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## Nurse Leaders



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# Nurses: Focus on Quality, Satisfaction

OF  
**NURSE  
LEADERS**  
SURVEYED:

46

**PERCENT**

Say organized labor will have a negative or strongly negative impact on their organization

75

**PERCENT**

Say low nurse-to-patient ratios are effective or very effective in improving quality of care

26

**PERCENT**

Say physician abuse or disrespect of nurses is common at their organization

In a trying economic time, nurse executives are keeping their focus on ensuring their organization provides safe, quality patient care, according to the results of the *2011 HealthLeaders Media Industry Survey*. Economic changes are coming and nurse executives' top priorities are ensuring their organization's patient satisfaction and quality/patient safety scores bring them their maximum allowable reimbursements.

In the survey, nurse leaders ranked their top three priorities as:

1. Patient experience/patient satisfaction
2. Quality/patient safety
3. Cost reduction

"These are the scores that the CEO will look at the nurse executive and say, 'What are you doing about our quality? What are you doing about our patient satisfaction?' says Eileen L. Dohmann, vice president of nursing at Mary Washington Hospital in Fredericksburg, VA. "Issues such as the drive for accountable care organizations are important issues, but the more burning issues are patient satisfaction and quality, because we know that that's how we're going to start getting paid next year."

The study revealed nurse executives believe nurse-to-patient ratios are the most important factor for providing high-quality patient care. They aren't worried about finding enough nurses to provide that care, with only 34% responding that they believe nurse supply will have a

negative or strongly negative impact on their organization.

The current economy has brought a temporary respite to the nursing shortage and Dohmann isn't surprised by the response.

"We've gotten a little bit lulled," she says. "If you asked the question about the nursing supply a year or 18 months ago, it would have been top of the list."

Dohmann notes that 15 months ago, her organization employed 150 traveler nurses. Today, she has none.

"What I worry about is that people will think there isn't really a nursing shortage," she says. "The reality is there is a nursing shortage, it's just that nurses aren't leaving the profession as quickly as



they were. People who had thought about retiring have put it off because of the economy. People who might have hopped around or moved are thinking twice. But it doesn't change the fact that what is really driving the nursing shortage is the average age of the nurse and the baby boomers and we haven't addressed either of those two problems."

Nurse executives have not yet solved the impending issue of retiring nurses, with 57% saying they are unprepared for the expected mass exodus of baby boomer nurses. However, in the short term, organized labor could be a more pressing concern as nursing unions have seen increased action in the past year. Forty-six percent of nurse leaders say organized labor will have a negative or strongly negative impact on their organization, which Dohmann reports is a sign of the times.

"Two years ago, when nurses could get jobs anywhere and travelers were all over the place, people wouldn't think about joining a union," she says. Today what is always important to us is to remember the value of the professional nurse in providing quality patient care."

In terms of nursing environment, nurse-physician relationships are better than ever before. When asked to describe the relationship between nurses and physicians at their organizations, 80% described them as positive or very positive. Conditions are not perfect however. Seven percent reported negative relationships, and it's well documented that just one disruptive physician can have a detrimental effect on an organization, contributing to

"Issues such as the drive for accountable care organizations are important issues, but the more burning issues are patient satisfaction and quality, because we know that that's how we're going to start getting paid next year."

poor communication, higher turnover, increased errors, and low nurse morale.

Interestingly, physician leaders had a similar take on the situation. Eighty percent described nurse-physician relationships at their organization as positive or very positive, and just 5% listed them as negative.

Seventy-eight percent of both nurse and physicians leaders reported relationships between the two groups had improved at their organization in the past three years. Dohmann notes there has been a change in the industry. A few years ago, the problem was widespread and not talked about.

"The Joint Commission stepped in and said disruptive physician behavior needs to be addressed," she says.

So hospitals brought the issue out into the open and began to understand, recognize, and resolve the problem.

"Our medical staff took hold of it and said, 'This is physician behavior, we need to police it. Bad apples make all of us all look bad,'" says Dohmann. "That egregious



behavior that used to get tolerated is no longer tolerated.”

Despite this good news, nurse executives revealed the damage caused by disruptive physician behavior is still an issue. Twenty-six percent of nurse leaders say physician abuse or disrespect is pervasive at their organization. This indicates that the problem is still there and also backs up the fact that just one difficult physician can wreak havoc at a facility.

“Maybe we’re not where we want to be yet,” says Dohmann, “but we really have made strides and I think that what the survey reflects is the strong value in the nurse-physician relationship.”

Hospitals also are making progress with efforts to increase the educational preparation level of their nurses. Seventy-three percent of nurse leaders reported their organization plans to encourage more nurses to pursue baccalaureate degrees over the next three years and 18% plan to encourage nurses to pursue master’s degrees. The 25% who reported having no plans to do either are likely victims of economic realities.

“If you ask nurse executives for their wish list, would they wish to have a hospital filled with bachelor’s- and master’s-prepared nurses? Every nurse executive would say yes,” says Dohmann. “The reality is, we work very hard to provide advanced educational opportunities for nurses.”

Related to nurse preparation level is a hospital’s ability to apply the latest evidence-based care at the bedside. Only 39% of nurse leaders say that nursing research is being effectively translated into practice at the bedside.

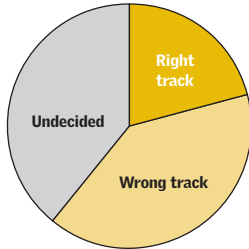
“I don’t think we’ve come up with a real recipe for translating nursing research into practice at the bedside,” notes Dohmann.

Nurses with higher levels of educational preparation are essential for conducting and applying research and evidence-based care, so the numbers could change if hospitals fulfill their desire to increase nurses’ educational levels over the next few years.

—REBECCA HENDREN



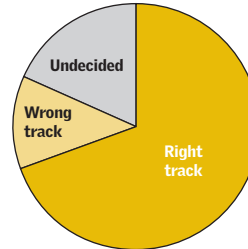
**1. Overall, how do you assess the current state of the healthcare industry?**



■ Right track – 21%  
■ Wrong track – 40%  
■ Undecided – 39%

BASE: 218

**2. Overall, how do you assess the current state of your own organization?**



■ Right track – 69%  
■ Wrong track – 12%  
■ Undecided – 18%

BASE: 218

**3. Rank your organization's top 3 priorities for the next 3 years.**

	Priority 1	Priority 2	Priority 3	2011 Percent selected	2011 Rank
Patient experience/patient satisfaction	13%	22%	12%	47%	1
Quality/patient safety	23%	10%	11%	43%	2
Cost reduction	12%	8%	9%	30%	3
Reimbursement	5%	6%	11%	22%	4
Physician recruitment and retention	6%	8%	4%	18%	5
Construction/capital improvements	7%	6%	3%	17%	6
Dealing with uncompensated care	5%	5%	4%	15%	7
Developing an accountable care organization	4%	5%	5%	15%	8
Care coordination	4%	4%	6%	14%	9
Technology system/equipment	2%	6%	5%	14%	10
Leadership development	3%	3%	4%	10%	11
RACs	3%	1%	4%	9%	12
New clinical products/services	2%	2%	2%	7%	13
Revenue cycle	3%	1%	2%	6%	14
Employee satisfaction	0%	3%	3%	6%	15
Mergers and Acquisitions	2%	1%	2%	6%	16
Nurse/staff recruitment and retention	0%	2%	3%	6%	17
Physician employment	2%	1%	2%	5%	18
Physician staff ventures/realignment	1%	2%	1%	5%	19
Episode of care/bundling	1%	0%	3%	4%	20

Base

203

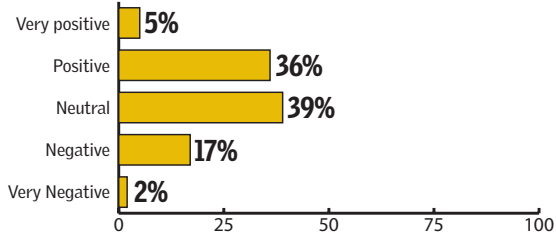


#### 4. How will the following healthcare issues impact your organization in the next 3 years?

	Strongly Positive Impact	Positive Impact	Neutral	Negative Impact	Strongly Negative Impact	Base
Patient experience, patient-centered care	39%	49%	8%	4%	0%	208
EHR adoption	33%	38%	21%	9%	0%	206
Quality improvement initiatives	31%	51%	14%	4%	0%	207
Increase of insured patients	16%	50%	22%	6%	6%	208
Accountable care organizations	13%	42%	35%	9%	0%	201
Episode of care/bundled payments	12%	13%	30%	38%	6%	204
Physician supply, primary care	12%	25%	25%	34%	3%	208
Private payer reimbursement rates	12%	14%	20%	48%	6%	205
Medical home	10%	29%	51%	10%	0%	203
Physician supply, specialty care	10%	25%	29%	32%	5%	207
Meaningful use criteria	9%	41%	36%	12%	1%	204
Medicare/Medicaid/Tricare reimbursement rates	9%	6%	14%	52%	18%	206
ICD-10	7%	21%	54%	17%	1%	202
RACs	7%	9%	37%	35%	12%	208
Increased regulatory scrutiny	6%	14%	26%	42%	12%	211
Comparative effectiveness research	5%	38%	53%	4%	0%	206
Mergers and acquisitions	5%	20%	62%	12%	1%	206
Nurse supply	5%	23%	38%	29%	5%	207
Stimulus package	5%	33%	43%	17%	2%	206
Uncompensated care	5%	3%	13%	39%	40%	210
72-hour payment window	4%	18%	46%	26%	5%	201
Malpractice concerns	2%	5%	64%	24%	4%	208
Organized labor	1%	2%	50%	24%	22%	210

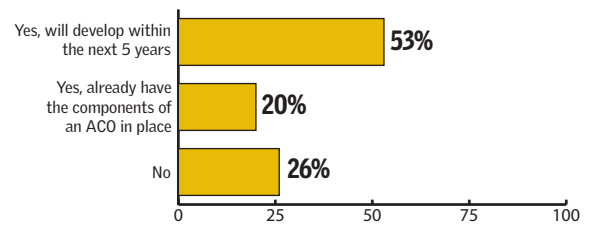


**5. What is your assessment of the Patient Protection Act?**



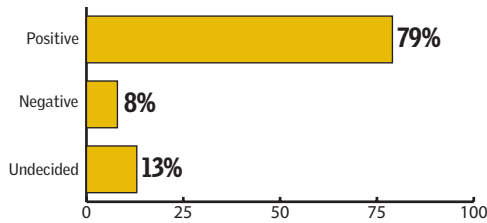
Base: 209

**6. Will your organization be part of an accountable care organization within the next 5 years?**



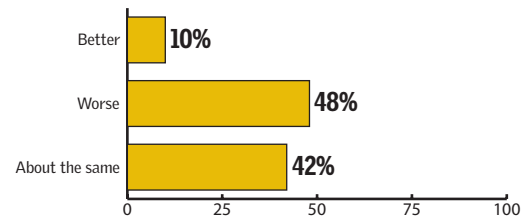
Base: 204

**7. How do you view the growing role of mid-level providers in primary care?**



Base: 215

**8. What is your expectation for your payer-provider relationships in the coming year?**



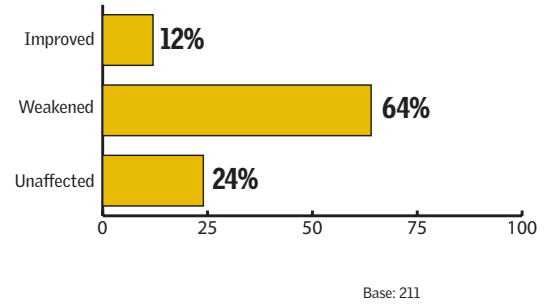
Base: 212



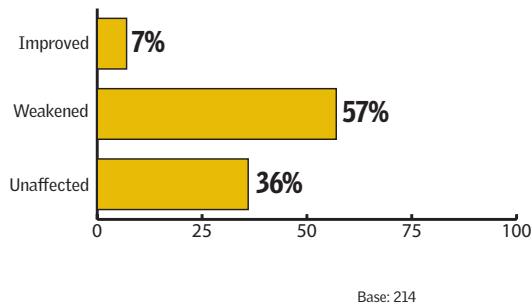
**9. Rank your organization's top 3 drivers of healthcare costs.**

	No. 1 Driver	No. 2 Driver	No. 3 Driver	2011 Percent	2011 Rank
Government laws and mandates	36%	19%	12%	66%	1
Labor costs	20%	19%	16%	55%	2
Clinical technology	15%	18%	13%	47%	3
Overutilization of services	9%	9%	9%	26%	4
Pharmaceuticals	3%	10%	12%	25%	5
Patient lack of responsibility	6%	8%	8%	22%	6
Health plan overhead	4%	7%	10%	20%	7
Physician inefficiency	3%	4%	10%	17%	8
Medical devices	2%	3%	5%	11%	9
Hospital errors	0%	1%	3%	5%	10
Malpractice litigation	1%	1%	2%	5%	11
Base				208	

**10. Describe the impact healthcare reform is having on your organization's financial position.**



**11. Describe the impact healthcare reform is having on morale at your organization.**





## 12. How would you rate the current quality/status of these aspects of your organization?

	Very Strong	Strong	Neutral	Weak	Very Weak	Base
Dedication to mission	46%	39%	9%	4%	0%	211
Nursing staff	33%	52%	9%	5%	0%	212
Fiscal management	30%	43%	18%	9%	0%	214
Medical quality	29%	50%	15%	6%	0%	213
Patient safety	29%	56%	13%	2%	0%	213
Patient experience	25%	53%	16%	6%	0%	212
Prospects for growth	21%	44%	20%	15%	0%	210
Care coordination	19%	47%	18%	15%	1%	212
Physician staff	18%	40%	27%	15%	0%	211
Construction/capital improvements	16%	38%	23%	16%	8%	213
Physician recruitment and retention	13%	32%	30%	21%	4%	210
Dealing with uncompensated care	4%	29%	36%	27%	4%	213

## 13. Describe your overall job satisfaction.

	2011 Percent
Very satisfied	37%
Satisfied	48%
Neutral	11%
Dissatisfied	3%
Very dissatisfied	0%
Base	215

## 14. Would you encourage your child to enter a career in the healthcare industry?

	2011 Percent
Yes	82%
No	18%
Base	214

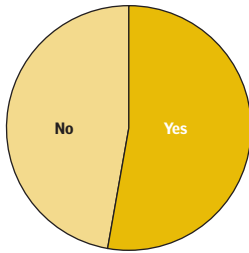


**15. Please rank the following service lines for growth potential within your organization in the next 3 to 5 years:**

	Grow 6% or more	Grow 1%–5%	Remain flat	Decline 1%–5%	Decline 6% or more	Base
Geriatrics	34%	48%	18%	0%	0%	204
Emergency medicine	25%	48%	26%	1%	0%	203
Orthopedics	22%	43%	32%	2%	0%	204
Heart (cardiology, cardiovascular, pulmonary medicine, vascular surgery)	20%	35%	40%	5%	0%	201
Hospitalists	18%	47%	34%	1%	0%	201
Cancer/oncology	18%	42%	37%	1%	1%	201
Imaging/radiology	16%	52%	28%	3%	0%	204
Pain management	16%	45%	34%	4%	0%	203
Primary care	15%	50%	32%	3%	0%	199
General surgery	14%	52%	30%	4%	0%	204
Wellness	14%	51%	32%	3%	0%	198
Physical medicine and rehabilitation	14%	41%	40%	5%	1%	202
Women's health, OB/GYN	12%	37%	45%	4%	1%	201
Psychiatry	11%	28%	53%	7%	2%	200
Neurosurgery	10%	18%	63%	5%	4%	195
Sports medicine	8%	26%	59%	7%	1%	201
Intensive care	7%	37%	52%	4%	0%	197
Spine	7%	26%	59%	6%	2%	197
Sleep	6%	36%	55%	3%	0%	201
Pediatrics	6%	18%	58%	15%	4%	198
Transplant center	5%	9%	71%	7%	9%	176



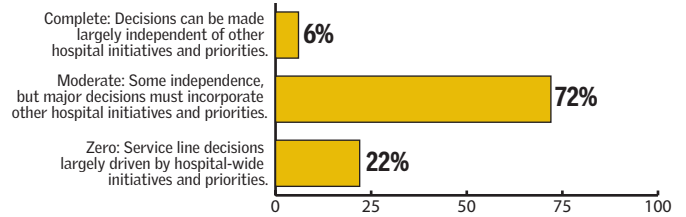
**16. Are you considered a clinical or administrative director of a service line?**



Yes - 53%  
No - 47%

BASE: 213

**17. How much autonomy do the service line leaders have to make strategic and purchasing decisions?**



Base: 214

**18. How effective are comanagement models for service lines?**

	Percent
Very effective	6%
Effective	34%
Neutral	48%
Ineffective	12%
Very ineffective	0%
Base	204



**19. How effective are the following measures in improving quality of care?**

	Very Strong	Strong	Neutral	Weak	Very Weak	Base
Improved communication among physicians and hospitals	51%	41%	6%	2%	0%	212
Better treatment guidelines or protocols	43%	52%	4%	1%	0%	211
Low nurse-to-patient ratios	38%	37%	15%	4%	7%	213
Increased focus on preventive care and patient education	37%	45%	14%	3%	0%	209
Care coordination team	34%	55%	10%	1%	0%	212
Using technology such as EMRs and e-prescribing	34%	46%	17%	3%	0%	210
Paying physicians based on quality measures	22%	45%	28%	4%	1%	209
Comparative effectiveness	20%	46%	31%	2%	0%	207
Decision-support tools	20%	61%	17%	2%	0%	210
Transparency/public reporting	20%	38%	31%	10%	0%	211
Accountable care organizations	17%	40%	35%	7%	0%	203
Employing physicians to enhance alignment	17%	48%	31%	3%	1%	210
Remote patient monitoring	11%	44%	38%	7%	0%	207
Withholding payment for "never events"	11%	20%	37%	25%	8%	210
Medical home	10%	40%	45%	3%	1%	203

**20. What is the primary reason behind the failure to achieve handwashing compliance?**

	Percent
Lack of spine to self-police and report colleagues' violations	48%
Lack of adequate penalties	23%
Lack of leadership to make it a priority	21%
Lack of convenient access to appropriate supplies	8%
Base	209

**21. Describe the overall relationship between nurses and physicians at your organization.**

	According to Nurses	According to Physicians
Very positive	22%	24%
Positive	58%	56%
Neutral	12%	15%
Negative	7%	5%
Very negative	0%	0%
Base	214	263



**22. Have nurse-physician relations improved within your organization over the past 3 years?**

	According to Nurses	According to Physicians
Yes	78%	78%
No	22%	22%
Base	213	263

**23. Does your organization plan to encourage more nurses to pursue baccalaureate or master's degrees over the next three years?**

	Percent
Yes, increase ratio of BSN-prepared nurses	73%
Yes, increase ratio of master's-prepared nurses	18%
No	25%
Base	216

Multi Response

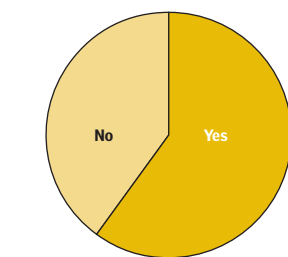
**24. How effectively do you believe nursing research is being translated into practice at the bedside?**

	Percent
Very effectively	4%
Effectively	35%
Neutral	36%
Ineffectively	23%
Very ineffectively	2%
Base	216

**25. How effective are the strategies your organization is using to address compassion fatigue in your workforce?**

	Percent
Very effectively	5%
Effectively	17%
Neutral	45%
Ineffectively	26%
Very ineffectively	8%
Base	212

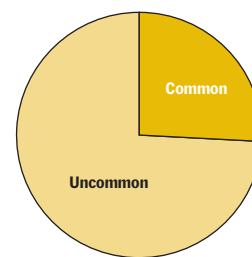
**26. Has your organization and its nurse leadership effectively addressed workplace hostility and nurse-to-nurse hostility?**



Yes - 60%  
No - 40%

BASE: 211

**27. How pervasive is physician abuse or disrespect of nurses at your organization?**



Common - 26%  
Uncommon - 74%

BASE: 213



**28. How does your organization handle behavior by physicians who are abusive or disrespectful toward nurses?**

	2011 Percent
The behavior is tolerated by staff	26%
The behavior is not tolerated by staff	48%
The behavior is tolerated by leadership	22%
The behavior is not tolerated by leadership	70%
Base	215

Multi Response

**29. Which of the following has your organization found to be effective in retaining older nurses?**

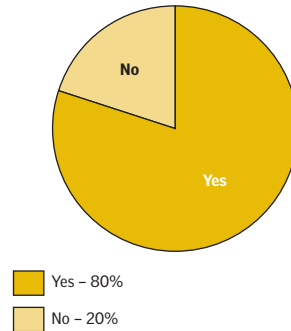
	2011 Percent
Modified schedules	66%
Nurse educator roles	29%
Nurse leadership roles	28%
No-lift program	27%
Bedside nurse roles	21%
Base	196

Multi Response

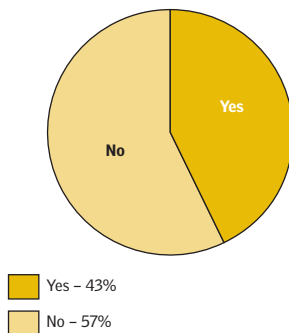
**30. Rank the following factors in order of importance for providing high-quality patient care.**

	Most important	Second-most important	Third-most important
Nurse-to-patient staffing ratio	40%	34%	26%
Nurse experience level	38%	41%	20%
Nurse education/certification level	21%	25%	54%
Base	213		

**31. Does your organization cancel nursing shifts on short notice if patient volume drops?**



**32. Is your organization prepared to deal with the expected mass retirement of baby boomer nurses?**





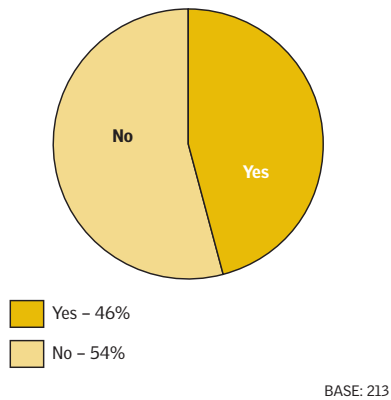
**33. Which best describes your healthcare organization?**

	Percent
Hospital or health system	73%
Critical access hospital	13%
Academic medical center	4%
Multispecialty group practice	0%
Single-specialty group practice	2%
Ambulatory or outpatient center	6%
Physician-owned specialty hospital	1%
Health insurance plan	1%
Disease management/wellness plan provider	0%
Base	212

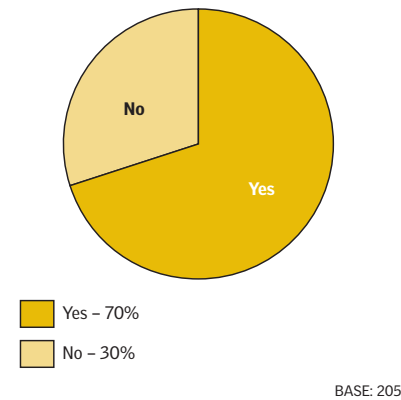
**34. Which best describes your organization by number of beds?**

	Percent
1 - 25 (critical access)	22%
26 - 50	6%
51 - 200	29%
201 - 500	27%
501 - 1,000	13%
1,001+	3%
Base	203

**35. Is your healthcare organization in a rural area?**



**36. Is your hospital a community hospital?**

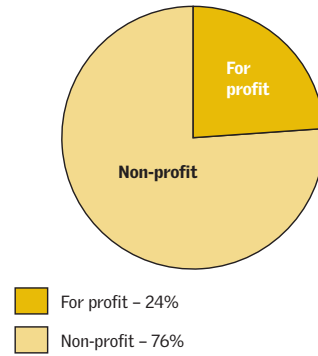




**37. What best describes your primary market area?**

	Percent
Northeast	14%
Southeast	24%
Midwest	37%
Southwest	12%
Northwest	6%
West Coast	3%
Other	5%
Base	216

**38. Which best describes your type of organization?**



BASE: 214

**39. Please indicate your age range.**

	2011 Percent
35 or younger	4%
36-45	12%
46-55	46%
56-65	37%
66 or older	1%
Base	216

**40. What is your gender?**

	2011 Percent
Male	7%
Female	93%
Base	213