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## Nursing Care Providers in Home Care: A Shortage of Nonprofessional, Direct Care Staff

*A Pennsylvania report documents the problem.*

At-home nursing care can be provided by RNs, LPNs, nonprofessional direct care staff (DCS) such as home health aides and assistants, and unpaid caregivers such as family and friends. While the shortage of RNs in all settings has been noted in the popular and professional press, the shortage of nonprofessional DCS has received less attention. That shortage, however, can potentially affect the amount and quality of nursing care that Americans, especially older adults, receive.

Nonprofessional DCS, generally women aged 22 to 45 years, provide most in-home care. Women of color constitute about 30% of this workforce. They earn low wages and have limited opportunities for full-time employment. Although the work can be personally rewarding, it's physically demanding. DCS have little opportunity to obtain support from peers and other health care providers. The Bureau of Labor Statistics estimates that by 2008 the demand for nonprofessional DCS will have increased by more than 80% from its level in 1998.

And now there is a shortage of DCS. A recent report by the interagency task force of the

Commonwealth of Pennsylvania indicates that, although 88% of states have noted that DCS recruitment and retention are issues, only 31% have taken action. Reporting on findings from a 2000 survey in Pennsylvania, the authors found that 46% of licensed, certified home health agencies had some staffing shortages, while 21% reported severe shortages. The shortages were more pronounced in urban areas than in rural ones. At the same time, 26% of the agencies reported job-vacancy levels of about 20%, and 20% reported vacancy rates ranging from 10% to 20%.

More than 68% of licensed certified and licensed noncertified agencies have reported serious or somewhat serious problems retaining and recruiting DCS, a higher percentage than that reported in 1998. Of most

concern is their report that these shortages have limited the number of people served.

The shortage of nonprofessional DCS in home care is not unique to Pennsylvania; the state government merely took the time to document the DCS shortage that other states have reported anecdotally.

—Christine Tassone Kovner

Sources: Van Kleunen A, Wilner MA. Who will care for mother tomorrow? *J Aging Soc Policy* 2000;11(2-3): 115-26; Bureau of Labor Statistics. National employment matrix. [1999]. <http://www.bls.gov/asp/oepl/niem/empiohm.asp>; Leon J, et al. *Pennsylvania's frontline workers in long term care: the provider organization perspective. A report submitted to the Pennsylvania Intra-Governmental Council on Long Term Care*. Jenkintown (PA): Polisher Research Institute at the Philadelphia Geriatric Center; 2001 Feb. [http://www.pgc.org/PRI/projects/PA\\_LTC\\_workforce/PA\\_LTC\\_workforce\\_report.pdf](http://www.pgc.org/PRI/projects/PA_LTC_workforce/PA_LTC_workforce_report.pdf).

### FAST FACTS

- ▼ Of 84.6 million ambulatory care visits to hospital outpatient departments in the United States in 1999, 39.2% were with RNs.
- ▼ Every hour of patient home health care results in 48 minutes of paperwork.
- ▼ The Bureau of Labor Statistics expects employment of RNs in home health services to increase by 82% between 1998 and 2008.
- ▼ Although nurses constitute the largest group of professional health care workers, they are cited in the press on health care issues less than 4% of the time.

Sources: Ly N, et al. *National Hospital Ambulatory Medical Care Survey: 1999 outpatient department summary*. Washington (DC): National Center for Health Statistics; 2001 Jun 26. Advance Data No. 321. <http://www.cdc.gov/nchs/data/ad/ad321.pdf>; <http://www.aha.org/ar/Advocacy/paperworkreport.asp>; Bureau of Labor Statistics. Office of Occupational Statistics and Employment Projections. *Total employment by occupation and industry, 1998 and projected 2008: registered nurses*. [1999]. [ftp://ftp.bls.gov/pub/special.requests/ep/IND-OCC.Matrix/Occ\\_PDF/OCC0201.pdf](ftp://ftp.bls.gov/pub/special.requests/ep/IND-OCC.Matrix/Occ_PDF/OCC0201.pdf); Sigma Theta Tau International. Web site [select media]. 2001. <http://www.nursingsociety.org/>.

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## RESEARCH BRIEF

### Time, Task, and Talents in Ambulatory Care Nursing

*RNs rank importance of tasks in daily practice and the time spent on them.*

In a survey (N = 121) assessing the practice patterns of registered nurses representing 37 medical specialties in ambulatory care settings, researchers found discrepancies between what ambulatory care RNs think is important in daily practice and the work they actually do.

Operational tasks such as escorting patients, setting up examination rooms, and stocking supplies consumed the most RN time but were rated lowest in the hierarchy of what nurses felt was important for professional practice. Activities requiring the use of nursing knowledge and judgment such as patient education, advocacy, caring, supervision of assistive personnel, coordination, resource identification, and interdisciplinary work were rated as being very important but done less often. These results could help explain job dissatisfaction as well as recruitment and retention problems among ambulatory care nurses.

The major barrier to practice-pattern change was lack of time. Time spent by RNs on administration and clinic sessions left little time for the staff development and program redesigning required to alter practice patterns. The wide variety of operational tasks itself, though necessary to keep clinics functioning, was also seen as a barrier to professional nursing practice.

In addition, other team members' lack of understanding of the talents ambulatory nurses bring to the clinical situation results in underutilization of the RN's full scope of nursing practice.

—Renee Daiuta Feuerbach

Source: Schim SM, et al. Time, task, and talents in ambulatory care nursing. *J Nurs Adm* 2001;31(6):311-5.

## Counting Nurse Practitioners

*Data sources provide information about NP care in ambulatory settings.*

Information about nurse practitioner (NP) practice patterns can be used to explain to the public and government the valuable contributions that NPs make to health care. Until recently, little data has been available on the amount and type of care NPs provide in ambulatory care settings. Now two sources of data will provide more information about NPs. They are the National Ambulatory Medical Care Survey (NAMCS) from the Centers for Disease Control and Prevention and the planned Advanced Practice Registered Nurse Research Network (APRNet).

**NAMCS.** The NAMCS is a nationally representative sample of office-based, nonfederally employed physicians (with a response rate of 69%). Unfortunately, in some cases NPs' and physician assistants' (PAs) responses are combined. NPs cared for patients during more than 8 million visits (1.1% of the

757 million visits) made to physicians' offices in 1999. According to Hooker and McCaig's analysis of the NAMCS, primary care physicians were more likely to see older adults than were NPs or PAs. Twenty percent of primary care physician visits were with patients 65 years and older, while in 11% of visits in which a patient saw only an NP or a PA, patients were 65 years and older. NPs were more likely to provide therapeutic or preventive service than were physicians and about as likely as physicians to prescribe medication.

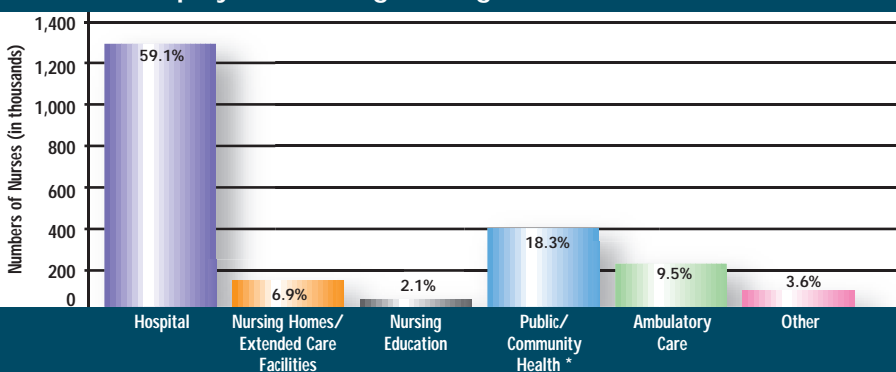
**APRNet.** The AHRQ's funding of the APRNet at Yale University School of Nursing is an exciting new development. Based on a pilot study funded by Pfizer Inc. to obtain data on a national sample of NPs, the development of a network of NP practices (linking individual practices for the purpose of data collection) is under way in southern New England to facilitate future research.

As government agencies recognize the importance of NPs as health care providers, there will likely be further efforts to obtain data on them. Nurses should use their influence to make that happen.

—Christine Tassone Kovner

Sources: Cherry DK, et al. *National Ambulatory Medical Care Survey: 1999 summary*. Washington (DC): National Center for Health Statistics; 2001 Jul 17. Advance Data No. 322. <http://www.cdc.gov/nchs/data/ad/ad322.pdf>; Hooker RS, McCaig LF. Use of physician assistants and nurse practitioners in primary care, 1995–1999. *Health Aff* (Millwood) 2001;20(4):231-8. ▼

### Employment Settings of Registered Nurses, 2000



\*Includes occupational and school health settings

Bureau of Health Professions, Division of Nursing. The registered nurse population: National Sample Survey of Registered Nurses—March 2000: preliminary findings, February 2001. Rockville (MD): Department of Health and Human Services; 2001. <http://ftp.hrsa.gov/bhpr/nursing/sampsurvpre.pdf>.