A Conversation With Peter Buerhaus

Crucial Ideas for the Next Decade of Nursing Leadership and Administration Research

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Background
The CGEAN, the professional nursing organization dedicated to the academic preparation of nurse leaders, administrators, and leadership and administrative research, has been providing funding for research for several years. In the process of its recent strategic planning, CGEAN identified a need for increased efforts on the part of nurse administrators and educators in the areas of research (www.cgean.org/about-cgean.php). As part of the increased emphasis, the CGEAN Board made 3 strategic decisions. The 1st was to fund research every year instead of every other year. The 2nd was to expect those who had received funding through CGEAN to report at the biennial International Nursing Administration Research Conference (INARC) so that their research was assured of dissemination. The 3rd was to create an organizational focus on the future of nursing administration research in an era of healthcare reform. To accomplish this last endeavor, a series of engagement approaches were designed, culminating at the INARC meeting in November 2013. In support of an organizational focus on research, CGEAN developed and implemented 2 webinars, which are the focus of this article.

The Process
The CGEAN Board committed to a specific 4-part approach to creating a research focus for the future. The 1st step was to provide a context for considering what might be critical questions we should address. This was accomplished through a webinar where Peter Buerhaus, PhD, RN, FAAN, Valere Potter Professor of Nursing and the director for Interdisciplinary Health Workforce Studies, Vanderbilt University School of Nursing, shared insights regarding the future of nursing administration research in an era of healthcare reform. The 2nd step was to engage the membership in a dialog based on the context that Dr Buerhaus provided. Dr Karren Kowalski, vice president for programs, served as the facilitator of this dialog. In addition to exploring the interest in topics, the next steps were discussed. The 3rd step was to solicit and engage prospective researchers, especially doctoral students, in a review of the literature process that would (a) engage more than 1 student and 1 program in creating a state of the science report and (b) culminate in a presentation at the INARC postconference. The 4th step will occur on November 15 and 16, 2013, in Baltimore, Maryland, at the postconference where the research focus will be formalized.

The Context
Dr Buerhaus framed the context of this webinar by proposing the idea that as the healthcare system moves toward a greater emphasis on increasing value, improving quality, and decreasing costs, nurse administrators/leaders must be prepared to add to and support a new body of...
knowledge. In exploring the question “How can nurses, educators, and employers increase the value of nursing?” Dr Buerhaus posed several questions and provided context for 4 key issues. Outcomes from research highlighted 4 key areas of misalignment between the views of RNs and the goal of increasing healthcare value: (1) teamwork, especially between physicians and RNs; (2) nurses’ influence on clinical and organizational decision making; (3) organizational efficiencies; and (4) staffing ratios and paying for quality.

Interprofessional Relationships—RN/Physician Relationships
Few RNs report excellent or very good relationships with physicians, and this view has not improved over time. Questions yet to be answered include the following: “How can improved nurse-physician relationships contribute to improving the value of healthcare?” “What are the barriers to better interprofessional relationships?” and “What can nurses, administrators, and educators do to promote improved relationships between physicians and nurses?”

Influence
In the decade of RN surveys, few RNs report excellent or very good opportunities to influence patient care and organizational decision making. Although the opportunity to influence decision making has improved from 2002 to 2010, it still remains troubling that in 2010, only 33% of nurses report excellent or very good opportunities to influence decisions affecting patient care and 25% report excellent or very good opportunities to influence decisions affecting the workplace organizations. During the webinar, Dr Buerhaus asked the very intriguing question: “We have decades of research on nurses’ views regarding their frustrations and seemingly perpetual feeling that they just don’t count, that they aren’t important and aren’t respected. Why does this occur?”

Efficiency
Efficiency was the 3rd area of misalignment. Of the Institute of Medicine’s 6 key indicators of value and quality—safety, timeliness, effectiveness, efficiency, equality, and patient centeredness—efficiency was the only area reported by nurses in the RN surveys that continues to demonstrate a lack of improvement. Important questions posed for exploring the concept of efficiency include the following: “How do nurses define efficiency?” “What can the private sector teach nurses about efficiency?” “What can nurse administrators or educators do to help nurses improve efficiency?” and “How will improved efficiency improve the value of healthcare?”

Staffing Ratios
The 4th area of misalignment, as reported by RNs, concerns staffing ratios and payment for patient care quality. Over the last decade, evidence indicates that most nurses support minimum nurse-patient ratios; however, in Dr Buerhaus’ opinion, ratios do not address the underlying issues in healthcare and can lead to inequities, inefficiencies, and higher costs. During the webinar, the following question was posed: “How can we improve nurses’ understanding of the economics of healthcare delivery and nursing practice and the complexities of staffing and dispel the beliefs about ratios?”

Paying for Quality
Nurses in the RN survey reported recent increases in the momentum of hospital quality efforts, including the focus on never events and nurse sensitive indicators. However, although pay-for-quality initiatives and the prevention of never events are a focus for nurse administrators, few RNs reported that such quality efforts have increased their feelings of being respected and making a contribution in the workplace. Thus, the following question emerged: “How can research investigating payments as an incentive for quality improve the value of nursing care?”

Discussion
During the 2nd webinar, held on November 14, 2012, approximately 50 nurses engaged in a conversation related to the importance of administrative/leadership research questions and the beginning discussion about the next steps in the process. A review of the webinar discussion revealed an emphasis on 3 key concerns: (1) nurse-physician relationships, (2) efficiencies, and (3) added value.

From the ensuing conversation, the Board heard equal concerns for what physicians want from nurses and what nurses expect from physicians. Subthemes included concerns about the economic impact physicians envision as nurses’ roles are clarified and expanded and the perception of the quality of graduate education today as compared with the past. In addition, the tension between physicians and chief nursing executives (CNEs) could be seen as resulting not from physician-nurse
issues but rather from physician-administration issues (which occur when the CNE is the representative of administration as opposed to the representative of nurses). The question of how nurses saw themselves (task workers as opposed to knowledge workers) was raised.

The 2nd concern related to efficiencies or added value. The way in which nurse leaders envisioned the work of nurses and how to best produce the most valued, critical work created questions related to roles that nurses would need to perform in the future and how to relinquish certain practices/skills to increase the productivity of nurses in the role of coordinating care. This coordination was viewed as critical across the spectrum of care.

Finally, the idea of action research was posed as a relevant approach to the way in which research questions could be addressed. As a result of each of these points of emphasis, individuals and schools are being asked to participate in preparing a state of the science report about nurse physician relationships from a leadership perspective and a 2nd report about creating efficiencies or added value. The idea of action research will be incorporated into the INARC conference work so that the plan for future research is using an approach that reflects the complexity of the world of nursing administration/leadership research.

**Next Steps**

The importance of the Patient Protection and Affordable Care Act (PPACA)\(^3\) has a major influence on how healthcare will perform over the next decade. This dramatic and new influence has yet to be studied. As the implementation of the PPACA occurs, nurse leaders at all levels need to consider the impact of the care provided and how they will nurture younger nurses into leadership positions. In addition, resolving issues, such as nurse-physician relationships, takes on new meaning because of the impact that poor-quality relationships can have on care outcomes and patient satisfaction. The topics defined within this article will form the beginning of the postconference discussion at INARC, where research priorities will be set.

**REFERENCES**

