



PRACTICE TRENDS & TIME AT BEDSIDE

How certain factors are impacting the satisfaction of registered nurses.

Overview

As nurses work to adapt to the changing landscape of healthcare, most see the changes in their profession negatively. They say that they're experiencing an increase and refocus on responsibilities that are affecting how they care for patients. And with stakes so high in healthcare, patient satisfaction is more important than ever. That's true not only for nurses, but also for the facilities in which they work.

Nurses are seen — industry-wide — as crucial to caring for the influx of new patients, handling the paperwork of new regulations and being at the forefront of new technology. As revealed in a Jackson Healthcare national survey, conducted in partnership with Care Logistics and Jackson Nurse Professionals, nurses are feeling the pressure. This report summarizes the findings of the RN Practice Trends survey conducted in September and October 2013.

In this report, we'll examine responses from 1,333 hospital-based RNs. Some highlights:

- ✦ ***Nurses are generally satisfied in their work, but believe the profession has changed for the worse. Job satisfaction has a direct bearing on a nurse's outlook for the future of the profession.***
- ✦ ***Nurses are responsible for patient throughput, but are saddled with peripheral responsibilities that take them away from bedside duties.***
- ✦ ***Nurses feel pressured to secure positive patient satisfaction scores to the point their interactions with patients seem artificial, even scripted.***

RNs Are Satisfied, but Have a Bad Outlook for the Profession

Generally, a majority of nurses who work at hospitals (64 percent) say they are satisfied or very satisfied with their jobs. Thirty-six percent report being dissatisfied or very dissatisfied. These numbers represent a slight decrease in satisfaction from 2012, but not one that's statistically significant.

Of the number of dissatisfied respondents, almost 75 percent say the profession has changed for the worse. Thirty-nine percent of RNs satisfied with their roles agree that nursing has changed for the worse, while 30 percent say it has changed for the better. Only about six percent of nurses who are dissatisfied with their jobs say nursing has changed for the better.

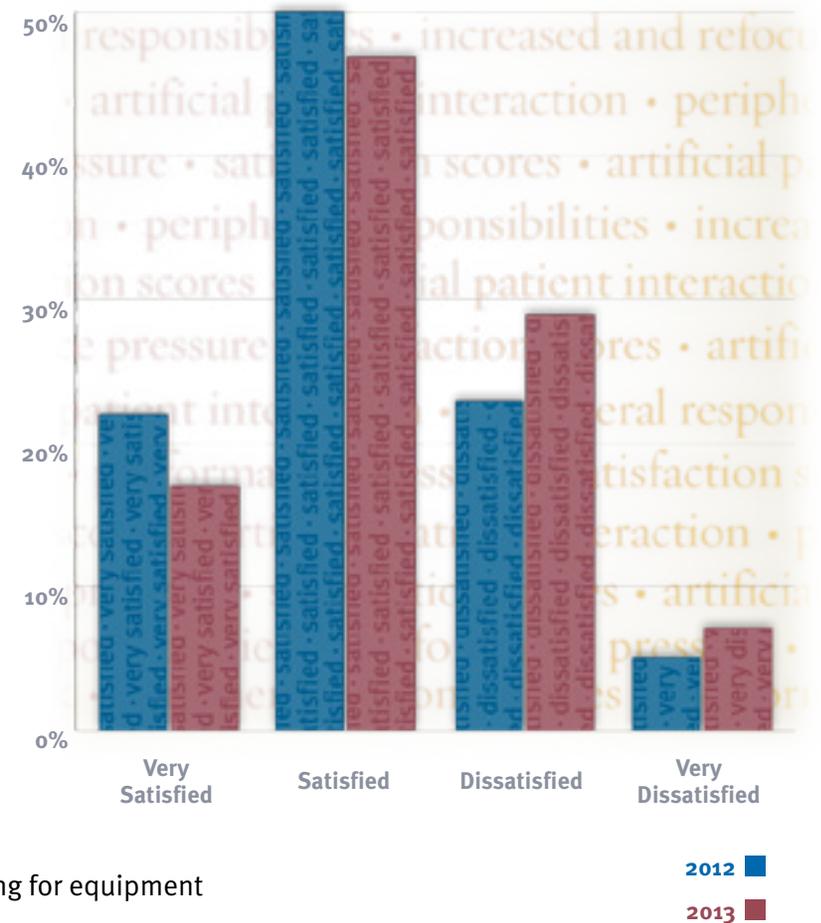
More tasks mean less quality time with patients.

Respondents say performing a variety of activities increasingly keep them from their patients' bedside.

What is taking up valuable patient time? A few factors come to the surface for a majority of the RNs surveyed:

Time is Wasted On Activities Other Personnel Could Do: Sixty-seven percent of respondents say time wasted on activities that could be performed by other hospital personnel negatively affect their bedside time. Such tasks might include looking for equipment and supplies or restocking supply areas.

2012 v 2013: How satisfied are you with current job?



Inadequate Staff: Nurses also cite inadequate staff to cover the patient load. Sixty-six percent of RNs surveyed say limited coverage and clinical support mean nurses have to divide their time between more patients.

It should be noted that when asked to rank the activities that take away from their quality time with patients, more RNs list short staffing as the primary reason, and the additional tasks rank second. Third is the time-consuming documentation of regulatory requirements. Fifty-seven percent of respondents identify that as eating into their time with patients.

Lack of Communication, Documentation & Fatigue: Other major factors that take time away from the patients' bedside are lack of communication — among nurses, nursing assistants or techs, doctors, ancillary personnel and/or hospital administrators — at 48 percent; documenting doctors' orders, paper charts and/or EMR at 43 percent; and fatigue from overwork or long shifts at 42 percent.

Indirect patient care: Hospital RNs were then asked to identify the most time-consuming indirect care duties.

Coordinating patient care is named by 51 percent of respondents as taking the most time. Among those responsibilities: making calls to physicians or ancillary departments (radiology, pharmacy, etc.), arranging patient tests, giving or receiving clinical reports, consulting with clinicians and asking questions. While coordination of care is noted as the most time-consuming set of tasks, only 25 percent of nurses surveyed say it negatively affects time with patients.

Logs, checklists and unnecessary paperwork or data collection is named by 49 percent of respondents as the most time-consuming of their responsibilities. Documenting regulatory requirements is identified by 43 percent, while 42 percent say supply management (stocking, ordering or gathering supplies) is most time-consuming. Thirty-four percent and 27 percent of nurses cite the EMR system and paper charting respectively as taking the most time.

When asked to rate the efficiency of their EMR systems, 46 percent of RNs surveyed say they are “somewhat efficient.” Eighteen percent say their systems are not very efficient, and 10 percent say they are not efficient at all. Only 14 percent of nurses have enough confidence in their facilities’ EMR systems to say they are highly efficient.

Time performing all these peripheral tasks is significant. Twenty-eight percent of nurses say these duties take between two and three hours of their shifts; 20 percent say indirect care takes between three and four hours of their 12-hour days.

Activities that Negatively Impact RN Time at Bedside

67%	Time wasted on activities that could be performed by other personnel (i.e. restocking supplies, hunting for equipment/supplies)
66%	Limited coverage/clinical support/short-staffed
57%	Documentation of regulatory requirements
48%	Lack of communication (between nurses, nursing assistants/techs, doctors, ancillary personnel, hospital administration)
43%	Documenting physician orders/paper charts/EMR
42%	Fatigue/over-worked/shifts too long
29%	Physical demands/injury
26%	Pay
25%	Coordination of patient care
21%	Lack of control over nursing work schedule
8%	Feeling of isolation
3%	None of these negatively impact bedside time at my hospital

Nurses Have More Responsibility, but Not Always More Autonomy

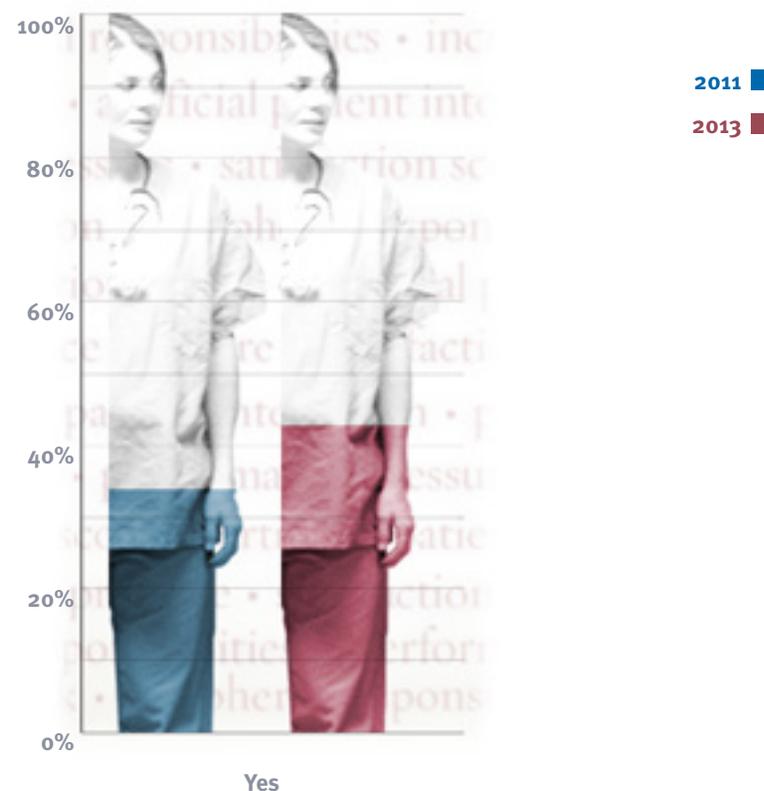
More nurses surveyed in 2013 say they are responsible for optimizing throughput in their facilities via care coordination, exercising a degree of autonomy and using available technology.

Forty-three percent of RN respondents say they bear that responsibility, a jump from 34 percent in 2011. However, a majority — 57 percent — say they are not responsible for patient throughput. That could reflect the measure of autonomy hospital nurses feel. Thirty-three percent say they feel less autonomous, while 38 percent report feeling more autonomous. For 29 percent of respondents, there is no change in perceived autonomy.

Majority of nurses say they manage the entire patient process.

Despite some RNs responding that they feel they have less autonomy, 59 percent say they manage the patient process from admission to discharge. Only 41 percent of nurses say managing the patient process from arrival to departure is not part of their responsibilities.

Are You Responsible for Optimizing Patient Throughput and Capacity Hospital-Wide?



Nurse-to-patient ratios reflect more responsibility.

Only six percent of RNs surveyed say they care for one patient at a time. Most respondents — 18 percent — say nurses at their hospitals care for two patients. Three patients are common for 11 percent of those surveyed. Seventeen percent of RNs say they care for four patients; 16 percent care for five. A ratio of six patients per RN is the norm for 13 percent.

Nurses in certain specialty departments have lower RN-to-patient ratios. For instance, labor and delivery nurses are more likely to have two or three patients, as are nurses who work in critical care. Emergency department nurses can have three, four or five patients. However, nurses who work in non-critical care areas, such as medical-surgical, typically have between four and seven patients.

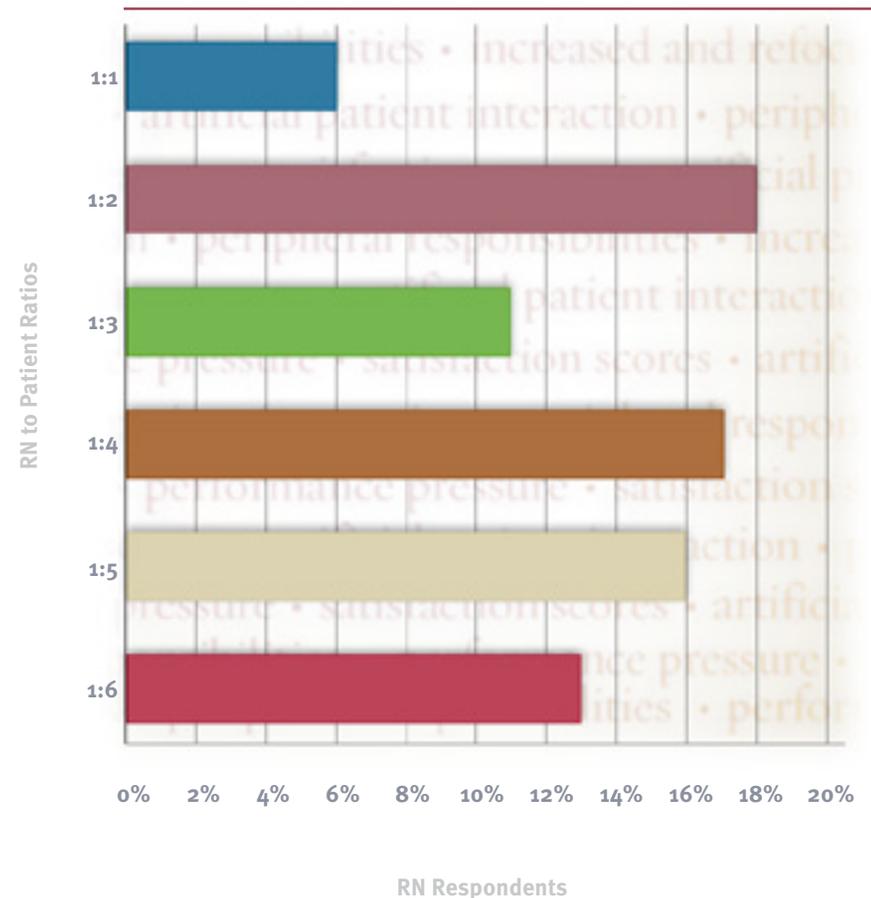
Staffing levels appear to affect overtime and nurse-to-patient ratios.

Relatively few nurses surveyed (15 percent) say RN staffing has increased over the past year. Forty-two percent say it has stayed the same, while 43 percent say staffing has decreased at their facilities.

Almost half of RN respondents say there is a nursing shortage. Areas seen as experiencing the greatest shortages are medical-surgical department by 35 percent of respondents, critical care by 18 percent of those surveyed and ER by 17 percent.

RN to Patient Ratios on a Typical Day

Mean Ratio = 1:4.89



Nurses Asked to Work Extra Shifts & Hours to Cover Shortages

If there are shortages at facilities, nurses may be asked to work extra shifts or hours. A large majority of hospital RNs surveyed work overtime. Most nurses responding, 30 percent, say they work overtime weekly. Twenty-two percent say they pull additional shifts monthly, while 11 percent do additional work every other month. Only 17 percent of the RN respondents say they never work OT.

Fifty-six percent of nurses give their hospitals “excellent” or “good” scores for scheduling of staff. However, when asked to rate their workplaces on load balancing nursing assignments within a unit, only 44 percent of nurses give “excellent” or “good” ratings. Load balancing staffing resources across units also is seen as a deficiency, with only 34 percent of respondents giving their facilities positive ratings. And just 35 percent of RNs say their hospitals are “excellent” or “good” at flexing staff to meet fluctuating needs.

How Often Do You Work Overtime? n=1,018

7%	Daily
30%	Weekly
22%	Monthly
11%	Every other month
17%	Never
13%	Other
100%	Total

Defining Change

Most nurses — 58 percent — say the Affordable Care Act (ACA) has not changed nursing, compared with 42 percent who say it has.

As we learned earlier, more than half the nurses surveyed (51 percent) say the profession has changed for the worse. So what has changed? The most frequently identified change deals with documentation. Twenty-nine percent of respondents express frustration with some aspect of required documentation. Sixteen percent of nurses say they have less time now to devote to patient care. Another 16 percent say they're now dealing with staff shortages. Going along with that is working more with fewer resources, which is cited by nine percent of nurses surveyed.

Juxtaposing job satisfaction over change, RNs who are dissatisfied with their roles are more likely to say nursing has changed for the worse.

Activities that Negatively Impact RN Time at Bedside

Topics relating to documentation (frustration)	29%
Less time devoted to patient care activities	16%
Staff shortage	16%
Work more with fewer resources	9%
Focus on reimbursement indicators	8%
Patients/care faster, quicker & earlier discharge	6%
Charting demands	6%
Have more patients than staff	5%
Cost conscious	5%
Given too much responsibility/tasks	4%
Less autonomy	3%
Patient population	3%
Fear of financial losses is high on hospital radar	3%
Increased patient demands	3%
Process changes	3%

Disconnect between RNs and Leaders, but Not Each Other

One-third of hospital nurses say senior nurse leaders are involved in day-to-day nursing. However, 62 percent say their leaders are not involved in their daily work, but have a major impact on aspects of the department such as performance evaluations, budgeting and hiring.

This sense of detachment likely plays a role in how much RNs know about the bigger picture of their departments and facilities. While most nurses can identify how interdisciplinary goals are set and measured, fully 31 percent do not know. And 63 percent of respondents have no idea whether their hospitals are part of Accountable Care Organizations.

Teamwork between RNs and other providers mostly “excellent” or “good.”

Workplace teamwork is seen by RNs as a very important component in a nursing job, second only to pay (47 percent and 51 percent respectively in the Jackson Healthcare survey).

The nurses surveyed say teamwork is strong (excellent or good) between them and pharmacists (70 percent responded positively), physicians (65 percent), techs (64 percent), nurse practitioners (63 percent) and physician assistants (51 percent).

Another hopeful sign is when asked to rate communication between nurses, doctors and other clinicians, 64 percent of RNs say their facilities are “excellent” or “good.” Then again, when we look back at activities nurses say negatively impact time at patients’ bedside, 48 percent cite a lack of communication as one factor.



Communication May Be Good, but Two Negative Components Emerge

As we just saw, teamwork and communication are important components of nurses' responsibilities, and most RNs surveyed see them as good or even excellent. However, a significant number — 30 percent of respondents — say they feel bullied at work.

Who are the workplace bullies, and how does perceived bullying affect a nurse's outlook?

Thirteen percent of those surveyed identify senior management as the bully. Others, 11 percent, say fellow nurses can be cliquy, mean or rude. Five percent say they are bullied by nursing administration and leaders; another five percent by physicians.

If nurses feel bullied, it can have a big impact on how they feel about their roles. Nurses who say they are bullied, for instance, are more likely to say nursing has changed for the worse and that the ACA has changed the way they practice. They also are more prone to say:

- +** *Their facilities are short-staffed*
- +** *They waste time on tasks others could do*
- +** *There's a lack of communication*
- +** *They feel isolated*
- +** *They have no control over their schedules*
- +** *Overtime is regular*
- +** *Senior leaders are not involved in the day-to-day workings of their departments*
- +** *Teamwork between departments is fair to poor*
- +** *Fatigue and the physical demands of the job impact their ability to perform their tasks*

Nurses are feeling pressure to influence patient satisfaction surveys.

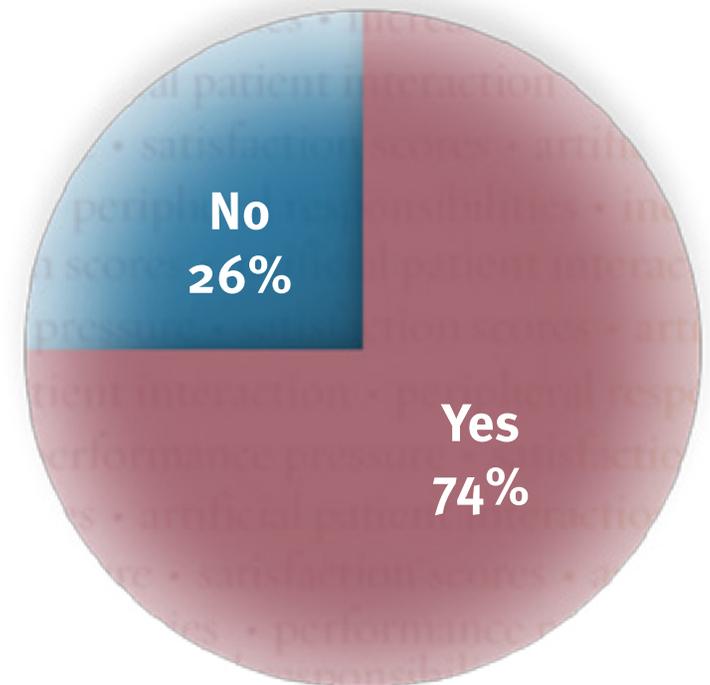
In this new era of healthcare, more patients means more people talking about the care they receive. Patient satisfaction is extremely important, and of course, hospitals want to be able to bolster their reputations with strong patient satisfaction numbers. In some facilities, that may be leading to a full-court press to sway patients' responses.

Almost three-quarters of RNs surveyed (74 percent) say they feel pressured to positively influence patient satisfaction questionnaires. Some express concern their interactions with patients sound artificial, even scripted.

Nurses who believe they are being pushed to guide patients' responses are more likely to have negative views of their workplaces. For instance, they are more likely to say the facility does almost nothing right, except post-discharge care and tracking of recidivism. These RNs also are apt to say:

- ✦ *Nursing has changed for the worse and the ACA has altered the way they practice*
- ✦ *They are tired, overworked and their job is affected by poor coordination of patient care*
- ✦ *They're less autonomous*
- ✦ *Senior leaders are not involved in day-to-day departmental work*
- ✦ *Teamwork between physicians, techs, PAs and RNs is poor*
- ✦ *They want to travel as a profession*
- ✦ *They're older than 55-64 years with a medical-surgical specialty*

Do you feel pressured to positively influence patient satisfaction questionnaires?



If RNs are not satisfied with their jobs, they're more likely to complain about them.

It stands to reason that if people are disgruntled, they will find fault with their roles. Nurses who say they are dissatisfied with their jobs say nursing has changed for the worse. They also are more likely to say:

- + *Their facility is short-staffed, and RNs waste time on activities others could do***
- + *There's a lack of communication, they are less autonomous and have no control over their schedules***
- + *They feel isolated and senior leaders are not involved in day-to-day workings***
- + *Physical demands, pay, paper charting, cleaning of patient rooms, etc. all negatively impact how they do their jobs***
- + *They're not responsible for management of the patient process to discharge***
- + *Pressure to influence patient satisfaction scores makes them uncomfortable***
- + *They don't know how goals are set***
- + *They have higher RN-to-patient ratios***
- + *Overtime is regular***

Are RNs ready to make a change if they're not happy?

Despite the negativity expressed by RNs who feel bullied, pressured or dissatisfied, most nurses surveyed (36 percent) say their career goals for the next three to five years are to “keep doing what I’m doing.” An even higher percentage, 41 percent, detail their educational goals for the near future as “none.”

What's Important to RNs?

Nurses have a clear picture of what they want in an RN role. Effective teamwork with other disciplines and practitioners is the second most sought-after attribute of a nursing job at 47 percent. (Pay is most valued at 51 percent.) Work-life balance is cited by 43 percent as a top feature in a nursing job. A friendly atmosphere is identified by 39 percent, followed by flexibility at 27 percent. Some nurses — 23 percent — want a say in decision-making, and 22 percent want more control over their schedules.

It's easy to see, given the importance placed on certain aspects of nursing roles, that if the quality of some of those factors becomes unacceptable, a nurse's whole attitude is affected. And that can affect the way he or she does this increasingly crucial role. That can have an impact on all of us.



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