Promoting and Empowering Bedside Nursing

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Executive Summary

Problem Statement

Registered nurses (RNs) are critical to a functioning healthcare system. Evidence is mounting that recruitment and retention of bedside nursing staff in acute care hospitals is a challenge of increasing magnitude. We face significant obstacles in ensuring an adequate number of highly skilled bedside nurses in an era of aging and medically complex patients.

Background

There are an estimated 3.9 million nurses in the United States (US) with a projected need for another 1.1 million through 2026 in order to prevent a nursing shortage (Haddad & Toney-Butler, 2019). High levels of turnover among new graduates, increased opportunities for advanced practice and other roles, increased rates of retirement among older nurses, inadequate number of nursing educators and inequitable workforce distribution are factors expected to exacerbate this nursing shortage (Haddad & Toney-Butler, 2019).

The Bureau of Labor Statistics (2019) estimates there are 3.0 million nursing positions, of which 61% are in acute care hospitals. As our population ages and becomes more medically complex, the need for acute care bedside nursing positions is expected to grow at a time when recruitment and retention of bedside nursing staff is proving more difficult (Bureau of Labor Statistics, 2019). Review of the literature reveals a number of simultaneous trends leading to an average vacancy rate of 8% across the country.

New graduate nurses make up 10% of the acute care workforce (Liu, et al., 2016) and 27.7% of them leave their position within the first year of hire (Nursing Solutions Inc., 2019). Hospital turnover is at a high for the decade at over 19% (Nursing Solutions Inc.). The cost to replace a bedside nurse is approximately $52,000 causing the average hospital to lose $4.4-6.9M (Nursing Solutions Inc.). The average hospital will save/lose an additional $328,400 for each percentage change in nurse turnover (Nursing Solutions Inc.). Dols, Chargualaf, & Martinez (2019) have identified major themes associated with new graduate nurses intent to leave, including general dissatisfaction and inability to meet patient needs, disparate compensation, perceived poor staffing levels, and lack of leadership support.

Career development also influences retention of bedside nurses, and there are many roles in various settings available to nurses today. These include but are not limited to: advanced clinical practice, administration, education, case management, patient safety and quality, and informatics (Jacob, 2018). The Bureau of Labor Statistics (2019) projects a 31% increase in need specifically for advanced practitioner positions through the next decade.

Similar to the general working population, the nursing workforce is aging and it is estimated that over 1 million nurses will reach the age of retirement within the next 10 to 15 years [American Association of Colleges of Nursing (AACN), 2019]. Wargo-Sugleris, Robbins, Lane, & Phillips (2018) describe these impending retirements as a “brain drain” leading to increased recruiting and training costs and knowledge loss linked to higher nosocomial infection and patient mortality rates.

Ensuring the education and graduation of adequate numbers of nurses is also proving difficult. According to the AACN (2019), 75,000 applicants were denied entry into nursing programs in 2018 due to lack of nursing faculty, clinical experience sites, and clinical preceptors.

This white paper serves to clearly define the issues surrounding difficulties in keeping nurses at the bedside as well as a summary of evidence based recommendations.

Overview

Work Environment/Safety

Nurse injuries.

- Nurses have the highest injury rate of any of the health groups in the healthcare industry (Bureau of Labor Statistics, 2018)
- 12% of nurses report leaving the profession due to chronic back pain (Nelson & Baptiste, 2006)
- 42% of nurses believe that lifting and repositioning patients puts their safety at risk (Francis & Dawson, 2016).
- 62% of nurses have reported developing a disabling musculoskeletal disorder [American Nurses Association (ANA), 2011].
- 56% of nurses report that they feel pain from musculoskeletal disorders that were exacerbated by their career (ANA, 2011)
- 80% of nurses report pain from musculoskeletal disorders but continued to work despite experiencing frequent pain (ANA, 2011)
- 75% of nurses have access to safe patient handling and mobility technology, but only half use it consistently (Francis & Dawson, 2016)

Recommendations/strategies.

- Provide safe patient handling and mobility (SPHM) technology
- Educate nurses and ensure competency related to SPHM
- Develop and implement a comprehensive SPHM programs to eliminate manual patient handling
- Establish and maintain a culture of safety
- Continually monitor effectiveness of SPHM and remediate as necessary

Overwhelming patient assignments/rapid and increased turnover of clients and staff.

- Burnout has reached extensive levels among our healthcare professionals, with greater than one-half of physicians, one-third of nurses, and somewhere between a quarter to over a half of mental health workers experiencing symptoms (Morse et al, 2012; National Academy of Medicine, 2019; Reith, 2018).

- 93% of nurses indicate staffing is an important issue; 75% indicate that it is extremely important (Brusie, 2019)
- Approximately 16-35% of nurses report feelings of burnout (Gaines, 2019; National Academy of Medicine, 2019; Reith, 2018)
- In a survey of nurses to identify the top reasons RNs leave, staffing/workload accounted for 16% (People Element, 2017)
- 44% of nurses report they usually do not have the time they need to spend with patients (AMN Healthcare, 2019)
- 66% of nurses report worrying that their jobs are affecting their health (AMN Healthcare, 2019)
- 44% of the nurses report they often feel like quitting their jobs (AMN Healthcare, 2019)
- Rapid turnover of nurses at the bedside creates a burden on seasoned staff to orient additional nurses
- Novice bedside nurses train new nurses while caring for multiple patients with complex healthcare concerns

Recommendations/strategies.

Implement recommendations from The Joint Commission (mindfulness, resilience training, leader empowering behaviors). The Joint Commission is emphasizing developing resilience to address nurse burnout and suggest that leaders use the following strategies:

- Use of mentors/role models
- Team support
- Organizational support
- Use of debriefings
- Developing feelings of competence
- Positive reappraisal
- Empowerment

- Implement recommendations from the National Academy of Medicine's *Taking Action Against Clinical Burnout: A Systems Approach to Professional Well-Being* (2019):
    - Create positive work environment
    - Create positive learning environment
    - Reduce administrative burden
    - Enable technology solutions
    - Provide support to clinicians and learners
    - Invest in research

- Consider utilizing ANA's updated guide to nursing staffing which incorporates 5 principles (health care consumer, interprofessional teams, workplace culture, practice environment, evaluation)

- Support flexible nursing staffing (nurse driving staffing guidelines with measurable outcomes, nurses at all level to have a voice in staffing decisions; staffing needs/assignments incorporate factors such as nurse competencies and patient status, adequate training time and resources for new graduates and orientees) (Brusie, 2019)

- The workplace environment needs to be more supportive of nursing practice, facilitating autonomy and less stress, promoting more effective scheduling practices, and demonstrating an appreciation of the value of the contributions nurses (Kennedy, 2018).

- Nurses need to collaborate and advocate for each other and the profession (Franciscan Missionaries of Our Lady University, 2017).

- Nurses who pursue and attain advanced degrees need to be heard as a collective voice representing the totality of the nursing profession (Franciscan Missionaries of Our Lady University, 2017).

Violence, incivility, and bullying.

- 41% of nurses report being victims of bullying, incivility or other forms of workplace violence (AMN Healthcare, 2019)

- 27% of nurses report having witnessed workplace violence (AMN Healthcare, 2019)

- 10% report that their organization addressed the situation extremely well or very well (AMN Healthcare, 2019)

- 63% report that their organization did not address the situation well at all (AMN Healthcare, 2019)

- 46% of hospital workers report workplace violence (WPV) incidents during their last five shifts with one third relating to a physical assault (Phillips, 2016)

- 61% of nurses who experienced an episode of workplace violence during the last year considered leaving their position (Jeong & Kim, 2018)

- 24.1% of nurses report being verbally abused by a peer (Luparell, 2011)

- 43% report being verbally and/or physically threatened by a patient or family member of a patient. Additionally, 24% have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014)

- Lost productivity related to workplace incivility was calculated at $11,581 per nurse annually (Lewis & Malecha, 2011)

- Estimated the cost of workplace violence treatment at $94,156 annually. This amount included $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital's nurses that reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

Recommendations/strategies.

- Patient/family assessment for potential for violence and clear identification in the chart (Gillespie, Gates, & Fisher, 2015)

- Management commitment and employee involvement in a WPV Prevention Program

- Policy with clear definitions and consequences

- Worksite analysis with hazard prevention and control

- Staff training

- Adequate staffing and skill mix

- Record keeping and program evaluation

- Implement a culture of zero tolerance

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence (2015) recommends the following resources:

- The ANA Leadership Institute's™ "Diversity Matters: Create an Inclusive Nursing Culture that Leads to Better Outcomes" webinar (ANA, 2015b).

- The American Association of Critical Care Nurses' Standards for Establishing and Sustaining Healthy Work Environments" (American Association of Critical-Care Nurses, 2005)

- Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (Adeniran et al., 2015).

- Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (2nd ed.) (Bartholomew, 2014).

- NIOSH's online training titled "Workplace Violence Prevention for Nurses" (NIOSH, 2013)

- ANA's Position Statement: Just Culture (ANA, 2010b) and the American Psychiatric Nurses Association's Workplace Violence: APNA 2008 Position Statement (APNA, 2008)

- Occupational Safety and Health Administration's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" (OSHA, 2015; Lipscomb & London, 2015)

Culture/Relationships and Culture/Leadership/Hiring Practices

- In a survey of nurses to identify the top reasons why RNs leave, relationships with immediate supervisor/directors/management accounted for 21% of the reasons (People Element, 2017)

- 82% of nurses indicated that more nurse leaders are needed in healthcare (AMN Healthcare, 2017)

- Over half the nurses don't trust their leader, don't think their leaders care about them as an individual, and don't believe their leader supports their career goals (AMN Healthcare, 2017)

- 61% of nurses said they would not consider moving into a leadership position (AMN Healthcare, 2017)

- Millennial nurses were more likely 36% to be interested in a leadership position (AMN Healthcare, 2017)

Recommendation/strategies.

- Creating the right culture—culture of safety, quality and service
- Make personal connections with staff
- Create mentoring opportunities
- Shared governance
- Leadership training
- Increase leadership engagement and provide support to staff
- Improve communication
- Use evidence-based practice

Technology

Alarm fatigue.

- 72-99% of alarms are false leading to alarm fatigue in nurses (Gaines, 2019)
- A hospital reported that on average 1 million alarms are sounded in a single week; 350 alarms per patient/day in the ICU (Gaines, 2019)
- Increased noise has been linked to negative outcomes for nurses including: stress, irritation, fatigue, and tension headaches

Recommendation/strategies.

- Establish alarm management processes which are reviewed and include adjustment of default parameter settings, and insure appropriate settings for different clinical areas.
- Determine specific parameters to determine when alarms are the most effective intervention
- Create procedures which encourage nurses to customize alarms based on client's condition
- Implement an interprofessional alarm management team (examine policies/procedures for monitoring, develop unit specific default parameters, provide ongoing education and competency-based assessment)

Electronic health record.

- Nurses spend an average 33% (4 hours) of a 12-hour shift with technology including the EHR (Higgins, 2016)
- Barriers to EHR technology efficiency exist due to a combination of paper and electronic documentation
- Redundant documentation
- Data entry burden
- Inattention to nursing workflow
- Lack of clinical decision support
- Missing concepts and new shared vision
- Increased time documenting resulting in less time with clients and their families

Recommendation/strategies.

- Invest in platforms that promote safe and effective communication exchange on all devices
- Advocate for interventions that improve efficiencies for users and improve clinical support

Recommendations from this expert group for ideal state of EHR include (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015):

- Documentation that is simple and efficient, focused on relevant content
- Capture the needs, wishes and preferences of patient and family, involving them in the plan of care
- Serve as central repository of free shared best practices
- Involve the inter-professional team in electronic health record design
- Assure that data is standardized, actionable and interoperable across the care continuum
- Integrate biomedical devices for timely data capture
- Standardize workflows and create dashboards for nurse leaders to facilitate their abilities

make informed decisions

Professional Development

Professional development and nurse practice autonomy.

- Professional development of staff requires adequate staffing
- Staffing patterns must allow the nurse time for professional development
- Budgetary resources are essential

Recommendations/strategies.

- Clinical ladder programs
- Certification bonuses/recognition
- Tuition assistance for career advancement
- Leverage group discounts with bulk professional membership
- Mentorship—ongoing dialog with nurse and manager to identify specific opportunities and suggestions for professional development
- Use role models and coaches in practice
- Encourage nurses to have meaningful participation on committees
- Establish nurses into roles at all levels within the organization (from bedside to boardroom)
- Practice and education collaboration on ways to present bedside nursing as a career

Resources

Time and tasks.

- Nurses spend about 10% of their time on non-nursing activities (Yen et al., 2018)
- Nurses spend up to 28% of a shift at non-value-added tasks (Storfjell, 2009).

Recommendations/strategies.

- Reduce overall workload
- Shift non-value-added tasks away from nurses to other support roles

- Conduct pilot projects to examine the role of the charge nurse without a patient assignment
- Execute pilot projects to examine a role for a unit based equipment and supply assistant

Staff compensation.

- Just 53% of nurses are satisfied with their compensation and 44% said they would choose a different profession (Rapaport, 2015)
- Organizations use compensation to attract talent and potential employees compare compensation before accepting a position (Henderson, 2019).

Recommendations/strategies.

- Nursing input into compensation package
- Removal of rotating shifts
- Return to 8-hour shifts or part-time positions for those who desire them
- Salary increases with degree advancement
- Performance based bonuses
- Child care assistance, wellness and employee assistance programs.

Detailed Information

Work Environment/Safety

Nurse injuries.

Employee injuries can have a major impact on both the employee and the organization. Costs related to medical management and salary compensation can add up quickly. It is a burden on the nursing units when employees cannot return to work to their full ability. Hospitals have a high incidence of injury and illness compared to other high-risk industries such as manufacturing and construction, with 6 cases occurring for every 100 full time workers. Overexertion injuries from lifting or moving patients accounted for 45% of cases in private hospitals and 44 % of cases in local government hospitals (Dressner, 2017). Employees are being injured while repositioning, transferring, and ambulating patients. This is a major concern that is impacting caregivers, such as nurses and nursing assistants, and taking them away from the bedside.

Organizations have a responsibility to do more than provide equipment to staff. A successful safe patient handling and mobility program includes establishing a committee dedicated to review data and change practice as needed. Organizations need a thorough assessment of their resources and how they should be utilized. They must have clear policies and procedures for their ongoing plan and sustainability of the program. Organizations must invest and provide funding to be able to sustain training, acquisition of adequate numbers of safety-promoting equipment, and continued evaluations of their impact (American Nurses Association, 2013). Black and colleagues state, “Evidence indicates that changes for a successful patient mobility program, prevention of pressure injuries and falls, and safe patient handling are enhanced when an organization possesses an appropriate culture for safety.” Frequently, these improvement initiates are managed within silos often creating a solution for one and a problem for the other (Dickinson, Taylor, & Anton, 2018). In order to maintain the physical well-being of caregivers so they can remain at the bedside while keeping patients safe, it is important to establish a culture of safety. It is imperative that organizations implement and sustain a Safe Patient Handling Program, incorporate ergonomic design principles to provide a safe environment of care; select, install, and maintain equipment; and establish a system for education, training, and maintenance of competency (Dickinson, Taylor, & Anton, 2018).

Recommendations/strategies.

A recommendation of the American Nurses’ Association is the move to establish a safe environment for nurses. Their goal is complete elimination of manual patient handling through Safe Patient Handling and Mobility programs and advocacy. Organizations can use the American Nurses’ Association's standards (2013) to prevent nurses from needless injuries using technology and especially lift devices.

Overwhelming patient assignments & rapid and increased turnover of clients and staff.

Nurses are dissatisfied with their jobs for a multitude of reasons, such as overwhelming patient assignments and the rapid and increased turnover of clients and staff. The rapid turnover of nurses at the bedside creates a burden on seasoned staff who are continuously orienting new nurses that leave within a short period of time. The excessive rate of turnover also affects the novice bedside nurse who is burdened with training other nurses, along with caring for a multitude of patients with complex health problems. Nurses often do not see themselves as leaders who influence patient outcomes because they are so overworked. The end result is an increasing number of new nurses leaving the bedside after two to three years to seek advanced practice degrees because they seek a work environment that is less stressful, offers better hours and schedules, and supports autonomous professional practice (Kennedy, 2018).

Recommendations/strategies.

The workplace environment needs to change and be more supportive of nursing practice that allows for autonomy, is less stressful, allows for better scheduling, and values the roles and contributions of all nurses (Kennedy, 2018). Nurses need to collaborate and advocate for each other and the profession (Franciscan Missionaries of Our Lady University, 2017). Nurses who seek advanced degrees need to speak as a collective voice representing the totality of the nursing profession (Franciscan Missionaries of Our Lady University, 2017).

Safe staffing and nurse-patient ratios.

A critical concern within the nursing profession focuses on adequate staffing patterns. Quantifying this is problematic due to the systems we currently rely use. In various states, proposed legislation to solve this problem includes "minimum Nurse-Patient ratios." Buchan (2005) explored the implementation of legislated "Nurse to Patient ratios" in California and Australia and found this approach to be challenging. Mandated "Nurse to Patient ratios" do not solve the underlying need to create safe staffing conditions. This approach overlooks the rapid and complex changes in patient conditions, patient admissions, discharges, and transfers, complex technology, and the workflow of the unit.

Recommendations/strategies.

An alternative solution includes "Nurse-led" decision-making regarding staffing. This approach focuses on the value of nursing care by demonstrating a correlation between adequate staffing and positive patient outcomes. Using technology, nurses could predict optimal staffing by analyzing patient care data including assessments, planning, implementation, and evaluation. These real-time analyses would allow nurses on the unit to determine how many RNs are required to provide safe patient care and produce positive outcomes. This would ultimately result in cost-savings for the healthcare institution (Avalere Health LLC, 2015). Table 1 illustrates the current state of the problem surrounding adequate staffing and compares two possible solutions.

Table 1: *Summary on Nursing Staffing Adequacy Solutions*

<table>
<tr><td colspan="2">The state of patient care environments and nursing care related to staffing adequacy:
· There are more patients (Affordable Care Act and increased access)
· Patients are older with more comorbidities
· Care is complex
· RN hours are reduced in attempt to balance healthcare costs
· Actually, reduced RN hours results in poor patient outcomes (increased healthcare costs), jeopardizing reimbursement
Goals:
o Decreased patient readmissions
o Decreased Healthcare Associated Infections
o Decreased hospital acquired pressure ulcers
o Decreased falls
o Decreased missed nursing care</td></tr>
<tr><td colspan="2">Staffing Adequacy</td></tr>
<tr><td>Legislated Nurse-Patient Ratios</td><td>Nurse-led Staffing</td></tr>
<tr><td>Great differences between the State Nurses Association and the State Hospital Association regarding what is considered "safe staffing ratios"</td><td>Important to demonstrate cost savings that result from “optimal” RN staffing (more research)
· Improved patient outcomes
· Decreased nurse attrition/turnover/hiring costs</td></tr>
</table>

Difficult to hold hospitals accountable that do not comply	Empower RNs to create staffing plans according to: · Admissions · Discharges · Current and changes in patient conditions · Overall patient census · Consideration to staff skill mix
Difficult to adjust according to RN's patient workload	· Difficult to calculate · Many variables to consider · Requires continuous evaluation
Implementation could be undermined; emergency status declared by the hospital, resulting in closing beds, delaying surgeries, and laying off Non-RN positions.	Current legislated nursing staffing regulations · Medicare regulations for "adequate staffing" to meet patient needs · Various state legislation addressing staffing o Staffing committees o Nurse/Patient ratios per unit specialty o Disclosure of staffing plans o Restrictions on mandatory OT
Some argue this is an over-simplistic solution to provide safe staffing	Explore real-time supply and demand patient care needs solution · Forecasting software (within E.H.R.) · Developing RN resource pool

Avalere Health LLC, (2015); Buchan, (2005)

Violence, Incivility, and Bullying

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence (WPV) as "...any physical assault, threatening behavior, or verbal abuse occurring in the work setting" (CDC, 2016). The CDC (2016) delineates four different types of this violence (see Table 2).

Table 2: ***Four Types of Workplace Violence***

Type of Violence	Example
I Criminal Intent	Armed robbery by someone not affiliated with the organization
II Customer/Client	Intoxicated patient punches a nurse
III Worker on Worker	Bullying and incivility among coworkers
IV Personal Relationship	Ex-husband assaults ex-wife while she is at work

Phillips (2016) describes Type II violence by patients and/or visitors against staff as ubiquitous and persistent in the acute care setting. He further describes a study in which 46% of hospital nurses reporting a WPV incident during their last five shifts: with one third relating a physical assault. Jeong and Kim (2018) report 61% of nurses who experienced an episode of WPV during the last year considered leaving their position.

Recommendations/strategies.

In reviewing the literature on WPV prevention, it is clear that more research is required. However, there are articles and organizational recommendations for acute care facilities. On the individual level, Gillespie, Gates, & Fisher (2015) state the need for patient/family assessment for the potential for violence and clear identification in the chart of those who have been abusive /violent in the past. At the organizational level, NIOSH recommends (CDC, 2016):

1) Management commitment and employee involvement in a WPV Prevention Program

2) Policy with clear definitions and consequences

3) Worksite analysis with hazard prevention and control

4) Staff training

5) Adequate staffing and skill mix

6) Record keeping and program evaluation.

The American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence (2015) recommends the following resources:

- The ANA Leadership Institute's™ "Diversity Matters: Create an Inclusive Nursing Culture that Leads to Better Outcomes" webinar (ANA, 2015b)

- The American Association of Critical Care Nurses' Standards for Establishing and Sustaining Healthy Work Environments" (American Association of Critical-Care Nurses, 2005)

- Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying (Adeniran et al., 2015)

- Ending Nurse-to-Nurse Hostility: Why Nurses Eat Their Young and Each Other (2nd ed.) (Bartholomew, 2014)

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- Occupational Safety and Health Administration's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" (OSHA, 2015; Lipscomb & London, 2015)

Culture/Relationships and Culture/Leadership/Hiring Practices

Retention of bedside nurses is influenced by nursing leadership behavior and the organizational culture they help to establish. When nursing leadership has skilled communication, collaborative practice, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership, then nursing retention and satisfaction improves.

Recommendations/strategies.

Investment in employee based leadership training programs has produced positive benefits for the nurse managers and their staff (Correa & Bacon, 2019). In addition, formal graduate education programs have demonstrated positive outcomes (Dunham & Klafehn, 1990; Durham-Taylor, 2000; Kleinman, 2004). For example, Kleinman (2004) found that nurse leaders with master's degrees in nursing have better transformational leadership skills compared to those without master's degrees in other disciplines.

Nursing leadership's investment in participative governance has led to increased nursing satisfaction, commitment and retention (Blake et al, 2013). Effective leaders need to have positive relationships, champion the core values, and model consistent behaviors (Shirey & Fisher). Effective leaders create a culture of safety, quality and service. They create mentoring opportunities and encourage the use of evidence based practice.

Technology

Alarm fatigue.

Alarm fatigue perhaps from overuse is prevalent in hospitals affecting patients and staff. The potential negative impact of alarms on patients is well documented in the literature. Fewer articles focus on nurse's stress, satisfaction, job performance, and health related to effects of noise from alarms. Nurses generally perceive that increased noise levels cause stress. Ryherd et al (2008) surveyed 47 nurses in a neurologic intensive care unit and found that 91% felt that noise negatively affected them in their daily work environment. Many nurses reported experiencing noise-induced stress symptoms such as irritation (66%), fatigue (66%), and tension headaches (40%). Only one study found that directly related staff physiologic stress and hospital noise (Topf, 1989). Results of that study showed self-reported stress and annoyance did increase with higher noise levels. The study also found that higher noise levels were associated with increased heart rate, with caffeine intake, nursing experience and work shift acting as significant predictors of tachycardia.

Recommendations/strategies.

Unfortunately, there is no universal solution to alarm fatigue; hospitals are taking individual approaches to find a solution. The Joint Commission (2019) stresses in the National Patient Safety Goals that there needs to be standardization for use but it should be customized for specific clinical units, groups of patients, or individual patients. Recommendations include having an alarm-management process in place which includes reviewing and adjusting default parameter settings and ensuring appropriate settings for different clinical areas. Determining where and when alarms are not clinically significant and may not be needed is another important aspect to be considered. Creating procedures allowing nurses to customize alarms based on the individual patient's condition and while assuring that all equipment is maintained properly. Some hospitals expect all staff (from housekeepers to hospital administrators) to be accountable in answering alarms with a "no pass" policy that dictates if a staff member passes a patient's room and hears an alarm. The staff member is expected to ascertain that the patient is breathing and call for help if necessary.

Electronic health record.

The literature is mixed on the impact of the implementation of the electronic health record on bedside clinicians. Electronic documentation systems in healthcare have contributed to improved documentation of regulatory standards, quality and safety data and financial reimbursement (McGonigle & Garver Mastrian, 2012) Barriers to efficiency exist due to a combination of paper and electronic documentation practices. This contributes to staff performing redundant documentation as well as numerous clerical tasks. An additional barrier

perceived by clinicians includes increased time documenting results in less time with patients and family caregivers. This is a dissatisfier (Baumann, Baker, & Elshaug, 2018). This systematic review looked at seventeen studies pre-electronic health record (EHR), nine post-EHR and two addressed both periods. There was an overall significant increase in documentation time for all roles studied (physician, nurses and interns) with implementation of the EHR.

Recommendations/strategies.

As the use of electronic documentation increases in importance and clinicians become more proficient, healthcare system administrators need to focus on integrating technology which improves work- flow. Investments in platforms that allow safe communication exchange on all devices will support patient safety, quality and clinician experience, lessening the contribution to clinician burnout (Collins, 2015).

Nurse leaders, in the position to advocate, need to support interventions that improve efficiencies for users and improve clinical supports. The American Medical Informatics Association (AMIA) recently released a set of recommendations for EHRs by 2020. Nurse leaders in the field of informatics have created a call to action to address significant topics to improve quality and satisfaction. Key areas of concern include: data entry burden, system design, inattention to nursing workflow, lack of clinical decision support, shareability and comparability, missing concepts and new shared vision (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015). The following recommendations were made (O'Brien, Weaver, Settergren, Hook, & Ivory, 2015):

- Create documentation procedures which are simple and easily completed, focusing on relevant content
- Capture the needs, wishes and preferences of patient and family with them as co-creators of the plan of care
- Serve as central repository of free shared best practices
- Involves the inter-professional team in the electronic health record design
- Standardize data so that it is actionable and inter-operable across the care continuum
- Encourage inter-professional teams to assist with the design to support quality, research and patient experience
- Integrate of biomedical devices for timely data capture
- Standardize workflows and dashboards created for the nurse leaders to make informed decisions

Professional Development

Professional development (PD) and promotion of nurse autonomy within the profession have been described as ways to increase nurse retention at the bedside and improves patient outcomes (Zittel, Moss, O'Sullivan and Siek, 2016). This requires hospital administrators to recognize the value of competent nurses' contributions to quality patient outcomes and to allocate resources to support ongoing education and PD. In addition, a culture and systems within the hospital that promote mentor relationships and autonomy of nursing practice have been shown to be fruitful (Jones, 2017).

Recognition.

Data supports that nurse retention increases when nurses are meaningfully recognized for their contributions to patient care and the healthcare environment (Ives-Erickson, 2010). High quality clinical ladder programs (CLP) that are valued by healthcare organizations provide recognition to high achieving staff nurses (Moore, Meucci, & McGrath, 2019). To thrive, such programs need allocation of resources to support PD activities of the staff, including paid time off for PD, time to participate during the work day and engagement with the manager and unit based educator. A workplace culture that views professional achievements as providing value to the care unit and healthcare organization promotes retention. Public acknowledgement of nurses who achieve certification in their specialty, achievement of graduate nursing degrees and monetary recognition may be motivating.

Some other strategies found in the literature include: Provision of continuing nursing education opportunities, paid time off for education, financial support to attend professional conferences, certification review courses and materials, and payment for initial certification have been suggested in the literature. Additionally, provision of tuition assistance or reimbursement is another incentive towards increasing staff competence and may positively influence retention and professionalism (Ulrich, Barden, Cassidy & Varn-Davis, 2019).

Membership in Professional Organizations.

Staff nurse professionalism is encouraged through participation in nursing organizations (Ulrich, Barden, Cassidy & Varn-Davis, 2019). Institutions can work to promote participation in nursing professional organizations by sharing information with nurses and through membership drives. Healthcare organizations recognize staff nurses who participate in professional organizations. Through this venue, nurses learn to network with other nurses, share best practices and advocate for their profession. One suggestion might be for organizations to leverage group discounts with bulk memberships for staff nurses.

Mentorship to promote development and promote retention.

Nurses should have the ability to work with managers and leaders that help mentor them in their professional role (Moore, Meucci & McGrath, 2019). While this begins in orientation, it continues far beyond this period. Data supports formal mentorship programs (Jones, 2017). Other strategies include: Ongoing conversations between RN and manager to help identify specific opportunities and suggestions for professional development (Thew, 2019) and helping the staff nurse to create a personal success plan.

Autonomy.

Autonomy is the ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice, as defined by professional standards, regulatory and organizational rules (Weston, 2010). As nurses become more autonomous, satisfaction increases, turnover decreases, and patient outcomes were improved. Engagement of staff nurses within a healthcare organization in shared governance leads to increased autonomy and increases nurse retention (AACN, 2016). Furthermore, organizations with greater opportunities for nurses

to be engage in shared governance were more likely to provide better patient experiences, superior quality of care and had more favorable job outcomes compared to hospitals where nurses were not engaged in institutional decision making (Kutney-Lee, et al., 2016).

Specific strategies for increasing autonomy and engagement include using role models and coaches in the practice setting. Another is to foster meaningful staff nurse and nursing leadership participation on practice councils, work groups, and interprofessional decision-making committees (AACN, 2016).

Because academia is sometimes implicated as influencing staff nurses to leave the bedside (Kennedy, 2018), practice and education might collaborate to reverse this perception. This phenomena occurs when educators present bedside nursing as a "stepping stone" to advanced practice. To promote staff nurse retention at the bedside, educators might present bedside nursing as a career. This includes creating programs that focus on bedside nursing as a "specialty" (DiMattio & Spegman, 2019) that is highly regarded.

A final comment related to professional development of nursing staff involves adequate staffing. Staffing patterns must allow nurses time for professional development. Thus, budgetary resources are essential to allow staff nurses time for PD. We need to change the mentality that committee meetings, conference attendance and certification review are non-productive time. Rather, these types of activities within organization serve to improve nurse retention and contribute to better patient outcomes.

Educational opportunities.

Specific strategies such as providing CEU opportunities, paid time off for education, financial support to attend professional conferences, certification review courses and materials, and payment for initial certification have been suggested in the literature. Other strategies include practice and education collaboration on ways to present bedside nursing as a career, including creating programs that focus on bedside nursing as a specialty (too often presented as a "stepping stone" to advanced practice).

Final comment on professional development and nurse practice autonomy.

Ultimately, promoting the professional development of the nursing staff involves adequate staffing. Staffing patterns must allow the nurse time for professional development. Thus, budgetary resources are essential. We need to change the mentality that committee meetings, conference attendance, and certification review are non-productive time. Rather, these types of activities improve nurse retention and contribute to improved patient outcomes.

Resources

Time and tasks.

Authors at The Institute of Medicine (IOM, 2010, p. 1) recommend that "nurses should practice to the full extent of their education and training." The literature yields evidence that nurses are not practicing to the full scope of their practice and performing many non-nursing tasks (Bruyneel, et al. 2013). Storfjell et al (2009) reports that an average of 28% of a nursing

shift is spent on non-value-added activities. While there are many operational issues that compel a nurse towards non-nursing tasks, lack of adequate equipment and supply is one key cause of non-value-added or wasted nursing time. Time spent locating and not finding, ordering and then waiting for supplies and equipment (which may not be working properly and need to be returned) is a continued source of erosion of efficiency, preventable error, and staff burnout (Tucker, Heisler, & Janisse, 2014).

Time spent on non-nursing tasks leaves less time for other activities required for care. Bekker et al (2015) and Papastavrou et al (2014) both found higher levels of nursing tasks left undone or what they called "missed care" were associated with decreased satisfaction and increased intent to leave. The consequences of nursing turnover are loss of nursing intellectual capital and experience that ultimately affects the ability of the hospital to provide quality care at controlled cost. Table 3 depicts nursing versus non- nursing tasks.

Table 3 ***Non-Nursing and Nursing Tasks****

Non-Nursing Tasks Completed	**Nursing Tasks Left Undone**
Delivering and removing food trays	Patient surveillance
Arranging discharge referrals	Skin care
Routine phlebotomy	Oral hygiene
Patient Transport	Frequent position changes
Cleaning patient rooms and equipment	Pain management
Substituting for other services when unavailable	Updating care plans
Obtaining equipment and supplies	Comforting patients and families
Clerical duties and answering phones	Educating patients and families
	Preparing patients and families for discharge

Non-Nursing Tasks Completed	Nursing Tasks Left Undone
	Adequate documentation
	Administering medications on time

*Adapted from Bekker et al (2015)

Recommendations/strategies.

Shimp (2017, p. 258) states the "nursing practice environment directly impacts nurse retention, turnover, and staff perception of staffing and resource adequacy." Storfjell, et al. (2009) recommend a review of key processes which have been found to include tasks that fall below the scope of nursing practice but are often performed by nurses. These include system processes related to: transfer, & discharge, shift report, equipment and supply, pharmaceuticals, diagnostics, documentation, communication, and staffing. Further piloting of additional unlicensed assistive personnel, a charge nurse without a patient assignment, or even a supply and equipment role for each unit to help with these non-nursing tasks may be of interest.

Staff compensation.

According to Henderson (2019) reduction in turnover is possible when "...employers meet the needs of their staff" and are fairly compensated. She further explains that organizations use compensation to attract talent and employees compare salary and benefit packages before accepting positions. Compensation, usually thought of as salary and benefits, may also include other incentives to assist with work-life balance and wellness. Lastly, she notes that these programs require significant financial resources, but currently available evidence points to a return on investment with improvements in nurse retention.

Recommendations/strategies.

Henderson (2019) recommends nursing input into compensation packages including but not limited to: choice in schedule, removal of rotating shifts, return to 8-hour shifts or part-time positions for those who desire them, salary increases with degree advancement, performance based bonuses, child care assistance, wellness and employee assistance programs.

The generation differentiation is seen as a major concern. It appears providing a flexible work schedule that supports work-life balance increases job satisfaction for the younger generation. The generation "Y" finds job satisfaction 'through relationships with coworkers, patients, families, and management'…… 'teamwork and friendships are important' (Anselmo-Witzel, et al, 2017). The suggestion is that our managers and organizations need to support this generation by listening to their concerns in an open forum discussions and then act upon the ideas discussed. Nurses want their managers to be able to demonstrate clinical competency and be able to help when needed while showing a presence on the unit.

Transition programs for new graduate nurses is important. Often the new nurse is challenged by feelings of inadequacy. Today our patients are sicker needing more advanced care. The technology required to take care of these patients has also become more intricate. Shadowing programs with skilled trained preceptors are imperative for the nurse to succeed and want to stay at the bedside (Dwyer & Hunter Revell, 2016).

Another recommendation is bringing the retired nurses or nurses who have left the practice back to work – RetuRN to Practice Program (Thew, 2019). The nurses would go through a re-immersion course on-line and a unit orientation. They would commit to work 3-4 hours and either take patient assignments or relieve the bedside nurse so she/he can attend meetings, do admissions or discharges or patient education. In turn, the bedside nurse would feel supported by having more available staff to help with the workload.

As far as being underpaid, there seems to be discussions around the nurses who work 12 hour shifts feeling that they need to pick up another shift to make the money they need. This leads to exhausted nurses who then leave the bedside all together.

In the final section, we have included 3 figures. The first figure shares a depiction of the theory behind why nurses may leave the bedside. Figure 2 depicts the influences and negative impacts of nurses leaving the bedside. And finally, figure 3 illustrates recommendations and outcomes for retaining bedside nurses.

Figure 1: ***Nurses Leaving the Bedside--Theoretical Framework***

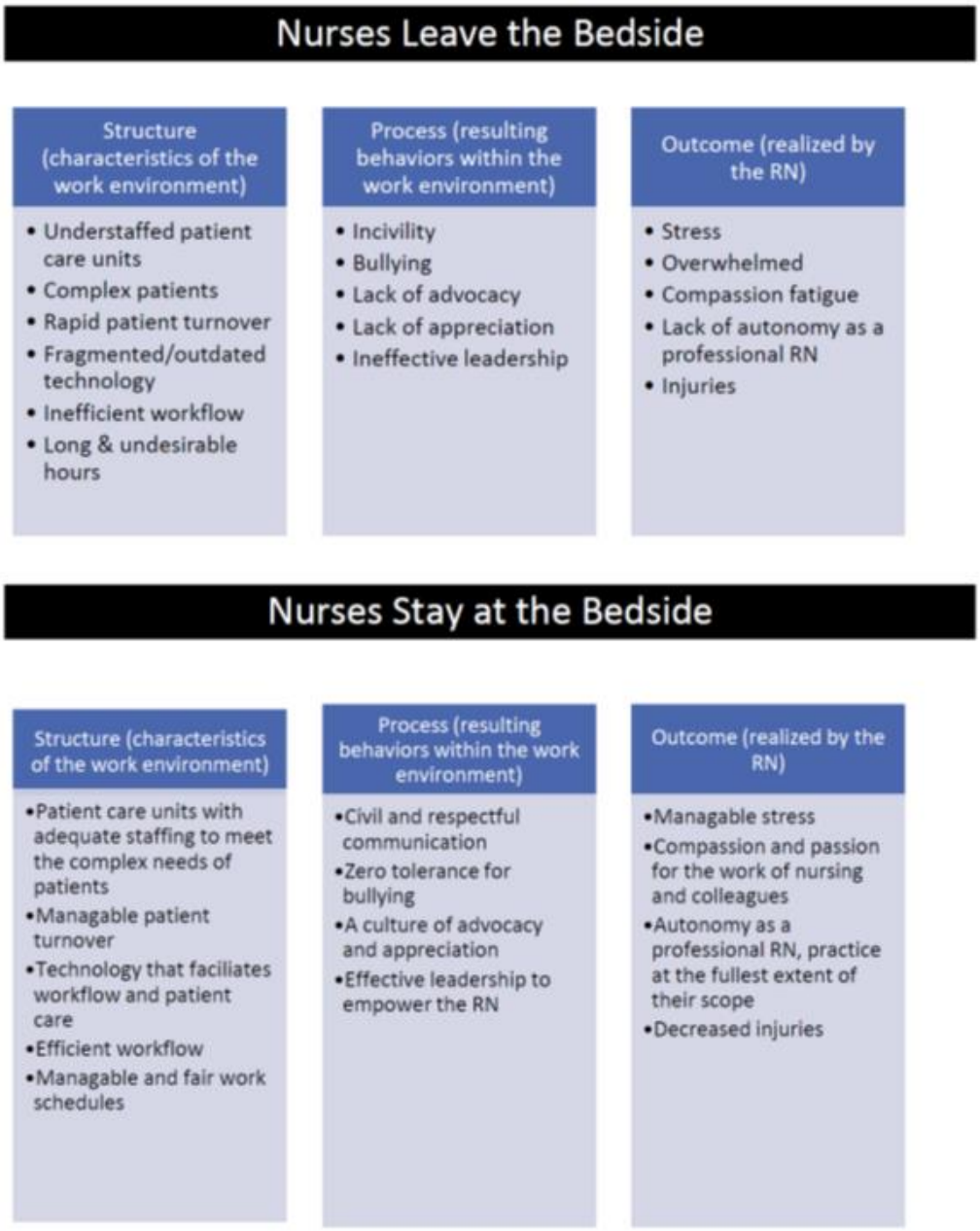


Figure 2: ***Why nurses leave the bedside…influences and negative impacts***

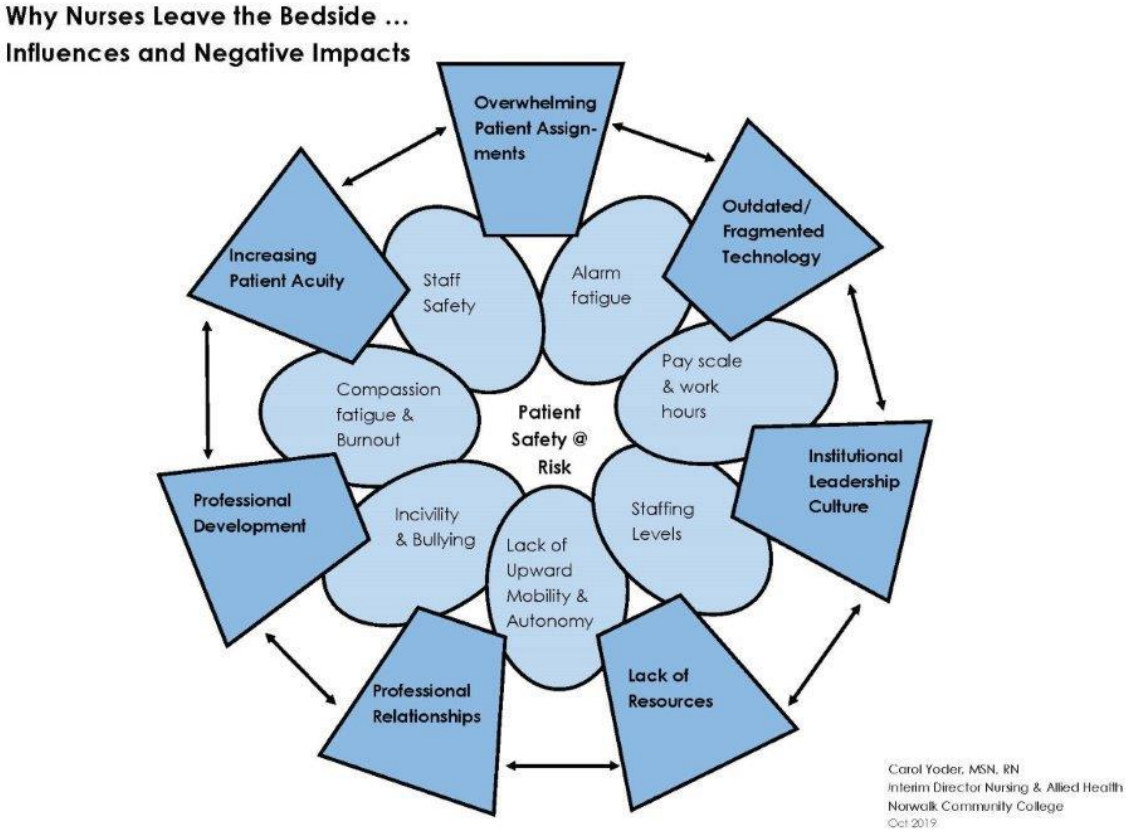
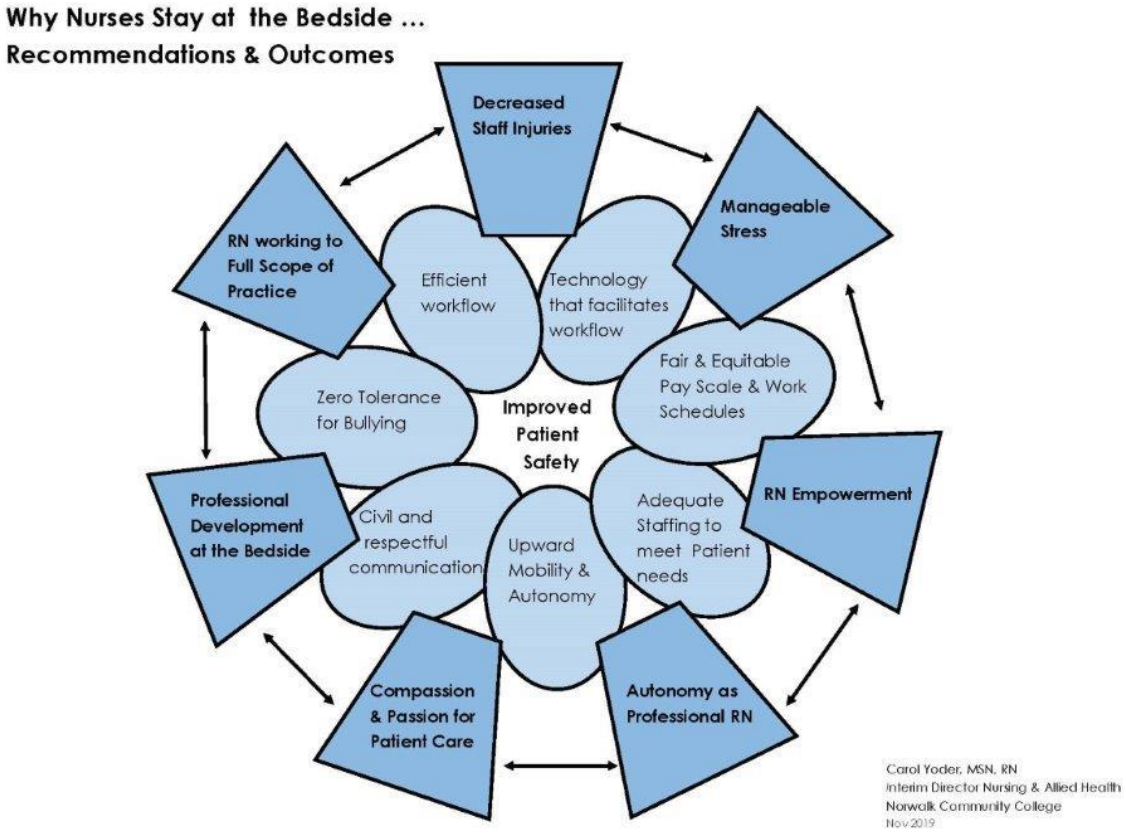


Figure 3: ***Why Nurses Stay at the Bedside … Recommendations & Outcomes***



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