

THE NURSING COLLABORATIVE

Imagine a health care system with enough qualified nurses to meet patient needs in all of its settings and a national reputation for excellence in nursing services. That is the vision of Bon Secours Health System, Inc. (BSHSI), Marriottsville, MD. "We realized that in creating the vision for nursing, we were committing ourselves to making that vision a reality," says Sr. Patricia A. Eck, CBS, chairperson of BSHSI's board of directors. Sr. Eck and her colleagues knew that the growing nursing shortage in an already turbulent health care environment presented a formidable challenge.

The effort to create Bon Secours' vision of the future—a competent nursing staff to provide high-quality patient care—began two years ago. At that time, the debate was about whether the nation had a nursing shortage or merely a maldistribution of nurses. BSHSI's leaders, recognizing that the nursing workforce—dwindling or not—would continue to be affected by rapid changes in health care delivery, decided to tackle the problem directly. Taking steps to ensure excellence in nursing services would, they knew, require the commitment of system resources.

BSHSI's nursing shortage, mirroring the na-

*A Bon
Secours
Group
Develops a
Vision for
Nursing in
the Future*

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tional experience, began insidiously. It was marked by increasing difficulty in recruiting nurses in critical care, surgical services, and other specialty areas. These difficulties increased over the next two years.¹ Although the nursing shortage's effects vary throughout the system, recruitment and retention of qualified nurses has become a focused system initiative.

Stephanie McCutcheon, the system's chief operating officer and the executive leader of the nursing initiative, says that BSHSI is using a two-pronged approach in creating for itself a vision of future nursing. First, the system leaders understand that a health care delivery organization that is strong in every setting will naturally attract qualified staff. To that end, BSHSI continues to work toward continued improvement of health care delivery through effective governance and management. Second, burgeoning issues in nursing indicate that nursing leaders have a specific role to play in shaping the future of patient care delivery in BSHSI.

For the second prong, the system formed what it calls its Nursing Collaborative, a systemwide group of nursing leaders that has been charged with studying the issues, identifying priorities, and making recommendations for action.

THE ORGANIZATION

The first prong of the BSHSI response to nursing relates to the organization itself. Sr. Eck notes that discussions of the nursing shortage tend to overlook the power a sound organization exerts in the recruitment and retention processes. As providers, employers, advocates, and citizens, BSHSI leaders have found that people, whether community members or employees, are attracted to a sound, well-managed organization. BSHSI, a fully integrated health system that provides health care services in nine states, has an enviable track



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record of organizational stability. BSHSI's mission is the unifying force for both the system as a whole and for each local system, Sr. Eck says. BSHSI's mission statement promises "to bring compassion to health care and to be good help to those in need, especially the poor and the dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church."

Embedded in the BSHSI mission is sensitivity to health care services that communities expect and need. The mission unifies multiple health care organizations in nine states. Naturally, differences exist among the states and communities served and among the types of services offered (acute care hospitals, ambulatory care, home care and hospice, and long-term care). Because health care is local, each BSHSI entity has its own culture. Even so, BSHSI's mission is reflected in each organization in the system, providing guidance for decisions about how resources are used.

Today, ensuring sufficient resources for care delivery is an ongoing challenge. McCutcheon points out that, despite the turbulence in health care in recent years, BSHSI has remained stable because of its mission-driven strategic thinking and planning. In fact, BSHSI experienced a banner year in fiscal 2001. Efforts to improve specific systemwide clinical and financial performance continue through the implementation of both cultural change and process improvements in local systems. The result in 2001 was that budgeted operating income was exceeded. The hard work and dedication of clinical and nonclinical colleagues continue to help the system move closer to its vision. All this has increased public trust in the organizations that constitute the system. BSHSI also has systemwide programs that work continually to improve clinical quality; a recent program focused on care management initiatives. In the same way, BSHSI supports its local systems in their efforts to recruit and retain competent staff.

A health care system depends on competent staff to provide the services that local communities require. "The nature of the services that communities want and need determine the selection of qualified staff in every type of position in the health care system," McCutcheon says. BSHSI concentrates on supporting excellence in performance by all staff.

WHY A NURSING COLLABORATIVE?

Systemwide successes in achieving better-than-budgeted operational and financial performance provide experience that can be applied to recruit-

ment and retention of a qualified workforce. The platform for BSHSI's nursing collaborative work is the system's mission and its strategic and operational plans, Sr. Eck says. The decision to form the Nursing Collaborative was not made easily. Christopher Carney, BSHSI's system's president and chief executive officer, notes that the system has deliberately maintained a small corporate staff focused on providing system services guided by the strategic and financial plans. National workforce shortages are not limited to nurses. Shortages also exist among pharmacists, therapists, and others.² BSHSI decided to focus on nursing because of several factors: the role of nurses in the system, the nature of nursing issues and local responses to them, and the complexity of the issues surrounding nursing.

The work of nurses is vital to health care. As Sr. Eck puts it:

Nurses are on the front line. Every day, the work of Bon Secours nurses directly affects the health and welfare of the communities we serve. From the BSHSI perspective, nursing staff members, constituting the largest cohort of caregivers, are also community members. Nurses are in a position to interact with communities intimately through family, friends, and neighbors. These nurses have to deal daily with fallout from the national public media, which has reveled in stories about nursing's discontent, issues of patient safety, and effects of shortages on emergency and other services. Being involved in a systemwide effort to achieve the future vision of nursing is important to these nurses. Thus our Nursing Collaborative was designed not so much to single out nursing as to carve out a significant component of health services for concentrated attention. The collaborative was designed to provide connections between executive management and nursing, to help the system better understand and thus deal with factors influencing the nursing shortage.

Issues that concern nursing at the national and international levels can potentially threaten the stability of the nursing workforce.³ Having sufficient numbers of qualified nurses to provide health care throughout an integrated system is necessary to its mission. Bon Secours nurses are not immune to the broader issues in nursing. As McCutcheon says of the Nursing Collaborative:

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issues, to determine priorities for BSHSI. Even though the issues are national, solutions have to work locally to be effective. The thinking was that the BSHSI Nursing Collaborative could make sense of the complex issues, to inform the system about useful strategies. In view of the increasing severity of the nursing shortage, it is clear that even well-managed organizations may not have the power to overcome the nursing shortage in today's environment. A strong nursing component within the organization can provide the connections between the global nursing scene and the system.

Nursing issues are sometimes so complex that they can overwhelm the best of thinkers. BSHSI's leaders considered a systemwide Nursing Collaborative an effective way to focus attention on nursing and the ways nursing issues might affect BSHSI both as a system and locally.

"It is a forum for sharing resources and establishing networking and interaction throughout the system," McCutcheon says. "This approach is appropriate because of the global nature of nursing issues, the universality of nursing practice, and widespread public awareness of nursing concerns, as well as the predictions of worsening shortages." The Nursing Collaborative has established a panel of experts to help the system deal with future challenges. "Experts believe that the technological revolution in health care interventions will soon reach critical proportions," she notes. "Medical technology has already proved to be a driving force in changing the way patient care is delivered. New technologies are introduced at an amazing rate and may well be the next challenge to nursing leadership, because they have a direct impact on how nursing services are organized and managed to provide patient care."

FORMING THE NURSING COLLABORATIVE

The Nursing Collaborative was formed in 2000. Its members represent executive nursing leadership from acute care hospitals, home care and long-term care, ambulatory care, and nursing education facilities in each geographic region served by BSHSI. The collaborative was designed to complement existing functions in the system and fit its systemwide culture of collaboration, McCutcheon says.

At the system level, the corporate support staff provides services and resources for local systems. The operations group, made up of system-level leadership and senior management of the local

systems, carries out strategic and financial planning. "The Nursing Collaborative was created to function as a forum in which the system's nursing leaders can conduct systemwide strategic thinking and planning for the nursing workforce," McCutcheon says. In establishing the collaborative, BSHSI's leaders intended not to reinstitute a "silo" effect but, rather, to employ nursing talent to sort out what might be done at the system level to strengthen nursing in the local systems. The Nursing Collaborative was intended to:

- Identify systemwide nursing issues in nursing
- Provide an opportunity for nursing leaders to have formalized input in system initiatives
- Develop a means of sharing "best practices"

Because the collaborative was positioned to make recommendations for systemwide strategy, the three objectives fit the corporate culture. BSHSI's executive leaders articulate the system's goals and performance objectives through a strategic plan that will guide systemwide efforts to achieve the system's mission.

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THE COLLABORATIVE'S WORK

The Nursing Collaborative began by agreeing to study the issues, weighing them according to priority, and then develop an action plan. The three top issues, the group decided, were recruitment and retention, nursing practice models, and leadership. The collaborative formed task forces to work on each of these issues. Each task force was charged with studying its issue in depth, analyzing the findings thereof, and making recommendations to the collaborative as a whole concerning possible action.

Diann Johnston, a vice president for patient care services in the system's Northeast Division, says the Nursing Collaborative's members discovered from their discussions that many issues previously thought to be local were in fact systemwide. The collaborative focused on creating a vision for nursing that would be both systemwide and applicable to all local systems. According to Sr. Anne Lutz, CBS, the senior vice president of sponsorship, Northeast Division, and the coleader of the Nursing Collaborative, one of the unique strengths of nursing in Bon Secours is its Catholic identity. The collaborative held a special session to explore the meaning of Catholic identity for nursing. The group, strongly affirming BSHSI's values and beliefs about caring and compassion, decided that the system's vision statement concerning a future nursing model should say: "Bon Secours will be identified as a national leader in achieving a high level of patient care quality and a reputation of nursing excellence in the community. Nurses will be proactive in

strengthening the image of nursing. Bon Secours nurses will influence their work environment to provide quality patient care." This vision would, the collaborative decided, serve as its action plan.

The vision helped the collaborative's task forces analyze their findings concerning the issues assigned to them. Sr. Lutz, describing the process used by the collaborative, says, "The task was to synthesize the issues to inform the system and to decide which issues to deal with in future action strategies." With Marjorie Beyers, RN, PhD, a consultant, the collaborative's members reviewed the literature and determined future steps. They affirmed that the current nursing shortage is different from others. The collaborative considered the literature concerning the shortage, noting that some experts see it as the result of a tangled health care system. The restructurings and reorganizations of the past two decades, demands for more services at lower cost, the effects of the 1997 Balanced Budget Act, and public discontent with aborted health care reforms—all these factors have all taken their toll. Other experts point to the changing culture of health care, changing utilization of health care services, and evolving lifestyles as significant causes of the shortage. Even more sobering are the demographic projections indicating worsening shortages in the years to come. By 2023 the nation is expected to have 20 percent fewer nurses than it needs.⁴ Further complicating the shortage is the fact that nurses now have numerous options for employment in nontraditional settings.

Since 1960, about two-thirds of practicing nurses have been employed by hospitals.⁵ This number is now declining as nurses pursue other types of positions with insurance companies, health-related businesses, and other new programs. Johnston notes that reports of nurses' waning satisfaction with hospital employment indicate that the issue is worldwide. The professional literature calls for new patient care delivery models that will better meet patient care demands, new and more effective productivity measurement and management, and new staffing and scheduling tools. Today's media are full of stories about job stress and concerns about quality, staffing, and safety. The hospital environment, workplace issues, and staffing are targets for reform. Long-term care facilities are also affected by the nursing shortage. National initiatives responding to the nursing shortage have concentrated on improving the image of nursing, increasing nursing school enrollment through scholarships and grants, revising nursing school curricula, and devising improved recruitment and

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The Nursing Collaborative studied the literature concerning the shortage and the various solutions proposed for it. BSHSI will support national efforts to increase funding for nursing education, scholarships, and further study of nursing issues, McCutcheon says. "But the more difficult questions are: "What have we learned from our review of the literature and what is relevant to nursing at BSHSI?"

The collaborative decided to use its energy to shape the future. Guided by its vision of the future, the group began to develop strategies to move from the present toward this vision. Its members decided to assess the current capacity for development. Carol Greenberg, vice president of patient services for Bon Secours Cottage Health Services, Clinton Township, MI, notes that capacity for change is key. From previous experience, nursing leaders had learned that many interventions, although sound in design, were beyond the capacity of the organization. To avoid this pitfall, the collaborative decided in 2001 to conduct an assessment of the current status through a survey. Each task force developed survey questions whose answers would supply the data required to make informed decisions about strategies intended to achieve the future vision.

The survey questions were to be answered by all BSHSI hospitals and long-term care entities. The survey was meant to:

- Obtain data on the current status for strategic improvement analysis and planning
- Establish baselines for monitoring progress
- Develop a data collection tool for the systematic reporting and sharing of internal benchmarks

Completing the survey was a learning experience in itself. The process revealed, for example, that BSHSI needed systemwide definitions of key areas, improved and more complete data collection, and systematic data collection. The assessment process was a measure of BSHSI's commitment to meeting the challenges of the nursing shortage, McCutcheon says. The involvement of the system's finance, human resources, and nursing departments was needed to complete the assessment.

The survey data were compiled in an inventory that recorded the responses by each local system to each question, thereby providing a systemwide picture of nursing. They were published in BSHSI's 2001 Nursing Assessment Report, which contained *four* sections:

- A nursing staff profile
- Recruitment and retention practices

- Nursing/patient care models
- Staffing practices

As expected, the nursing staff profile and staffing sections showed differences between hospitals and long-term care facilities. Long-term care facilities, for example, have a larger proportion of nurses' aides and licensed practical nurses than hospitals do. The collaborative was surprised by the extent of variation in recruitment and retention practices and in nursing practice and by the finding that care delivery models were related not to type of service but rather to geographic location. Johnston and Greenberg say that this finding will be important in the drafting of new system approaches to nursing care. Another important finding was that few settings have an overarching nursing-care practice model, although most do use patient care delivery models such as primary, team, or total patient care. A single model prevails in some settings, but the assessment revealed a definite trend toward adapting traditional models of primary, team, total patient care, and others to fit the needs of specific patient populations. In many settings, combinations of the care delivery models are used. These combinations can be considered a first step toward development of new approaches, Johnston says.

The survey data proved to be useful even before they were analyzed. For one thing, the survey itself offered a profile of the current nursing staff. Working with it, the collaborative will develop the profile of a "desired" nursing staff, based on patient population needs, to provide direction for recruitment and retention strategies.

Even as it was working on its analysis of the current situation, its vision of the future, and its assessment of the survey, the collaborative had begun efforts to formalize nursing input in systemwide activities. Realizing that BSHSI's human resources and nursing departments have a mutual interest (and, sometimes, overlapping efforts) in the recruitment and retention of nurses, a joint task force made up of Nursing Collaborative and human resources leaders met to share insights and strategies. To facilitate that dialogue, David Jones, the system's vice president of human resources, conducted a series of phone conversations with the human resources and nursing leaders of the local systems to discuss working relationships, priorities, and collaboration. A summary of these calls is being used to advance the dialogue between human resources and nursing departments.

The Nursing Collaborative has also exchanged information with BSHSI's information systems department, fostering an understanding of the

ways the two departments can work together. As BSHSI continues to enhance its communications technology, Nursing Collaborative members have begun to join the panels of experts that the system has appointed to shape new information systems. By the same token, joint meetings between the Nursing Collaborative and physicians have been held to share progress and ideas for patient care quality improvements.

The Nursing Collaborative has also explored possible collaboration with external partners. Johnston, chair of the leadership task force, led that group in discussions of partners who, by providing services and expertise, could complement the collaborative's work. As a result, BSHSI has joined the Advisory Board's Nursing Executive Center, thereby enabling the system's nursing leaders to participate in the center's activities and to network with colleagues from other settings. The collaborative is also exploring relationships with national groups noted for excellence in nursing services, such as the Magnet Nursing Services Program, intending thereby to determine the cost-benefit ratio of participating in this voluntary recognition program.

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THE WORK IN PROGRESS

To fill the gap between current and future nursing services management, the Nursing Collaborative has designed a nursing practice model. The new model is a hybrid of the traditional nursing practice model and a business planning model. Nursing practice models are typically conceptual frameworks, whereas business models typically describe the way an enterprise works.⁷ The latter model is more amenable to cost and value analysis, Greenberg says.

The collaborative's members intended the new model to be one that could be adapted in any setting. They wanted a model with which they could establish interfaces between and among care settings and within the system, establish a common language for deliberations and discussions about nursing within BSHSI, and guide collaborative strategies for achieving the future vision. The new model is patient-focused. It puts an emphasis on clinical excellence, accountability, clinical competence in the nurses needed to provide the care, and the organization and leadership needed to continue the journey toward excellence.

The model not only provides guidance for nursing practice development in accordance with the system's mission and goals. It also interfaces with the human resources department; the Bon Secours Institute, which provides education and development support; and the system's finance

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Collaboration with colleagues and others is integral.

ANOTHER REALM

The next step in the process leaves all remnants of therapy behind, as we enter the realm of the existential and the spiritual.

Much suffering is life teaching us to frame our questions in a way that helps us recognize "who we are" and "what we need." A great deal of this pain could be avoided if only we knew how to frame questions about our longings and were willing to forgive those with whom we have had conflicts. For forgiveness is an external thing that we *must* experience. *And life always points us to that fact—that life is experienced only in relationship and hope is found only in forgiveness.*

Therefore, we health care professionals have to recognize that at times we must go beyond the limits of our professions, including health psychology, and enter the very human realm of spiritual care. Indeed, this type of health care is nothing more than living authentically, the way life forces us all to live. It is simply trying to discern the way life has grabbed one by the head and forced him or her to gaze in the direction of his or her true existence. For, too often, we fight to look in another direction. It is in such moments, as one struggles to turn one's back away from life, that one's neck and gaze begin to feel the stress of the fight.

In community, people find out who they are; they discover the meaning of suffering, life and of death; and, above all, that they are loved. To care for people in the unfixableness of life is to allow them to live toward death in relationship with their caregiver. Doing so requires us to allow them to share of themselves and to remind them that they are loved. This is the simplest, most authentically human act there is. Unfortunately, in an age in which professionalism and technological change increasingly dominate health care, this simple, authentically human act is sometimes absent.

Still, the fact remains: It is only in forming a community of love around the person and allowing him or her to express his or her spiritual self that both the patient and the professional find joy in the midst of the unfixable. □

and information systems departments, thereby facilitating planning and accountability. Collaboration with clinical colleagues, physicians, pharmacists, and others is integral to the model.

As a result of the collaborative's work, BSHSI's nursing leaders today have a clearer view of the resources that will be needed for current and future development. However, the collaborative's work is not prescriptive; it provides guidance and direction, which can be applied in daily operations in each setting. Johnston and Greenberg say that networking with colleagues, support for renewed commitment to the future, and energy to deal with the chaos of daily operations are just some of the benefits from the collaborative's efforts. Also important, they add, is a shared vision and attitude, which have a profound impact on the nursing staff. Acknowledgement of the importance of nursing in each local system and the system as a whole goes a long way to let nurses know they are respected and trusted.

Johnston says that the Nursing Collaborative:

has been an invaluable resource for nurse executives throughout BSHSI. Through the collaborative, nurse executives and their managers can readily network with colleagues through e-mail, conference calls, video conferences, and in face-to-face meetings. We use the collaborative to share policies, protocols, and best-demonstrated practices. It also affords smaller local systems the ability to consult with clinical experts who may only be

employed in a larger local system. Nursing across the system has been strengthened because of this effort.

The Nursing Collaborative is a wise investment for both the present and the future, McCutcheon says. "Thoughtful deliberation about the future enables everyone to plan for the ongoing changes that will be needed to continue the BSHSI legacy for quality nursing care," she says. "It adds value to the system." □

NOTES

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