven of professional performance—as an evaluation tool. The ANCC is an arm of the ANA.

Moving toward magnet
The Texas Medical Center is an organization of non-profit health care providers composed of more than 40 member institutions, including two medical schools, four schools of nursing, 13 hospitals, and two specialty institutions; it is also the largest medical center in the world.

As a nursing administrator at member hospital MD Anderson, Chaney spends her days with 1,600 nurses in her facility alone. She headed up the magnet recognition process after her supervisor, John D. Crossley RN, PhD, MBA, initiated the process. “He had a vision,” says Chaney. “He had wanted MD Anderson to be a magnet hospital for a while.” Crossley is MD Anderson’s vice president of operations and nursing practice head of the nursing division.

To begin the process of becoming a magnet hospital, administrators write to the ANCC regarding their interest. Chaney and her magnet team, which consisted of herself, Crossley, two clinical administrative directors, and an executive assistant, completed the application included in the Magnet Recognition Program manual and mailed it in late December 2000. Chaney says the committee looks for programs or perks within the facility that attract and retain nurses. After about a

Programs to achieve magnet status
Chaney says her institution has several features and programs in place that she feels helped to achieve magnet status.

• “We have a very active nursing council structure, and through that structure nurses can articulate concerns or issues. There’s a council for practice, a council for education, a council for research, [and a council for] management.”

• A professional development system coupled with a tuition reimbursement program is also in place. Chaney says administrators are very supportive of education within the institution as well as continuing education outside the institution. “Probably just about anything a nurse wants to do in terms of development, he or she is able to do it,” she says.

• Support of professional productivity is also key. Last year employees submitted between 60 and 100 abstracts reflecting the work of MD Anderson nurses, says Chaney. If a nurse’s abstract is selected, her trip is paid for. Finally, MD Anderson encourages professional certification, and aims to eventually certify all nurses.

Chaney says although her facility is not currently experiencing significant recruiting problems, administrators feel the shortage is only going to get worse. For MD Anderson, the effort was a long-term investment, she says, and her team has been more than pleased with the results.

“All of us marvel. We thought we knew all of the wonderful things that were going on in our institution, but it was a delight when we put it all together. I would encourage any institution to pick up the standards and say, ‘Wow, this is a great place to go.’”
Beating the nurse shortage

month, the institution learns whether it has passed through this initial stage.

If an application is approved, the facility then begins its self-study, says Chaney. She and her team used an electronic system to evaluate MD Anderson according to ANCC’s 14 standards.

“We went throughout the hospital, visiting with nurses and managers, and asking for examples. What they [the magnet staff] want is minutes of meetings, evidence that these councils meet, and what their decisions are,” she says.

Her group summarized research conducted by nurses as well as nurses’ performance improvement projects, provided examples, and amassed all information into five binders containing over 2,000 pages of data from across a two-year period. They submitted their data in mid-July 2001, and participated in a two-day pre-announced site visit conducted by ANCC appraisers in late October. The appraisers visited several units and spoke to nurses without their managers present.

“They asked them about their patients, wanted to see the records, asked them to get on the computer and locate information. They had lunch with them, and asked them what they liked about the Texas Medical Center. They asked a lot of questions,” says Chaney.

Receiving recognition
On December 20, 2001, Chaney and Crossley received the call. “It’s very exciting. Dr. Crossley and I had an appointment to receive the call, and the president of the magnet commission, Dr. Linda Urden, called and told us.”

Following notification, says Chaney, she received congratulatory e-mails from magnet institutions across the country, which she forwarded to managers and staff so they could see the camaraderie among magnet institutions. MD Anderson held a reception to receive its award, and plans a yearlong celebration.

“Every nurse is going to get a magnet pin with the year 2001 on it in order to honor those nurses who really achieved the magnet recognition. Then we’ll provide pins for every nursing care provider who comes to the institution. This helps introduce to new employees [the idea] that magnet is continual.”

Encourage a nurse to apply!
The Critical Care Nurse Fellowship Program is a three-month clinical fellowship in critical care nursing. Offered by the Clinical Center Nursing Department of the National Institutes of Health, the fellowship is for experienced registered nurses with strong acute care or medical/surgical experience who would like to begin a career in critical care nursing.

Program components include 80 hours of didactic instruction and a three-month clinical preceptorship in critical care. Program administrators use clinical scenarios and case studies to “bring learning to the bedside.”

Applications are ongoing and can be obtained from Cynthia Herring, RN, at the Nurse Recruitment Office at 800/732-5985.
Retirement

Reduce turnover by adding a personal touch

If you’ve run out of retention ideas, don’t fret. Keep it simple and work on enhancing your relationship with staff.

Dwayne Clark knows staffing inside and out. He is the author of the book, Help Wanted: Recruiting, Hiring, and Retaining Exceptional Staff, and president and chief executive officer of Aegis Assisted Living in Redmond, WA. According to Clark, a huge factor in the long-term care industry’s turnover rate is the lack of a personal touch.

“One of the best strategies for retention is to know who people are personally,” he advises. After all, most employees are inherently distrustful of companies from the start. They often come on board with the attitude that they are going to be overworked, underpaid, and undervalued.

It doesn’t have to be that way if you can break down that barrier of mistrust, says Clark. “You have to create ‘loyalty links’ between the employer and the employee.” To that end, a manager should be able to list three or four important attributes of each employee, showing that he or she knows staff personally. “As simplistic and trite as that sounds, you will connect with your staff,” he says.

Another tip is to write a personal letter to the spouse or partner of a new employee. In the letter, express your appreciation of the family member’s support and explain that you will try to meet expectations as an employer. Clark also includes his phone number in the letter, should the person need to call him with questions.


Staff management

Transform negative nurses with positive communication

Do you have a nurse on your unit who constantly brings everyone down with negative comments and a downbeat attitude? When faced with a disgruntled staff member, use a carrot instead of a stick. Follow these steps to reverse employee negativity:

Step 1: Set an example by ensuring that your own communication is positive. Don’t give employees a reason or an excuse to act negatively. Make a conscious effort to counter any negative statements with positive remarks.

Step 2: Encourage employees to focus on making things right rather than dwelling on what has gone wrong. When employees start to complain, ask what solutions they would like to see. Request direct feedback on how to improve life on the unit.

Step 3: Take all complaints seriously. Even if gripes from nurses seem trivial and unworthy of fitting into your packed schedule, do not ignore staff concerns. Don’t ask for feedback and then disregard the comments you receive.

Step 4: Always follow up. Even if you are unable to follow through with a requested change, at the very least communicate to staff the steps you took to explore their suggestion. Then gently explain the reasons for not implementing the change.

Step 5: Empower employees. Negativity from your nurses may stem from the feeling that they have little control over their work lives. Give your nurses decision-making power whenever possible.

Avoid qui tam suits with active listening

One of your nurses approaches you with a complaint. Even if you are busy, take time to listen. When an employee comes to you with a problem, you have the opportunity to fix it before the government gets a hold of it. Often, just speaking with an employee and investigating his or her complaint will prevent a whistleblower lawsuit.

Employees only seek help from attorneys and the government out of desperation, says David Haron, Esq., an attorney with the law firm Frank, Stefani, Haron & Hall in Troy, MI. They are usually honest people who pay attention to details, believe in their organization’s mission, and are trying to help, but they aren’t being listened to.

“Hospitals have to change their attitudes and stop thinking that all people who complain are disgruntled employees,” says Haron. “They’re not—they are very loyal employees who care very much about their job, but they are stressed because things aren’t going according to what they think the law is.”

Handle complaints effectively. Hospitals should have a policy for identifying and handling whistleblower incidents, says Hank Vanderbeek, MPA, CIA, CFE, principal, HAV Compliance Services in Haverhill, MA.

Your facility’s policy should include the following steps:

- **Listen to the employee.** When an employee brings a complaint, you must keep it confidential and protect him or her, says Haron.
- **Investigate the complaint.** Investigate the complaint with a loyal employee from outside the department.
- **Resolve the issue.**
- **Report back to the employee.** It’s a mistake to not let the employee know what is going on because you think it should be kept confidential, says Haron. “If they see nothing, they might get frustrated and end up with an outside attorney or the government.”

**Your role as a supervisor.** As a supervisor you should strive to handle employee complaints appropriately. Treat the whistleblower as an ally. He or she presents you with a problem and wants you to take care of it. “It’s up to the supervisor or manager to understand that if someone is telling him or her that something is wrong, that means they’ve thought a lot about it,” says Vanderbeek.

Do not squelch employees’ concerns, even if you don’t feel there is any basis for them. “Supervisors need to recognize that they need to address this to the satisfaction of the employee,” says Vanderbeek.

**More suits are coming.** The government is making it clear that it wants to protect against fraud and abuse, says Haron. Areas of the country that haven’t seen many qui tam cases will start seeing more because people are becoming aware of these cases, and U.S. attorneys are anxious to take the cases.

According to Haron, money is not a driving force in most whistleblower lawsuits. “For the most part, none of our clients are coming to us because they are seeking money or trying to hit the jackpot,” says Haron. “They just want to go to someone who will listen.”

**Be proactive.** Start fighting a potential qui tam suit before it starts. If your hospital has a compliance program, make it effective. Have an open-door policy that encourages employees to advise you of noncompliance.

Adapted from: Corporate Compliance Officer, Opus Communications, www.hcmarketplace.com.
Stress management

Re-learn relaxation to decrease your tension

We all possess the natural and valuable ability to relax, even though we may not have practiced the skill for many years. As children we could relax at will, anywhere. While most of us have forgotten how to relax, it’s not too late to re-learn. Work on improving your ability to relax and decrease the tension you feel on and off the unit. With a good tape and about 15 minutes a day, you can quickly become skilled once again.

Why (re-)learn to relax?
Relaxation
• provides a few precious moments in which to recharge your mental and physical batteries
• is key to effective stress management
• enables you to stand back from problems so that when you revisit them you can perceive solutions that had escaped you

Tame stress with a relaxation tape. Get a good relaxation tape and spend a few weeks or months becoming skilled at switching off your thoughts and deeply relaxing on command. Use a tape with commentary; the series of steps will help you at first.

Do-it-yourself relaxation. The following is a simple method you can develop by using mental imagery and soft, relaxing music:
1. Get physically comfortable. Shrug, stretch, and then sit comfortably upright with hands on your thighs or lap. Use a few long exhales to help settle in.
4. Close your eyes. This gives your brain a break.
5. Pay attention to what you see, hear, and feel with your eyes closed.
6. Exhale five times slowly. As you do this relax (1) your feet and legs, (2) your hands and arms, (3) your torso, (4) your head and neck, and (5) your entire body. Pay attention to the relaxing effect of each of these breaths out.
7. Continue to allow yourself to switch off, breathing normally, and pay attention to how your body can relax a little more each time you exhale.

Relaxation points to ponder
• Relaxation is something you allow to happen. You cannot force the issue. It is a gradual process of discovering your personal forms of emotional and physical tension and the ways of releasing these that work best for you.
• The quality of relaxation will vary considerably during any session. One moment you may think you are losing the experience and the next you may be even more relaxed than before. If you think it’s not working stay at ease for another minute. Then, if necessary, give up and try again 30–60 minutes later.
• There is no ‘right’ time to relax. Take a break any time you like, especially when you notice tension or a negative mood beginning to build. For the first few weeks you may find it more beneficial to take many three- to five minute breaks.
• Initially, your tension level may rise again soon after a session. You may wonder, what is the point? Remind yourself that had you not taken a break, tension would now be higher. Remember that these breaks condition your body and mind to react differently to pressures.

Keep your eyes open, and pay attention to what you see, hear, and feel.


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Leadership

Solid leadership skills can promote patient safety

Open communication is key to patient safety, but some experts say the leaders within many health care organizations stifle that communication with poor leadership methods.

Many health care organizations still operate under a “command and control” model, according to Martin Merry, MD, a freelance educator and consultant in health care quality, as well as an adjunct professor of health management and policy at the University of New Hampshire. Under this model, commands come from the top down, and those beneath are expected to be obedient, he says. To repair the ills of the current health care system, leaders need to change their methods to encourage communication and collaboration, he says.

System of isolation. In the current health care system, employees work in isolation, often to the detriment of patients, says Merry. Several health care workers can care for one patient at the same time, yet may fail to share crucial information with one another.

Leaders must help set up the infrastructure needed to promote better communication, says Merry. In order to repair what’s broken, leaders must begin to break down the “walls of the silos” that keep health care workers in isolation. They should also begin to create communication protocols to help build those bridges.

Develop solid communication. Jeff Brown, MEd, a human factors consultant, agrees that safety in high-risk systems is tightly linked to leadership behavior. It’s up to leaders to promote good communication. He proposes the following points to develop strong leaders who can promote a culture of safety:
• Clinical leaders know how to work with a wide range of people to ensure patient safety. When working with patients, they must gain an accurate understanding of a patient’s condition, which often takes place under uncertain or urgent conditions.

To gain this understanding they must harvest information from others. “Leaders need to ensure a generative climate,” says Brown. People must be willing to express ideas freely and offer different perspectives. “I’ve seen it in a variety of settings where open communication has shut down and critical information is not presented,” he adds.

“Case studies show there are numerous situations where people have not spoken up even though they know something is about to happen that is unsafe or is definitely going to harm someone.”
• Equally important, Brown says, is for leaders to encourage debriefings at the end of a shift to identify glitches and outcomes, positive and negative.
• Leaders should also provide support for those working on the so-called front line, Brown says. They must help rapidly correct unsafe conditions or error-provoking conditions reported by teams. To accomplish these goals, managers should use the same communication skills they have developed in other areas.

Changing old ways. The first step, says Brown, is for leaders to recognize the need for change. Leadership should also:
• learn new methods
• collaborate with others
• articulate the vision of the organization and inspire others to take part in creating it

Merry says leaders should also ask themselves the following question: “Am I creating a fertile field for:
• the growth of modern science in quality and safety?
• a fundamentally different form of physician-manager collaboration?”

Merry sees a shift toward this type of new leadership as inevitable. Quoting Winston Churchill, he says, “Americans will invariably do the right thing after they try everything else.” -

Schedule time to study patient privacy standards

As a nurse manager, you must have a firm grasp on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations. Your organization does not have to comply until April 2003, but you should set aside some time now to prepare yourself and your nurses. The following question and answer will teach you about patient privacy standards.

**Question:**
Can we share protected health information (PHI) regarding the whereabouts of a patient with family members or other persons responsible for the care of a patient?

**Answer:**
Yes. The rules allow you to notify family, personal representatives, or others responsible for the care of an individual about that individual's location, general condition, or death.

The Department of Health and Human Services uses the example of a covered entity that notifies a patient's adult child that his father has suffered a stroke and is in the hospital's intensive care unit. The rules do not require a written agreement from the patient, but also do not prohibit it.

If the patient can make health care decisions, you may use or disclose the PHI if

- you obtain the patient's agreement
- the patient does not express an objection
- you can infer that the patient does not object to the disclosure

The privacy rules state that if the patient is not present or is unable to agree or object you may decide whether notification would serve the patient's interest. If so, you may disclose to a third party only the PHI that relates to that person's involvement with the patient.

Adapted from: Attorneys Marty Baxter and Gretchen McBeath at Bricker and Eckler, LLP, and The Quality Management Consulting Group, Ltd.

Don’t let rumors run rampant on your unit

Are your nurses speaking in hushed voices in the break room, or perhaps casting you discontented glances as you pass them in the hallway? If so, you may have a rumor circulating on your unit.

When you hear “buzzing” around you full of misleading and inaccurate information, think “speed of lightning.” Why? Because this is the speed at which a false rumor travels.

Rumors not only distract employees, but they lead to morale issues and lack of trust toward the manager. If staff members know from past experiences that you always tell them the truth, they are more apt to disregard rumors, yet, they still crave your reassurance.

Don’t let a rumor run rampant at your facility. The following rumor control tips can help you prevent inaccurate information from spreading on your unit:

- Be up-front about what is fact and what is fiction
- Be available to confirm or deny information
- Never remain silent when rumors are flying
- Be willing to share both “good” and “bad” news

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2002 Shelley Cohen RN, BS, CEN, www.hru.net.
Staff improvement

Poor nutrition can lower staff performance

With little time for meals, health care employees may find french fries and burgers, among other fast food items, to be very convenient. Such snacks could also be indirectly compromising the safety of your patients.

People who don’t eat enough, or eat too much of the wrong type of food, can suffer from memory and concentration problems and have difficulty making decisions, according to Pam Smith, PhD, a registered dietitian, director of nutrition programs, and an assistant professor at Keene (NH) State College.

Hunger can also result in shaky hands, loss of peripheral vision, irritability, depression, and disruptive behavior. Your nurses are no exception. If they are not eating what, and when, they should be, “the opportunity for performance errors . . . would be enormous,” Smith says.

Eating on the run. Long hours and busy schedules are common practices in the health care industry, Smith says. Some professionals go for hours between meals.

Solving the nutrition problem. What can you do to ensure your staff are not running on empty? Consider the following pointers:

**Eat your breakfast.** A common nutritional misstep is skipping breakfast. Smith says the value of a good breakfast has been well documented, particularly in children. Breakfast should include at least three of the five food groups, Smith says. TIP: Oatmeal is a good choice for breakfast and as a snack during the day. But avoid flavored varieties, which can be loaded with sugar, she says.

**Cut back on caffeine.** Smith sees some common mistakes when it comes to nutrition. First and foremost, people drink too much caffeine. But when you drink too much, your adrenal gland stops working properly—a condition called adrenal exhaustion, she says.

When someone is suffering from adrenal exhaustion, the adrenal gland won’t respond as it was intended to in an emergency—by giving you a kick of energy. This can affect how well someone is able to perform in a crisis situation, she says.

**Keep snacks on hand for staff.** Smith says it’s also important to keep healthy snacks accessible to staff. If they can’t eat a meal, they can fill up on something that will tide them over. TIP: Enlist your staff in coming up with suggestions for food items that they would like to keep on the floor.

**Enforce break times.** Smith says it’s also important for health care organizations to enforce break times for meals. Make sure your nurses have time to stop and refuel.

Rewarding employees

Raise retention with nontraditional benefits

Given the time, resources, training, and money spent to replace employees, the cost of turnover at your facility can be quite staggering. Try adding a few nontraditional benefits to cut turnover drastically; they’re not as expensive as you might think.

Nontraditional benefits are any perks you offer employees outside the normal vacation days, sick time, and health insurance that are typical in most workplaces. The value of these benefits to the employee is often greater than the cost to the employer, says Sharon Risser, RN, BSN, principal with Kolb and Associates in Goshen, IN. Check out these unique tips from Risser:

- **Reward perfect attendance frequently.** Risser finds that perfect attendance only works as a retention tool if it is done frequently—on a monthly or quarterly basis at the longest. “You cannot wait until the end of a one-year period . . . that’s too much delayed gratification,” she points out.
- **Offer a decent selection.** Risser recommends stashing a slew of gift certificates from different vendors to give out for perfect attendance or other awards. You’ll probably be able to negotiate a good rate if you buy in bulk, too.
- **Put a note in the paycheck.** When it comes time to give out that gift certificate, put a little slip of paper in the employee’s paycheck telling him or her to stop by your office to pick up the prize. A little anticipation should remind your staff member where the award is coming from and how he or she earned it.

- **Send home a card.** Another tactic you can try is to send birthday cards or thank-you cards if your staff member is covering extra shifts or working on a special project. Risser likes to send the cards to the employees’ residences, another reminder to the family that the facility is a good place to work.

For proof that these strategies really work, look no further than the turnover rate at Risser’s facilities, which is generally less than 20%, considerably lower than the industry average of close to 100% quoted nowadays.


Reward with retention bonuses

Risser’s facilities offer retention bonuses on a yearly basis as a sort of “thank you for working here” to their frontline staff. Employees can choose between two items that they probably couldn’t normally afford:

- **A nice hotel with a pool and restaurant.** “We negotiate a rate of $75 per night, plus provide $75 to be used somewhere in the hotel,” says Risser. When the whole family benefits from this perk, the kids have a tendency to ask, “Mom, can we do that again next year?” she adds. This is an added incentive for staff to stay with you another year.

- **Four tickets to an amusement park.** Risser negotiates a group rate, which she gets even though the whole group won’t attend at the same time. Again, the family reaps its own rewards and gains appreciation for the facility.

Save the date!

The American Association of Critical Care Nurses (AACN) will hold its 29th annual National Teaching Institute (NTI) and Critical Care Exposition in Atlanta May 6–9, 2002.

This year’s theme—Journey of Rediscovery: Looking In and Reaching Out—was created to help nursing professionals to remember why they entered health care and rediscover their passion for nursing. For more information, go to www.aacn.org.
How to break the news to poor performers

**Problem:** After your newest nurse makes a series of small mistakes, you decide it’s time to have a talk with her. Although she’s committed only tiny errors, larger ones could be on the way.

You don’t want to jeopardize your patients’ safety or your nurse’s career. You know she is sensitive, however, you want to handle the situation properly and break it to her as gently, yet as clearly, as possible.

**Solution:** As soon as possible, schedule a time to speak with your nurse. To ensure privacy, ask her into your office. After you are both seated, give good news before bad news. While this may seem off point, outlining some of the areas in which she excels and thanking her for her hard work will put her in a good frame of mind.

This approach makes it less likely that she will feel hostile when you point out her weaker areas and the mistakes she has been making. You should almost always avoid starting out with critical news because you may cause your nurse to become defensive. When you then follow up with positive points, your nurse’s mind will be racing and your comments will have almost no effect.

When you are ready to talk about her areas of weakness, ease into the negative aspects instead of quickly switching from good to bad. Try a dialogue such as the following:

Nurse manager: Anne, you have done a great job in the areas we just talked about. Do you have any thoughts on that?
Anne: Not really.

Nurse manager: Good, well I thought we could talk about training possibilities. Training always looks good on your résumé. I’d like to sign you up for a clinical refresher course. I did one a while ago. We can all use a little brushing up on our skills now and then, and there are always new things to learn that you can then bring back to share with everyone else on the unit.
Anne: Great. That sounds good.

Case study

Tackle troubles with time management

For many new nurse managers, one of the most challenging aspects of the job is learning how to fit all of your duties into the day. Don’t panic if at first you feel alarmed.

Time management is an evolving skill that challenges even the most seasoned nursing executives. Test out these time management tips offered by a fellow nurse manager:

1) **Track activities with a time log.** You’ve heard it a thousand times, but keeping a time log can be an invaluable resource. If you’ve never tried it before, give it a chance at least once. Jotting down how you spend your time for three days to one week can help you to identify key problem areas.

Perhaps you are dedicating too much time to unnecessary phone calls or unplanned visitors. Analyze your time log as you would a complex clinical problem. Identify time eaters and eliminate them from your day.

2) **Plan time for large projects.** If you have a large, ongoing project that you have been dreading and putting off, force yourself to commit five or 10 minutes to the task. Then reward yourself once you’ve completed the time. When overwhelmed, divide the project into smaller parts. This will give you small, attainable goals to accomplish; perhaps then the project will not seem so cumbersome.

3) **Carefully manage your calendar.** Organize your calendar by entering all of your required appointments and meetings. Mark the dates for completion of projects as well as the dates for achievement of project steps. For example, by June 1 the budget should be complete; by May 1 the rough draft should be finished.

Safer staffing standards: You can make a difference

After assessing a patient, hanging blood for another, and checking the lab results on a third, you change the dressings for yet another of your patients on the medical/surgical unit. When you eventually move on to patient number eight, you worry about the effects that your facility’s nurse-to-patient ratios are having on your well-being and that of those in your care. If you are feeling overwhelmed and overstressed with current staffing conditions, you are not alone.

“Nurses cannot guarantee the safety of patients given the current staffing conditions,” says David Schildmeier, director of public communications at the Massachusetts Nurses Association. “We have a nursing shortage.

Unsafe nurse-to-patient ratios have been cited as the cause of multiple health care industry concerns—from the erosion of patient safety standards to the exodus of nurses from hospitals across the country. But while day-to-day life on the unit may often seem unbearable, nursing association representatives stress ways to promote positive change.

More and more nurses are leaving the bedside because they can no longer continue to practice under those conditions.”

Unsafe nurse-to-patient ratios have been cited as the cause of multiple health care industry concerns—from the erosion of patient safety standards to the exodus of nurses from hospitals across the country. But while day-to-day life on the unit may often seem unbearable, nursing association representatives stress ways to promote positive change.

Take action to encourage change

What can you do when you feel that staffing ratios are causing you to work in an unsafe environment? Schildmeier encourages nurses to tell the truth about what’s happening and offers the following suggestions:

• **Speak with a supervisor.**
  Approach your nurse manager with your concern if you feel comfortable doing so. Discussing a serious problem with a direct supervisor may cause some nurses to feel awkward. If so, talk to another hospital administrator with whom you feel more at ease.

If you are worried that speaking up will inspire punitive action against you, check first to see whether your state has enacted whistleblower protection laws. These laws are designed to encourage employees to divulge information that they believe exhibits unsafe or illegal practices, and to protect those whistleblowers from employer reprisals.

• **Contact state officials.** Your state department of health may have an abuse hotline or complaint number to call for employees who encounter inappropriate situations at work. In most cases, individuals who call the hotline can remain anonymous. > p. 2
Safer staffing

• **Turn to JCAHO.** If your organization is accredited, you can report unsafe conditions to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO established its Quality Monitoring hotline in 1999. The hotline provides health care professionals with an outlet to report quality-of-care issues.

According to the June 2001 edition of the Official Joint Commission Newsletter, all incidents reported over the phone must also be documented in writing. While staff members cannot respond to anonymous complaints, they are careful to preserve confidentiality if requested by the caller.

• **Look out for legislation.** Call your state legislator to see whether there is nursing-related legislation pending in your state. If so, work to support that legislation and encourage your fellow nurses to do so as well. Write letters to legislators, make phone calls, arrange breakfast meetings, or schedule a time to speak on the radio or television.

In a push to improve working conditions for nursing professionals, California Governor **Gray Davis (D)** set a precedent when he became the first governor in the nation to set higher nurse-to-patient ratios earlier this year.

“The governor has made it a main issue to ensure that every Californian has adequate health care,” says **Russ Lopez**, deputy press secretary for Davis, “and this falls into that entire goal. If the nurses are happy, that means they are doing their job effectively, and that means that the patients are also taken care of, and they’re happy.”

Davis and his team developed the ratios in part from information gathered by specialists from the California Department of Health Services (CDHS) during unannounced visits to 10 state-operated hospitals and 80 acute care hospitals. CDHS staff conducted on-site hospital surveys and used the data gathered to determine the current staff-to-patient ratios, and to help create Davis’ ratios.

The new ratios take effect in 2003. Ratios will include all areas of a hospital, including the general medical/surgical wards, and will span from 1:1 in a trauma unit to 1:6 in medical/surgical. Medical/surgical ratios will be reduced in 2004 to 1:5.

To help provide the additional staff required to comply with such ratios, the governor has also launched a nurse work force initiative—an effort backed by $60 million over three years.

“What we will do is start putting money into studies,” says Lopez. “We’re asking nurses what is it that’s going to make your life better, easier. We’re going to have people go in and see what the day is like on the floor.”

In support of the legislation, nurses from across the state contacted the governor using different methods, says Lopez. California nurses wrote letters to their legislators, met with administrators and legislative analysts, and lobbied for passage of staffing legislation.

Those who support safer staffing hope to accomplish what nurses in Victoria, Australia, did with their “Nursing the system back to health campaign.” Following heavy lobbying, in August 2000 Victoria became the first area in the world to cement nurse-to-patient ratios.

According to the Victorian branch of the Australian Nursing Federation, following the passage of legislation, approximately 2,300 nurses returned to the profession in less than 12 months.

Davis hopes his legislation will accomplish the same goal. “What the governor is hoping is that this nurse-to-patient ratio attracts nurses back into the fold,” says Lopez. —
Shrink your stress by ‘being present’

As a nursing professional, you have more likely than not experienced a significant amount of stress on the job. Mandatory overtime, high patient loads, long hours, and patient demands can cause tension to mount. Little time for the proper amount of rest, a lack of adequate nutrition, and potential problems in your personal life can add anxiety.

Perhaps as you read these words, you feel tightness in your shoulders or you notice yourself speed reading through the text, your mind already looking toward your next activity. If you feel overcome with stress and unable to focus on the job, it’s time to work on your stress management skills.

Penny Plautz of Wellpower, Inc., says working on becoming mindful is an important stress management tool for nursing professionals. As a lifestyle coach, Plautz understands that to decrease anxiety, you need to stay in the present as much as possible.

“Instead of focusing on how much has to be done in so little time—both on and off the job—focus on the present moment and what you’re handling now,” says Plautz. Nurses can easily become overwhelmed by looking too far ahead, which for some may even mean the end of their shift.

Being present means taking a moment before you respond to someone, or stopping for a minute before you enter a patient’s room. When you are in the present moment, elaborates Plautz, you are aware. You look at a coworker to see what he or she is doing before you speak, you pause and take a breath before picking up the phone, and you gently type on the keyboard instead of quickly pounding on the keys.

“In the present moment, you can handle just about anything,” says Plautz. “Where you start to lose your confidence is when you project yourself into a future where everything unravels or when you get stuck in the past, where your mistakes are relentlessly replayed.”

The strategy of being present or mindful can make a remarkable difference, not only in the quantity of work you are able to complete, but also in the quality of interactions you engage in throughout the day. Plautz offers the following tips to help you become present:

Practice being present. You can’t be present if you are not even sure what it feels like. The first thing you must do is to recognize the signs of being present. Practice this by trying the following.

1) Be aware of your breath. Ask yourself, is it short and shallow? Observe how stress shows up in your breathing patterns. Can you control breathing and slow it down a bit?

2) Focus on how you speak. How does stress show up in your speech patterns? Are you terse with coworkers, and do you reply to them in a hurried manner?

3) Pay attention to the details. As you jot down notes in a patient’s chart, notice the pen you’re using to write with. Does it have blue ink or black? By paying attention to trivial details, you will develop more awareness by engaging your mind.

Initiate an inner dialogue. Once you have determined how it feels to be present, it’s time to become present, says Plautz. Describe to yourself in detail what you are doing at the exact moment when you decide it’s time to lower your stress. For example:

Stress snapshot

On the cardiac care unit, Dan hasn’t had time to eat, and he has to work overtime. His heart is racing. What can he do? According to Plautz, he should

• have a couple of nutritious snacks available at all times. Items such as fruit or nuts are imperative to keeping energy up.

• say a simple mantra. He should repeat to himself something along the lines of, “I have enough time and enough energy to properly care for my patients.” This may help him regain control of his thoughts.
Shrink your stress

“I am walking down the hall. My shoes are squeaking. I am picking up my patient’s chart, I am holding my cup of coffee as I take a sip.” The trick, Plautz says, is to be as objective as possible; judgments only invite further anxiety.

Plautz says that making mindfulness a habit may take a while, but the results will eventually pay off. “Your first reaction to any kind of perceived threat may still be outright panic—racing pulse and heart rate, sweat, dry mouth, nausea, etc.—but with practice, mindfulness may show up on your radar screen as a preferred method of handling stress.”

Editor’s note: Penny Plautz is an American Council on Exercise-certified fitness instructor and lifestyle coach. For more stress-reducing strategies, visit her website at www.stressedforsuccess.com.

Help your hospital achieve magnet recognition

Facilities that have been recognized as magnet institutions make a special effort to encourage their nurses to participate in decision-making and pursue educational opportunities.

A magnet hospital is one that has received such status from the American Nursing Credentialing Center (ANCC), an arm of the American Nurses Association (ANA). This designation is a highly coveted award of excellence shared by fewer than 45 hospitals nationwide. Such hospitals have created an environment that draws the best nurses in the field; the hospital is a “magnet” for those nurses devoted to providing quality patient care and excellent service.

The magnet procedure is a lengthy process often run by a team assembled by hospital administrators. Individual nurses have a part to play as well, says Kammie Monarch, director of accreditation and magnet recognition program at ANCC. “Nurses can look through and try to determine what they think their hospital already has done, and what they haven’t, and then help begin to create a plan to get those gaps closed,” she says. Monarch recommends the following:

1) **Ready your research.** One of the program standards speaks to having an ongoing research program. If your facility lacks such a program, or you feel the program could be enhanced, look at the critical issues you think your facility should investigate. Work with your nurse manager to create a plan and process.

2) **Study staffing.** Another program standard deals with ensuring that patients have access to an adequate number of qualified registered nurses. Work with your nurse manager to gather evidence that your hospital’s staffing plan provides patients with the needed access to nursing care. If data show that your facility lacks sufficient staff, brainstorm possible solutions.

3) **Try out for the team.** During the magnet process, hospitals will appoint team leaders or “champions.” Tell your nurse manager that you want to assist with the program. To analyze the various required standards, facilities choose leaders. Some take a unit-based approach, while others go by standards. At some hospitals, says Monarch, a representative will be chosen from each participating unit—one from the med/surg unit, one from intensive care, etc. Other facilities may decide to appoint a champion for each standard.

Editor’s note: The ANA Scope and Standards specifies the standards that the magnet program is based on and can be purchased from ANA. For standards specific to the magnet program, contact ANCC to obtain their program application.