



Keeping Nurses in Nursing: The Profession's Challenge For Today

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The future of professional nursing is threatened today by the current and impending shortage of nurses. While the entire health care industry is affected, it is even more predominant in specialty areas such as urologic nursing. If unresolved, the crisis will be even more significant in the future. According to the American Association of Colleges of Nursing (AACN, 2001), entry-level baccalaureate nursing school enrollment declined for 6th consecutive years while a large majority of the nursing workforce continues to age toward retirement within the next decade (American Nurses Association [ANA], 2001). Thus, the profession must address the immediate issues of workforce recruitment and retention by educating new nurses and keeping current ones working within nursing, quelling the loss of any more of our valuable working expert professionals. The deluge of new information being published in professional and lay venues attests to the attention to, and interest in creating a climate that facilitates recruitment and retention of registered nurses both in the workplace and in the

Urologic nurses and the nursing profession face incredible challenges in caring for patients and their families after a trend of the continued decline in nursing school enrollment, the nursing shortage, and increasing staff nurse dissatisfaction with the current workplace environment. Is it possible to retain staff nurses during this current crisis? Many factors contribute to nurse dissatisfaction and subsequent turnover and burn out. In light of the current nursing shortage, it is essential and cost effective to retain nurses in their specific jobs and within the profession. There is no single, simple reason or solution for professional staff nurse turnover. Some of the current contributing factors to staff nurse dissatisfaction and satisfaction will be discussed in an effort to discern ways to promote staff nurse retention.

nursing profession. It is this very issue that will be explored in this article and in the article by Karlene Kerfoot, PhD, RN, FAAN, which follows.

Review of Literature

According to a worldwide study of nurses, those surveyed in the United States had the highest job dissatisfaction at 41% (Aiken et al., 2001), four times that of the professional workforce in general. Dissatisfaction can and does result in nurses leaving the already dwindling workforce. What are the reasons for dissatisfaction and what can be done to alter the situation so as to retain these nurses? These questions will be addressed in this article with recommendations from recent literature and research on nursing dissatisfaction and retention; however, new information is being published almost daily, making it impossible to be absolutely current.

McFarland, Leonard, and

Morris (1984) described the major dissatisfiers from previous nursing shortages as a lack of involvement in policy and decision making, problems with supervisors, poor working conditions, inadequate salary, and a lack of job security. Swansburg (1990) reported that one-third of the respondents in Jacksonville, Florida, were substantially dissatisfied with their jobs citing reasons as inadequate financial compensation, poor recognition, lack of flexible scheduling, and increased responsibility with increased stress on the job.

More recent studies allude to similar dissatisfaction among registered nurses. A study by Mercer (1999) revealed median turnover rates for RNs across the United States were 15%. The ANA Staffing Survey (2001) results showed that many nurses felt dissatisfied with their jobs and nurse dissatisfaction had a direct impact on quality of care for patients. In addition the study

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Note: CE Objectives and Evaluation Form appear on page 203.



also stated that “over 54% of nurse respondents would not recommend their profession to their children or friends” (ANA, 2001, p. 4). Cited opinions clearly show that, historically, job dissatisfaction for nurses has existed for some time and the reasons are varied. But what do studies show about current staff nurse dissatisfaction? Leveck and Jones (1996) found the main complaints of nurses were related to overseeing unlicensed assistive personnel, greater diversity in patient diagnosis on inpatient units, increased severity of illness, lack of recognition and respect, lack of involvement in decision making, increased patient load, and a larger, more diverse physical environment. Aiken et al. (2001) determined that nurses were dissatisfied because there was not enough staff to get the work done; therefore, nurses could not provide high-quality care and were not involved in policy decisions.

The ANA Staffing Survey (2001) found that 75% of RNs felt that quality of care had decreased over the past 2 years and 56% felt they did not have adequate time for patient care. These nurses, too, felt they were unable to provide high-quality patient care. Ninety-three percent of human resource executives in 185 health care organizations surveyed by Mercer (1999) felt turnover was a significant (30%) or somewhat significant (63%) problem. Nursing turnover was attributed to an increase in demand for nurses, dissatisfaction with workload and staffing, and better compensation and career opportunities elsewhere. Although the perceptions of management are valuable, reasons for turnover must be understood and examined through the experiences and perceptions of the practicing nurses and nurses who have left the field of nursing. A study of current and former direct care nurses revealed the top reasons cited for consid-

ering leaving a current job were the amount of stress and physical demands (Peter D. Hart Research Associates, 2001). More money and advancement opportunities were rated at much lower rates of 18% and 14% respectfully by nurses who have considered leaving a position.

At a statewide summit on the crisis in nursing, the Maryland Nurses Association (2000) determined the top five reasons for poor nurse retention were an absence of advancement opportunities, stress and staff burnout related to mandatory overtime, unrealistic workloads, a lack of recognition or respect for nurses, and increased paperwork as dictated by increasing demands of regulatory groups. Sandra Feldman, the American Federation of Teachers president, told the Senate Health, Education, Labor, and Pensions Committee in 2001 that mandatory overtime was pushing licensed nurses out of hospital service and she called for a ban on this practice. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) identified overtime as a major source of dissatisfaction among nurses (2002). JCAHO also described unrealistic and unsafe patient ratios and the excessive paperwork created by managed care and other insurers as consuming nurses' time, disallowing for quality time with patients, and as contributing to staff nurse dissatisfaction. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that a higher level of job dissatisfaction and emotional exhaustion were strongly related to nurse-patient ratios. These complaints are all too familiar when compared to earlier studies (McFarland et al., 1984; Swansburg, 1990).

The last two dissatisfiers are salaries and financial benefits which continue to be important themes in combating turnover according to the literature (ANA, 2001; Kirsch, 1988; McFarland et al., 1984; Mercer, 1999). As

demand for nurses continues to rise, turnover rates will increase related to increased salary and bonus incentives on the part of competing health care systems. Financial incentives are one way of defining the value of nursing services and continue to be a key factor in retention (Maryland Nurses Association, 2000). Higher salary opportunities for experienced nurses versus new graduates may lead to decreased turnover rates and reward clinical expertise (Trossman, 2002). It is understandable that companies outside of nursing that can provide decreased stress, increased salary, and job security might lure nurses away from patient care.

The myriad of multifaceted reasons for professional nurse job dissatisfaction are interrelated and some significant trends emerge from this literature review.

1. Workplace conditions reflecting lack of collaborative support from management seem to be a recurrent point of dissatisfaction. Specific problems in this area include inflexibility of scheduling and mandatory overtime.
2. Nurses want ample time to give high-quality care.
3. To maintain adequate patient census related to decreased lengths of stay, inpatient areas have evolved and merged over the last 20 years from specialty units to units which accommodate a whole host of patient diagnoses. This can leave nurses feeling they lack necessary knowledge about specific disease care for such a broad range of patient conditions.
4. Nurses today clearly feel they have little influence in decision-making processes reflecting a lack of respect and valuation as a health care professionals.
5. Inadequate financial compensation contributes greatly to burnout and allows compa-



nies to lure nurses away from the health-care industry.

Ultimately, Peterson (2001) stated that any strategy to address the current nursing shortage crisis must address the work environment issues or it will not succeed. Working conditions continue to be a top dissatisfier for nurses.

Strategies to Keep Nurses In Nursing

It is not enough to identify areas of dissatisfaction for professional nursing practice. It is also imperative to consider what can be done to improve it. Some of the suggestions to improve satisfaction may be derived from understanding dissatisfiers while others may be garnered from identified job satisfiers including nurse-friendly work environments (see Figure 1), time for patient care (see Figure 2), participatory management (see Figure 3), and a reward system that recognizes the value of the nursing profession (see Figure 4).

The American Nurses Credentialing Center's Magnet Recognition Program "affords important national recognition to health care organizations that demonstrate sustained excellence in nursing care" (ANA, 2002, p. 1) by providing outstanding nursing care and promoting nurse participation in the decision-making process (Domrose, 2002). Magnet recognition is based on "quality indicators and standards of nursing practice as defined in ANA's *Scope and Standards for Nurse Administrators* (1996) (ANA, 2002, p. 2). Because of their overall commitment to the nursing profession, these organizations are nursing magnets. Nursing is a valued entity within magnet institutions, attracting and retaining the best and brightest nurses. Designation requires application, documentation showing how criteria are met, and appraisal of documentation and the proposed magnet site. The standards devel-

Figure 1.
Promote a Nurse-Friendly Work Environment

1. Nurse-Friendly Staffing
 - Assure adequate nurse-patient ratios.
 - Maintain alternative list of prn staff.
2. Nurse-Friendly Scheduling
 - Offer flexibility.
 - Eliminate mandatory overtime.
3. Older Nurse-Friendly Accommodations
 - Decrease physical demands.
 - Promote teamwork.
 - Provide strong assistive personnel.
 - Design accommodating work areas.
4. Recognize and Reward Experience and Expertise
 - Encouragement
 - Awards
 - Money
5. Facilitate Quality Assurance/Improvement
6. Attain Magnet Recognition Status
7. Decrease RN Turnover
 - Ascertain and address nurses' specific workplace issues.
 - Allow nurses to participate in decisions.

Figure 2.
Facilitate Direct RN Patient Care

1. Decrease Paperwork
 - Streamline current system.
 - Eliminate duplication.
 - Employ checklists.
 - Utilize trained ancillary personnel.
2. Reward Patient Care
 - Provide time for patient education.
 - Encourage time at the bedside.
3. Advertise Benefits of Working in a Magnet Institution
4. Expect *Reasonable* Unlicensed Personnel Oversight
5. Decrease Stress of Caring for Diverse Patient Mix
 - Provide crosstraining.
 - Support staff development.
 - Provide opportunity for continuing education.



Figure 3.
Employ Participatory Management

1. Include Staff Nurses in Decisions Affecting Nursing
 - Appoint nurses to policy/decision-making committees.
 - Provide feedback mechanisms.
 - Promote autonomy.
 - Reward participation.
 - Provide compensatory time.
 - Allow and cover time away from unit.
 - Reimburse for incurred overtime for committee members.
 - Inform of financial health of institution.
2. Expect Nurse Management Participation and Support
 - Encourage caring approach.
 - Include nurse managers at every administrative level.
 - Train managers in participatory management style.
 - Communication
 - Team building
3. Align Management with Nurses' Value System
 - Model value of quality patient care.
 - Support appropriate nurse/patient ratios.
 - Encourage direct RN patient care.
4. Achieve Magnet Recognition Status

Figure 4.
Reward Exemplary
Nursing Performance

1. Offer Monetary Compensation
 - Salary
 - Retirement benefits
 - Outstanding, flexible benefit packages
 - Bonus incentives
 - Longevity compensation
2. Provide Nonmonetary Rewards
 - Praise
 - Feedback
 - Validation
 - Job security
 - Advancement opportunities
 - Recognition awards
 - Mentoring programs
 - Respect
 - Support

oped require such characteristics as participatory management style, strong knowledgeable nursing leadership, competitive salary and benefit packages, educational and career development opportunities, quality assurance, and high-quality patient care (Domrose, 2002). These attributes associated with magnet health care organizations exemplify many of the strategies for promoting high nurse job satisfaction (JCAHO, 2002).

The ability of Magnet organizations to attract and retain nurses is partly related to the participatory management styles in these institutions and the staff nurses' involvement in decision-making processes (Domrose, 2002). Leveck and Jones (1996) reported that participative management styles improved nurses' job satisfaction, and problems with management style and supervision were a recurrent dissatisfier. This focus on nursing shared governance and outstanding leadership and development

is recognized as important to nursing retention. It is, perhaps, the most ignored yet most substantiated nurse satisfier reported in the literature. Staff nurses want to be involved in decision-making processes that directly affect them. This gives ownership and investment (ANA, 2001; American Hospital Association [AHA], 2000; Costello, 2001a; Maryland Nurses Association, 2000; Karnick, 1998; Leveck & Jones, 1996; Lynch, 1994). Hart Research Associates (2001) reported 70% of nurses contemplating leaving felt somewhat dissatisfied with the voice they had in decisions made at their institution. Clearly, nurses should be informed and involved in all decision-making processes that affect nursing practice.

Magnet institutions also allow nurses the opportunity to provide high-quality patient care. The values of the institution for high-quality care should align with the nurses' value system. Some ways in which this can be

demonstrated include the recommendation by Curran and Miller (1990) that all levels of management communicate and model the value of quality patient care to staff nurses by their support of appropriate nurse to patient ratios. While this concept seems obvious and is supported by the ANA as expressed in the comments of the president, Mary Foley (2001) and by the Tri-Council of Nursing (2001), more nursing research needs to be done in the area of nurse-patient ratios. Government intervention is controversial but may be helpful in providing support in the early stages of determining appropriate, safe ratios of patients per nurse. As far back as 1984, top satisfiers for nurses were to demonstrate caring towards patients and to work for an institution whose value of patient care compliments their own (McFarland et al., 1984). In 1996, Leveck and Jones found that, rather than spending time supervising unlicensed assistive



personnel, staff nurses wanted to be involved in direct patient care. Lynch (1994), in her study of home health nurses, found that an essential key to keeping nurses in nursing was to allow them to give direct, high-quality care, thereby improving patient care and nurse satisfaction.

Another patient-care enabler is development of tools and documentation techniques that decrease duplication and streamline paperwork. The AHA (2002) recommends decreasing paperwork while increasing time with patients as a key tactic for creating a thriving workforce for health care professionals. Strategies have been proposed to decrease overall paperwork to allow nurses more quality time with patients (AHA, 2002).

Crosstraining nurses increases comfort, knowledge, and skill when dealing with patient populations that are not within one's specialty area. Training and education should be ongoing. As nurses' comfort levels rise with their designated population, their stress levels decrease. The AHA (2002) proposes crosstraining as a tactical recommendation to promote a competent internal workforce to care for a changing patient mix throughout the institution.

Outstanding leadership increases nurses' job satisfaction and promotes work group cohesion. McFarland et al. (1984) cited the need for a cohesive team of co-workers to improve nurse job satisfaction. Other essential elements for managers who wish to promote employee satisfaction include autonomy, knowledge, and skills in participatory management, communication, and team building (Costello, 2001a; Kirsch, 1988; Maryland Nurses Association, 2000; McFarland et al., 1984).

Everyone needs positive, specific feedback from managers, and staff nurses are no exception. Kirsch (1988) found that appro-

priate, immediate, specific, positive feedback is an essential non-monetary reward that managers can provide to improve employee satisfaction. Validation demonstrates a commitment to the value of the person, her/his skills, and the nursing profession. Allocating funds for management training is money well spent, as employee validation encourages a cohesive work team that motivates nurses and improves positive feelings toward their job (Costello, 2001b; McFarland et al., 1984). Supervision and management skills, good or bad, greatly influence staff nurse retention.

Continuing education is important to keep all staff informed about practice issues and professional advances. Barriball, While, and Norman (1992) showed the positive effect it has on staff retention by promoting personal and professional development, improving morale and satisfaction, and providing opportunities for lifelong learning and career advancement, all of which help to improve job satisfaction. Administration could endorse this concept by sitting down with each staff member and determining personal, professional, and educational goals on an annual basis, thus promoting career development and offering validation. Monies allotted by health care institutions to support and promote nursing development often pay off in employee satisfaction and retention.

Increased nurse turnover rates can also be related to a swell in the current demand for the number of nurses. As supply is depleted and demand rises, institutions must deal with recruitment and retention. Contributing elements include salary, flexible scheduling, and increased job security as a way to attract and retain nurses (AHA, 2000; ANA, 2001; Maryland Nurses Association, 2000; Tri-Council of Nursing, 2001; Whaley, Young, Adams, & Biordi,

1989). Clearly, rewards are a significant factor in demonstrating the value of nurses, and financial rewards, while seemingly obvious, are important and traditionally overlooked. It is important for nurses to feel secure in their jobs. Concern abounds regarding layoffs, downsizing, and replacement with cheaper, unlicensed assistive personnel. Keeping nurses informed of financial performance and fiscal responsibility of their health care institutions can be reassuring.

Accommodating an aging nursing workforce is a reality for which the health care system needs to make plans and take action (Graham & Gibbs, 1998). The ANA Staffing Survey demographics (2001) show almost 66% of RN respondents to the survey were 41 years old or older. This coincides with the findings of Moses (1998). If these valuable nurses are to continue working in the field, some accommodating changes must be made to work schedules and the workplace environment (AHA, 2002). Suggestions include flexible scheduling, work-concentrated areas that decrease physical distance such as work stations placed within close proximity of the patients, strong assistive personnel to help with the physical aspects of patient care, and an atmosphere within health care institutions that encourages nurses to work together to determine other needed work environment accommodations. Expertise of experienced nurses can contribute to developing strong mentoring programs for staff nurses to promote personal and professional growth. Expert nurses should be rewarded and encouraged for mentoring other nurses (Tri-Council of Nursing, 2001). Nurses at all levels want to feel valued and needed. Accommodating age-related requirements and mentoring are ways of validating expert nurses while developing skills of newer nurses.



Retaining nurses in nursing can be challenging and complex. Many of the strategies outlined in this article will decrease job dissatisfaction while improving overall satisfaction with the profession.

Future Perspective for Retention in Nursing

The Tri-Council of Nursing (2001) anticipates increased demand for registered nurses that will reach greater proportions by the year 2010. Efforts must be made to address this issue before the problem becomes overwhelming. We already lag behind the need, again playing catch-up when preemptive action is essential. Strategies to counteract the current trend of the nursing shortage must be quick and sure to maintain the high-quality care society so desperately wants and needs. Nursing organizations, such as the Society of Urologic Nurses and Associates (SUNA) and the ANA, are poised and ready to help resolve workplace issues in order to recruit and retain the best and brightest individuals to nursing.

Many strategies have been discussed in this article and most are presented in Figures 1-4. The future is in the hands of the nursing profession and there are actions that nurses and administrators can take to make a difference. Which recruitment or retention measures have the greatest impact? Research is needed to understand and implement the best strategies for recruitment and retention. Health care economics demand that we use monies wisely toward these efforts. It is up to nurses to unite in a common mission to resolve the current issues and champion a profession that values human caring.

Summary

The future of an incredible profession that holistically cares for the needs of sick individuals is threatened by the low-level

nursing school enrollment, the current nursing shortage, and the impending retirement of a large portion of the nursing workforce. It is imperative for health care institutions to work with urologic nurses and SUNA to improve working conditions and attract intelligent, caring individuals to the profession. Workplace issues must be resolved to retain future and current expert urologic nurses in the field. The nursing shortage is a problem that affects society as a whole. With increased demands for high-quality patient care, nurses and health care institutions must unite to resolve current issues and attract qualified people to the nursing profession. Society needs urologic nurses to provide competent care across the continuum. Now is the time to take action. Urologic nurses have an incredible opportunity to work together to let the world know the art and science of nursing. ■

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Treating Bladder Cancer

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The health care professional explains that BCG is a solution composed of tubercular bacillus that yields an inflammatory response locally to treat bladder cancer, or prevent its recurrence. As it is biologically active, care must be taken to teach patients the proper hygienic measures and cleansing techniques to prevent contamination of others.

The expected side effects associated with an inflammatory response within the bladder are discussed and reassurance given that those symptoms are usually transient. Advise the patient that more serious adverse events such as fever greater than 101.3 degrees F, chills, fatigue, cough, gross hematuria, pain, or flu-like symptoms should be reported to the health care provider (Curtis & Soloway, 1998; Reilly, 1995). Other important points to discuss with the patient are listed in Table 4.

Conclusion

Superficial bladder cancer poses a common problem for urologic practitioners. In those patients with carcinoma in situ or those at risk for progression of bladder cancer, BCG intravesical may reduce the risk of morbidity and mortality associated with bladder cancer. It is imperative that urologic nurses educate patients and stress the importance of followup care, including the need for repeat cystoscopy at regular intervals.

Currently, there are no markers available that predict BCG response (Dalbagne & Herr, 2000). In the future, randomized trials with intravesical BCG may help address the issues of stan-

dardization of dosing, as well as the efficacy of maintenance therapy. □

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Continuing Education

Keeping Nurses in Nursing: The Executive's Challenge

Karlene M. Kerfoot

The life of a nursing executive is made up of the pain of living through reoccurring episodes of this illness we call the nursing shortage. Like a chronic illness, there are episodes where the attack lessens and you begin to feel hopeful, and then another attack reoccurs with even more vim and vigor than the last episode. You know the reasons why this cycle happens. There are many people who have built their academic reputation by studying the problem. In the preceding article, Jeffrey A. Albaugh, MS, APRN, CUCNS, provides a very good overview of the "state of the state" of this research. So what have we learned from these decades of study about this reoccurring illness? Probably not very much. Because just like a reoccurring illness, when we feel good, we stop our medications and think that we are cured. And another cycle of illness begins again. So what is this all about?

Every day we are assaulted with the fear of the nursing shortage deepening with media stories and testimonials from nurses and patients about the dire situation we are facing in

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A view of the nursing shortage from the perspective of a nurse executive proposes that the blaming must stop and everyone must own the problem if the nursing shortage is to be corrected. Strategies that include and extend beyond a local nursing unit or institution are proposed that require everyone to invest in synergistic strategies to improve the quality of the work environment for all nurses.

health care. And while nursing school enrollments are increasing slightly, we continue to be challenged even more with the serious issue of nurse retention in direct care positions. In an effort to place blame, we can point fingers at society for not valuing the role of the nurse enough, to hospital administrators for not fixing the problems of equity of nursing salaries, and we can blame nurse executives for not fixing a troubling work environment. We can also blame nurses who eat their young and drive them off, and physicians and other professionals who do not support an environment of mutual respect and synergy. And what good does this do? Absolutely nothing. There will be no solution to the problem of recruiting and retaining nurses in hospital positions unless the finger pointing stops and everyone owns the problem. So what is the problem that we must all be responsible for in order to change this very troublesome trend?

'It's the Quality of Work Life, Stupid'

As noted, much has been researched and written on the nursing shortage, and most of it can be synthesized in the simple

mantra of "It's the Quality of Work Life, Stupid." Why throw in the "stupid" part? Because almost every person who writes on staff satisfaction, successful leadership, excellence in quality, and financial performance eventually writes about addressing the needs of the staff and organizing around successful models that provide excitement and satisfaction for the people who work in the organization in order to achieve longlasting results. This is not a new concept — Stupid!

The quality of work life is multifactorial and must be addressed from all angles. The first factor to be considered is the quality of life that nurses create for themselves in their work environment. Just a few optimistic, proactive people on a unit can create a positive "can do" attitude that will infect everyone. And the opposite is true when a few adversarial, "eat their young" people are allowed to control the culture of the unit. Creating the right culture can be addressed by clear analysis of the potential for this person to be proactive on interview, and to clearly set the expectation that negative, difficult people who bring harm to others are not tol-



erated in the culture. Effective nurse executives create this kind of culture, as do effective professional nurses who stand for what is right and humane for each other and consequently for their patients. Excellence in patient outcomes can only happen when there is a culture of synergy, caring, and empathy.

A second factor to consider is that even in a perfect world of adequate staffing, collegial relations with other nurses, doctors, managers, etc., nursing is systemically stressful and the work complex. Unless we address the issue of emotional and physical stress and its relief at work, we will make no headway in keeping nurses in hospitals. We at Clarian Health Partners are experimenting with “renewal centers” where health care professionals can retreat to on the unit, even for a few minutes, where the sound of a water fountain, healing music, and a foot massage will lessen the stress of the days as part of our “Sanctuary of Caring” demonstration project for the staff. Some units have incorporated the chaplains to provide a short optional meditation for the staff twice daily to help them in their emotional burdens. And there are a multitude of other interventions that are part of this project that are aimed at reducing workplace stress. Post-traumatic stress syndrome takes a heavy toll on many nurses yearly, and precipitates the departure of too many nurses from hospital nursing. We must feel as obligated to prevent stress and post-traumatic stress in hospitals as we feel the need to prevent it in fire fighters, police, and other service professions. It is our conviction that, as they come to work each day, nurses and other professionals should believe they are about to enter a “Sanctuary of Caring” where they will be cared for and cared about through the emotional support available on the unit, and

the physical support of renewal centers. We should accept nothing less in our workplace.

And, of course, a third factor is that we will never make headway in retention and recruitment until the nurse feels like a fully empowered professional member of the team and a participating member of the hospital. Unfortunately, hierarchies in some settings have separated the front-line nurses from having a sense of integration with the entire team, including the executives. When nurse executives and nursing leaders can co-create new models of integration between the staff and leadership, we will solve many of the problems of the quality of work life issues that leave nurses feeling disengaged. Nurses need to feel empowered at their local unit, but also within the structure of the organization. It is only when the alignment of the hospital’s mission and the best interests of the patients and the nurses can come together in a true “shared destiny” that nurses will be committed to staying in hospital practice (Kerfoot, 2000).

The best style of leadership is that of “in your corner leadership” (Kerfoot, 2002) where the staff believes that even though they might disagree with decisions, the leader has their best welfare in mind at all times. Staff must perceive coaching as helpful and important to their development rather than punitive and harmful. In the words of Florence Nightingale writing about the leader, “She must have an iron sense of truth and right for herself and others and a golden sense of love and charity for them” (Ulrich, 1992, p. 58). We all need that “golden sense of love and charity” to change our quality of work life.

The ability to feel that where one practices is free of the opportunity to make unnecessary mistakes and that the environment is physically and emotionally safe

is also part of the quality of life necessary to retain and recruit. It is a fourth factor to consider in the quality of work life. It isn’t good enough for the nurse executive to have a safety program that merely meets the JCAHO guidelines, or some other benchmark. If one is serious about safety, the front-line people who are confronted with barriers in the environment everyday must be empowered to fix what they see. At Clarian Health Partners, we are working to have a Safe Passage[®] Nurse on each unit who is specially trained in safety, and other areas such as human factor analysis to provide the leadership to create the safest environment for staff and patients. We believe that staff and patients have the right to “safe passage” as they participate in our health care facility. Other efforts such as the University of Pittsburgh’s adoption of the Transformational Model and the Toyota process improvement model are also working to take duplication, waste, and barriers to safety out of the organization (Wolf, 2000). Nurse executives are championing the development and installation of computerized information systems that can help the nurse be a safer practitioner with the use of alerts and reminders and bar-coding systems (Kerfoot & Simpson, 2002)

One of the most encouraging long-term “fixes” for quality of life issues is the development of the opportunity for hospitals to be designated as Magnet Hospitals. There is a growing body of research that documents not only the improved quality for life for the nurse, but also the improved patient outcomes, increased market share, in addition to excellent retention and recruitment outcomes of Magnet institutions (McClure & Hinshaw, 2002). The beauty of this program is that it is not just a nursing program. It involves the entire organization that supports the mission of



patient care in a way that supports the efforts of the nurse at the bedside. The criteria address very rigorous professional and quality standards, and also the quality of work life. This program is a bright gleaming hope in the future that can establish centers of excellence in nursing and patient care that will live out the 14 forces of magnetism that are effective solutions to the shortage of nurses in hospitals (McClure & Hinshaw, 2002). This program probably will be the most important saving grace for the future of nursing.

Addressing the Shortage On the Local and National Levels

There are numerous opportunities to address the quality of work life issues at the local unit as described by Jeff Albaugh in the preceding article. But work at that level isn't enough. The nurse executive must also work outside of his/her immediate environment to insure the vitality of nursing for our future. Many effective nurse executives take this obligation very seriously and work at the local, state, and national levels to influence legislation, lobby for practice changes, and work through professional nursing organizations. National organizations have made a commitment to focus their efforts on the quality of work life in the hospital. For example, the Voluntary Hospitals Association provides consultation and programming to nursing leaders and others in areas such as "Nurse-Physician Relationships," "Creating a Magnetizing Workplace Culture," a Web-based "Workforce Opportunity Tool," an annual "Best Practices" workshop on quality of work life, and related issues, and strategies for "Tomorrow's Work Force," and "Growing the Next Generation" to name just a few. Nationally, Johnson & Johnson has worked with nurses and donated mil-

lions of dollars to effectively market the advantages of a career in nursing through very effective public service announcements. More information about this program can be accessed at discovernursing.com. This effort has brought many more people to seek admission to schools of nursing in the past several months as a result of this marketing effort.

Summary: Oh No, Not Another Nursing Shortage!

It's very easy to point fingers and assign blame in a nursing shortage. The nurse executive is frequently faulted for not controlling the turnover and vacancy rates in a more effective manner. And when he/she is working on a regional or national level for long-term changes, it's easy to fault this person because he/she isn't on the front lines to care for the latest staffing crisis. In reality, nothing will change the course of this chronic illness called the nursing shortage unless everyone, together, can engender the enthusiasm and commitment that is needed for real, deep, and lasting change. In the words of an old African proverb, "It takes a village to raise a child." It must also be said that it takes an entire society to insure the viability of the nursing profession for this and future generations. Through the commitment of many — including patients, physicians, nurses, and hospital administrators — we can create a new *synergy of relations* to effectively address all the nursing and patient care issues at the local, state, and national levels. We all need to do this in synergy with each other rather than point fingers and say it's someone else's fault.

In the words of Florence Nightingale: "We all see how much easier it is to sink to the level of the low, than to rise to the level of the high: but dear friends all, we know how soldiers were taught to fight in the

old times against desperate odds: standing shoulder to shoulder and back to back. Let us each and all realizing the importance of our influence on others — stand shoulder to shoulder — and not alone in good cause" (Ulrich, 1992, p. 20). It is time for all of us to stand "shoulder to shoulder" to build the synergistic relations that will address the quality of work life issues. ■

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There are many other theories about caring and there is a need for continuing research in this arena. There is still a need to understand the caring quality and why some experience it while others don't. Most importantly, patients recall caring as an integral component of the care they receive. Nurses and other health care providers will continue to be challenged to incorporate expert caring into daily practice. Throwing the starfish back into the water is certainly one goal. ■

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Keywords: Clinical nurse, educators-Challenges in teachingâ€”Improvement options-Cameroon. Â©Vivian E A Eta et al.Â Despite the importance of clinical teaching to the nursing profession, in multiple settings, Cameroon inclusive, student nurses are often taught by clinical nurse educators who usually have little or no prior formal teaching [1]. Indeed, there are no guidelines to assist clinical nurse educators on how to effectively teach and supervise student nurses.Â Nurses in general, and clinical nurse educators in particular, need to keep updated with the continuously changing nursing knowledge. In a study conducted by Morag and Lorraine [9] it was found that student expected their clinical teachers to be knowledgeable and skilled in the field of nursing. Today, nurses are mostly recognized as professional practitioners with their unique role within the health care team. However, opposition to regulatory advances such as those for extended roles of nurses and their right to prescribe within the scope of their advanced training still comes mainly from groups within the medical profession.Â Is patriarchy still at the root of our challenges? Current discussions on the issues in the nursing profession still echo the following written by Lavinia Dock in 1922: â€œIt is, however, perfectly plain that many of the difficulties which nurses have faced in the past have been due to the fact that most of them were women [â€¦] Urologic nurses and the nursing profession face incredible challenges in caring for patients and their families after a trend of the continued decline in nursing school enrollment, the nursing shortage, and increasing staff nurse dissatisfaction with the current workplace environment. Is it possible to retain staff nurses during this current crisis? Many factors contribute to nurse dissatisfaction and subsequent turnover and burn out. In light of the current nursing shortage, it is essential and cost effective to retain nurses in their specific jobs and within the profession. There is no singl