

Theme: To examine whether the level of community social capital in an area may affect health outcomes via its affect on the quality of medical care in U.S. communities.

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Abstract

Background

One of the ways in which social capital may affect health outcomes is by allowing individuals to more effectively network in order to exert the pressure necessary to bring needed medical resources to their community. A key medical resource category is registered nurses (RNs). Ample evidence exists that demonstrates that hospitals with lower RN-to-patient ratios have a greater number of adverse events than those hospitals with a higher RN-to-patient ratio. Maintaining high RN-to-patient levels is made more difficult by the continuing shortage of registered nurses (RNs) in the United States (U.S.). This results in an ongoing problem that affects both the quantity and quality of healthcare available. We theorize that communities with higher levels of community level social capital (CSC) may be more likely to choose to have high RN-to-patient ratios than communities with lower levels of social capital. We also theorize that communities with lower levels of CSC may have a more difficult time recruiting and retaining RNs.

Objective

To examine the impact of (CSC) on RN-to-patient ratios and also on the likelihood that RNs leave their job or the nursing profession.

Data and Methods

The data sources to be used in this study is the National Sample Survey of Registered Nurses, the xxx [for ratio data], the Area Resource File, and County Business Patterns. We will estimate generalized linear models of RN-to-patient ratios with area-level fixed effects, demand factors (physicians per capita, hospital beds per capita, wage rates), supply factors (nurses per capita, wage rates) and community characteristics (social capital, unemployment, age distribution). We will also estimate probit models of job retention in hospitals controlling for demographics (age, gender, race/ethnicity, education, marital status, presence of young children), demand factors (physicians per capita, hospital beds per capita, wage rates), supply factors (nurses per capita, wage rates) and community characteristics (social capital, unemployment, age distribution).

Results

Forthcoming.

Implications

Community social capital (CSC) may have a positive impact both on RN-to-patient ratios and on retention of registered nurses; the impact of CSC may differ by educational preparation of RNs. Policies to increase community social capital may be valuable.