



Has professionalism outlived its usefulness?

Anne Marie Rafferty CBE



Thanks to

- RN4Cast Consortium
- Linda Aiken and Walter Sermeus
- UK Team-Peter Griffiths, Jane Ball, Trevor Murrells
- EU FP7

aims

- to consider the origins and development of the professional model in nursing in the UK
- to highlight the evidence for a strong professional mandate from staffing and quality and safety metrics in European hospitals
- to consider the implications of professionalism for the compassion debate in the UK



"FIFTY YEARS."

1838.



THEN.

Supplement to the "NURSING

(The "Nursing Record" is Published every Thursday, Price 2d.

Proprietors:

1888.



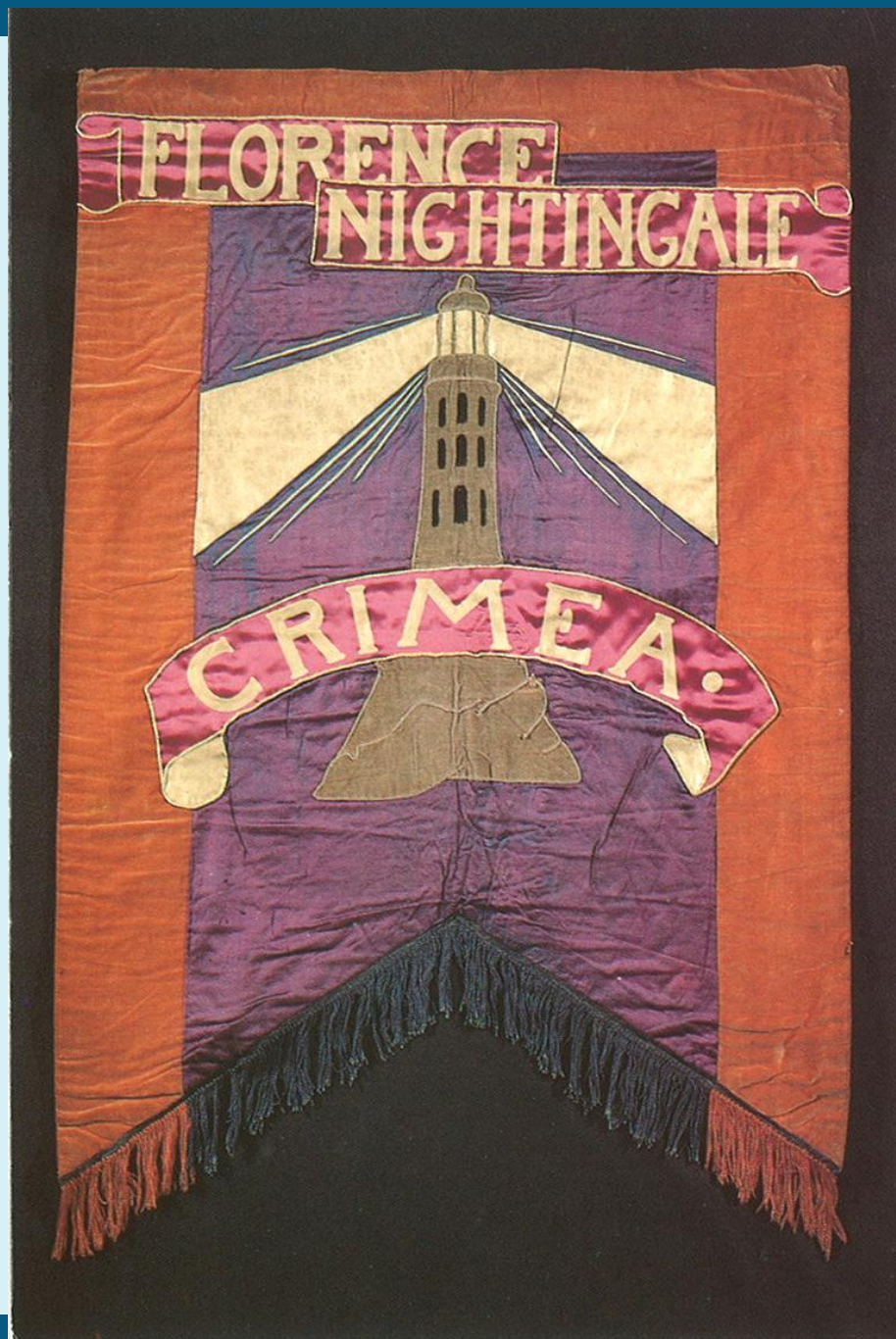
NOW.

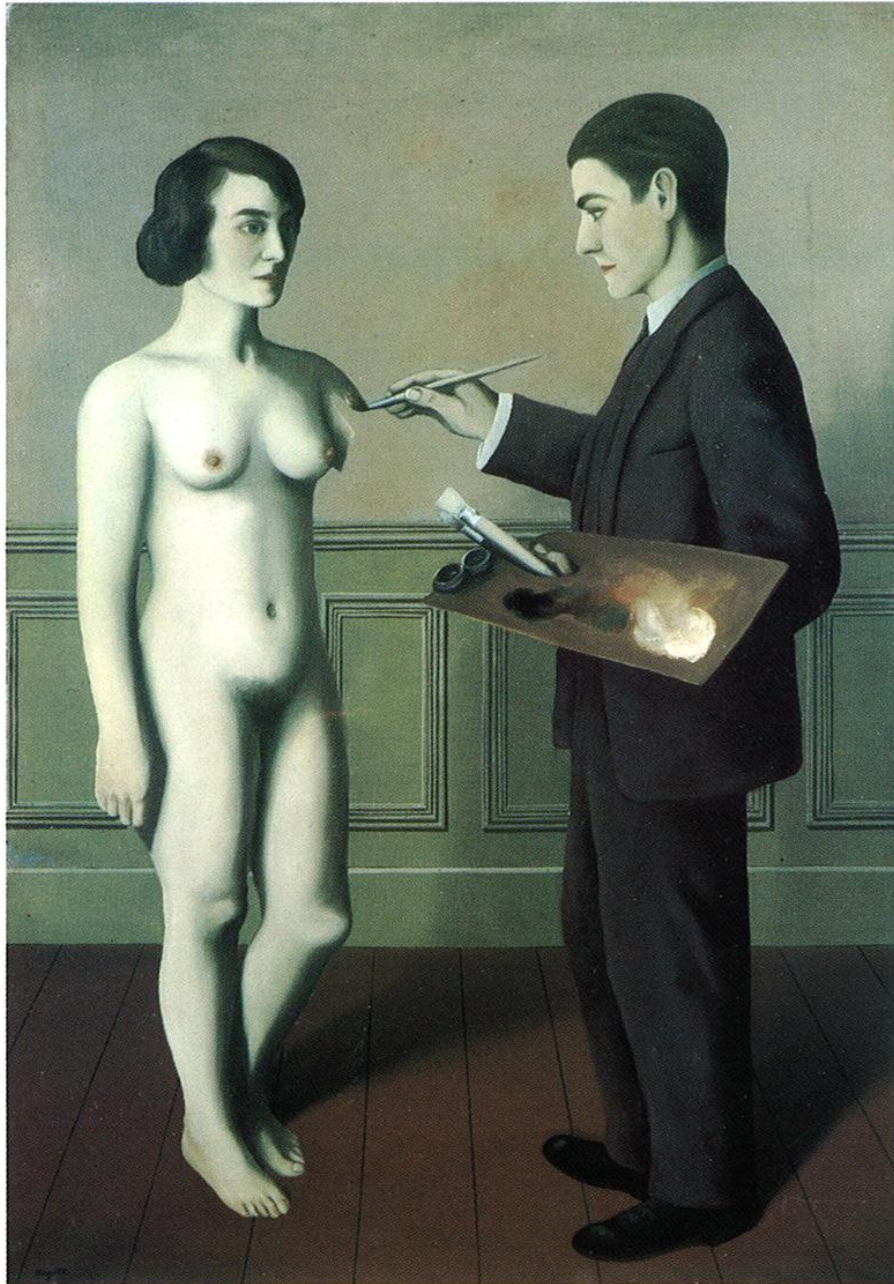
RECORD," December 20, 1888.

Office, Dorset Works, Salisbury Square, Fleet Street, London.)

SAMPSON LOW, MARSTON, SEARLE AND RIVINGTON (Limited).







<i>Classic Professional Identity</i>	<i>Towards a new professional identity</i>
A strongly bounded individual -a sense of self apart from others	A strongly connected individual – a sense of self in connection with others
Mastery of knowledge – expertise as hard won personal acquisition	Reflective application of knowledge – blending knowledge and experience in a specific context
Detachment – emotionally controlled and self referential	Engagement – explicit use of self and acknowledgement of emotions
Autonomous practice – a unilateral, personally accountable decision maker	Team practice – welcoming and valuing the contributions of others
Interchangeability – a company of equals with presumed equal competence	Specificity – acknowledging unique expertise/experience of all
A singular identity – professional identity outweighs /transcends all others	Multiple identities – calling on the specificity of team member experience as a resource for clients.
Concern for individual	Concern for individual and society

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Another slap in the face: Care watchdog failed to look at hidden camera abuse footage during investigation

Prime Minister Orders Search For Best Practice In Nursing Care

How can a profession whose raison d'être is caring attract so much criticism for its perceived callousness? Does nursing need to be managed differently? Or is the answer to develop a new culture of compassion?

Nurses 'lacking ability and compassion,' warns NHS Future Forum



A crisis in nursing: Six operations, six stays in hospital – and six first-hand experiences of the care that doesn't care enough



Possibly the largest nursing workforce study ever undertaken....



*Funded by the Seventh Framework Programme
of the European Commission*

Sermeus, W., L. H. Aiken,
et al. (2011). "Nurse
Forecasting in Europe
(RN4CAST): Rationale,
design and methodology."
BMC Nursing 10(6).

RN4CAST: EU-Funded Study of Hospital Nurse Workforce

12 Europe
countries



...

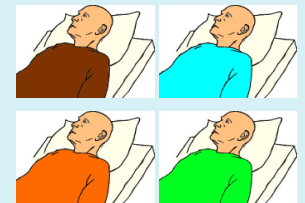
617 hospitals



2,087 nursing units



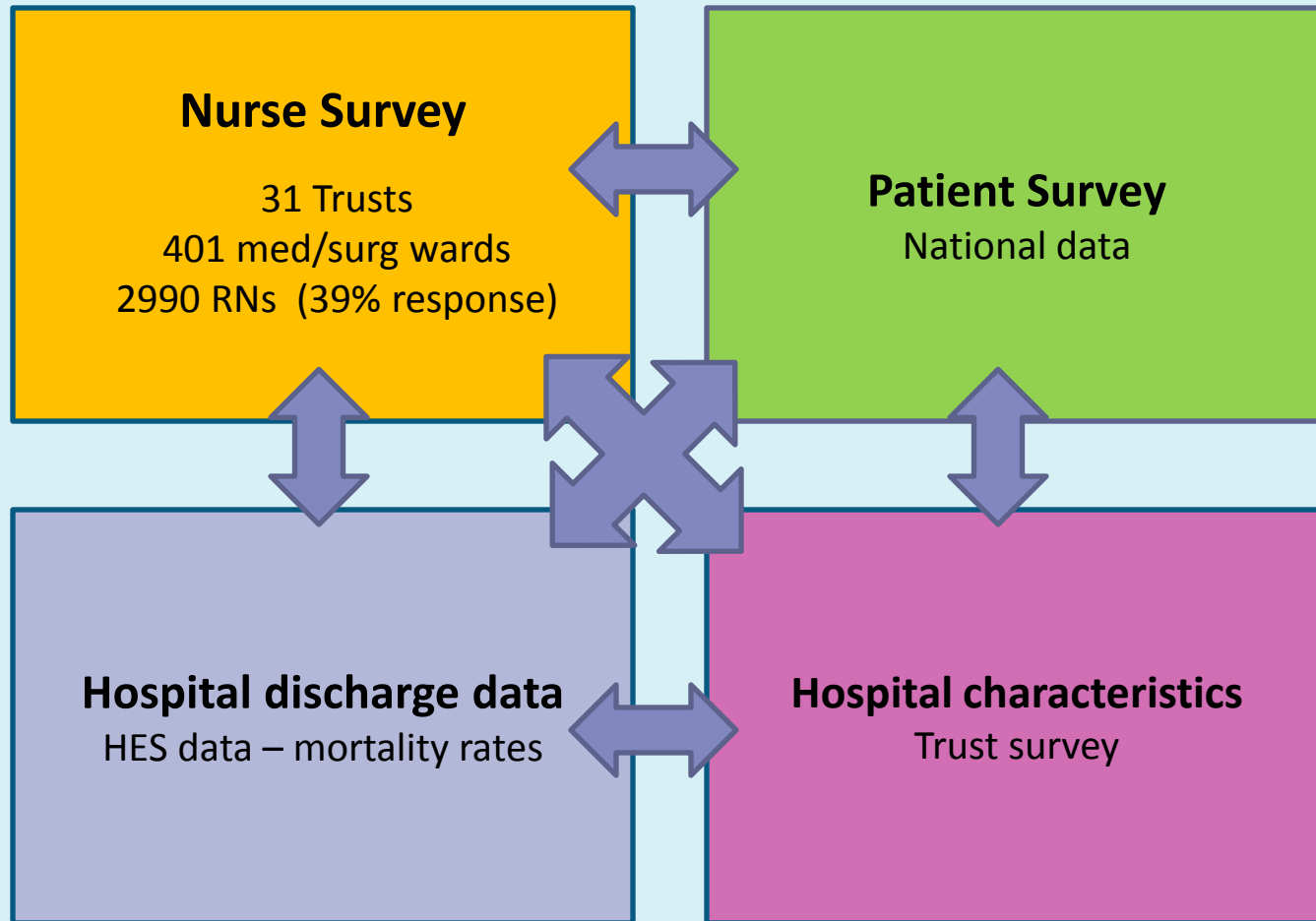
34,000 nurses
11,318 patients
surveyed



Patient
outcomes from
hundreds of
thousands

Ensuring an effective workforce for an aging population

METHODOLOGY



Number hospitals & general medical / surgical nursing units

Country	N hospitals	N units (wards)
Belgium	67	272
England	46	413
Finland	32	126
Germany	49	199
Greece	24	65
Ireland	30	112
Netherlands	28	131
Norway	35	238
Poland	30	119
Spain	33	281
Sweden	79	79
Switzerland	35	134
Total	486	2169

Questionnaire

- **Staffing**

- Snapshot – level/mix
- Adequacy

- **Quality / safety**

- Safety culture (AHRQ)
- Incidents / harms
- Missed episodes

Practice environment

- Autonomy
- Resources
- Working relationships
- Leadership

Nursing outcome

- Burnout (Maslach)
- Job satisfaction
- Mobility/intention to leave

Kane et al's 2007 systematic review

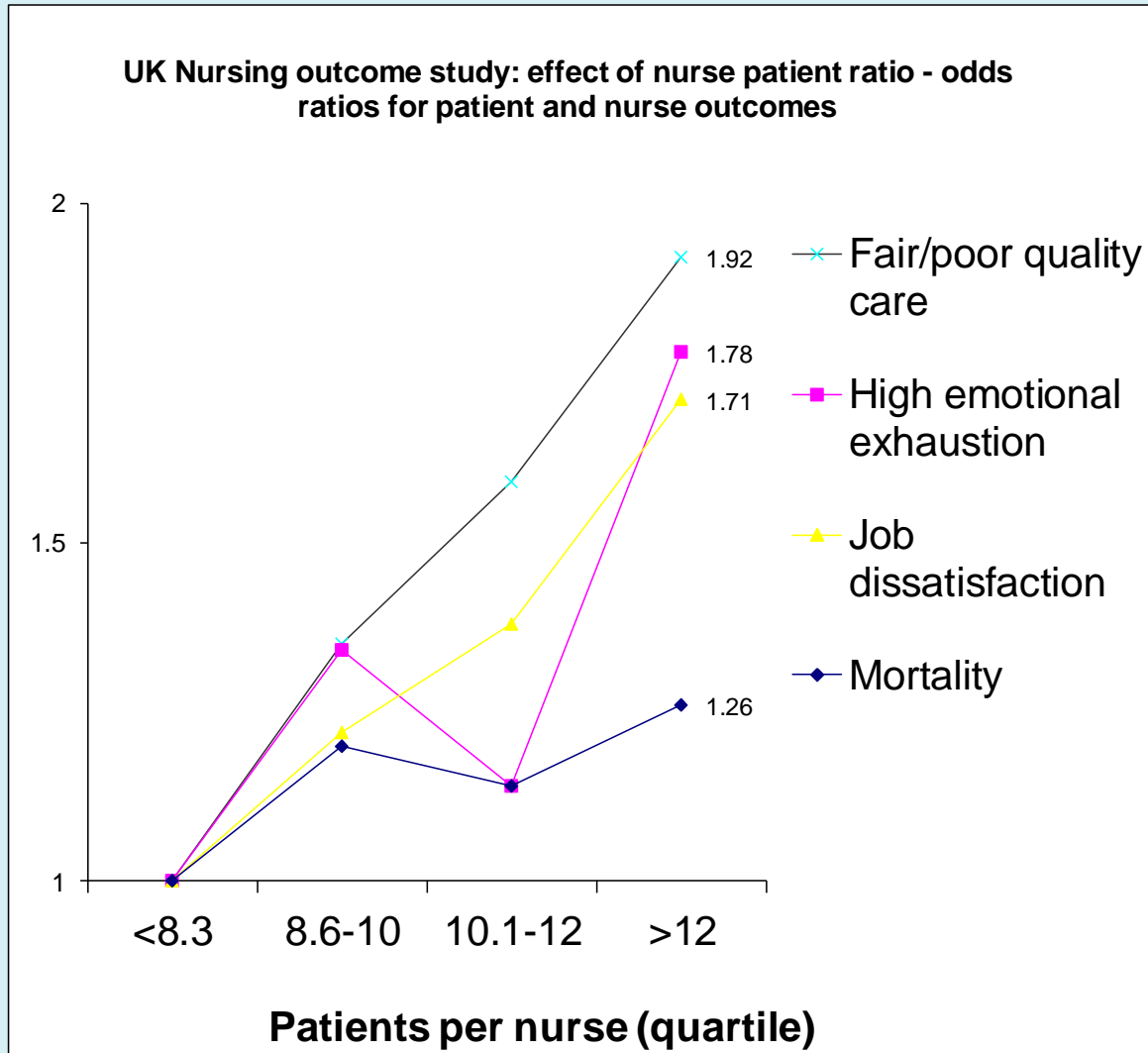
- 96 studies
- Increased RN staffing was associated with lower hospital related mortality in:
 - intensive care units (OR 0.91 CI 0.86–0.96)
 - surgical units (OR, 0.84; 95% CI, 0.80–0.89),
 - medical patients (OR, 0.94; 95% CI, 0.94–0.95)

Kane et al Medical Care 45 (12), 1195-1204

Is the evidence consistent with cause?

- Dose response – YES
- Study design – YES
- Temporal association - YES

...the human factor



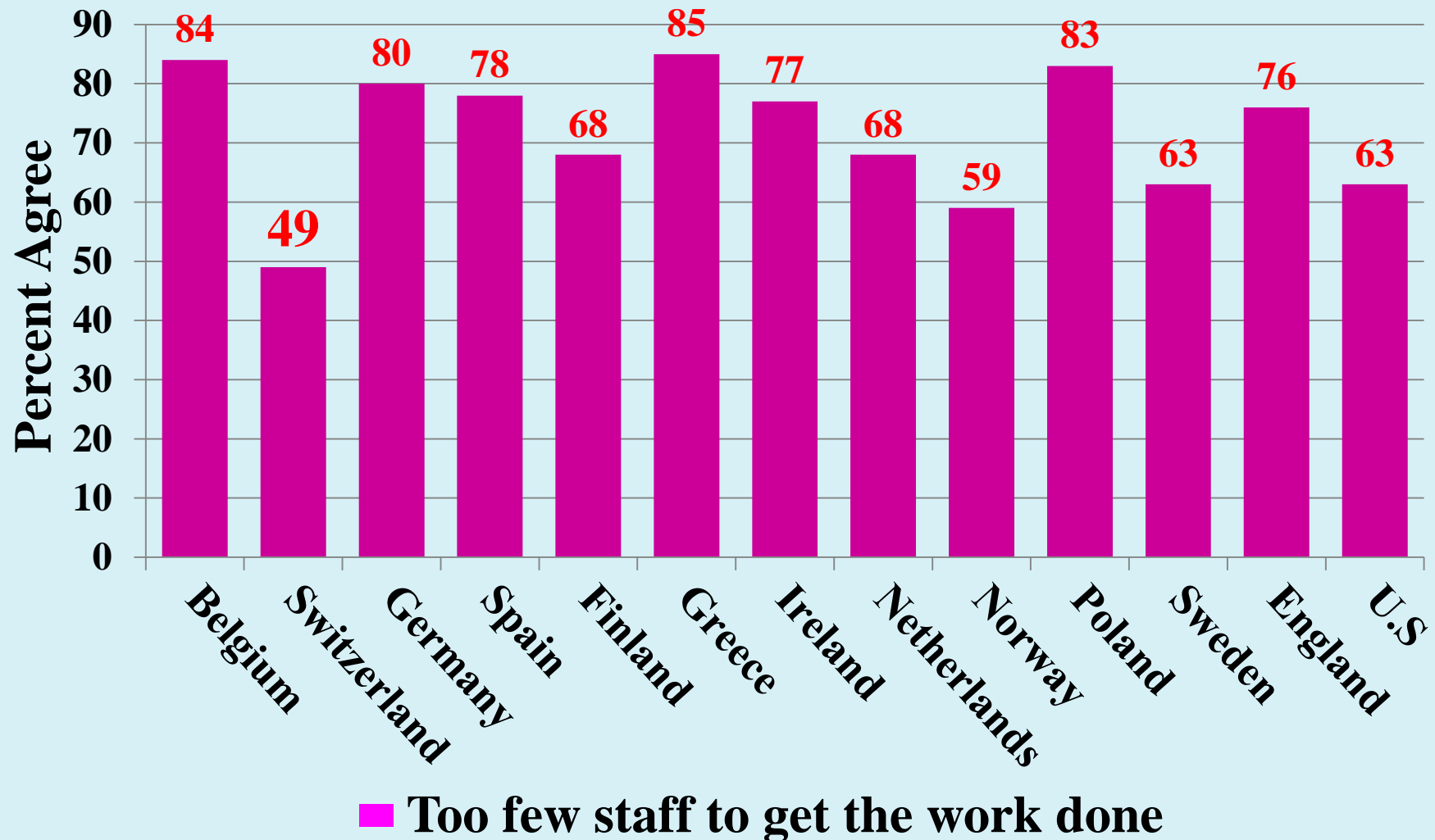
Source data: Rafferty,
Clarke, et al. (2007).
Int J Nurs Stud. 44, 2

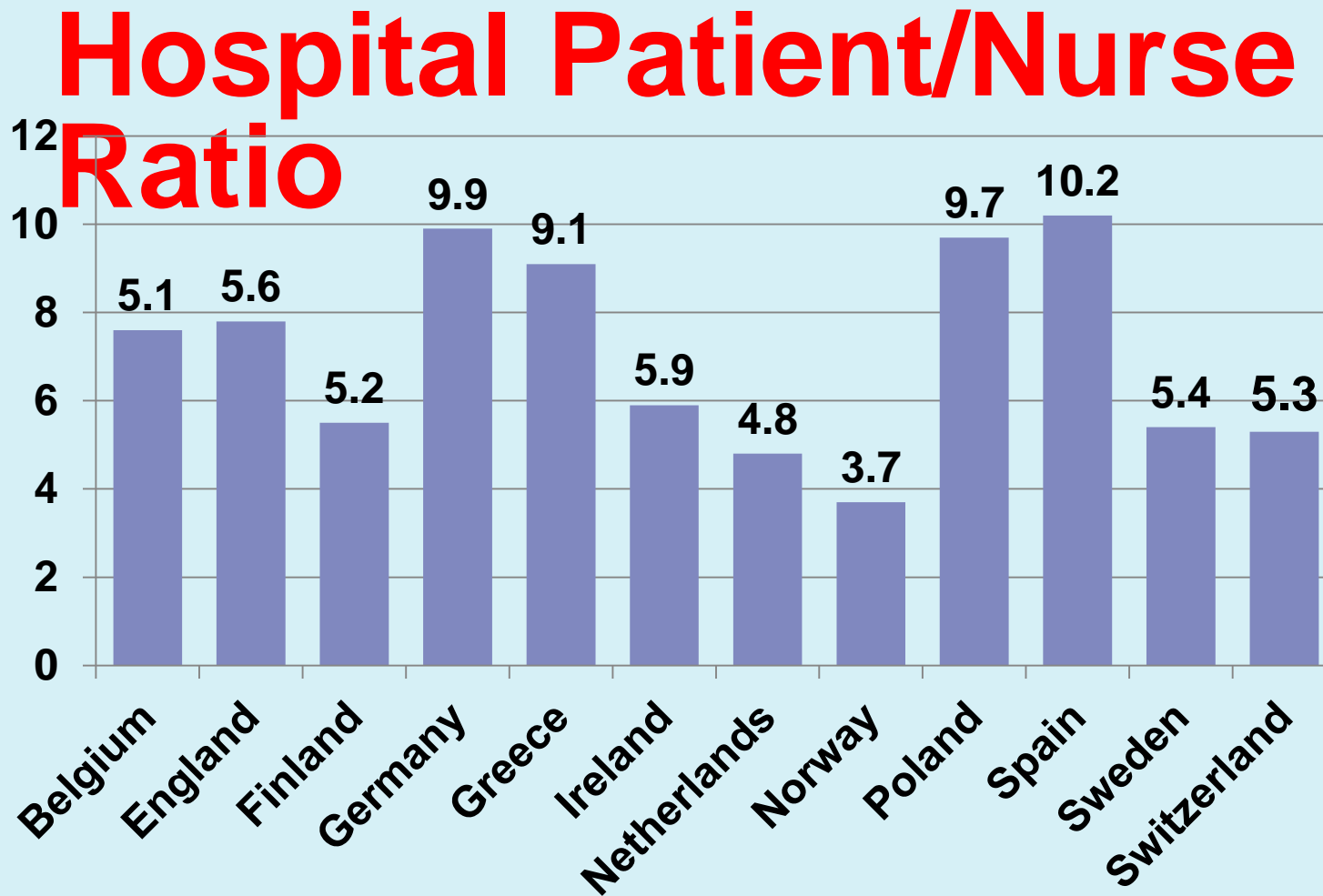
Status Report on European Hospitals: Problems in Every Country

Nurse Assessments (percents)

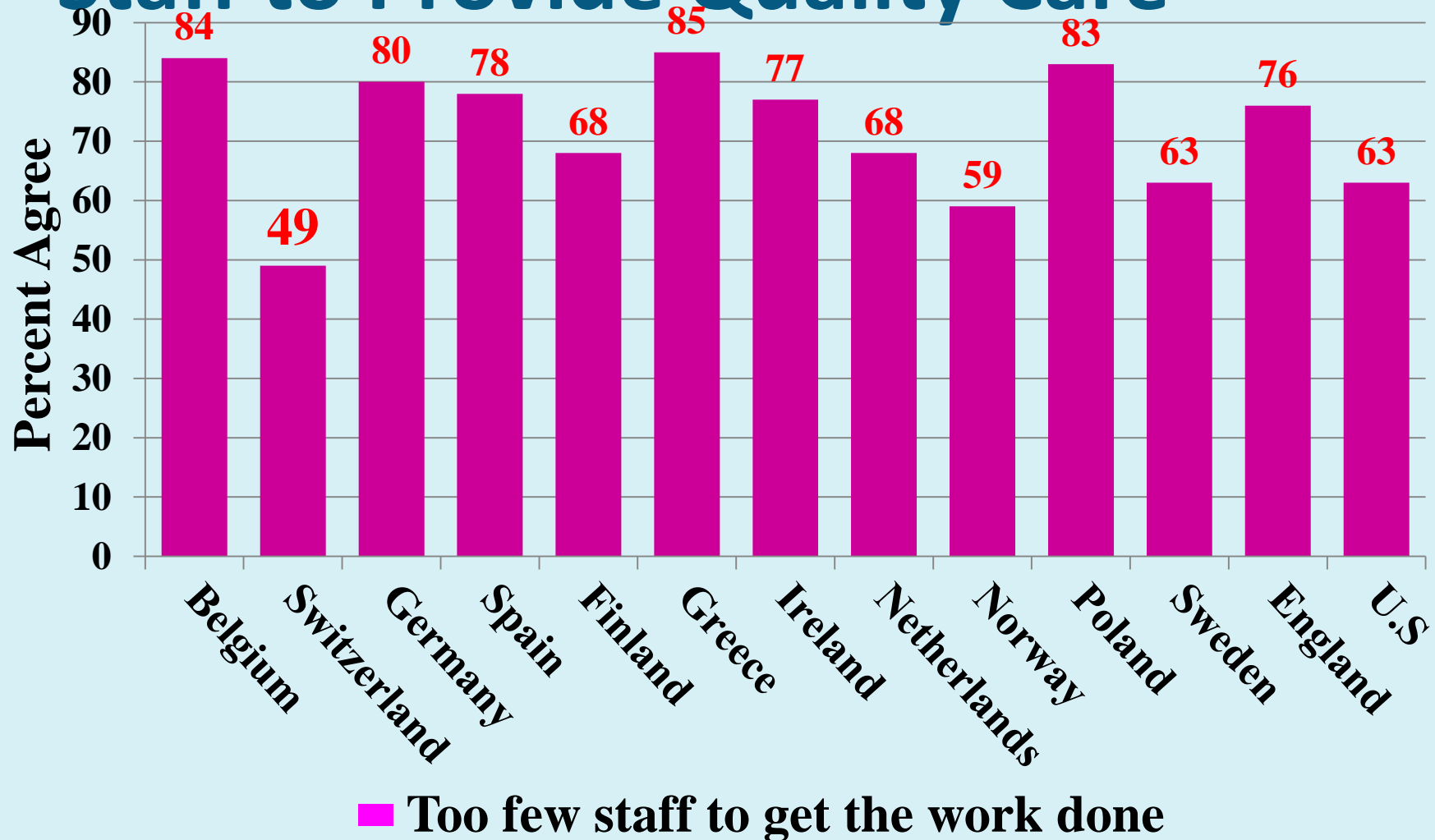
	Unit quality poor/fair	Poor or failing safety grade	High burnout	Job dissatisfaction	Intend to leave
Belgium	28	6	25	22	30
Switzerland	20	4	15	21	28
Germany	35	6	30	37	36
Spain	32	6	30	38	27
Finland	13	7	22	27	49
Greece	47	17	78	56	49
Ireland	11	8	42	42	44
Netherlands	35	6	10	11	20
Norway	13	5	24	21	25
Poland	27	18	40	26	44
Sweden	27	11	29	22	34
England	19	7	42	39	44
United States	16	6	34	25	14

Percent Nurses Reporting Too Few Staff to Provide Quality Care

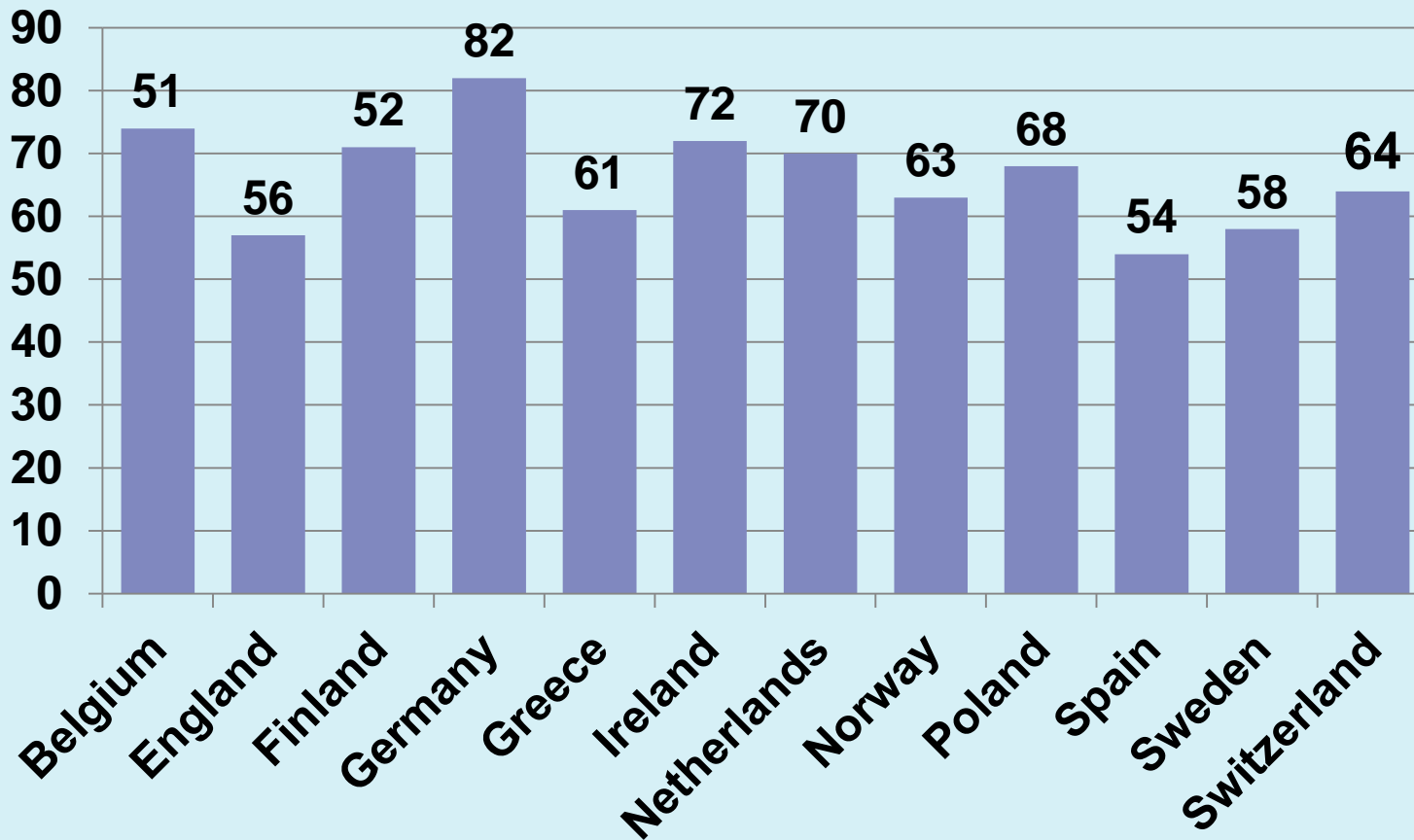




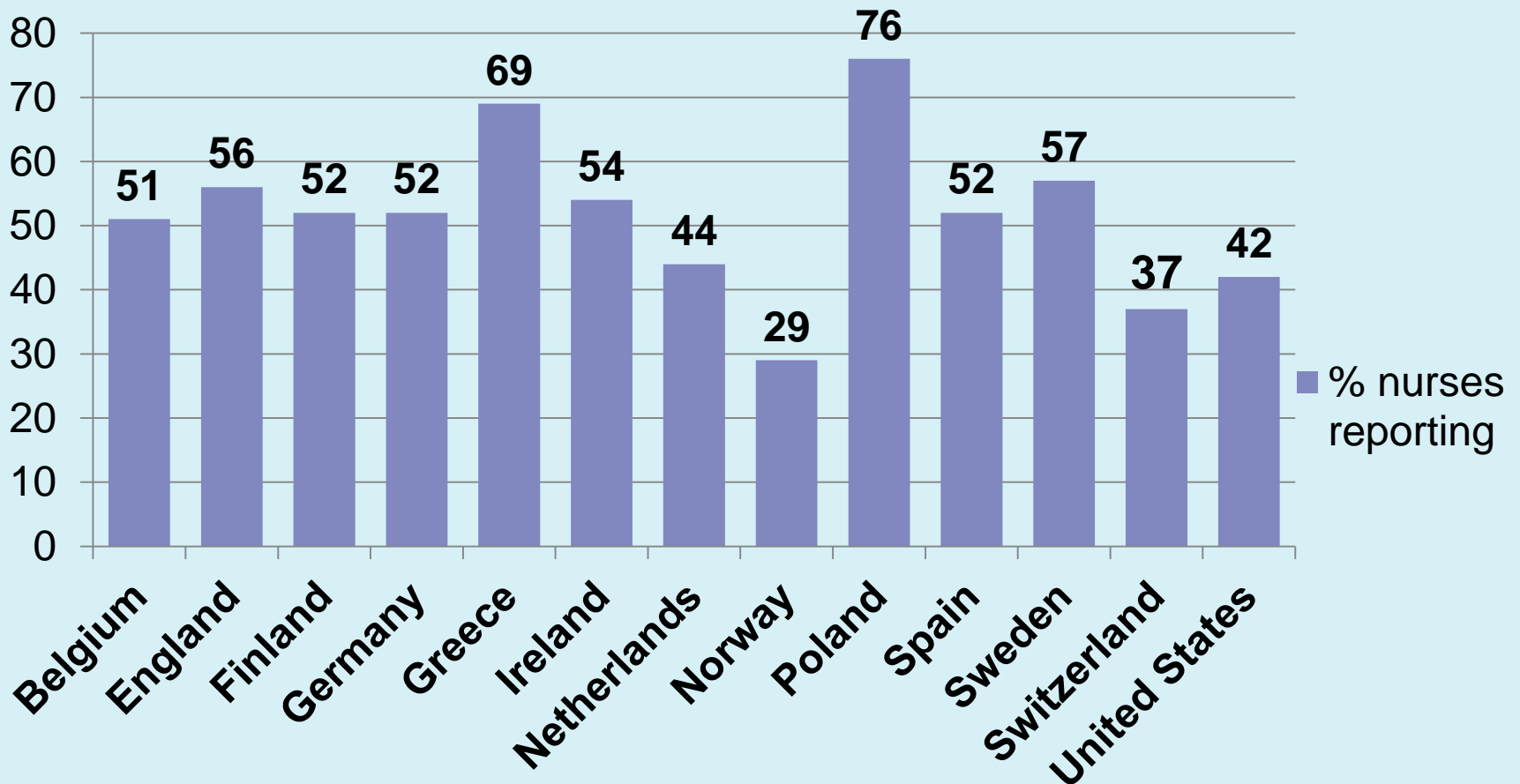
Percent Nurses Reporting Too Few Staff to Provide Quality Care



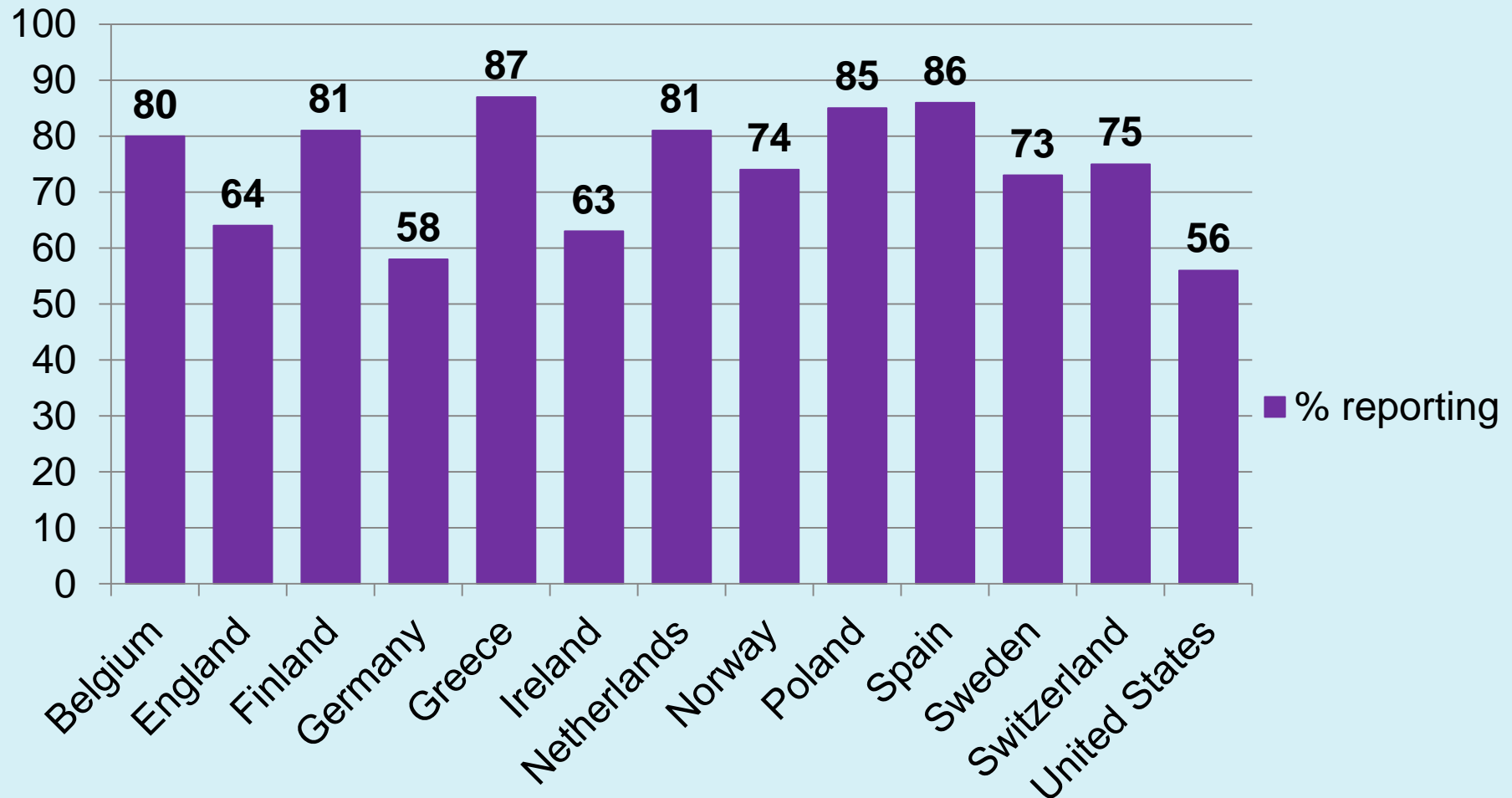
Hospital Caregiver Skill Mix (% Nurses)



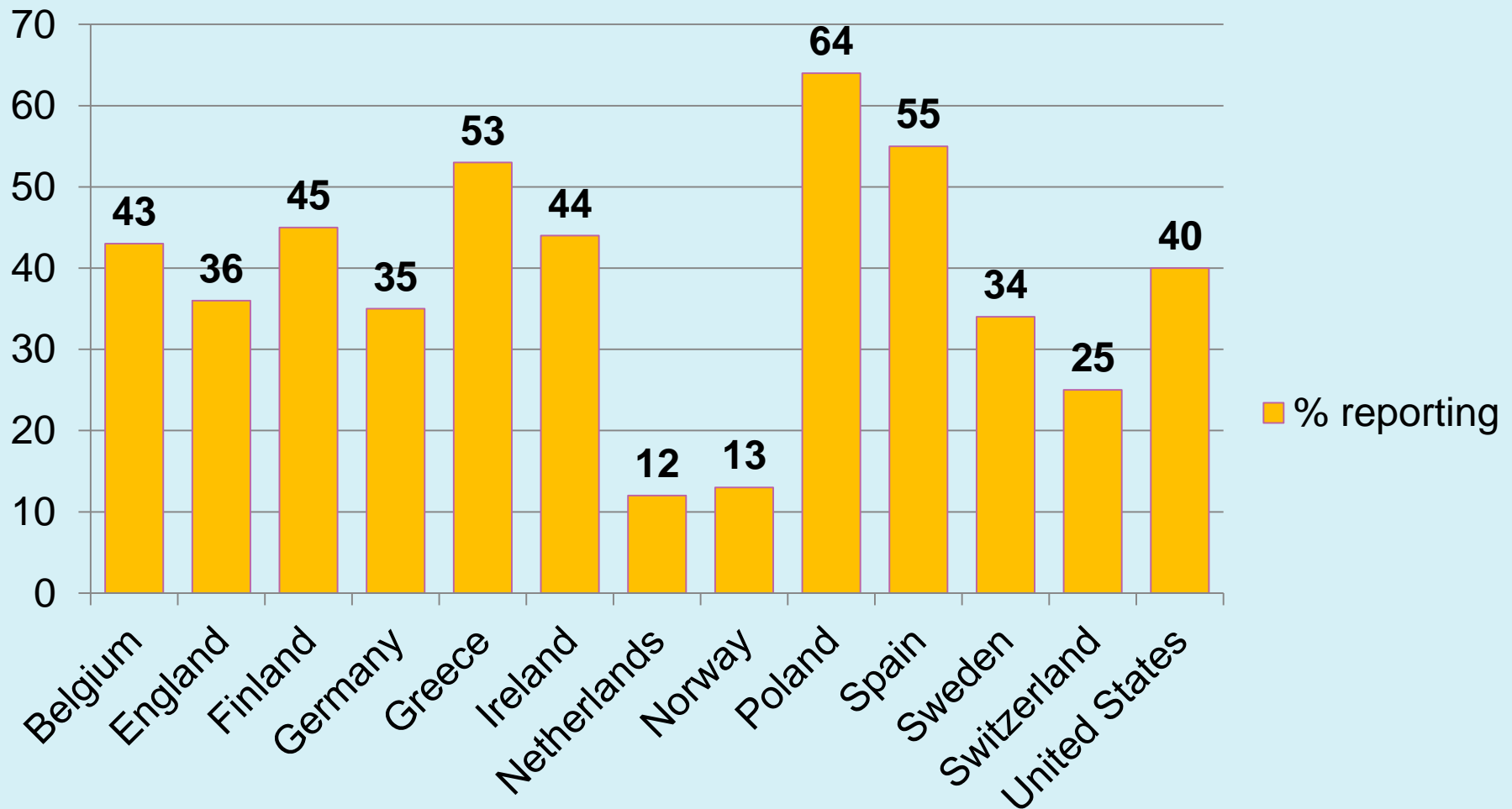
% Nurses Reporting Poor/Fair Hospital Work Environment



% Nurses not confident management will resolve problems



% Nurses not feel free to question the decision or actions of those in authority



Good Nurse Work Environments are Associated with Higher Patient Satisfaction

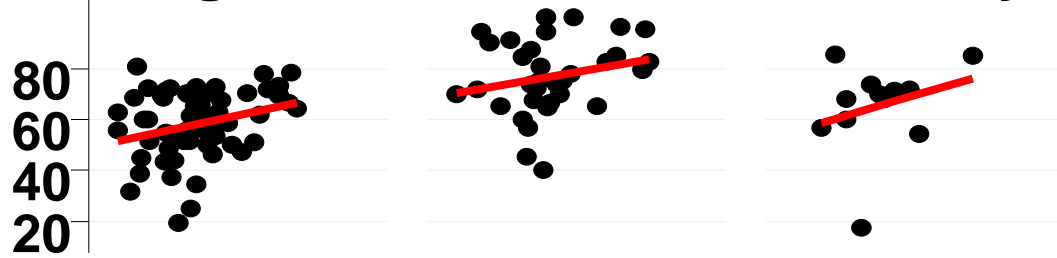
- Patients are 16% more likely to give hospitals the best rating if nurse work environments are good
- Patients are 20% more likely to recommend the hospital if nurse work environments are good



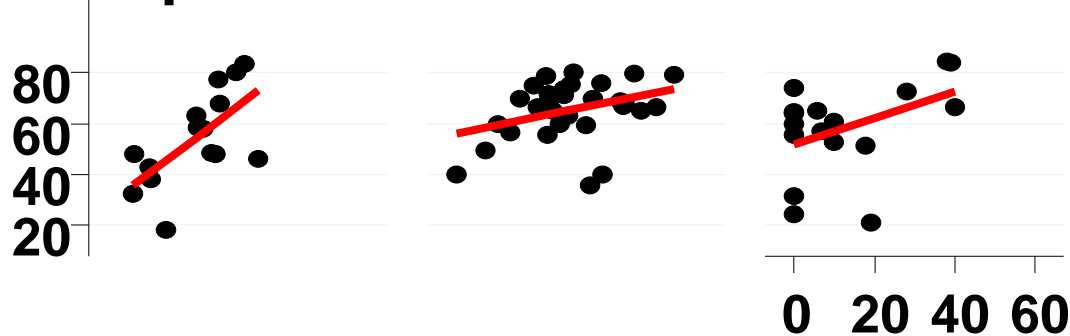
Nurses and Patients Agree Which Hospitals Are Good

% Patients Recommend Hospital

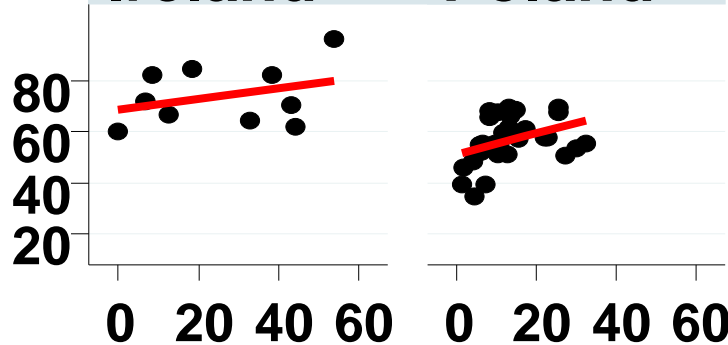
Belgium Switzerland Germany



Spain Finland Greece



Ireland Poland



% Nurses Recommend Hospital

Summary: Nursing Organization and Staffing Affects Nurse and Patient Outcomes

- **All countries studied face problems of nurse burnout and dissatisfaction, quality & safety concerns, less than optimal patient satisfaction.**
- **Large variations in nurse staffing, skill mix, quality of work environments are associated with poor nurse outcomes and low patient satisfaction.**
- **What effect, if any, does variation in nursing resources have on risk-adjusted patient mortality in hospitals?**

RN4CAST Hospital Mortality Study

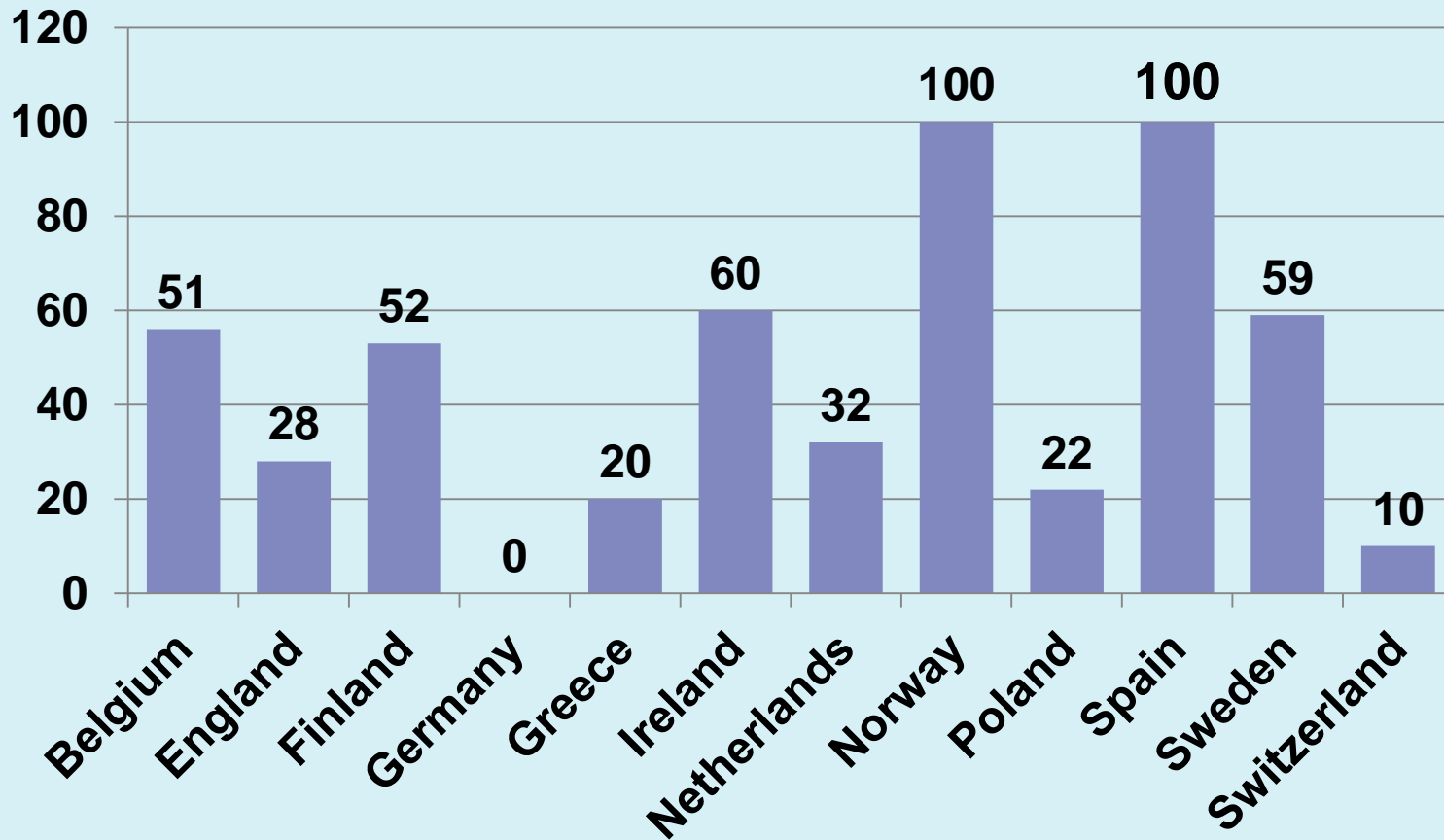
- **We hypothesize that better hospital staffing (lower patient-nurse ratios), higher percentages of bachelor's degree nurses, and better work environments are related to lower patient mortality**
- **Data are from 300 hospitals in 9 European countries (Belgium, England, Finland, Ireland, Netherlands, Norway, Spain, Sweden, Switzerland)**
- **Used existing data on hospital patient mortality from government or administrative sources**

Higher proportion of nurses with bachelor's degrees associated with lower hospital mortality in previous studies

- U.S.: Each 10% increase hospital staff nurses with bachelor's = 5% lower mortality & failure to rescue, *JAMA* 2003 and *Medical Care* 2011
- Result has been replicated in Canada, Belgium, China
- Is bachelor's education associated with mortality in Europe more broadly?



% Bachelor's Prepared Nurses



RN4CAST Hospital Mortality Study

- There is a 66% difference between hospital mortality rates for general surgery patients across 9 European countries for which we have comparable mortality data
- We hypothesize that better hospital work environments, higher percentages of bachelor's degree nurses, and better nurse staffing explain lower patient mortality

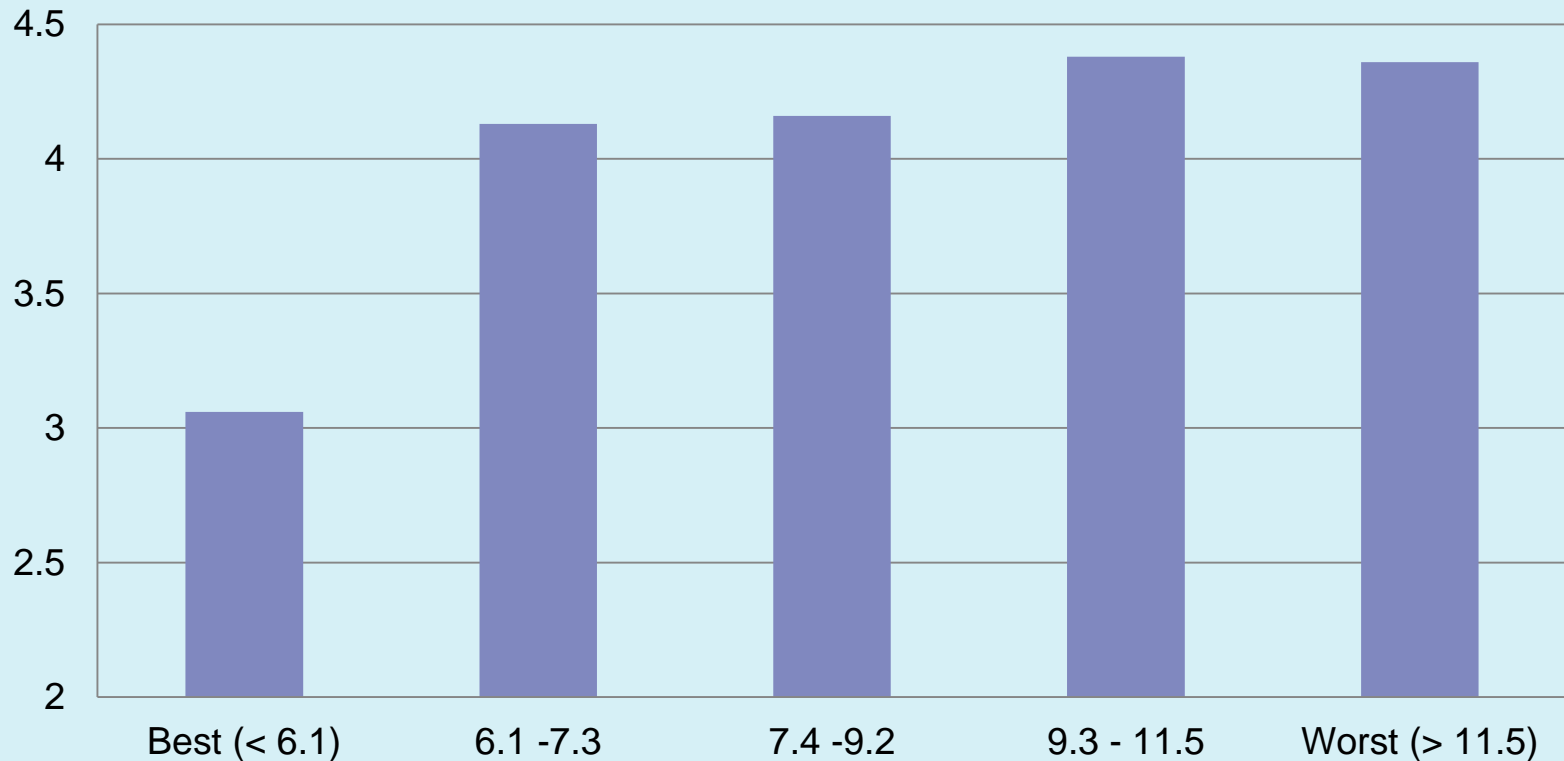


Nursing Care Left Undone Because of Lack of Time

	Country			
<i>% Reporting the Following Tasks Left Undone</i>	England	Norway	Spain	Switzerland
<i>Administer medications on time</i>	22	15	8	15
<i>Treatments and procedures</i>	11	7	4	3
<i>Skin care</i>	21	30	24	16
<i>Educating patients and family</i>	52	24	50	30
<i>Comfort/talk with patients</i>	66	38	39	51

Volume of missed care by staffing levels (pts per RN)

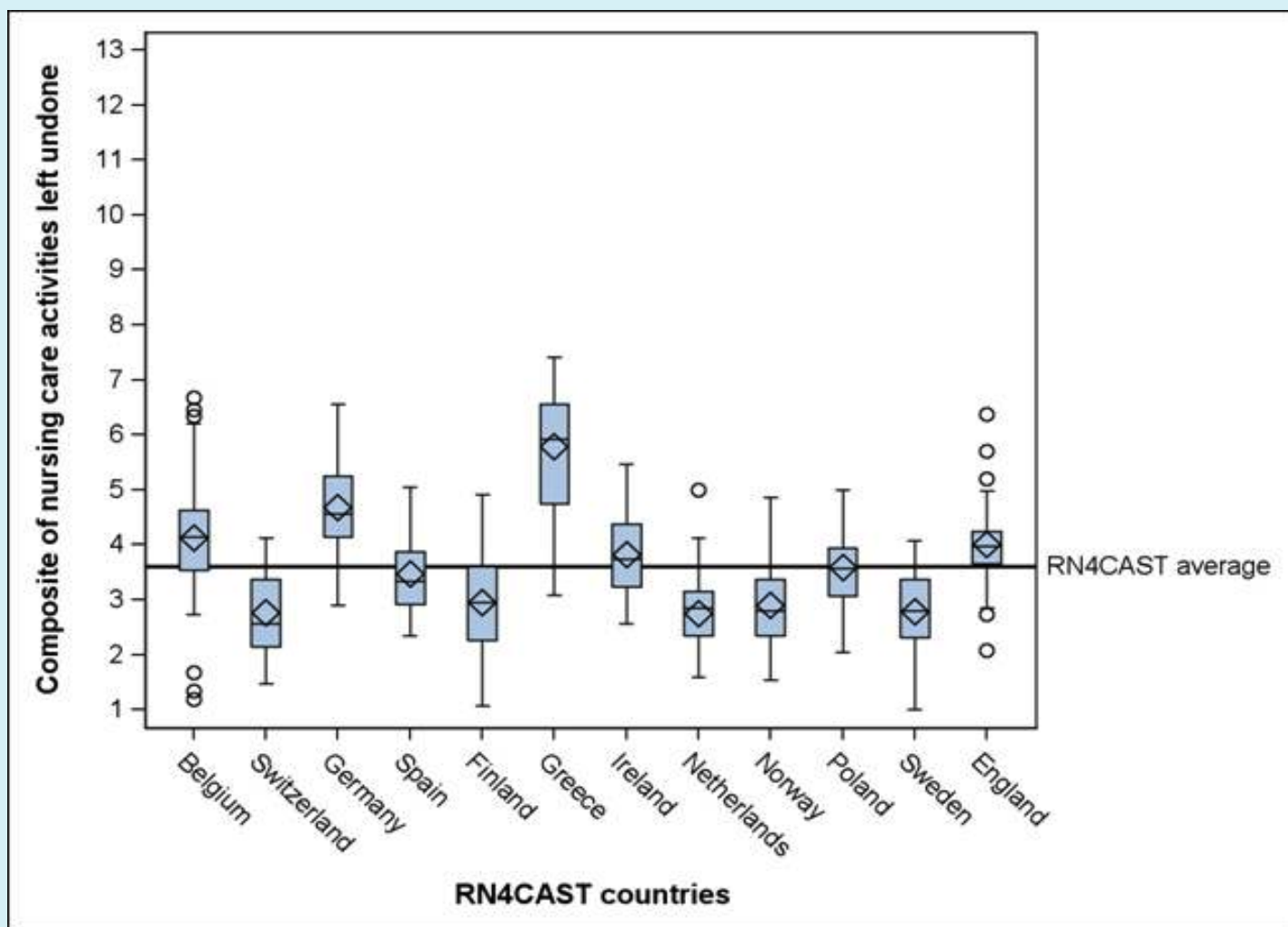
Missed care score by patient: RN ratio

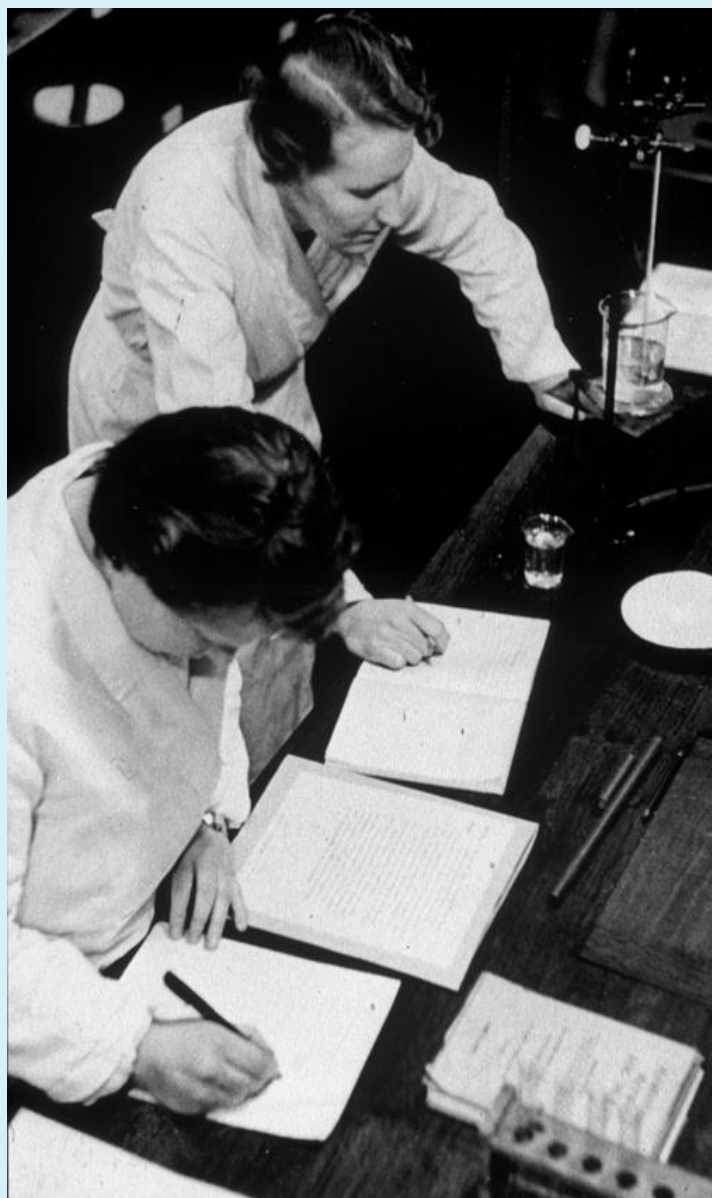


What factors explain variation in care left undone (multilevel model)

- LEVELS:
- Hospitals (46), Wards (393), nurses (2,657)
- Factors in model: med/surgical, shift, practice environment score (PES), patients per RN, pts per HCA.
- Significant differences related to PES, and RN staffing

Between- and within-country variability in the number of nursing care activities left undone - composite score in 488 European hospitals*





Implications for Policy and Practice

- **Welfare and well-being of nurses closely linked to patient outcomes**
- **Like Florence Nightingale need nurses to be well educated to challenge authority and status quo ; need to be supported to do so**
- **A strong sense of professional ism may be the strongest line of defense / prophylaxis against poor care but needs to be nurtured and embedded within a system of support**
- **Strengthen the professional mandate and move from a model of self- to co-regulation**

Vielen Dank

