State of health care

State nurses predict a grim future for their profession

Nurses appear ready to raise the stakes in labor disputes, driven by a concern over patient care.

But the other side of the bargaining table insists the recession mandates nurses to work smarter, faster and more efficiently in the face of financial stress.

With tensions rising, 2011 may see more union complaints and strikes than ever. Of course, the labor turmoil has been well-documented. The larger question is the future of nursing in Massachusetts.

Will fewer people enter a profession where they feel overworked and underpaid? Will hospitals find the funding to address nurse complaints? Will government intervene with laws mandating nurse-to-patient ratios similar to California?

The answer may indeed lie in significant changes in the role of nurses to meet the increased demand for care, according to an October 2010 report from the Institute of Medicine (IOM). The IOM report suggests nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care.

Those changes include institute residency training for nurses, boosting the percentage of nurses with bachelor’s degrees to 80 percent by 2020, and doubling the number of nurses who pursue doctorates.

Call it a transformation of the nursing profession.

“We need to see nurses move through educational levels in a much less onerous way than we’ve done in the past,” says Laurie Lauzon Clabo, the dean of the School of Nursing at the MGH Institute of Health Professionals in Charlestown. “Allowing nurses to move freely from practice back into academia to advance their knowledge and skill without jumping through hoops is critical. With more education, nurses become full partners in primary care.”

As the IOM sees it, regulatory and institutional obstacles, such as limits on nurses’ scope of practice, should be removed so that the health system can reap the full benefit of nurses’ training, skills and knowledge in patient care.

The IOM says this is vital to realizing effective, affordable health care system that is accessible and responsive to all — and that’s what nurses really want.

“Nurses do their best to serve as many patients as they’ve been assigned — but there’s only so much one nurse can do,” said Donna Kelly-Williams, president of the Massachusetts Nurses Association and a maternity nurse at Cambridge Hospital.
“There is not a nursing shortage. Hospitals just aren’t hiring,” she said. “If patients knew how many other patients their nurse was caring for they would be quite horrified. But there will be a nursing shortage in the future if things don’t change.”

Kelly-Williams would like to see nurse-to-patient ratios similar to California’s landmark model, as well as curbing overtime that wearies nurses and raises the risk of medical errors. But she said getting hospitals to agree to the elimination of mandatory overtime and setting nurse-to-patient limits are not on the agenda of most Massachusetts hospitals.

Officials at Cambridge Hospital could not be reached for comment.

While much attention has been given to hospital nurses, the future of nursing isn’t just in hospitals. Meg Doherty, executive director of Norwell Visiting Nurse Association and Hospice Inc., said nursing challenges are also reaching the home front.

“We need a different type of nurse than ever before,” Doherty said. “If the average hospital length of stay is only three to five days, then that tells you how sick people are when they go home. We need more nurses on the home front to deal with chronic problems.”

Indeed, the IOM report says the health care system needs to tap the capabilities of advanced practice registered nurses to meet the increased demand for primary care. The group cited studies that show these nursing professionals deliver safe, quality care.

But again, it comes back to qualifications and nurse-to-patient ratios. Barbara Tiller, chairwoman of the MNA bargaining unit and a clinical resource nurse at Tufts Medical Center, said she is concerned that nurses are seeing patients for whom they don’t have the skills to provide quality health care.

Tiller points to examples of coronary care patients with nurses who aren’t trained in coronary care, or nurses dealing with patients who are experiencing alcohol detoxification that do not have the experience to discern when to administer meds.

Tufts Medical Center could not be reached for comment.

“The future of nursing may not change until there is a horrific story that makes headlines,” Tiller said. “Unfortunately, we may not see change until there is a big patient scandal where a nurse wasn’t trained to deal with an issue, the patient dies, the family finds out it never should have happened, and nobody can explain it away.”