

Supporting the Role of the RN



In order to effectively respond to challenges to the profession, we must be able to speak out about the essential contribution that registered nurses make to high quality, cost-effective care in Ontario. This section provides registered nurses with the tools to actively advocate for quality health-care and for the important role of the registered nurse in providing that care.

Background

As the primary interface between the patient and the health-care system, registered nurses play a critical role in providing the public with quality and timely health-care. For many patients, registered nurses are the face of Ontario's health-care system.

Nurses are highly trusted by the public because patients know that nurses are deeply committed to providing them with the best care possible. In poll after poll, nurses have scored the highest of all health care occupations in the public trust index.^{1 2 3}

While RNs excel at caring for others, we must also care for ourselves. Our profession remains faced with many challenges: difficulty in finding full-time work for new grads; lack of flexible employment opportunities for senior nurses; heavy workload and burnout for staff nurses and for nurse managers; lack of coverage as an obstacle to educational opportunities; and, an inconsistent ability to have our voice heard in the workplace. But just think: if the public rates our work highly despite these limitations, imagine how much better our work with patients and colleagues could be if work environments improved!

Registered nurses are knowledgeable professionals – without us, the system will come to a halt. For ourselves and for our patients, we must fully commit to making change happen. This section will provide you with evidence to speak out on the role of registered nurses as expert care providers.

Q & A: Myths and How to Counter Them

Q: But surely there are many tasks that other, less knowledgeable providers can do instead of registered nurses?

A: Professional nursing practice requires a high degree of knowledge-based and highly skilled processes. All aspects, including assessment, decision-making, planning, intervention, monitoring, and evaluation are essential elements of providing quality, comprehensive care. Some of these tasks will be visible to the patient, while others will not. However, all require sophisticated, formal knowledge both at the entry level and throughout one's career as an RN.

The mid-1990s were marked by an initiative to unbundle nursing care into a series of tasks and distribute these amongst various care providers. Although administrators who implemented this approach did their very best to ensure that the appropriate caregiver was assigned to provide the appropriate level of care, the overall impact of this strategy was underestimated. Despite best intentions, there was a basic flaw in this method that good intentions could not overcome. The approach shifted the attention away from the patient as a person, as a whole, and placed that attention onto a series of tasks to be successfully completed in the most efficient way. This not only was the antithesis of patient-centred care, but also led to an increase in mistakes.⁴

Q: Is there any evidence that RNs are more effective than other providers?

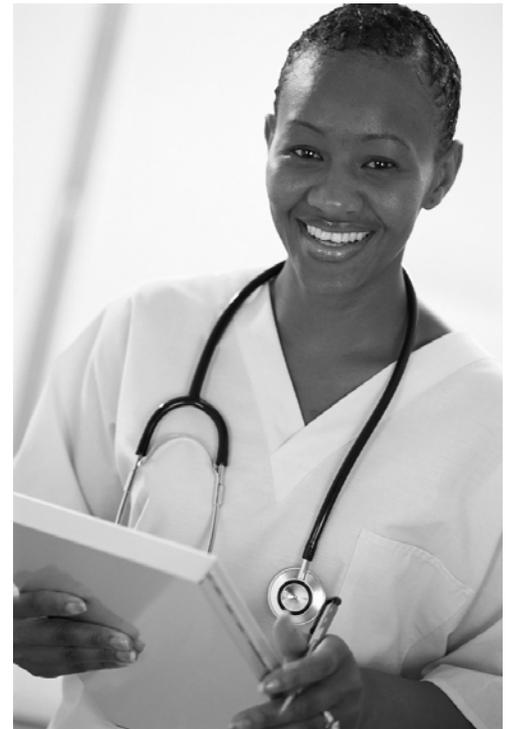
A: Absolutely! The percentage of RNs in the nursing staff mix is one of the most significant predictors of quality of care and mortality rates. This fact was first publicized in 1976, when physician Dr. Scott and his colleagues conducted research to learn about the most important factors in postoperative mortality and morbidity. Many studies have since demonstrated the same results in hospitals, in the community, and in all other sectors. ⁵

Q: How can I find out if a registered nurse will take care of me?

A: Ask! Ask hospital personnel if you will be receiving care from a registered nurse. Ask administrators who will be coordinating your care, either in hospital or at home.

Q: Does having a different registered nurse providing care every day make a difference to patient care?

A: Yes. Having a different nurse each day results in fragmented, less effective care.



Did you know...?

- Higher proportions of RNs in the acute care hospital staff mix are associated with better health and patient satisfaction outcomes, and with lower unit rates of medication errors and wound infections.⁶
- Continuity of care provider is closely linked to patient outcomes, both in the hospital⁷ and home-care sectors.⁸
- Employing more nurses in full-time positions, facilitating autonomy, and reducing the frequency of shift changes improves patients' knowledge about their conditions at discharge.⁹
- Overtime is almost perfectly correlated with sick time ($r= 0.93$, $p < 0.01$).¹⁰
- Home visiting by public health nurses is associated with an improvement in competent baby care by mothers in mother-infant interaction, a reduction in post-natal depression and anxiety, an improvement in children's physical growth, mental health, mental development, verbal skills, and a decrease in recorded accidents and poisoning in children.¹¹
- In their 2003 report, Tomblin Murphy et al. stated that "although nursing staffs are often the easiest thing to cut back on during hard fiscal times ... our work consistently shows that this results in tangible

adverse effects for both patients and systems”.¹²

- Findings from more than 26 research papers on the quality of care provided by nurse practitioners indicate that NPs provide care equivalent to (or better than) that provided by physicians.¹³
- Length of stay in hospital is reduced when RNs are involved in case-management systems.^{14 15 16}
- Nursing unit productivity levels that target less than 90% are associated with higher physical health scores for nurses, expert clinical practice, reduced length of stay, and reduced patient care costs.¹⁷

Tips for Presenting Yourself as a Registered Nurse

- Introduce yourself by giving your full name and your designation: RN.
- Articulate what you do as a registered nurse in simple terms, and use easy-to-understand examples whenever possible.
- When speaking about health-care issues, highlight your clinical knowledge and expertise.
- Support your nursing colleagues publicly, politically, and personally.



REFERENCES

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- ¹ Leger Marketing (2003). How Canadians Perceive Various Professions: Report. <http://www.legermarketing.com/documents/SPCLM/030217ENG.pdf>
- ² Pollara (2000). Public Trust Index 2000, <http://www.pollara.ca/Library.html>.
- ³ Pollara (1998). Public Trust Index, <http://www.pollara.ca/Library/Reports/intro%7E1.html>.
- ⁴ Grinspun, D. (2000). Putting Patients First: The Role of Nursing Caring. *Hospital Quarterly*, 3(4), 22-24.
- ⁵ Aiken, L., et al. (1994) Lower medicare mortality among a set of hospitals known for good nursing care. *Medical Care*. 32(8): 771-787. Also, Aiken 1997, 2001, 2002, 2003, 2004 and 2005 .
- ⁶ McGillis Hall, L., Irvine Doran, D., Baker, G. R., Pink, G. H., Sidani, S., O'Brien-Pallas, L., et al. (2001). The impact of nursing staff mix models and organizational change strategies on patient, system and nurse outcomes. Toronto, Ontario, Canada: University of Toronto, Faculty of Nursing.
- ⁷ Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of Applied Nursing Research*, 288(16), 1987-1993.
- ⁸ O'Brien-Pallas, L., Irvine Doran, D., Murray, M., Cockerill, R., Sidani, S., Laurie-Shaw, B., & Lochhass Gerlach, J. (2001). Evaluation of a client care delivery model part 1: Variability in nursing utilization in community home nursing. *Nursing Economic\$, 19* (6), 267-276.
- ⁹ O'Brien-Pallas, L., Thomson, D., McGillis Hall, L., Pink, G., Kerr, M., Wang, S., et al. (2004). Evidence-based standards for measuring nurse staffing and performance. Ottawa, Ontario, Canada: Canadian Health Services Research Foundation, Ontario Hospital Association Change Foundation, University of Toronto, and contributing hospitals.
- ¹⁰ O'Brien-Pallas, L., Thomson, D., Alksnis, C., & Bruce, S. (2001). The Economic Impact of Nurse Staffing Decisions: Time to Turn Down Another Road? *Hospital Quarterly*, 4 (3), 42-50.
- ¹¹ Ciliska, D., Hayward, S., Thomas, H., Mitchell, A., Dobbins, M., Underwood, J., Rafael, A. & Martin, E. (1996). A systematic overview of the effectiveness of home visiting as a delivery strategy for public health nursing interventions. *Canadian Journal of Public Health*, 88(2), 123-128.
- ¹² Tomblin Murphy, G., O'Brien-Pallas, L., Alksnis, C., Birch, S., Kephart, G., Pennock, M., et al. (2003). Health Human Resources Planning: an examination of relationships among nursing service utilization, an estimation of population health and overall health status outcomes in the province of Ontario. Ottawa, Ontario, Canada: Canadian Health Services Research Foundation, Nova Scotia Health Research Foundation, and University of Toronto.
- ¹³ Brown, S.A. & Grimes, D.E. (1995). A meta-analysis of nurse practitioners and nurse midwives in primary care. *Nursing Research*, 44(6) 332-339.
- ¹⁴ Wammack, L. & Mabrey, J.D. (1998). Outcomes assessment of total hip and total knee arthroplasty: Critical pathways, variance analysis and continuous quality improvement. *Clinical Nurse Specialist*, 12(3), 122-129.
- ¹⁵ Ethridge, P. & Lamb, G. (1989). Professional care nursing management improves quality access and costs. *Nursing Management*, 20(3), 30-35.
- ¹⁶ Cohen, E. (1991). Nursing case management: Does it pay? *Journal of Nursing Administration*, 21(4), 20-25.
- ¹⁷ O'Brien-Pallas, L., Thomson, D., McGillis Hall, L., Pink, G., Kerr, M., Wang, S., et al. (2004). Evidence-based standards for measuring nurse staffing and performance. Ottawa, Ontario, Canada: Canadian Health Services Research Foundation, Ontario Hospital Association Change Foundation, University of Toronto, and contributing hospitals.