Ruth Mooney, PhD, MN, RN-BC

Dr. Mooney received her BSN from Pennsylvania State University, her MN with specialization in Gerontological Nursing from UCLA, and her PhD in nursing from the University of Florida. She began her nursing career in the Army Nurse Corps, and was stationed at Valley Forge Army Hospital. Her career included clinical nursing, education, and research. She was the administrator for a Practical Nursing Program, and taught on the AD and MSN level. Previously held certifications in gerontological nursing and is currently certified in Nursing Professional Development.

Dr. Mooney has been a Nursing Research Facilitator at Christiana Care Health System for the past 6 years, where she has helped clinical nurses become involved in research and evidence based practice. She participates in protocol development, data collection and analyses, and dissemination of research. She is an advisor to the Nursing Research Council and the Evidence Based Nursing Practice Council and is actively involved in the Magnet application process at Christiana Care Health System. She performs a key role in the Annual Nursing Research and Evidence Based Conference.

Dr. Mooney is a member of DNA, Sigma Theta Tau International, and the Delaware Valley Geriatrics Society. She may be reached by e-mail at rmooney@christianacare.org or at her office at 302-733-1578.

Welcome
It is my pleasure to welcome you to this edition of the DNA Reporter. The focus of this edition is on Nurses and Research. In this edition you will find three articles written by nurses working in Delaware who will share their unique experiences in research. An article written by Christy L. Poole, RN, BS, CRNI, CCRC, Research Nurse Supervisor of the Department of Emergency Medicine at Christiana Hospital, describes the role of the nurse in clinical trials. This is very important work that provides for testing of drugs and devices while insuring safety of the individuals participating in the trial. A second article is written by Megan M. Williams, DNP, APRN, FNP-C, and Director of Population Health for Beebe Population Health. She describes her DNP project which she recently completed. Her research addresses health care utilization and describes a study of the impact of an Advanced Practice Nurse led initiative to improve care of patients transitioning from the hospital. The third article is from two nurses, Paula White, BSN, RN, and Jennifer Boyer, BSN, RN, who work in the Post Anesthesia Care Unit (PACU) at Nemours Alfred I. duPont Hospital for Children Wilmington, Delaware. Their article addresses key elements needed for the support of clinical nurses conducting research in a hospital setting. Lastly, results from the Nursing Workforce Study, a joint research effort between the Delaware Nurses Association and the Delaware Board of Nursing, will provide the basis of a feature article in this edition.

I hope you enjoy this edition of the DNA Reporter and gain new insights into diverse roles nurses have in research.

Sarah J. Carmody, MBA
In November 2014, Pam Zickafoose, Board of Nursing Executive Director and I attended a Future of Nursing: Campaign for Action conference in Phoenix titled Leadership and Legacy. The Future is Now. The conference focused on advancing nursing leadership and discussed strategies to meet the goal of 10,000 nurses on boards by 2020. This goal is a direct reflection of the IOM Future of Nursing report recommending nurses assume leadership position at all levels from boards to executive management teams to improve the health of all Americans.

In addition, Johnson & Johnson introduced a new documentary titled “Nurses: Their Vital Role in Transforming Healthcare.” In the documentary, seasoned nurses discuss how fellow nurses can be leaders in transforming today’s health care system for the better. A link to the video can be found on the DNA website.

As we move forward in 2015, envision yourself as a leader! Make it a point to move out of your comfort zone and stretch your abilities and knowledge by answering the call to be a leader. Terri Sterling, MSN, MBA, the COO of Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana

Executive Director continued on page 2
Did you know the DNA Reporter goes to all registered nurses in Delaware for free?

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Welcome to the February-March-April edition of the DNA Reporter. I want to thank Dr. Ruth Mooney for her willingness to serve as the current Guest Editor in highlighting several research efforts of nurses in our state. It is inspiring to read articles that demonstrate the use of evidence-based practice in clinical decision making from nurses working in our state. In particular, I am excited to share with you results from the Nursing Workforce study. As nurses are vital components in providing safe and patient-focused healthcare, results from this study will provide Delaware leaders with a current picture of what is occurring to the nursing profession in this state, and emphasize the need to make the nursing workforce a priority focus.

On another note, having just returned from participating in the American Nurses Association’s Presidents Immersion Course, I am motivated to begin planning with the DNA Board of Directors for future activities that will align with the organization’s mission. Over the next several months, the Board will be charged to evaluate current operations, resources, and programs for the purpose of short-term and long-term planning. To consider the following questions: “What are we doing that we should be doing more of? What are we doing that we should be doing less of? What are we doing that we should stop doing? What aren’t we doing that we should be doing?” (Centers for Strategic Planning, 2012). During planning sessions, the Board needs to consider, what are the new directions for the organization to take? Through careful strategic planning, the DNA’s organizational goals will continue to align with the ANA’s strategic goals that are focused on nurses advancing our profession to improve health for all:

2014-2016 ANA Strategic Goals
1. Promote a safe, ethical work environment as well as the health and wellness of nurses in all settings.
2. Advance the Quality and safety of patient care in a transforming health care system.
3. Optimize professional nursing practice and the quality of health care through leadership development and by ensuring full use of the knowledge and skills of RNs and APRNs.
4. Aggressively grow membership by acquiring, engaging and retaining members; strengthening the membership value proposition and increasing ANA’s capacity to deliver customized experiences.
5. Strengthen Constituent and State Nurses Associations and the ANA Enterprise through mutual partnerships.

Lastly, the ANA Membership Assembly will be held this year from July 23, 2015 through July 25, 2015. It is during Membership Assembly when critical issues involving nursing practice and policy are discussed and voted. As the DNA is a constituent member organization (C/NSAs), two elected members are eligible to attend and participate in the voting process. Prior to the Membership Assembly, the DNA will have the opportunity to propose Bylaw changes beginning January 26, 2015 through March 4, 2015. Any suggestions for proposed Bylaws changes should be directed to Sarah Carmody at the DNA office.

References

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Research is a lengthy process, highly structured, and builds a new knowledge base for typically tradition based nursing practice. Both require review, approval and some degree of oversight by the Institutional Review Board of the organization (Bellin & Neveloff-Dubler, 2001).

We encourage nurses not to become overwhelmed by the process of research. As we have been mentored and lived the research process, we have become passionate about its importance to direct nursing care. In turn we have become mentors on our unit, encouraging other nurses to ask questions regarding certain practices and participate in research projects on the unit. By doing this, we can empower ourselves through the inquiry process, become national leaders on that subject through conferences, discussions, lectures and presentations. We as nurses will experience strength and take control of our practice. But this may not be enough, as the steps to get there require engagement at the highest levels of the institution.

Importance of Engagement of Institutional Leadership

A health system, and nursing leadership within that system, has a profound influence on how we perceive research and how it affects us as nurses in the health care field. Does the institution support research and evidenced based practice? Do leaders model scholarship by conducting their own scholarly inquiry? Successful collaboration between nursing leadership and direct care nurses may contribute to the efficient use of nursing resources; improve patient outcomes, and ultimately, nurse satisfaction and retention (Lamont, Brunero, Lyons, Foster & Perry, 2014).

Several systems at Nemours A.I duPont Hospital for Children are in place to facilitate research by direct care nurses. First, the Shared Governance Model encourages nurses to conduct research to address questions that may occur while in practice. The Shared Governance Model champions and inspires nurses to become leaders and take control of the quality of care that is given to their patients. Second, the Research Committee promotes research through availability of an avenue to review proposed projects, provide mentorship to develop a research study, and assist with expenses through the awarding of a Nightingale grant. The Nightingale fund is available, once a proposed project is reviewed by the Committee and approved for funding, to assist with expenses for pilot studies or quality improvement projects Research is the hallmark of our future in medicine. Third, a strong leader in the area of research, who can inspire, mentor and encourage direct care nurses to participate in research and quality improvement is important. At Nemours, we are fortunate to have Dr. Christina Calamardo, the Director of Research for Nursing, available to the Department of Nursing to assist us in honing our research question, developing the methodology, and navigating the IRB process. Under Dr. Calamardo’s direction, we have been inspired to become research advocates, and have instituted studies on our units as well as act as a resource for other nurses in the PACU who desire to do research.

Leadership and Mentorship of Nurses on the Research Process

“The secret of good leadership is the ability to inspire others with faith in their own high potential” (Walters, 1993, p. 53). Dr. Calamardo has taught us that each nurse has her/his own potential and that nursing research and quality improvement can make important contributions. As direct care nurses in the PACU, we see this value and through our leadership roles, we believe we can impact others by demonstrating the significant difference each can make in their everyday practice through testing a hypothesis or improving delivery of care by a quality improvement project. Additionally, mentorship involves networking with nurses on other units to determine what they are doing to improve care, and collaborate to share experiences.

For my department, I (Paula White) am the unit representative for the Research committee. This has enabled me to afford opportunities to collaborate with other nurses in an effort to move our practice forward and continue to maintain excellence in the standard of care. It is essential that nurses become involved in a study either through quality improvement, or a research study in order to meet this goal. Changes in nursing practice often reflect rapid changes in the health care environment. With these changes, the direct care nurse may have questions regarding clinical practice that require exploration. Therefore, it is important for the direct care nurse to be in an environment that continually supports inquiry about practice. This provides a real opportunity for the nurse to change standards of practice that are realized to be not operating effectively. The investigation is the means to implementing research. At Nemours A.J duPont Hospital for Children, nursing leadership views nursing research as a priority and encourages the nursing staff to question practice as a mechanism to improve care.

As nursing professionals we have the responsibility to question our practice in order to achieve excellence in the delivery of care to our patients. The most significant source of empowerment is knowledge. Nurses need to tap into their expertise in research or quality improvement at the bedside. Using the bedside as our laboratory allows us to gather information to implement research. Research scholarship is an essential part of our career that promotes leadership and mentorship, and helps to establish nursing care as critical to improving the health and wellness of patients in the healthcare system.

References
Nursing Workforce in the State of Delaware: A Current Look

Karen L. Panunto, EdD, MSN, RN, APN and Sarah Carmody, MBA

Dr. Karen L. Panunto earned her ADN and MSN from Wesley College and her EdD from Wilmington University. Her MSN is in Community Health Nursing, Health Promotion, and her doctorate is in Educational Leadership with a concentration in Organizational Leadership. Dr. Panunto is currently licensed as an Advanced Practice Nurse in health promotion and wellness. She is an Associate Professor of Nursing at Wesley College and is the BSN Program Director. Dr. Panunto has been an active member of the Delaware Nurses Association for over 17 years and currently serves as President of the organization. She can be reached at Karen.Panunto@wesley.edu or by phone at 302/736-2511.

Sarah J. Carmody, MBA

Sarah Carmody earned Bachelor of Arts degree in marketing and economics from Saint Martin’s University in Lacey, Washington. Her Master of Business Administration was earned from Goldey Beacom College in Wilmington, Delaware. Ms. Carmody is the Executive Director of the Delaware Nurses Association and is also an adjunct instructor at Goldey Beacom College.

Abstract

Purpose: Nursing is the largest health care profession responsible for providing care in underserved areas, hospitals, walk-in clinics, schools, prisons, and in the home. A nursing workforce shortage would prove to be detrimental to the health care industry and communities. Recognizing the need to have a sufficient number of registered nurses to meet the health care needs of the population, the Delaware Nurses Association (DNA) and the Delaware Board of Nursing partnered in a joint research effort to examine the current composition of registered nurses licensed and practicing in the state of Delaware.

Methods: For the purpose of this study, the Delaware Board of Nursing sent an email to an email to 14,750 registered nurses licensed in the state of Delaware with a link to an electronic survey questionnaire for voluntary completion. A total of 4,265 (29.98%) registered nurses completed the online survey questionnaire from January 17, 2014 through March 15, 2014. Data were gathered on the age, race, gender, educational level, employment status and location, practice area, wages/salaries, and workplaces of the registered nurses.

Results: Of the registered nurses that responded, 77.07% were practicing in the State of Delaware. Of the respondents (74.78%) reported to be > 40 years of age with 53.20% of that group being > 50 years of age. The following are selective highlights of the study: 33.93% hold a Bachelor of Science in Nursing degree; 75.43% have been practicing for 11 years or greater, and 44.64% reportedly practice in a hospital setting.

Conclusion: With the current aging nursing workforce, results from this study support the need for Delaware leaders to recognize that the priority focus for the future of healthcare in Delaware must be placed on ensuring a sufficient nursing workforce. Efforts should be made to partner in additional education funding opportunities as support for future nurses and nursing education programs, as well as encouraging hospitals and other employers to base new hires, part or full-time, on maintaining adequate staffing levels. In addition, financial assistance should be provided for further research endeavors on the nursing workforce supply.

The issue of whether or not there will be a sufficient number of registered nurses to meet the future health care needs of the population is of particular concern for the health care industry. According to the American Nurses Association (2014) agreed and added that “by 2020 total employment of RNs and APRNs will increase by 574,400 jobs. In fact, with RN retirements also in the mix, the nation will need to have produced 1.13 million new RNs by 2020” (p. 8). Buerhaus, Staiger, Muench, and Buerhaus (2012) pointed out that there are several factors which will contribute to the demand for health care over the next two decades, such as an aging baby boomer generation, an increase in the overall population, and an increase in the number of people choosing to delay marriage and having children due to health issues. McMenamin (2014) emphasized that the demand will escalate as the Medicare program is stressed by the addition of “two to three million people” (Buerhaus, Staiger, Muench, and Buerhaus, 2012) every year through the end of this century. In addition, Auerbach et al. (2012) noted that another factor to the increased demand for health care is the millions of Americans to be covered under the Affordable Care Act.

To further complicate the issue of whether there will be a sufficient nursing workforce in the future is the aging population of registered nurses. Buerhaus, Auerbach, Staiger, and Muench (2013) pointed out that “nationally, approximately 850,000 RNs are between the ages of 50-64 (a third of the RN workforce)” (pp. 13-14). As many of these nurses begin to retire by the year 2020, it is expected that they will be replaced. In addition, it is not only imperative to replace those retiring, but there will be additional RNs needed to meet the growing population that will be coming by Dolan (2010) “..crisis may be looming” (p. 9).

Buerhaus (2012) discussed several large scale efforts to entice graduates to enter the nursing profession. In an attempt to draw attention to the nursing profession, Publicity focused on the Johnson & Johnson Campaign for Nursing’s Future, the Robert Wood Johnson Foundation, the Garrett-Pierce-Steele, the Betty Moore Foundation, and the Conrad N. Hilton Foundation have been successful in increasing the number of individuals who have entered the nursing profession. Buerhaus (2012) pointed out that “in fact, the number of young people becoming nurses is so large that it rivals the number of baby boomers who entered the nursing profession back in the 1960s and 1970s” (p. 10).

In addition to strategies focused on increasing the RN population, the recession has also played a part in bringing registered nurses either back into the workforce, or has led them to change from being part-time employees to full-time employees (Singleton, 2010). Indeed, Buerhaus pointed out that during the recession that started in December 2007 and ended in June 2009 there was a rise in health care related jobs. Buerhaus (2008) reported that employment increased by an estimated 243,000, the largest employment increase during any 2 years since 1995. However, by 2008, per the Bureau of Labor Statistics (BLS) places registered nursing as the occupation with the most robust growth (BLS, 2008-2012). Buerhaus (2012) Projected growth of 22%, or more than 580,000 employment opportunities is expected for RNs’ (p. 208). McMenamin (2014) explained that the economic recovery affecting market changes as well as employer changes and care coordination will also contribute to the demand. Currently, the concern being raised is that with an improvement in the economy, there will be a large number of nurses entering the market. The study, however, concurred that “while the surge in young people entering nursing is very promising and welcome news, the big question remains: will it be enough?” (Buerhaus, 2010, p. 9).

The ANA (2014) suggested that in order to ensure a sufficient number of registered nurses, strategies must be put in place. Strategies such as federal funding to support future nurses and nursing education programs, as well as addressing employer hiring practices, would appear to be potential funding sources. According to the ANA, federal funding has decreased an average of 2 percent over the past several years. This is a concern with the future demands that will be placed on the nursing profession. The ANA has proposed an increase of 12 percent in Title VIII federal funding for the year 2015. The ANA reported that in 2012, there were roughly 60,000 applicants turned away from nursing education programs due largely to an insufficient number of faculty. Lack of sufficient faculty and clinical training experiences may contribute to these numbers. Unfortunately, this is not a new trend. In 2006, Dierko pointed out that schools were limiting the number of new students to fully compensate for an insufficient number of qualified nursing faculty. Further, with many faculty leaving the area over the next several years due to overwork or reaching retirement age, existing faculty are left to carry on the burden of meeting additional curricular demands; this compounds an already unhealthy, stressful environment (Dienno, 2006). Also, results from a 2013 survey indicated that a majority (72%) of faculty who teach in nursing education programs are over 50 years of age (ANA, 2014). McMenamin (2014) pointed out that this could be detrimental to the nursing profession with such a large number of nursing faculty on the verge of retirement and contends that by 2022 there will be a need for over 30,000 new nursing faculty.

Over the next two decades, the health care industry will be challenged as an aging population of registered nurses progress to retirement. As pointed out by the ANA (2014), nurses are pivotal members of the health care team and strategies to maintain an adequate nursing workforce need to be addressed prior to the year 2020. Efforts should be made to provide potential students with the opportunity to pursue a nursing degree as well as provide continued support for current nursing students (Buerhaus, 2012). RNs and APRNs will also contribute to the demand. In fact, with RN retirements also in the mix, the nation will need to have produced 1.13 million new RNs by 2020” (p. 8). Auerbach, (2014), by the year 2020 there will be a need for over 1.1 million new registered nurses to ensure a sufficient nursing workforce. Nurses and other health care agencies need to recognize their role in ensuring an adequate nursing workforce by embracing the concept of hiring new graduates to work alongside experienced RNs currently in the workplace.

Methodology

The purpose of this study was to examine the current composition of registered nurses licensed in the state of Delaware. This study was conducted in partnership between the Delaware Nurses Association and the Delaware Board of Nursing. The research design for the non-experimental study. The tool utilized for the study was an online survey questionnaire with categories that included demographic information, education programs, currently employed RNs, employment information, and future educational plans. The questionnaire took approximately 5 minutes to complete. The Delaware Board of Nursing sent an email with a link to the electronic survey questionnaire to all 14,750 registered nurses in Delaware. Of those emails sent, 52.91% opened the email and 51.29% clicked on the survey link. The number of respondents increased from January 17, 2014 through March 15, 2014. Data were gathered on the age, race, gender, educational level, employment status and location, practice area, wages/salaries, and workplace of the registered nurses.
email sent on February 19, 2014. The deadline for participating in the study was March 15, 2014.

Participants were not asked identifying information such as their names or places of employment. Implied consent was given by the voluntary completion of the questionnaire. Data was analyzed using the online survey software, SurveyMonkey.

Results

There were 4,265 completed questionnaire responses to the online survey questionnaire. The population sample size for this study represented a 29.98% response rate of registered nurses licensed in the state of Delaware. Data were analyzed using the online survey software, SurveyMonkey.

Demographics

The sample of registered nurses for this study yielded the following demographic information:

- 3,867 (91.83%) females
- 344 (8.17%) male

(54 participants did not respond to this question)

The ages of the registered nurses ranged from 20-29 years through 70 years and older with the largest responses (32.87%) from nurses between the ages of 50-59 years. The second largest responses (21.52%) were between 40-49 years old, and the third largest (18.11%) were 60-69 years of age. (See Table I, Age of Registered Nurses)

Race/ethnicity was also collected for this study. The largest group, 86.65% of participants were White. The second largest (7.56%) were African American, and the third largest (2.01%) were Asian/Pacific Islander. (See Table II, Race/Ethnic Group)

Data were analyzed using the online survey software, SurveyMonkey.

The largest group of participants (46.61%) reported residing in New Castle County. The second largest group (20.3%) reported residing in Sussex County, and (13.76%) Kent County. A total of 781 respondents (19.33%) indicated not residing in Delaware. (See Table III, County/State of Residency)

The largest proportion of participants (33.93%) hold a Baccalaureate degree in nursing, the second highest (22.74%) hold an Associate degree, and (20.88%) have earned a Master's Degree in Nursing. A small percentage of respondents (3.17%) hold a doctoral degree, and 1.67% hold a doctoral degree in nursing. (See Table IV, Highest Level of Education, A majority of respondents (60.95%) reported that they are certified. Slightly more than fourteen percent of participants were currently enrolled in a nursing education program. When asked how participants were continuing their education, 52.77% specified a traditional program and 18.95% indicated an online program. A large majority (80.26%) reported nursing as a first career choice.

Practice/Employment Status

The greatest number of registered nurses (24.57%) have practiced less than 10 years. The second largest (23.51%) between 11-40 years, and the third largest (23.17%) between 21-30 years. (See Table V, Years of Practice)

Participants were asked how long they plan to continue the practice of nursing. The average response was 27.8% for those who anticipated practicing nursing between 11-20 years and 27.79% for greater than 20 years. Of the remaining participants, 26.38% reported to practice 5-10 more years, 15.08% less than 5 years, and 2.93% for less than a year. (See Table VI, Continued Practice)

Data were analyzed using the online survey software, SurveyMonkey.

The majority of registered nurses (49.43%) were employed in New Castle County. The second largest group (15.05%) were employed in Sussex County, followed by 12.59% who were employed in Kent County. A total of 13.68% of participants indicated they were not employed in Delaware. Of those participants, 7.48% worked in Pennsylvania, 1.43% in New Jersey, and 4.92% in Maryland.

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Practice Setting

The largest number of registered nurses (44.64%) were employed in a hospital setting. The ambulatory care setting was the second highest (9.03%), and nursing homes were the third highest setting (6.65%). (See Table VII, Practice Setting of Registered Nurses)

Table VII: Practice Setting of Registered Nurses

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Percentage</th>
<th>Response N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Setting</td>
<td>4.10%</td>
<td>172</td>
</tr>
<tr>
<td>Ambulatory Setting</td>
<td>9.03%</td>
<td>379</td>
</tr>
<tr>
<td>Assistant Living</td>
<td>0.62%</td>
<td>26</td>
</tr>
<tr>
<td>Community Health</td>
<td>2.57%</td>
<td>108</td>
</tr>
<tr>
<td>Correctional Health</td>
<td>0.60%</td>
<td>25</td>
</tr>
<tr>
<td>Home Health</td>
<td>3.81%</td>
<td>160</td>
</tr>
<tr>
<td>Hospice</td>
<td>1.67%</td>
<td>70</td>
</tr>
<tr>
<td>Hospital</td>
<td>44.64%</td>
<td>1,874</td>
</tr>
<tr>
<td>Insurance claims/Benefits</td>
<td>2.83%</td>
<td>119</td>
</tr>
<tr>
<td>Nursing home/extended care</td>
<td>6.65%</td>
<td>279</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>1.07%</td>
<td>45</td>
</tr>
<tr>
<td>Total N=3,257</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing N=1,109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nursing Practice

The largest number of registered nurses (71.50%) reported providing direct care to patients. The majority of the participants (41.65%) noted their practice role as being staff/general duty nurses with the second highest roles (12.46%) as Nurse Practitioners/Certified Nurse Midwife/Certified Nurse Specialist/Nurse Anesthetist. (See Table VIII Nursing Practice)

Table VIII: Nursing Practice

<table>
<thead>
<tr>
<th>Department/Administrator/Supervisor</th>
<th>Discharge Planner/Case Manager</th>
<th>Nurse Practitioner/certified Nurse Midwife/CNS/Nurse Anesthetist</th>
<th>Quality Assurance/Infection Control</th>
<th>Researcher/Consultant</th>
<th>Staff/Duty Nurse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Low</td>
<td>3.29%</td>
<td>4.91%</td>
<td>8.11%</td>
<td>18.03%</td>
<td>28.64%</td>
<td>33.39%</td>
</tr>
<tr>
<td>Missing N=72</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>1.48%</td>
<td>3.06%</td>
<td>5.55%</td>
<td>17.51%</td>
<td>31.41%</td>
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Table IX: Workplace Environment

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Workplace

This portion of the study attempted to identify the perception Delaware nurses had of their workplace and the support they received from employers. The range for responses was 0-5 with 5 being the highest and 0 being the least. A majority (53.39%) gave their employers the highest ranking in feeling appreciated in the workplace with almost the same percentage (32.25%) who experienced a positive environment working with other nurses. When asked about employer support 20.51% ranked employers the highest in the area of employer support with 21.71% ranking employers the highest in feeling appreciated in the workplace.

Discussion

Age

The predominance age range of 50-59 represented 32.87% of responding registered nurses in the state of Delaware with the majority of respondents (74.78%) who were 40 years or greater. Registered nurses of 29 years of age or less represented 9.03% of responses. These findings were consistent with the national age of the nursing workforce which demonstrated a distribution to be highest over the age of 46 years (Nooney et al., 2013), and reflected a third of the nursing workforce or approximately 850,000 nurses (ages 50-64) nearing retirement age with many expected to retire by 2020 (Bluhmuh, 2013). According to a 2013 survey conducted by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, 53% of the RN workforce were age 50 or older (Bullden, Zheng, Moulon, & Cimiotti, 2013). Future projections have indicated that more than 1 million registered nurses will reach retirement age within the next 10 to 15 years (Health Resource and Service Administration [HRSA], 2013).

Race/Ethnicity

Delaware data related to Race/Ethnicity of registered nurses were compared with national statistics obtained from Minority Nurse (2014). A large proportion (86.65%) of Delaware registered nurses identified themselves as White (not of Hispanic origin) which was higher than the national percentage (75.45%) of registered nurses who reported being White. Delaware registered nurses (7.56%) identified as African American (not of Hispanic origin) was slightly lower than the national statistic (9.0%). In Delaware, 2.01% of registered nurses identified themselves as Asian/Pacific Islander which was significantly lower than the national percentage of 8.5%. The Hispanic population of registered nurses in Delaware was reported to be 1.23% which was significantly lower than the national number of 4.8%. Among other ethnicities, Alaska Native, and Multi-racial ethnic groups represented 1.44% of registered nurses in Delaware. Nationally, 0.4% of registered nurses were reportedly American Indian or Alaskan Native, and 1.3% categorized themselves as two or more races.

Gender

Of those registered nurses who responded to the survey, 91.83% were female and 8.17% were male. This was fairly consistent with national numbers in that 91.8% of registered nurses were male (Minority Nurse, 2014). Overall, the population of registered nurses who are male has significantly increased in 2008 (6.8%) to 2010 (7.1%) which was reported to be at 6.6% having demonstrated an upward trend in the RN male population (U.S. Department of Health and Human Services, Health and Resource Service Administration [HRSA], 2010).

Education

Data for the educational level of registered nurses in Delaware was compared with data reported by the Health and Resource Service Administration [HRSA] report in 2013 based on the 2008-2010 American Community Survey (ACS). The number of Diploma graduates reported in Delaware was 8.77%, which was greater than the national average of 6.9%. There were reportedly 22.74% of registered nurses working in Delaware educated at the Associate Degree level compared to the national average of 37.9%. Reportedly 32.93% of registered nurses in Delaware who were educated with a Baccalaureate in Nursing Degree compared with 44.6% nationally. Of the total Delaware respondents, 20.88% hold a Master's Degree in Nursing, and 1.67% hold a Doctorate in Nurse. Nationally, 10.3% of registered nurses hold a Master's Degree in Nursing, and 0.4% hold a Doctorate degree in nursing.

A total of 14.17% of registered nurses in Delaware reported being enrolled in a nursing educational program with 52.77% enrolled in a traditional program and 18.95% who participated in online classes. This is fairly consistent with findings from the 2008 National Sample Survey of Registered Nurses (HRSA, 2010) which reported that slightly over 15% of registered nurses pursuing a higher degree were enrolled in a distance education program.

Nursing Practice

Current study to this context, the majority of registered nurses in Delaware (44.64%) reported working in a hospital setting. This number was significantly lower than the national number which was reported to be 63.2% (HRSA, 2013). The second ranking category for employment in Delaware was ambulatory care setting (9.03%) which was slightly lower than the national reported number reported at 10.5% (HRSA, 2010). Nursing home/extended care was the third ranked employment location at 6.65% for Delaware registered nursing which was slightly lower than the national average of 7.4% (HRSA, 2013). A small percentage (4.1%) of registered nurses in Delaware responded that they work in an Academic setting.

Nursing Workforce continued on page 8
Of the total respondents, 6.75% of Delaware registered nurses reported practicing as a department administrator/supervisor. This is significantly lower than the national average which was reported to be at 12.5% (HRSA, 2010). A small number (5.53%) of registered nurses reported practicing in the role of an educator with 2.11% that reported being in a faculty role. Nationally, 3.38% of registered nurses were identified as practicing in an academic education setting (HRSA, 2010). Current to this study, 41.65% of registered nurses in Delaware reported practicing as a staff/general duty nurse. This is significantly lower than the national average where 63.2% of nurses reported practicing in this area (HRSA, 2013).

Continuing to Practice

A majority of Delaware registered nurses anticipated practicing eleven or more years (27.76% for 11-20 years and 27.79% more than 20 years). The second highest response (26.38%) was from those who anticipated practicing five to 10 years. Those registered nurses who reportedly plan to work less than five years were 15.08%, and 2.93% plan to work one year or less. As reported in the Health Resources Service Administration report (HRSA 2013), it is predicted that over the next two decades one million registered nurses will leave the workforce due to advancing age. As these nurses leave the workforce there will be a “loss of experiential knowledge and leadership brought to the workforce by seasoned RNs” (HRSA, 2013, p. 22).

Limitations

The researchers recognized two limitations to this study. First, the response rate of registered nurses in the state of Delaware was lower than expected. “loss of experiential knowledge and leadership brought to the workforce by seasoned RNs” (HRSA, 2013, p. 22).

Second, although data was collected related to wages/salary of nurses in the state of Delaware, there appeared to be a large number of participants who made a double entry in that focus area. Registered nurses holding an advanced practice nursing license were instructed to respond to a separate set of questions related to wages/salary than the general RN population. For this reason, wages/salary of nurses was not included with the results or discussion. The researchers have discussed the possibility of emailing a separate survey questionnaire to those nurses holding an advance practice nursing license for future studies.

Conclusions and Recommendations for Future Study

This study was conducted in order to provide the state of Delaware with current data related to the workforce supply of Delaware registered nurses at this point in time. The literature indicates that over the next two decades the health care industry will be stressed as it strives to meet the health care needs of the population. Factors such as a growing population, an aging generation of baby boomers, an increased number of people living with chronic health conditions, and a large number of people covered by the Affordable Care Act will all contribute to the demands placed on the health care industry. Of particular concern will be the large number of nurses leaving the profession over the next two decades due to retirement. As nursing is the largest health care profession in the country, a nursing workforce shortage could prove to be detrimental to the safety and quality of US healthcare.

With 44.39% of registered nurses who participated in this study reporting that they plan to continue working ten years or less, Delaware leaders must recognize that providing the state with an adequate supply of registered nurses is essential in meeting future health care needs. Efforts should be placed on providing additional funding opportunities that will provide support for future nurses, nursing education programs, as well as encouraging hospitals and other employers to hire new nurses in order to maintain adequate staffing levels.

The researchers who conducted this study feel that future studies are needed to examine the age of Delaware registered nurses and their practice settings. This will provide the state with trended data on the nursing workforce supply in key areas of need in order to plan for future nursing deficits.

References


Most bedside or direct care nurses have heard of evidenced-based nursing research perhaps while they were in school or when working on a project for their nursing agency. As evidenced-based nursing practice is the nature of the practice in which the nurse makes clinical decisions on the basis of the best available clinical evidence. Clinical nurses have a central role in assuring participant safety, ongoing maintenance of informed consent, integrity of protocol implementation, accuracy of data collection, data recording and clinical relationships and involves direct care nurses in research. The methodology is the most important part of a clinical trial. In a clinical trial, the investigators must specify inclusion and exclusion criteria for the particular study. In a clinical trial, the investigators must specify inclusion and exclusion criteria. This is a list of criteria defining the characteristics and may include age, range and stage of a particular disease (i.e. stroke, sepsis, cancer) as well as the presence of other medical conditions or medication (USDHHS, “Glossary of Terms,” n.d.). When a participant is determined to be eligible, we move forward and approach the patient for possible participation. This process includes informed consent. Informed consent is more than just a signature on a form; it is a process of information exchange that may include, in addition to reading and signing the informed consent document, verbal instructions, question and answer sessions and measures of their understanding (USDHHS, “Guide to Informed Consent,” 2014). This also gives us the ability to educate the patient and their families about their disease process as well as be an advocate in their care. Offering research opportunities provides additional options for patients, in addition to their standard of care. We are responsible for ensuring that informed consent is obtained from each research participant before any research process can take place. We also work with the patient to be sure that the trial is time sensitive and it is crucial to be sure that even though our time line may be shorter we must still provide an adequate period of time for this information exchange to take place. If the participant agrees to participate in research, they are free to withdraw from the study at any time, their participation is voluntary.

References


Enhanced Patient and Caregiver Engagement Drive Utilization and Quality Outcomes in an Advanced Practice Nurse-Led Care Transitions Intervention with Super Utilizers

Megan M. Williams, DNP, APRN, FNP-C

As the Director of Population Health at Beebe Healthcare, Dr. Williams is responsible for providing leadership, management, and coordination for Beebe Population Health programs and directing Beebe’s Community Outreach screening teams responsible for Health Promotion and Disease Prevention Education. In 2011, Dr. Williams began to develop and implement Beebe’s first population care management program, with a focus on the care of high-utilizer patients across the Beebe healthcare system. Through this program the department has developed the capability to provide robust care management to the most challenging patients, and demonstrated sustainable reduction in healthcare utilization associated with cost savings and improved transition skills and quality of life among program participants. Dr. Williams oversees the team of care coordinators who are responsible for the care carried out through the clinically integrated organization, the Delmarva Health Network (DHN). The DHN aims to provide accountable care with a focus on optimizing quality outcomes and reducing the cost of care across a wide variety of populations and care settings.

Dr. Williams earned a BA in Anthropology and BS in Nursing from University of Delaware in 1999, completed MSN with concentration in Community Oriented Primary Care and Family Nurse Practitioner certification at University of North Carolina-Chapel Hill in 2005, and finished her Doctorate in Nursing Practice (DNP) at Thomas Jefferson University in 2014. She holds ANCC certification in the John Hopkins Guided Care Nurse program and received certification in Advanced Population Health from Thomas Jefferson University in 2012.

Over the course of her nursing career has worked in a variety of patient care settings, from acute in-patient care to private family practice, and was responsible for leading a team of providers in achieving the goal of meaningful use and accreditation as a patient centered medical home. She is the Delaware State Representative for the American Association of Nurse Practitioners and a founding member of the Delaware Coalition of Nurse Practitioners.

As the Director of Population Health at Beebe Healthcare, Dr. Williams is responsible for providing leadership, management, and coordination for Beebe Population Health programs and directing Beebe’s Community Outreach screening teams responsible for Health Promotion and Disease Prevention Education. The research presented here is the result of doctoral work with Thomas Jefferson University, focused on the care of high risk patients transitioning out of the acute care setting.

Abstract

The purpose of this project, Beebe CAREs, was to incorporate health coaching and a multidisciplinary approach into traditional Advanced Practice Nurse-led transitional care. The CAREs intervention (Care coordination, Access to care, Referral to community based resources and Empowerment of patients and caregivers) aimed to achieve a sustainable impact on participants, resulting in reduced hospitalization, and improved transition skills and quality of life. APRNs possess the clinical and interpersonal skills, in-depth knowledge of systems and how to work within them to affect positive patient outcomes and keep patients well during vulnerable transitions in care. As the health care industry moves forward in pursuit of the best way to provide care for patients across the entire continuum of care, the focus should be on optimizing both utilization and quality of life for the most vulnerable populations through the provision of Advanced Practice Nurse- led transitional care emphasizing health coaching and patient and caregiver engagement.

Background

By 2020, over 157 million Americans will be living with one or more chronic diseases, leading to greater risk for hospitalization, emergency room visits and expanding healthcare costs (Gillespie, Mollica, Horvath, & Williams, 2005). APRNs possess a unique and powerful skill set that is particularly well suited to providing comprehensive care for complex patients such as those transitioning out of the hospital setting (Naylor, Brooten, Campbell, Maislin, McCauley, & Schwartz, 2004). The APRN holistic and patient-centric approach facilitates identification of vulnerable patients and development of high acuity interventions that encompass both clinical and social components of care which is central to the successful transition of patients across the health care continuum (Brooten et al., 2002).

Methods

In January 2013, this quasi-experimental, pre-test post-test design study was launched. The study was carried out by the CAREs team, consisting of a nurse practitioner, registered nurse and social worker, working to provide transitional care to our highest utilizers in the healthcare system. In this study, the team cared for high risk patients at the time of hospital discharge, conducted a full bio-psychosocial assessment, and developed care plans. The program was designed to incorporate health coaching and a multidisciplinary team of care coordinators who are responsible for Health Promotion and Disease Prevention Education. The research presented here is the result of doctoral work with Thomas Jefferson University, focused on the care of high risk patients transitioning out of the acute care setting.

Results and Conclusion

As a result of the CAREs program, participants experienced a 40% reduction in hospitalization, two fold improvements in quality of life and nearly six fold increase in their transition skills. The cost savings and associated utilization demonstrated by the implementation of this one program in a relatively small healthcare system in southern Delaware have now served as a springboard for scaling care coordination and accountable care across the entire region. The changes associated with health care reform as laid out in the Affordable Care Act (2010), are daunting to most and still quite vague in a number of areas, however, we have noted a change in the culture, patient-centered approach to care, and outcomes with the implementation of the CAREs program. It has enabled the health care system to re-design care and demonstrate sound cost savings and improve the quality of care. The Delmarva Health Network (DHN) has developed and implemented Beebe’s first population care management program and has demonstrated sustainable reduction in healthcare utilization associated with cost savings and improved transition skills and quality of life among program participants. The dependent variables measured for each participant in the study were healthcare utilization, transitions skills and quality of life- based upon the following validated tools: Care Transitions Measure -15 (CTM-15) (Coleman, Mahoney, & Parry, 2005), CDC Health related Quality of Life (Center for Disease Control and Prevention, 1993), and utilization.

References


Terminology Change for Planners of Nursing Continuing Education

Karen C. Andrea, MS, RN, BC
DNA Continuing Education Coordinator

Beginning January 1, 2015, there is a change in terminology from “Co-Provider/ship” to “Joint Provider/ship.” This change reflects ongoing efforts to help nurses, physicians, pharmacists and all other healthcare continuing education providers and regulatory agencies to standardize terms and create a common language. This change will also assist in collaboratively planning and implementing interprofessional continuing education. Two or more organizations may “jointly provide” (previously “co-provide”) an educational activity provided neither is a commercial interest. Joint Providership requires a written agreement signed by all parties to the joint providership. Further details are available on the DNA website under the Education tab.

DNA Chapters
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Are you interested in nursing education? Research? Peer support? Are you a new graduate nurse that would like to connect with other new nurses? Whatever your nursing passion may be, the Delaware Nurses Association (DNA) can help you connect with your peers locally and across the state. Delaware Nurses Association (DNA) can help you get involved in your professional association. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, DNA has made it easy for you to become involved according to your own preferences.

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Anne Anyangha New Castle, DE
Gabrielle Archangelo Wilmington, DE
Suzanne Ariza Chaddds Ford, PA
Bernadette Baker Townsend, DE
Catherine Barber Milton, DE
Bernadette Clogg Wilmington, DE
Tanya Clarke Wilmington, DE
Jelisses Collazo New Castle, DE
Chelsea Connor Middletown, DE
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**Nursing Opportunities**

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