Managing Nurse Responsibilities to Increase Efficiency and Help with the Nursing Shortage in the United States: A Narrative Summary of Reviewed Studies

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Abstract: *This article reviews literature that exists about increasing efficiency and rethinking the roles and responsibilities of nurses. Increasing the usefulness of nurse tasks and finding roles or new responsibilities increases the job satisfaction of the nurse, creates less turnover, and lowers costs to the healthcare system. This study looked at the different times of healthcare from Florence Nightingale to today and found many examples of how leaders in healthcare have looked at how best to use nurses. Based on the literature reviewed, several areas were found that could assist in the optimal tasks for the nurse. These include the increasing role of technology, finding responsibilities the RN currently accepts that could be delegated to others who are lower wage earners, utilization of the majority of their time in care for the patient, which includes 1:1 time with the patient, communication, and education for regaining and maintaining health plus other ideas discovered in this review. If we can change the way of nurses to better align with their actual abilities, the nursing shortage can be better managed.*

Keywords: *Nursing, workforce shortage, management of nursing tasks, technology, innovation, new nurse responsibilities*

1. INTRODUCTION

Nurses are a vital part of almost every part of the healthcare industry. They handle many tasks and roles, including being a patient advocate, communication liaison, educator and of course, they are often seen as the main caregiver for patients. One thing that can be done to help the ongoing shortage of nurses is to have the role of nurses, especially RNs redefined, and within the redefinition ensure nurses are working on the most critical items they are allowed to perform. The result of this redefinition of the role of nurses will allow lower wage earners to take over some of the tasks that have been often relegated to nurses.

Studies, from as long as 20 years ago concluded that nurse job satisfaction increases with the inclusion of more innovative roles (Collins et al., 2000). Although this type of information has been known, it appears that most organizations have not gone to the extent of following this important element of increasing job satisfaction and gaining all the results from that, such as managing the nursing shortage effectively.

The nursing shortage is a well-known factor across the Global workforce and the United States (Drennan & Ross, 2019). Not only is there a shortage of nurses, but they are also feeling burnt out, underpaid, feel mental health has suffered, underappreciated, and unsafe (Nurse.org, 2022). However, this is an exciting time for nurses, as healthcare organizations are re-designing themselves both for better efficiency and for the patient (Catalano, 2019).

While there is not a specific date the nursing shortage began in the United States, several components have added to this phenomenon. They include the aging of the baby boomer generation, the uneven distribution of physicians, the increasing retirement rate of registered nurses and the remaining uncertainty of health care reform (Buerhaus et al, 2017). Another reason is burnout, where the RN feels overwhelmed by the work and unable to face the demands of the job (Bakhamis, et al., 2019). COVID-19 added additional work for nurses impacting their mental health can cause many to leave

their positions (Lopez et al., 2022). The pattern has been for the demands of nursing to grow and at a time when there is a substantial nursing shortage. One-third of the workforce is estimated to be between the ages of 50 and 64, with over 850,000 RNs expected to retire soon (Buerhaus et al., 2015).

Changes that are a part of the dynamic health care industry are substantial and many models that have been used in the past may no longer be the ideal approach to patient care (CMS.gov, 2018). Paradigm changes in the way hospitals have thought in the past need to change. Examples of this includes 1) A reconfigured bedside team for acute care may need to be redesigned to more intensivist care and non-licensed staff, so the team can target the needs of the patient and the family during a short stay 2) Instead of seeing as many patients as is possible in as little time, the change will likely be to an engagement model that educates, with patient education taken away from the acute care team and increasing nursing efficiency and 3) Provider roles need to change to one that is led by more advanced nursing practice (APRN) as they will need t o extend their scope of practice and be partners with the primary care provider and specialists (CMS.gov, 2018). This last shift will require the team to adapt to more than one team leader and include more training in leading and a concentration on outcomes and costs (2018).

Finding the most efficient use of nurses' time appears to have become critical with all of these factors and yet those must be done with great thought and an analysis of which duties of nurses could be changed or eliminated. Healthcare leaders, along with nurses must work together to find effective and efficient methods to position nurses towards innovations in the healthcare system (Ulrod, 2023).At a recent conference, the Chief Medical Officer of WebMd, Dr. John Whyte emphasized that RNs must be allowed to perform tasks that are within the scope of their license and added "I hope no nurse has to ever type again (Whyte, 2023).

Healthcare is transforming on an ongoing basis and nurses are in a position to not only contribute but lead the way in shaping how they can be used more effectively (Salmon & Echevarria, 2017). Our healthcare system is changing from a provider based and periodic care to a team-based and patient-centered system that provides quality care (2017). The role of the registered nurse is poised to be a pivotal member of the team and change the perception of their role in the past decades to one of a true leader (2017).

2. METHODS

A narrative summary is the method used for this article (Khangura et al., 2012).The author searched multiple different databases for peer-reviewed English language articles describing examples of redefining nurse roles and responsibilities with special focus on those articles that also showed results that led to better efficiency and a factor in assisting with the nursing shortage. The author did a search based on an overview of the evidence that is available on the topic. This included databases and search engines such as the following: Google Scholar, ProQuest, PubMed, J-Gate, Gale OneFile, EBSCO, Health and Medicine (Gale OneFile), Leadership and Management, Sage Premier, and Wiley Online Library. While all of these were used, articles that did not add to the review, were not used in every case.

3. FINDINGS

Innovations and Changes to Nurse Responsibilities

One hospital set as their goal to stabilize the nursing workforce with employed nurses, other than the high cost of travel nurses for regular staffing (Olenick, 2022). In an effort to achieve this goal, the hospital looked at nurse well-being, compensation adjustments, using RN extenders, increasing recruitment for certified nursing assistants (CNA) and looked for ways to provide patient needs for those requiring observation (2022). These goals will not only stabilize the workforce but create greater satisfaction by giving nurses more responsibilities.

Telehealth, while not new, is a fast-growing means of providing healthcare at a distance. It has grown dramatically since COVID-19, as many people were quarantined and yet, those with acute and chronic medical issues still required medical care (Andrews et al., 2020). Telehealth can be defined as the use of information and communication technologies to access, care for and manage health (Mayo Clinic, n.d.). Many health care systems switched during the pandemic from face-to-face visits

to telehealth to continued care for patients. However, we still do not have total clarity on how this technology impacts the number of required nurse abilities (Nagel, et al., 2013). It can be an addition to nurse responsibilities, if it falls within the scope of their license.

Innovation is required to meet the demands on nurses and one strategy being used in virtual care nursing delivery (Cloyd & Thompson, 2020). Virtual care nurses, who also use telehealth, are able to create efficiencies, with video and audio technology for both the patient and the nurse, available at the bedside (2020). Assistance at the bedside is critically important as the percentage of new graduates are staffing inpatient units and the gap at the hospital setting is going to keep growing (The Advisory Board, 2019).

One avenue for expanding the role of the nurse is to research how care by nurses, compares to primary care providers (Laurant et al., 2018). Studies have found that primary care that is led by nurses is likely to increase better outcomes for some patient conditions (2018). Other areas where nurses may be relevant in acting as substitutes for primary care providers is an increase in patient satisfaction and blood pressure outcomes are probably improved (2018). Additional findings show the greater the nurse has in hospital affairs reduces burnout and turnover (Sabei, 2020). This finding does have the restriction that nurses' work within their licensure boundaries.

Focusing on making the best use of a nurse's time is critical, but the nurses' job satisfaction is of utmost importance. Without that and the resulting turnover that would most likely rise, might make any gain in efficiency and functions of new job scopes and responsibilities lost. An increase in the job satisfaction measurement leads to a proper nursing workforce (Lu et al., 2019).

With the advent of the Electronic Health Record (EHR), the RN has become the primary user and has become almost expected to lead this effort (Vehko et al., 2019) The Electronic Health Records has increased the stress for RNs, especially if the EHR is not user-friendly or is unpredictable in the way it operates (2019). Nurses are communicating in studies that the time the EHR takes away from other vital responsibilities, such as clinical care, is increasing their stress (Studwick et al., 2022).

There are many examples of how Florence Nightingale supported the continued defining of a nurse's role (Beck, 2010). Nightingale was faced with wounded and dying soldiers and instead of calling for more help for those wounded, she solved the problem by realizing the unsanitary conditions were a primary factor in the increased sickness (2010). Nightingale also was for promoting health during a time when females did not have the equal platform they have today and encouraged nurses to form public opinion (2010). In today's world, there is little doubt Nightingale would be on podcasts, social media platforms, and promoting health and the work of nurses wherever she could. A study by Grinspun (2010) based on Florence Nightingale brings to the forefront that Nightingale understood early that the roles of social and environmental elements were primary in accessing health and she was adamant that nurses were in the best place to manage these. While she may have seemed to be a recluse, it was the time that she lived, but she still took opportunities to voice her thoughts, such as letters to the editor (Beck, 2010).

The University of Iowa hospital redesigned the role of the RN and the Nursing Assistant in the 1990's that resulted in many positive gains (Gould et al., 1996). Some of the gains were to provide the maximum use of the RN's time and that it aligned with RN knowledge, skills, patient education and more (1996). Other gains included a reduction in overtime, increased job satisfaction, and a perceived increase as a "family" atmosphere (1996).

Advance care planning is another area where nurses have become more involved and has been, for the majority of nurses, an area they enjoy and one they consider as a good use of their time (Ohr et al., 2021). From this study, nurses commented on how strongly they felt about being part of this process, their excitement to be included in this process, and how much better the Advance Care Planning (ACP) program is better than social workers, who have and continue to hold this role in many cases (2021).

Even older studies have also shown that for nursing staff, increased use of care assistants leads to better organizational effectiveness, and have called for developing new roles for RNs, as the nursing staff has substantial underutilized scope (Buchan,J. & Dal Poz, 2002). The following table developed by Buchan & Doz (2002) shows how many of the issues can gain assistance by looking at improving the use that is available by staff skills.

Table 1. **Skill mix: determinants, requirements and possible interventions**[a]

Determinant	Requirement	Possible interventions
Skill shortages	Response to shortages of staff in particular occupations or professions	Undertake skill substitution; improve use of available skills
Cost containment	Improved management of organizational costs, specifically labour costs	Reduce unit labour costs or improve productivity by altering staff mix or level
Quality improvement	Improved quality of care	Improve use and deployment of staff skills to achieve best mix
Technological innovation; new medical interventions	Cost-effective use of new medical technology and interventions	Re-train staff in new skills; introduce different mix or new types of worker
New health sector programmes or initiatives (e.g. Roll Back Malaria)	Maximum health benefits of programme implementation, by having appropriately skilled workers in place	Determine the cost-effective mix of staff required; enhance skills of current staff; introduce new types of worker
Health sector reform	Cost containment, improvements in quality of care and performance, and responsiveness of health sector organizations	Adjust staff roles; introduce new roles and new types of worker
Changes in the legislative/regulatory environment (note: this is also a possible intervention)	Scope for changes in (or constraints on) role for different occupations, professions	Adjust staff roles; introduce new skills and new types of worker

4. CONCLUSION

Job satisfaction among Registered Nurses has been a concern for many years and among those employed in hospital settings is lower than all workers in the United States and it impacts job satisfaction, RN recruitment, turnover and patient outcomes (Roberts-Turner et al., 2014). Studies have shown that job satisfaction increases when more autonomy is given to the nurse, more opportunities for development and roles and responsibilities that assist them in working at an optimal capacity equal to their skills (Donley, J., 2021).

The review conducted in this article found many examples of how allowing nurses to work with added responsibilities that align with their scope of practice increases job satisfaction and can reduce turnover. If healthcare organizations take the time to find ways to increase responsibilities of the nurse that align with their education and license and remove responsibilities that can be delegated or assigned to lower wage earners, the result is likely to be better efficiency, lower turnover of nurses due to the increased satisfaction level and better patient care. In this critical time of increasing issues with nurse shortages, the studies reviewed in this article are important for hospitals and physician practices to implement for a better experience for the patient and better operational efficiency for the healthcare system.

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