Health policy thoughtleaders' views of the health workforce in an era of health reform

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Although registered nurses rank similarly with physicians in the public's esteem, physicians are more visible than nurses in media coverage, public policy, and political spheres. Thus, nursing workforce issues are overshadowed by those of other health priorities, including Medicare and health reform.

The purpose of this research was to understand the visibility and salience of the health workforce in general, gain an understanding about the effectiveness of messages concerning the nursing workforce in particular, and to understand why nursing workforce issues do not appear to have gained more traction in national health care policymaking.

The National Survey of Thoughtleaders about the Health Workforce was administered via mail, telephone and online to health workforce and policy thoughtleaders from August 2009-October 2009. Of 301 thoughtleaders contacted, 123 completed questionnaires for a response rate of 41%.

Thoughtleaders agree that nurses are critical to the quality and safety of our healthcare system, that there are current nursing shortages, and that nursing shortages will be intensified by health reform. Thoughtleaders reported that while they do hear about nursing issues frequently, they do not view most sources of information as proposing effective policy solutions.

This study highlights a critical gap in effective policy advocacy and leadership to advance nurse workforce issues higher on the national health agenda.

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An estimated 3.1 million registered nurses are employed throughout the United States healthcare system, more than 3 times the number of active physicians.[1] For decades, public opinion surveys have documented that registered nurses rank similarly with doctors in the public's esteem, including measures of honesty, ethical standards, trust, and as a desirable and respected profession.[2-7] Yet there is little question that physicians are far more visible in media coverage and in public policy and political spheres than are nurses. A LexisNexis search for major stories in major US newspapers conducted in January 2010 using the search terms "nurses" and "health reform" revealed 278 major stories during the past 6 months. In contrast, using the terms "physicians" and "health reform" yielded 753 major stories in the same time period. Searches using the terms "doctors" and "health reform" yielded 107 major stories in the past month alone, and more than 1000 in the past 6 months. While a few television advertisements and White House press conferences mentioned nurses in the recent and continuing health reform debate, attention to the care delivery roles of nurses (namely, the increased use of nurse practitioners to provide primary care) and the profession's attempts to influence the shape of the health reform debate have been largely overshadowed by media coverage of Medicare physician payment, possible cuts in Medicare payment to hospitals, and other issues associated with health reform.

A large shortage of nurses is projected to develop during the next decade.[8] Since 2004, it has been widely recognized that the constrained capacity of nursing education programs is a major stumbling block to

achieving an adequately sized nursing workforce to meet increasing demands.[9] Recently enacted expansions of health insurance coverage in the United States are likely to increase the demand for health care and hence the demand for healthcare professionals, particularly registered nurses and physicians. The new legislation does include provisions to expand the capacity of nursing education programs to begin to close the gap in the supply of nurses. Still, debates and discussion continue about the best approaches to educate nurses for current and future roles in acute and long-term care, as well for meeting the future demand for primary care providers.

As the healthcare reform debate was underway in the United States, we asked how effectively issues of concern to the nursing profession were being communicated to those who were shaping the nation's health policy agenda. In the latter half of 2009, we conducted a survey of key health care and health workforce thoughtleaders to understand the relative positioning of nursing workforce issues amidst other key health priorities. Developing a sample from several publicly available sources, we posed questions about federal health policy priorities, health workforce supply, sources of information dissemination, effective advocacy about nursing workforce issues, and barriers to legislative progress.

SURVEY DATA AND METHODS

The National Survey of Thoughtleaders about the health workforce was administered by mail, telephone, and online to a sample of health workforce and policy thoughtleaders during the period from August 2009-October 2009. The survey was administered by Social Science Research Solutions (SSRS) for the Johnson & Johnson Campaign for Nursing's Future, an 8-year philanthropic effort to promote the nursing profession, increase nurse recruitment and retention, and address problems in the capacity of nursing education programs in an effort to avert the projected long-term national shortage of Registered Nurses (RNs). De-identified data were provided to the research team for analysis in order to protect the privacy of individual respondents.

"Thoughtleaders" were defined as leadership representatives of key stakeholder groups on health workforce policy. The sampling frame was constructed using nationally published lists of influential leaders in health care organizations (hospitals, medical, and nursing schools, health plans, trade, and membership organizations), Washington "think tank" organizations, foundations concerned with health care, health workforce policy agencies, academia, health workforce experts within research organizations, and authors who have published about health workforce supply. Initial contact with a sample of 301 was attempted by mail, then by mail or email (if address was publicly available),

and followed by telephone. During the study period, 123 thoughtleaders completed the survey for a 41% response rate. No monetary incentives were offered or provided to respondents. Differences in the demographics of respondents and non-respondents could not be analyzed due to our having only basic contact and job title information in our sample.

The major goal of this research was to understand the visibility and salience of the health workforce in general, gain an understanding about the effectiveness of messages concerning the nursing workforce in particular, and to understand why nursing workforce issues do not appear to have gained more traction in national health care policymaking. Survey items included: national and health policy priorities, the role of nurse workforce issues in those priorities, perceptions of and sources of information about health workforce supply, trust in sources of information, and the most effective ways for nursing workforce issues to gain traction among policymakers. The questionnaire was developed by the researchers and a team of national advisors expert in health policy making, journalism and health services research. Several questions were taken from other national surveys of the public or key stakeholders. The survey instrument had 17 questions (62 items) and took approximately 10 minutes to complete depending on mode of administration. The questionnaire will be made available by the corresponding author upon request.

Due to the comparatively small sample size in this study, most analyses reported are descriptive in nature. Bivariate comparisons of respondents with nursing degrees (n = 37) to those with other advanced degrees (n = 82) were made using 2-tailed z-tests. We report the results of significant differences by professional degree in the text where appropriate.

STUDY RESULTS

More females (57%) than males (43%) completed the survey, and nearly 9 in 10 were > 50 years of age (33% > 65 and 55% aged 50-64). We did not measure significant differences in response by age or gender. Half of respondents worked in academic settings while the other half was divided among hospitals, professional or trade organizations, foundations, and other settings. Virtually all respondents had multiple postgraduate professional degrees; 15% were Medical Doctors (MDs) and 30% had at least one nursing degree (21% had nursing degrees at the masters and/or doctoral level) though many of those had gone on to pursue graduate degrees outside of nursing. Overall, experience with political activity and legislative matters included 21% who had served as a legislative aide, 21% as a lobbyist, 36% as healthcare campaign advisor and 14% as a candidate for state or federal office. Roughly 1 in 10 of respondents (8%) worked in government positions at the time of the survey.