

The Robert Wood Johnson Foundation's Commitment to Nursing



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Editors' Introduction

With the nation facing a severe nursing shortage whose causes are more deeply rooted than those of any previous shortage, The Robert Wood Johnson Foundation responded, in 2002, by designating nursing as one of its eight targeted areas and by making a decade-long commitment to strengthening the nursing profession. While this is the first time the Foundation has singled out nursing as an explicit grantmaking priority, it is not the Foundation's first venture into nursing. In fact, since its inception as a national philanthropy, The Robert Wood Johnson Foundation has invested more than \$140 million in nursing programs.

It is natural that a foundation whose mission is improving health and health care would give such attention to nursing. The nation's 2.7 million registered nurses make up the single largest part of the health care workforce and are, in many ways, the backbone of the health care system. Strengthening nursing at all levels allows the Foundation to advance two of its long-standing interests: increasing access to high-quality care and improving the health care workforce.

Previous volumes of *The Robert Wood Johnson Foundation Anthology* series have featured chapters on specific nursing programs.¹ In this chapter, Carolyn Newbergh, a freelance journalist and frequent contributor to the series, reviews the entire range of the Foundation's nursing programs, beginning with early initiatives to build the new profession of nurse practitioner, continuing with its programs to improve academic nursing and strengthen hospital nursing, and concluding with its current programs to develop the leadership skills of high-level nurses and to transform the working conditions of hospital nurses.

Newbergh finds that the Foundation's relatively consistent commitment to nursing has helped strengthen the profession, but also that the erratic nature of the Foundation's entry into and exit from specific programs in the past led to missed opportunities and tarnishing of its image within academic nursing. Nonetheless, the wide range of approaches adopted by the Foundation to advance nursing—fellowships, bolstering of academic departments, demonstration projects, research, publicity, support of professional organizations—provides a good illustration of how philanthropy can, over many years, help build a field.

1. Keenan, T. "Support of Nurse Practitioners and Physician Assistants." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999; Rundall, T. G., Starkweather, D. B., Norrish, B. "The Strengthening Hospital Nursing Program." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999; Bronner, E. "The Teaching Nursing Home Program." *To Improve Health and Health Care, Vol. VII: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2004.

The nation's 1.3 million hospital nurses are in critical condition. Beset with heavy caseloads of sicker patients than they've ever cared for before, they work in jobs that earn them little respect, offer limited autonomy, and hold out slim possibility for advancement or professional reward. Worst of all, nurses feel frustrated that they cannot always give patients the kind of quality care they deserve; giving such care is, after all, the reason that they became nurses in the first place. As a result, many nurses—particularly hospital nurses—are leaving the profession, while the number of those entering it has slowed to a trickle. This situation has created a nationwide nursing shortage that is broader and more complex than any that has existed before.¹

The roots of America's nursing shortage can be traced to the mid-nineteenth century, when altruistic women toiled in the homes of people who could afford them, and then in charity hospitals for the poor—always there to serve physicians who valued them for their manual labor, rather than for any critical thinking they could bring to bear. They were exploited during their early apprenticeship training in hospitals, where they cooked and nursed for up to sixteen hours a day and were paid only in room and board. After two years of this, they received a diploma.²

Nursing schools were first accredited in the 1930s, and educational standards for nurses were raised. Gradually, hospitals began to be staffed by graduate nurses rather than student nurses, but the nurses still labored for long hours with no independence, little assistance, and low pay. The Second World War brought on a nursing shortage as women left the hospital wards to fill society's wartime needs. By the 1950s, with an explosion in new medical technologies and a great increase in the number of hospitals after passage of the Hill-Burton Act in 1948, nurse training became too expensive for hospitals and had begun to move largely into associate degree programs at two-year community colleges. By then, there were three paths to becoming a registered nurse—a two-year hospital diploma, a two-year associate degree, and a four-year baccalaureate degree. Although each route involved different amounts of education and clinical training, most hospitals made no distinction in work or pay among the three—and they still don't. Over time, physicians transferred many responsibilities, such as administering intravenous medications, taking blood pressure, and inserting catheters, to nurses—but still for no extra pay or increase in status.

The Current Nursing Shortage

Poor working conditions, low pay, little possibility of advancement, and increased career opportunities for women in other professions have led to today's severe shortage of nurses. One study put job dissatisfaction at four times as high for nurses as for all other kinds of workers.³ It also found that one in five nurses was expected to resign within the coming year. Another study showed that the nation's hospitals were short 126,000 nurses in 2002 and would fall behind by 400,000 by 2020.⁴

Nursing shortages have occurred periodically in the past, of course, but the current shortage has some unique structural features that make it more serious than previous ones. "The issues that are problematic in nursing are the same that have always been there," said Linda Aiken, a professor at the University of Pennsylvania School of Nursing, who, as a vice president of The Robert Wood Johnson Foundation, helped develop its nursing programs from 1974 to 1987. The current shortage is

more worrisome than past shortages, Aiken noted, “because of changes in utilization patterns in hospitals, the shortening length of stays, and the move to outpatient surgery. People who are in the beds are much sicker and require more intensive nursing care.”

The nation’s demographics threaten to make this nursing shortage far worse still. The baby boom generation, 78 million strong, will start reaching age sixty-five in 2011. And as more Americans reach sixty-five, and live well into their seventies, eighties, and nineties, many will be beset with multiple chronic illnesses and will require complex care. As the population is aging, so is the nursing workforce. The average age of today’s hospital nurse is slightly over forty-three, the oldest it’s ever been.⁵ In fact, more nurses are over fifty than under thirty-five, the age group that one would expect to provide the largest number of nurses. Because the work is so physically strenuous, large numbers of older nurses can be expected to retire soon.

Complicating the picture further, too little fresh blood is flowing in. For the last twenty years, far fewer women have ventured into nursing as more potentially satisfying career options have become open to them. Those who do choose to become nurses frequently feel overwhelmed and unprepared for work on the hospital floor—an estimated 35 to 55 percent of brand new nurses leave within the first to third years of work, according to Geraldine Bednash, executive director of the American Association of Colleges of Nursing. Meanwhile, at a time when new nurses are desperately needed, the nation’s nursing schools are actually turning prospective students away because of lack of space to teach them.

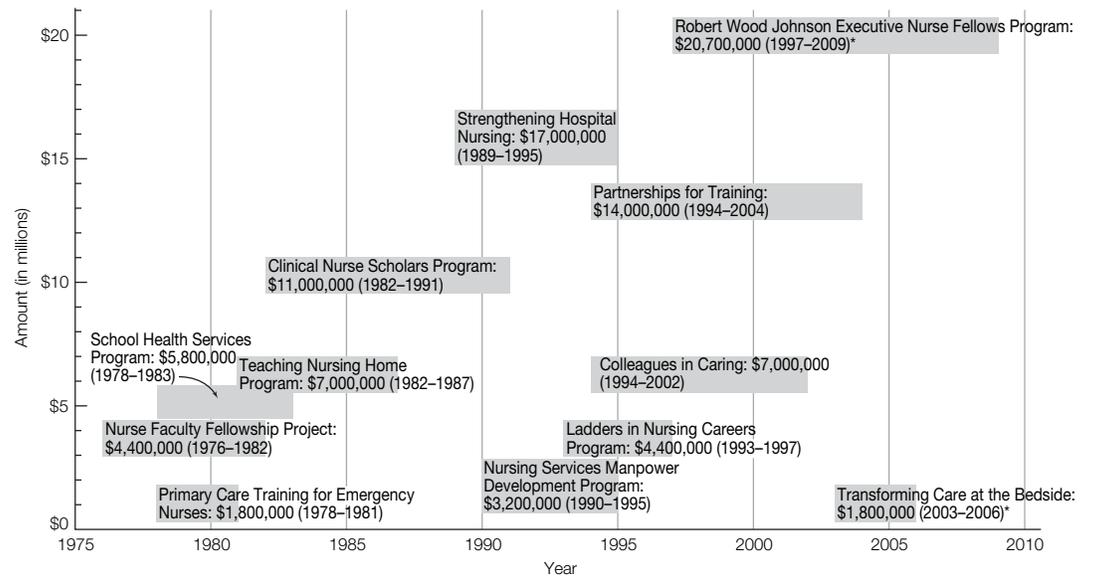
There is one bright spot in this otherwise gloomy picture: a 2003 study found that the number of nurses in the workforce grew during 2002. Nearly all of this gain, however, was attributed to the use of foreign-born nurses and to married women over fifty returning to work during the economic downturn. As the economy improves, fewer retired nurses will have an economic incentive to return to their former profession.⁶

The Robert Wood Johnson Foundation Support of the Nursing Profession

Recognizing that nursing is in crisis, various professional organizations, government agencies, and philanthropies have produced analytical reports and have come up with plans to tackle the problem. The Robert Wood Johnson Foundation has weighed in too. As part of a broader strategy to improve the quality of the nation’s health care, the Foundation, in 2002, designated nursing as one of its eight priority areas and launched a major new initiative to overhaul hospital nursing.

The Foundation is no newcomer to nursing, however. Its efforts to bolster the profession have been ongoing, though intermittent, throughout its history (see Figure 4.1). Indeed, the Foundation has been a major philanthropic funder of initiatives to strengthen the field of nursing, along with the W.K. Kellogg Foundation and, to a lesser degree, the Helene Fuld Health Trust and the John A. Hartford, Independence, Jewish Healthcare, and Josiah Macy, Jr. foundations.

Figure 4.1 National Nursing Programs



*May be renewed or expanded

Since becoming a national philanthropy in 1972, The Robert Wood Johnson Foundation has invested about \$140 million in nursing programs of varying magnitude and lifespan. Its initial nursing grants in the 1970s and the early 1980s were devoted to increasing access to primary care outside of hospitals through the enhanced training of nurses to be nurse practitioners. Its grants supporting the education of nurse practitioners are regarded as critical to legitimizing nurse practitioners as health care professionals. The Foundation then branched out and supported efforts to strengthen nursing within institutions, largely by improving patient care and nurses’ work environment within hospitals and by encouraging minorities to enter nursing.

The 1970s and Early 1980s: Strengthening Nurse Practitioners and Nursing Education

Ask virtually anyone who is knowledgeable about nursing whether The Robert Wood Johnson Foundation has made any lasting contributions to the profession and the nearly universal response is that its work was instrumental in developing nurse practitioners as providers of primary care outside the hospital. “I think it would be safe to say the Foundation had a major role in the development and mainstreaming of nurse practitioners,” Linda Aiken said. “In addition to giving money for programs, it gave legitimacy to the idea, which was very important.”

Early Nurse Practitioner Programs

When The Robert Wood Johnson Foundation began promoting nurse practitioners in 1973, the field was relatively new and controversial. Although a few physicians had provided their nurses with training that enabled them to deliver care beyond their current scope of practice, and some schools had begun certifying these new midlevel practitioners, the field was nascent, with just 4,000 nurse practitioners nationwide. There are more than 100,000 today. “The nurse practitioner concept then was disliked by nursing deans, who thought we were taking their nurses and making doctors or doctor extenders out of them,” said Terrance Keenan, who, as a Foundation vice president, shepherded most

of the Foundation's early nursing efforts. "Doctors were suspicious that we were giving nurses authority to do clinical interventions that were beyond their education."

At the time, the nation was experiencing a physician shortage in rural and low-income urban areas—a shortage brought on by the retirement of older physicians who had been practicing alone. Meanwhile, about 700,000 nurses—most of them not practicing, some working in physicians' offices—were viewed as an untapped resource. The theory was that with some additional education in such subjects as anatomy, microbiology, pharmacology, and the signs and symptoms of diseases, nurses could become a new type of midlevel health professional trained to diagnose and treat common illnesses and manage stable chronic conditions. This could be achieved for far less investment than the six years or more of education and training required for physicians. The nurses in turn would develop their skills, work mostly independently with backup from doctors, and increase their earnings. The Foundation embraced the use of nurse practitioners as an opportunity to meet its goal of improving access to primary care in underserved areas.

Its first foray into the field was to support nurse practitioner-based community health service networks in urban and rural areas.⁷ Notable among these demonstration projects, which generally took place between 1973 and 1978, were these:

- At the University of California, Davis, the new Department of Family Practice trained family nurse practitioners working in a network of doctor-nurse teams. These teams provided care in rural sites that ranged from Pacific coast fishing villages to distant mountain locations.
- The Utah Valley Hospital, in Provo, put together a network of clinics to serve rural residents, many of whom would otherwise have had to travel 200 miles or more to reach the nearest doctor. The hospital's emergency room physicians trained the nurse practitioners, who saw patients in their communities. The doctors, available twenty-four hours a day for emergency backup, would fly to a given area in small planes twice each week to treat patients needing more attention.
- The Tuskegee Institute in Tuskegee, Alabama, trained a nurse practitioner and sent her and a lab technician in a van to rural sites located in three counties. The van was equipped with advanced communications technology that enabled the nurse practitioner to talk by telephone with physicians at the hospital.
- The Frontier Nursing Service, in Hyden, Kentucky, is storied for having had the first training program for nurse midwives. Based in rural clinics, the nurse midwives would reach their clientele on horseback. The Foundation helped the Frontier Nursing Service develop a program to train the nurse midwives as family nurse practitioners as well.

The results of these early demonstration projects convinced the Foundation that nurse practitioners could help expand access to quality primary care. It then funded programs that extended the work of nurse practitioners to two other areas in need of primary health care providers: public schools and hospital emergency rooms.

Starting in 1978, the five-year School Health Services Program brought nurse practitioners into the elementary schools of thirty-six urban school districts serving 150,000 low-income children in four states. Regular school nurses often couldn't handle the volume and the complex needs of these children, who had no other health care providers. The nurse practitioners examined the children,

managed illnesses and medications, provided immunizations, and developed care plans for them. However, after The Robert Wood Johnson Foundation support ended, the schools found it difficult to find funding from other sources.⁸

Another trouble spot was the rural hospital emergency room. With fewer physicians available there, nurses were inundated with patients complaining of rashes, sore throats, and other nonemergency maladies. What these patients needed was routine primary care, not expensive and limited emergency care. In response, the Foundation funded the \$1.8 million program, *Primary Care Training for Emergency Nurses*. This program, which ran from 1978 to 1981, prepared emergency room nurses to become nurse practitioners and provide the primary care needed by many emergency room patients. Six university-affiliated hospitals gave rigorous primary care training to nurses from small hospitals in each region. Again, when support from The Robert Wood Johnson Foundation ended, the program's leaders couldn't find enough other financial support to continue it.

The difficulty that the School Health Services Program and the Primary Care Training for Emergency Nurses encountered raising money led the Foundation's staff to think about how best to support the nurse practitioner field. The approach of boosting the field through demonstration projects had been tried. Now the thinking was that nurse practitioner training needed solid footing within higher education—namely, in primary care master's degree programs within nursing schools.

Grants that the Foundation had awarded to graduate nurse practitioner programs at six universities had helped to establish the profession within academia, but they also revealed that nurse practitioner education was in need of qualified teachers. The Foundation then initiated the \$4.4 million *Nurse Faculty Fellowships Project*, which ran from 1976 to 1982. It aimed at creating an elite core of leaders in nurse practitioner education who would return to teaching after completing their fellowships, and help establish master's degree programs. Ninety-nine nurse fellows were trained at four nursing schools and became pioneers for nurse practitioner education around the nation. "The impact those ninety-nine people have had is significant," said Geraldine Bednash, the executive director of the American Association of Colleges of Nursing and herself one of the fellows. "Nurse Faculty Fellowships Project was an important element in sending out people committed to the development of nurse practitioners."

The fellowship program was not renewed in 1982, as questions arose about whether there would actually be a need for more nurse practitioners and Congress was preparing to support nurse practitioner education. Many within and outside the Foundation questioned the wisdom of not continuing the program, but its legacy continues. "We now have this wonderful group of nursing leaders," Bednash said. "They have assured that nurse practitioner education will remain as an important part of nursing education."

The Teaching Nursing Home Program

From 1982 to 1987, the Foundation found another setting in which nurses and nurse practitioners could extend primary care to an underserved population. It established the \$7 million *Teaching Nursing Home Program*, which had the grand ambition of creating nursing homes where nursing

students, many of them enrolled in nurse practitioner programs, would receive on-the-job training—just as medical residents received on-the-job training in teaching hospitals. The eleven demonstration sites attempted to improve the care of the residents through the affiliation of nursing schools with nursing homes. It was hoped that this approach would also trim the nursing home’s costs by reducing the length of residents’ stay in the home or in the hospital.⁹

The program improved outcomes for the nursing home residents (an evaluation found that it had reduced hospitalizations and showed “some evidence of higher quality care” in comparison to other nursing homes¹⁰), but it never took off as a model nationally. It did have some lasting effects, however: more nurses and nurse practitioners work in nursing homes today, geriatrics is now a standard component of nursing education, and the program’s evaluation played a role in shaping the way care of the elderly is assessed.

The Clinical Nurse Scholars Program

It was an unusual twentieth reunion that took place in San Diego in November 2003, commemorating the start of the *Clinical Nurse Scholars Program*. The alumni of this program, which produced just sixty-two graduates, included deans and assistant deans of nursing schools, nurses who held distinguished chairs in nursing schools, and senior faculty members in nursing around the nation.

Also among them were nurses who had become researchers noted for such work as infant sucking and feeding, postpartum depression and the immune response, infection control methods, the negative effects of bed rest on pregnant women, cardiovascular nursing, short-term psychotherapy for breast cancer survivors, and a test to measure pain in children.

Twelve years after Clinical Nurse Scholars shut its doors, the fellows still regretted that The Robert Wood Johnson Foundation had discontinued the program that they had found so vital to their careers and to the advancement of nursing education in this country. “All of us said Clinical Nurse Scholars launched us in our careers,” said Shannon Perry, who became director of San Francisco State University’s School of Nursing. “We have eminent scholars who are mentoring upcoming scholars; we have deans of schools of nursing with a vision because of some of the things they were exposed to in the Clinical Nurse Scholars Program. We have colleagues around the nation we can call on.”

The program began in 1982 as a way to solve a major problem: nursing schools were turning out graduates lacking in practical clinical experience to handle the challenges of the hospital floor. At considerable expense and frustration, hospitals were having to devote time to training these nurses in the basics of hospital care. The nurses themselves started their careers in a sort of culture shock because they weren’t prepared, leading many to leave hospital work. The goal was to train outstanding postdoctoral nurse educators in the realities of clinical practice. They, in turn, would lead efforts to infuse nursing education with this knowledge and experience. The new program was modeled on two earlier Foundation programs: the *Clinical Scholars Program* for physicians and the Nurse Faculty Fellowships Project.

While praising the quality of the Clinical Nurse Scholars Program, the Foundation truncated it because it was emphasizing research far more than had been intended, and at the expense of clinical teaching expertise. Seven classes of Clinical Nurse Scholars—instead of the intended ten—completed the two years of training, which was held at three universities. The Foundation’s president, Leighton Cluff, noted in a 1987 letter to a member of the program’s advisory committee that Clinical Nurse Scholars “had assumed the character of a postdoctoral nurse research fellowship in clinical problems, rather than serving as a resource for training a cadre of clinically superior teachers in hospital nursing, as originally intended.”

Those involved in the program say that it was the Foundation that missed the mark. It didn’t understand that for nurses to gain prominence as leaders, they needed to follow the same path as the nation’s most noted doctors—by developing expertise in research. The Clinical Nurse Scholars Program did just that, they said, by teaching its participants how to find sources for research funding, how to go about getting it, and then how to conduct research.

Today the Clinical Nurse Scholars alumnae lament that no other program has taken its place in building the elite nursing faculty of the future. “What’s worrisome is we’re getting older and not many of us are left,” Perry said. “Some of us were mid-career then, and now we’re getting close to retirement. We need to develop a whole group of good scholars again.”

The 1980s and Early 1990s: Addressing the Nursing Shortage

The Strengthening Hospital Nursing Program

By the late 1980s, 80 percent of the nation’s hospitals were struggling with nursing shortages: closing beds, canceling elective surgeries, and diverting ambulances to other hospitals. Burned-out nurses were stretched thin and quitting, and nursing school enrollments plummeted. Hospitals lured nurses with signing bonuses and recruited them from the Philippines, England, and other countries.

One of the underlying problems was the working conditions of hospital nurses. Nurses complained that they had little authority to make patient care decisions on their own, and were often treated dismissively by doctors. Although nurses were well paid when they entered the field, their pay never rose much in succeeding years. They spent too much time filling out forms and running around after medications and food—tasks better suited to someone not needed at the bedside.

To address this situation, The Robert Wood Johnson Foundation and the Pew Charitable Trusts sponsored the \$26.8 million initiative, *Strengthening Hospital Nursing: A Program to Improve Patient Care*. At the time, it was the largest investment by philanthropies in a nursing initiative. The Robert Wood Johnson Foundation’s share was \$17 million. After awarding planning grants to eighty hospitals, the demonstration program set twenty hospitals loose to design changes in hospital systems that would improve patient care by removing the impediments that nurses faced in providing bedside care. The Foundation hoped that by improving the nursing work environment fewer medical errors would be made, patients would have swifter recoveries, money would be saved, and more people would be attracted to nursing and stay with it. Ideally, innovative models would be found that could be reproduced in hospitals around the country.¹¹

Strengthening Hospital Nursing, which ran from 1989 to 1995, aimed at changing anything in the hospital work environment that kept nurses from giving their best to patients. The hospitals tried many approaches—including case management teams of physicians, support staff, and nurses that coordinated care; more authority and independence for nurses; new protocols for tasks, including the delegation of some routine tasks to support staff; and a two-year residency program for newly graduated nurses.

At one hospital, for example, a case management team tried to reduce the length of time antibiotics were given intravenously. During the team's daily rounds, the nurse would ask the patient how he or she was feeling. The minute the patient said, "I feel better," the team would make an assessment and if it was appropriate, take the patient off the IV and start oral antibiotics. As a result, the risk of infections from an open line was reduced and a substantial amount of money was saved. Another hospital reduced readmissions of obstetrics patients 75 percent by having nurses teach the women how to care for themselves and their babies before they left the hospital and by sending nurses on home visits afterward.

"So many of the ideas were simple," Barbara Donaho, the program's National Program director, said. "This program was about validating instincts about what needed to be done or what people knew would be accomplished if the whole team did it that way. When one unit began to have a success, another unit would do something similar. It infiltrated the entire hospital organization."

During this program, the nursing shortage turned around. Managed care companies pressured hospitals to cut costs, which led hospitals to lay off nurses. Consequently, Strengthening Hospital Nursing seemed to lose its purpose. Moreover, some within the Foundation questioned whether the twin goals of strengthening hospital nursing and improving patient care at the same time were compatible after all. Others faulted the program for allowing hospitals to try so many approaches that it was hard to compare them and choose models to reproduce. When the program came to an end, the Foundation did not renew it.

Nevertheless, many voices praised Strengthening Hospital Nursing. An outside evaluation described changes made by the hospitals as running "deep and wide." It cited a number of accomplishments: "Core patient care processes were redesigned, affecting the practice patterns and the working relationships among many different clinical care providers. In many cases, patient care practice was for the first time standardized." The evaluators added that eight Strengthening Hospital Nursing sites made "lasting improvements in patient care, and in most cases created new models of nursing practice and new relationships among nurses and other providers of care."

The Nursing Services Manpower Development Program

One issue not addressed by the Strengthening Hospital Nursing program was the low participation of minorities in nursing. In the late 1980s, just 8.5 percent of the nation's nurses were minorities. To try to remedy this problem and help ease the nurse staffing shortage, the Foundation mounted its \$3.2 million *Nursing Services Manpower Development Program* from 1990 to 1995.

This relatively small program cast a wide net to see if innovative models could be found for recruiting minorities and individuals who were not traditionally attracted to the field, such as older single parents and men. Through its seven sites, the program provided participants with clinical experiences and other types of assistance that would better prepare them for work in nursing. For example, I'M READY, the project at the University of Illinois at Chicago, reached out to African American and Hispanic students from seventh grade on, giving them information about careers in health care and then supporting them to satisfy the academic requirements for entry into a nursing program. Project Overlap in Indiana helped high school juniors, especially minority students, gain admission to nursing schools, apply for financial aid, and overcome problems such as lack of transportation. The Nurse Recruitment Coalition in Pittsburgh provided minority and nontraditional students with psychosocial support, tutoring, and help with computers and study habits.

Ladders in Nursing Careers

At about the same time, the Foundation was supporting the *Ladders in Nursing Careers*, or LINC, program in New York City, which helped entry-level and midlevel health care workers in hospitals and nursing homes get the education they needed to enter nursing and advance in the field. During their participation in the program, housekeepers, nurses aides, security guards, and secretaries attended nursing school full time and worked part-time, while receiving full salary and benefits from their institutions. These employees would not otherwise have been able to attend school. Of the 419 employees in the program, more than two-thirds were minorities and more than 50 percent were single parents. Three-hundred-ninety of them graduated from a nursing program; 90 percent of them passed the state licensing exam.

In light of these positive results, the Foundation funded a \$5 million initiative to replicate Ladders in Nursing Careers nationwide. Like the New York program, the national Ladders in Nursing Careers program, which operated from 1993 to 1997, enabled health care workers to go to school full time and work part-time while continuing on full salary and benefits. The program paid their tuition and related expenses and provided support services, such as one-on-one counseling, review study sessions, and skills enhancement classes. In exchange, these employee-students agreed to give the hospital or other health care organization that sponsored them eighteen months of service for each year they were in the program, up to a maximum of four years.

Like many other Foundation programs in the 1990s, Ladders in Nursing Careers ran into an unexpected roadblock—managed care. With its emphasis on short hospital stays, low reimbursement formulas, and outpatient care, managed care led hospitals to reduce their nursing staffs substantially. As a result, the Ladders in Nursing Careers program was modified in 1995. In addition to training employee-students to enter the nursing field, it prepared them to work in other health care jobs, such as physical therapy and respiratory therapy, where hospitals needed workers. In 1997, when the program ended, 934 employees—nearly 40 percent of them minorities—had participated in it. Of the total, 826 were enrolled in nursing degree programs and 108 in related health fields. An evaluation of the Ladders in Nursing Careers program found that it had achieved its objectives and that “it showed that a project originating in an urban environment can be replicated in other sites, including rural ones.”

**The Mid- and Late 1990s:
Enhancing the Education
of Nurses and Nurse
Practitioners****Partnerships for Training**

Eleven years after The Robert Wood Johnson Foundation's last foray into nurse practitioner training had ended, it picked up the thread again with a program called *Partnerships for Training*. This \$14 million program, which ran from 1994 through 2004, funded eight regional partnerships in twelve states to expand primary health care to medically underserved urban and rural communities.

Developed to address one of the major obstacles faced by prospective nurse practitioner students from underserved areas—the inability to go away to school because of the expense or family obligations—it also tackled a related problem: nurses who left rural areas to get nurse practitioner training rarely returned home. The idea behind the program was that students could be trained in their own communities, where they would be more likely to remain to practice their professions. Thus, rather than have students leave home to become nurse practitioners, physician assistants, and nurse-midwives, Partnerships for Training brought education to them via distance learning technologies. Partnerships were forged between forty-six universities (they provided the academic degree program) and community organizations and leaders (who identified potential students, often helped support them financially, and frequently served as mentors).

It turned out that the thinking behind the program was right. Nearly 90 percent of the 1,200 graduates—most of them trained to be nurse practitioners—remained in their communities. Typical of the graduates is Faye Warren, a nurse for twenty years in Clinton, North Carolina. She worked in her full-time job and cared for her family while studying online in the distance learning nurse practitioner program at Duke University. After she graduated, Paul Viser, a physician in her community, hired her to work with him in his practice instead of choosing a physician, as he had done before. “I needed someone who could see patients, and I was looking for a colleague, not an employee,” Viser said.

Partnerships for Training had its challenges. For example, much of the original training was done by video teleconferencing; when the technology changed and material could be transmitted more easily and cheaply by the Web, making the transition involved work that had not been anticipated or budgeted. Moreover, some faculty resisted teaching students via long-distance computer technology.

Despite the challenges, those associated with the program have been positive about it. “This ‘grow-your-own’ model is proving to be one of the most successful ways to date of increasing the number of primary care practitioners in health professional shortage areas,” according to a report, *Educating Primary Care Practitioners in Their Home Communities: Partnerships for Training*, produced by the program. Jean Johnson-Pawlson, the program's national director, said that 1,080 additional health care workers staying in their community translated into primary care for 2.5 million people. She noted that even though the Foundation's funding for the program had ended, all the participating schools were continuing to educate students in delivering primary care.

Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development

In 1994, the Foundation authorized *Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development*, a \$7 million, nine-year program aimed at creating workforce development systems with the capacity to meet the shifting demands for nurses. These systems encompassed regional or

statewide schools of nursing, nursing employers, professional organizations, and businesses. The program set up twenty regional collaboratives to try to take on the myriad interconnected issues affecting the nursing profession.

The collaboratives collected data on the supply of and demand for nurses in local markets. They mounted initiatives such as nursing recruitment efforts, raised money, planned for long-term needs, and set up a national information-sharing network. Although the collaboratives consisted of people who didn't ordinarily have much to do with one another, "they found many things they could agree on, like setting up long-term planning to meet the needs of the local region from the grassroots up instead of the other way around," said Mary Rapson, director of Colleagues in Caring's National Program Office at the American Association of Colleges of Nursing. "This was a different approach."

A major accomplishment was setting up systems to address the barriers that different nursing degree programs put up—barriers that discourage nurses from obtaining advanced schooling. Colleagues in Caring worked with the regions and the states to design ways for nurses to return for a higher degree without repeating courses they had already taken, as often occurs. "They opened up a clear and unencumbered educational pathway for nurses to move from diploma training through the baccalaureate without any interruptions," said the Foundation's Terrance Keenan. "A student who graduates with an associate degree from a community college can be admitted to the third year of nursing school at, say, the University of Maryland in Baltimore. That's a big thing. She gets the BSN within eighteen months or two years instead of much longer."

Many sites worked to develop lists of competencies that should be taught at each degree level (hospital diploma, associate degree, baccalaureate degree) so that it would be clear whether nurses had an adequate knowledge base for a particular job. But not much headway was gained in getting hospitals to place nurses in positions commensurate with their education and to compensate them based on the amount of their schooling. "If we don't change the hospital benefit package, we won't get the number of people that we need to go back to school," Rapson said. "There is no incentive for nurses to get higher degrees if they don't get paid better."

An evaluation by the Lewin Group reported that "overall, the program has fostered innovative strategies for addressing nursing workforce development issues...As a result, the program...has established a solid foundation and achieved growing recognition both inside and outside the nursing arena."

The Robert Wood Johnson Foundation ended its funding of the Colleagues in Caring program in 2003. Keenan said that the decision not to continue funding "was no disparagement of the program. It was the Foundation's intent to launch a new collaborative effort among all levels of nursing education and nursing care. It was a concept that took hold." According to Rapson, the collaboratives have evolved into "nursing workforce development centers" to continue the work started in the program, and they plan to meet annually to share information. "We started a movement that will go on in some form without us," she said.

Today's Nursing Programs Executive Nurse Fellows

Nurse executives in clinical settings, colleges, and public health are being challenged as never before. Although they have made some strides in reaching management positions in recent years, a glass ceiling allows them to go only so far. Even as the nation wrestles with health care crises, one rarely sees nurses on boards of directors or in leadership positions where they participate in making major decisions.

To bring the most promising nurses into the top tier of health care leadership, the Foundation authorized the *Executive Nurse Fellows Program* in 1997. It is the Foundation's first nursing fellowship program since Clinical Nurse Scholars ended in 1991. Under the program, each year up to twenty senior nursing executives (from health care services, public health, and nursing education settings) are awarded a three-year fellowship that enables them to receive advanced training in leadership skills. The fellows continue to hold their regular jobs while participating in the program, which takes them away from their home organization for four to six weeks a year.

The program's National Program Office, located at the Center for the Health Professions of the University of California, San Francisco, evaluates each fellow's leadership skills and then tailors a three-year plan to meet his or her needs. The fellows take seminars and workshops together and do independent studies. Leaders in industries outside of health care share insights about how to anticipate and handle change. A high-level executive, generally from outside of the health care system, serves as a mentor to each fellow. The Robert Wood Johnson Foundation contributes \$45,000 toward each fellow's training, while the fellow's employer contributes \$30,000 or its equivalent. The employer must also agree to allow time off with pay for the employee to participate in the Executive Nurse Fellows Program.

Marilyn Chow, the program's director and vice president for patient services at Kaiser Permanente's national office in Oakland, California, said she hoped that the training would impart such skills as the ability to inspire, to lead change, and to create strategic vision. "Nurses may not have been given the skills, the mentoring, and the coaching to really be in leadership roles," Chow said. "We're trying to inspire nurse executives. We're taking them out of their narrow clinical focus, helping them to see the bigger picture—how they can transform and lead the kind of delivery systems we will need."

An evaluation of the program by the Lewin Group in 2002 found that the program "fulfills a unique and valuable niche within the nursing arena." Although it was too early to say whether the fellows would become important national nursing leaders, the evaluation noted that they were "gaining a heightened presence beyond their organizations, and, in many cases, beyond the nursing discipline through venues and activities that heighten exposure in ways that may lead to future national leadership roles."

Transformation of Care at the Bedside

In 2002, a Foundation-commissioned study, *Health Care's Human Crisis: The American Nursing Shortage*, laid out the full breadth and depth of the serious nursing shortage of the late 1990s and early 2000s. This shortage, it said, is different from others because it is not just the product of not enough young people entering nursing. What's different is that although the demand for nurses in

all health care environments is voracious, nurses, frustrated by their poor working conditions, are exiting in great numbers.

The report did not fall on deaf ears. The next year, The Robert Wood Johnson Foundation made nursing one of eight targeted areas and established a staff team to develop and oversee programs to tackle the hospital nursing shortage. The team is taking on one sizable area of the nursing shortage—improving nurses’ work environment so hospitals can attract and hold onto them.

The attention to hospital nursing sprang from the Foundation’s renewed emphasis on improving the quality of patient care—and an understanding of how critical nurses are to that goal. “There is a difference in thinking now,” said Risa Lavizzo-Mourey, president and chief executive officer of The Robert Wood Johnson Foundation. “We are approaching quality of care from the patient’s perspective, and believe that the sorts of issues that create dissatisfaction among hospital patients are also the ones that make the nursing profession dissatisfied with its role. Creating the kind of work environment for nurses that will ensure patient safety and quality of care requires a broad approach and a long-term commitment, entirely consistent with the Foundation’s goal to ensure that all Americans have access to quality care at a reasonable cost.”

The Foundation has committed \$1.8 million through 2006 toward this effort, at which time it will be evaluated for further funding. The nursing team focuses on three target areas: (1) improving the processes and systems that govern nurses’ work; (2) promoting the design of hospital buildings that create healing environments for patients and improve worker safety, productivity, and satisfaction; and (3) improving the culture of hospitals. The centerpiece of the nursing team’s strategy is an initiative called Transforming Care at the Bedside.

Transforming Care at the Bedside, which has distinct echoes of the earlier Strengthening Hospital Nursing initiative, strives to improve patient care by finding ways to enhance the nursing environment and to allow nurses to concentrate more fully on patient care. “Everything has to do with improving the work environment in hospital settings,” said Susan Hassmiller, who leads the Foundation’s nursing team. “That’s where graduates go when they finish nursing school; that’s where a lot of them have their first taste of nursing; and that’s what causes them to leave. The work environment is highly unsatisfying for nurses and, in this regard, can and does affect the overall quality of patient care.”

The first stage of the Transforming Care initiative was to develop—in collaboration with the Institute for Healthcare Improvement, or IHI, a leader in the field of quality-of-care improvement with headquarters in Boston, and IDEO, a California-based design firm—prototype strategies to improve nurses’ working conditions. Strategies focused on the themes of improving safety, eliminating waste, promoting staff vitality, and creating patient-centered environments. Three hospitals, already known to be innovators, were picked to test some of these ideas (such as reducing the redundancy of paperwork), as well as others they generated themselves. The three hospitals then spent ten months, ending in May 2004, testing the strategies in one or two of their medical-surgical nursing units to learn whether rapid testing of small changes at the unit level was feasible.

In the next phase, thirteen leading hospitals were invited to participate in a two-year pilot phase that builds on the work of the three prototype hospitals. Technical assistance from IHI is being provided to help the hospitals make meaningful, sustainable changes. Each participating hospital is required to contribute about \$54,000 to IHI to help cover the cost of technical assistance. The Robert Wood Johnson Foundation is supporting all of the initiative's research and development costs, including a two-year evaluation and work with the hospitals' chief financial officers to develop a business case for transforming care at the bedside.

Charging a fee put the Foundation in the unusual position of having to make a business case to sell its own program to potential participants. "The case was fairly simple," Hassmiller said. "If you join us, we'll provide the help needed to help you to keep your patients safe, reduce errors, improve your environments for both patients and staff—and increase your retention of nurses." With an average cost of \$40,000 per nurse turnover, the Foundation believes the business case is sufficiently strong to ask hospitals to make the investment. "Without cost data and a business case, it is hard to sway the disbelievers, especially at other hospitals," Hassmiller said. In addition, she noted, the Foundation is making efforts to embed the program within each hospital so that the changes developed under the program will live on after support from The Robert Wood Johnson Foundation ends.

If the pilot phase of the Transforming Care at the Bedside initiative goes well, the Foundation staff hopes to mount a demonstration phase in which many more hospitals will join, but this time they may be asked to adopt one of several specific strategies that are found promising in the pilot phase. In the meantime, the intense interest expressed by other hospitals nationwide has inspired the Institute for Healthcare Strategies and the Foundation to post regular "successful strategies" and other workplace improvement information on their Web sites, make presentations at conferences, and invite other hospitals to meetings.

The Foundation's Nursing Initiatives: A Look Back

Reviewing the Foundation's many nursing programs, one is struck by all the stops and starts. The Foundation seemed to hop from one program to another as pressing needs or the current nursing shortage grabbed its attention. Not surprisingly, program participants often say that the Foundation was too hasty in discarding programs for not meeting intended goals when perhaps all they needed was more time. The Clinical Nurse Scholars Program, they note, has had a lasting influence and could have been modified to satisfy the Foundation's misgivings about it. The Nurse Faculty Fellowships in Primary Care, they suggest, was another highly influential program that was halted too early. The questions about the Foundation's unwillingness to stick with its nursing programs extends to the Ladders in Nursing Careers, Colleagues in Caring, and Strengthening Hospital Nursing programs. "The challenge with these efforts is they are about cultural change," Kaiser Permanente's Marilyn Chow said. "It doesn't happen in the timeframe that you get funded."

Despite the lack of a coherent strategy in the past,¹² one has to be struck by the long-term commitment the Foundation has made to strengthening the field of nursing. While the Foundation has not devoted to nursing the same kinds of resources that it has to physicians, it has, since its inception as a national philanthropy in 1972, been a strong and relatively consistent supporter of nursing. And it

remains so to this day, when, in the context of a serious nursing shortage, it is working to address the fundamental issue of working conditions for hospital nurses.

Notes

1. Berliner, H. S., and Ginzberg, E. "Why This Hospital Nursing Shortage Is Different." *Journal of the American Medical Association*, 2002, 288, 2742–2744.
2. Hospital nursing programs varied in both quality and duration. Some required as little as one year of training; others required up to three years. On average, students could receive a hospital diploma after two years.
3. Aiken, L., Carke, S. P., Sloane, D. M., Sochalski, J., and Silber, J. H. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction." *Journal of the American Medical Association*, 2002, 288(16), 1987–1993.
4. Buerhaus, P. I., Staiger, D. O., and Auerbach, D. I. "Implications of an Aging Registered Nurse Workforce." *Journal of the American Medical Association*, 2002, 283(22), 2948–2954.
5. *The National Sample Survey of Registered Nurses*, 2000. Washington, D.C.: U.S. Department of Health and Human Services Bureau of Health Professions, Division of Nursing.
6. Buerhaus, P. I., Staiger, D. O., and Auerbach, D. I. "Is the Current Shortage of Hospital Nurses Ending?" *Health Affairs*, 2002, 22, 191–217.
7. Keenan, T. "Support of Nurse Practitioners and Physician Assistants." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1998.
8. After a three-year lapse, the Foundation continued its support of school-based health services by funding the \$20 million School-Based Adolescent Health Care Program between 1987 and 1993 and the \$46 million Making the Grade program between 1994 and 2001. The Foundation now funds the Washington, D.C.-based Center for Health and Health Care in Schools to provide technical support to school health programs and to disseminate the idea. Although the concept of school-based health never took off nationally, more than 1,500 elementary and secondary schools (out of a total of 115,000) nationwide currently have health programs staffed by nurses and nurse practitioners. They provide a broad range of services, especially mental health services, to needy children. See Brodeur, P. "School-Based Health Clinics." *To Improve Health and Health Care 2000: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2000.
9. Bronner, E. "The Teaching Nursing Home Program." *To Improve Health and Health Care, Vol. VII: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003.
10. Shaughnessy, P., and others, "Quality of Care in Teaching Nursing Homes: Findings and Implications." *Health Care Financing Review*, p. 10.
11. See Rundall, T. G., Starkweather, D. B., and Norrish, B. "The Strengthening Hospital Nursing Program." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1998.
12. Isaacs, S., Sandy, L., and Schroeder, S. "Improving the Health Care Workforce: Perspectives from 24 Years' Experience." *To Improve Health and Health Care 1997: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1997.