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**Guest column: Recognize nurses as leaders in health care**

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As the new Obama administration and Congress look to enact health-care reform, they must not only address the issue of covering Americans who are uninsured. They must also address the challenges of providing quality care to an aging population. The aging boom facing Iowa and the nation is coupled with a shortage of nurses and other health-care professionals prepared with the knowledge of geriatric principles needed to care for older Americans.

Iowa is first in the nation in population over 85, and second in those over 75. Based on a shift in our population demographics, a significant increase in health-care providers will be needed to care for seniors in Iowa over the next 10 to 20 years. However, we are already facing a severe nursing shortage with less than 1 percent of RNs geriatric-certified.

Recruiting and retaining geriatric-prepared nurses to lead care of our older citizens is key, yet even in Iowa , a state with strong gerontological nursing leadership, we are challenged to meet the demand.

Strong leadership is essential to meet these challenges and others facing hospitals and health-care organizations. The leadership team for a hospital board of directors may include lawyers, doctors, finance experts, physicians and community leaders. But who better to provide an intimate perspective on patient safety and quality care on a board of directors than a nurse? Nurses have a critical role to play in offering solutions to the challenges of quality, safety, patient satisfaction and staffing shortages facing our state's health-care organizations.

According to the Institute of Medicine, nurses are the health-care professionals most likely to intercept medical errors, which cost hospitals nationwide $3.5 billion annually. Nurses manage the entire caredelivery process, interact more frequently with patients and their families and keep the entire caregiver team working together effectively. A nurse brings a different perspective.

Today's nurse is often educated in a diversity of fields, including health-care administration, financial management, quality improvement, fundraising and information technology. He or she also is likely to have key characteristics that provide value to a board, such as a willingness to be highly engaged in the decision-making process, expert facilitation skills, the ability to get along with others and strong relationships within the community. Nurses also understand why nurses leave, and strategies for getting them to stay. Doesn't it make sense to include nurses in the executive-level decisions about how to recruit and retain nurses, particularly in settings providing care to older adults?

In my role on the Board of Directors of the American Geriatrics Society, I have been able to impact recommendations for legislation changes that directly affect funding for the health-care work force, such as the Senate bill introduced by Sen. Herb Kohl, D-Wisc., titled "Retooling the Health Care Workforce for an Aging America Act of 2008." The bill provides many opportunities to address geriatric work-force issues, including expansion of funding for nursing.

Involving nurses in executive-level decisions is the optimal way to obtain critical input on management issues or quality improvements and to impact decisions related to health-care reform to make it more affordable, more accessible and of higher quality to all, particularly our senior citizens. Health-care leaders in Des Moines and around Iowa should utilize the unique contribution nurses can make in governance positions and look within their communities to find candidates who can broaden the perspective of their governing boards.

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