

Experience-complexity gap: A new challenge for nursing

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Abstract

Worldwide, hospitals and health systems are experiencing a new nursing workforce shortage: a lack of experience. As older nurses retire and the influx of new nurses continues to grow, the net effect is a decline in the overall experience of the nursing workforce. At the same time, the provision of health care is becoming increasingly complex. This phenomenon is called "the experience-complexity gap." If not addressed, the gap between experience and complexity will widen and put health care quality and safety at risk.

Today hospitals and health systems face a new shortage of nursing staff: a lack of experience. At the same time, the provision of health care has become increasingly complex. The Nursing Executive Centre of the Advisory Board has developed a name for this new challenge and call this phenomenon "the experience-complexity gap".¹ This gap is expected to increase in the coming years as the retirement rate of more baby boomers, and the continuing growth of nursing employment continues (Nursing Executive Centre, 2018). If not addressed, the difference between experience and complexity will expand and can threaten quality and safety of health care. As experienced nurses retire, new

graduates and health care beginners flood the workforce. Although young nurses may seem to be a problem for health institutions and hospitals, they are exposed to new treatments and technologies that experienced nurses are not used to. While the complexity of the care increases, there are large differences between the nurses of the younger generations. As the average age of nursing practitioners decreases, organisations need to adapt training and resources to enable new clinicians to achieve essential skills. With the world pandemic moving forward, staff support and training priority has changed.²

As the overall experience of the nursing workforce declines, the nursing care that nurses need to provide remains more complex. For example, according to the "Centres for Medicare and Medicaid Services" (CMS) database of United States, patient acuity is rising, particularly in the inpatient setting. Patient acuity means the measure of a patient's severity of illness or medical conditions, including, but not limited to, the stability of physiological and psychological parameters and the dependency needs of the patient and the patient's family. Higher patient acuity requires more intensive nursing time and advanced nursing skills for continuous surveillance. Patient acuity is a concept that is very important to patient safety. Presumably, as acuity rises, more nursing resources are needed to provide safe care.³ Between 2012 and 2017, the average case mixture index increased from 0.11 to 0.15 for non-intensive care units, and the number of comorbidities also increased. In addition, it is expected that nurses learning of the care protocol will increase as the importance of electronic documentation will increase, making the care process more difficult.⁴ According to Dracup and Christopher 2004, nurses develop clinical skills by repeating repeated treatments in similar situations and then providing the

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same type of treatment in different situations. Many factors can explain the slow progress from “newbies” to “competencies”. Firstly, today there are more and more skills and competencies that nurses must learn in order to provide safe delivery of care. Secondly, it is challenging to learn new skills in the fast-paced health care environment because there is a short time to absorb new information and practice new skills. Thirdly, there are fewer, less acute, less complicated patients that managers can assign new nurses. Finally, experienced nurses have fewer opportunities to coach novice nurses because more complex care takes a large part of their time.⁵

Outpatient opportunities increase competition between registered nurses (RNs) supply and tight operating margins pressure labour costs. The provision of nursing services varies in some countries, and the provision of nursing services increases as the supply of nursing services increases. According to the Department of Health Resources and Services Administration of Iraq, by 2030, the shortage of RNs will be a problem, but the shortage of RNs will be more than 293,800 in the country. Population density, location, type of services by area, and local employment competition are factors that contribute to these regional differences. This excess is probably due to the increase in young nurses looking for employment. Increased technology, patient expectations, and various skills have increased nurses' time to attain a “competent” level. Unfortunately, the complex and variable environment in the practice of today's inpatients, our new nurses are asked to care for patients of many different types with different needs at a very early stage of their career. Boston-Fleischhauer has said, “Early mastery of any key skill becomes much harder for them, slowing their progression to ‘competent.’ This is what's exacerbating today's challenging situation”.⁶

BRIDGING THE GAP

With the retirement of baby boomers and the replacement of new graduates, the gap between experience and complexity is expected to increase. If not addressed, the differences in experience and complexity may jeopardise the health care safety and quality. There are no good or bad competencies. New

nurses need to know or understand the term of office (technical terms) at the beginning of their mandate. Therefore, this practice involves making hard trade-offs to support the novice nurses in making more effective learning in their tenure and then pacing and sequencing additional learning opportunities over time. Because of the complexity of the medical field, it takes time to gain the knowledge and skills required to deal with the work intricacies of medical field. As all healthcare environments face many challenges daily, it is important to provide learning opportunities to newly licensed nurses to rise to competent positions. When nurses with different experiences offer opportunities throughout the organisation, their abilities become more flexible. Redistributing nurses can help to reduce labour costs because nurses can move to the organisation where they need most. Finally, distinguishing the role of experienced nurses will affect the effectiveness of skilled, qualified, and experienced nurses in organisations.¹

Although the hospitals and health organisations aim to provide as much information as possible to new employees, many organisations have recently made extensive investments in education. In addition, nurses have a residency program, an online learning module, a mentoring group, and training in simulation labs. Virtual nurses are a new addition to the nursing model, helping ease staffing tensions and providing nurses with more onsite training opportunities.⁷ Most virtual nurses have a wide range of experience and can provide specialised care for many organisations. When virtual nurses join newly created nurses, nurses learn the patterns and signs of alerting expert staff in an emergency situation. Scheduling the appropriate combination of the RN's experience levels at the site and virtual level will reduce the waiting time between patients when complications occur.⁸ In order to fill this gap, nurses should focus on the best opportunities to accelerate the transition from novice to professional and take advantage of existing experience in the organisation. Effective teaching of nurses from the start will accelerate the transition to nursing education.

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