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Recommendations From the International Consortium on Professional Nursing Practice in Long-Term Care Homes

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A B S T R A C T

In response to the International Association of Gerontology and Geriatrics' global agenda for clinical research and quality of care in long-term care homes (LTCHs), the International Consortium on Professional Nursing Practice in Long Term Care Homes (the Consortium) was formed to develop nursing leadership capacity and address the concerns regarding the current state of professional nursing practice in LTCHs. At its invitational, 2-day inaugural meeting, the Consortium brought together international nurse experts to explore the potential of registered nurses (RNs) who work as supervisors or charge nurses within the LTCHs and the value of their contribution in nursing homes, consider what RN competencies might be needed, discuss effective educational (curriculum and practice) experiences, health care policy, and human resources planning requirements, and to identify what sustainable nurse leadership strategies and models might enhance the effectiveness of RNs in improving resident, family, and staff outcomes. The Consortium made recommendations about the following priority issues for action: (1) define the competencies of RNs required to care for older adults in LTCHs; (2) create an LTCH environment in which the RN role is differentiated from other team members and RNs can practice to their full scope; and (3) prepare RN leaders to operate effectively in person-centered care LTCH environments. In addition to clear recommendations for practice, the Consortium identified several areas in which further research is needed. The Consortium advocated for a research agenda that emphasizes an international coordination of research efforts to explore similar issues, the pursuit of examining the impact of nursing and organizational models, and the showcasing of excellence in nursing practice in

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care homes, so that others might learn from what works. Several studies already under way are also described.

In response to the International Association of Gerontology and Geriatrics' global agenda for quality of care in nursing homes,[1] the International Consortium on Professional Nursing Practice in Long-Term Care Homes (the Consortium) was formed to develop nursing leadership capacity in nursing homes and address the concerns regarding the current state of professional nursing practice in long-term care homes (LTCHs). A global crisis is building regarding our present and projected capacity to provide competent, dignified, and high-quality long-term care (LTC) to frail older people and their families. Health care systems in most developed countries are striving to increase the quality of LTC by improving the availability and preparation of the professional nursing and assistive personnel workforce[2] and by making evidence-informed care for older people common practice.[3] Occurring simultaneously with these efforts, however, is the aging of our populations and staff shortages to provide the required care and services to older people and their families. Within this context, there is an increase in LTCH utilization in countries (eg, China) that previously had little demand for this level of care.[1,4] The residents moving into, and currently living in, LTCHs are older, with increasingly complex comorbid conditions (including dementia) compared with the resident profile years ago.[5] To meet resident care needs, skilled care is a necessity in LTCHs to provide competent, dignified, and high-quality care to frail older people and their families.[6–8]

Although there is a vast knowledge base on the importance of nurse assistants (NAs) on residents' quality of care,[9] the registered nurse (RN), as supervisor of all other nursing personnel, also has an influence on the resident and staff outcomes.[10–13] Providing direct care and working through licensed practical nurses (LPNs) and NAs, the effectiveness of the RN has been shown to be pivotal in determining the overall quality of care provided. A recent literature review described the current evidence as suggesting that the ratio of RNs to other nursing personnel in LTCH improves quality-of-life outcomes for residents,[10] reduces the probability of hospitalization,[11,12] and improves the quality of work environments for staff.[13] However, in many countries there is a pervasive struggle to recruit and retain RNs in LTCHs, resulting in a poorly trained workforce.[14–16] As members of our Consortium have written about, the potential of the RN impact is undermined by problems in the practice environment, staffing practices/patterns, local and federal regulations over practice, and concerns with nurse educational preparation and competencies, which all affect quality of care.[17] The role of the RN in LTCHs also has been changing in response to regulation that requires RNs to spend most of their time completing paperwork. This effectively removes them from giving and overseeing direct care, undermining quality of provision.[18] In response to the recognition that these issues are global, an international consortium was formed to develop nursing leadership capacity in LTCHs. The objective of this article was to describe recommendations the Consortium generated about priority issues for action and a research agenda regarding the RN in LTCHs.

Development of the International Consortium on Professional Nursing Practice

When the International Association of Gerontology and Geriatrics released a global agenda for clinical research and quality of care in nursing homes, one of its recommendations was that an international alliance be formed to develop nursing leadership capacity in nursing homes.[4] The intent of the consequently established International Consortium on Professional Nursing Practice in Long-Term Care Homes (the Consortium) is to improve the professional role of the RN through sharing across nations and identifying the evidence that will support recommendations for improvements in RN leadership. Our aim of the global collaboration is focused on research, leadership, and knowledge transfer, and through the creation of evidence-based recommendations for practice, policy, and administrative actions. The Consortium is composed of nurse researchers in aging and LTC who are currently engaged in research, policy, administration/operations, and education from Canada, the United States, the United Kingdom, Australia, New Zealand, Thailand, Norway, Spain, and Ireland. Concerned about the previously discussed trends in LTCH, the Consortium focused its invitational, 2-day inaugural meeting on analyzing the latest evidence regarding RN leadership in nursing homes, as well as on sharing international experience related to nurse staffing and care provision in the LTCH setting, and to describe the ideal role and scope of practice of RNs in LTCHs. The attendees, collectively, brought extensive and varied knowledge and experience related to LTCHs. We used an integrative and collaborative approach to reach consensus on priority issues identified for action and to set an agenda for future research.

Priority Issues Identified for Action

Before this first meeting, all experts were asked to respond to the question, "What are the current issues related to the RN role in LTCHs?" Participants across the globe provided similar responses, identifying a number of issues including (1) lack of gerontological nursing knowledge; (2) professional isolation of the RN; (3) highly regulated environment that limits RNs' scope of practice; (4) RNs not realizing their leadership potential; (5) heavy workloads; (6) noncompetitive pay; (7) lack of opportunities for professional development (compared with acute care); (8) lack of leadership and supervision; (9) lack of support, resources, and role models; and (10) lack of understanding of their contribution to facilitate person-centered care. Overall, the need for a critical mass of better trained/prepared RNs would have a substantial impact if they worked to the potential of the professional scope of their practice, acknowledging that both preparation problems and insufficient numbers of well-trained nurses contribute to quality problems. Participants indicated that the survey responses reflected the issues that arose from their own programs of research and/or areas of practice. Collectively, we agreed to focus on the next steps and action plan from an international perspective.

Content analysis was used to examine trends and patterns in the participants' responses (n = 33) to the survey. We chose frequency counts to identify the 3 most common areas of concern. Consortium members felt strongly that the following 3 priority issues for action were critical and would provide a clear anchor point for the group's work from the outset:

1. Define the competencies of RNs required to care for older adults in LTCHs
2. Create a LTCH environment in which the RN role is differentiated from other team members and RNs can practice to their full scope
3. Prepare RNs to operate effectively in person-centered LTCH environments that support professional nursing practice