

DELAWARE HEALTH CARE COMMISSION
COMMITTEE ON NURSING WORKFORCE SUPPLY

SOLVING
THE NURSING SHORTAGE
IN DELAWARE

KEY FINDINGS AND RECOMMENDATIONS

March 2002

DELAWARE'S NURSING SHORTAGE

What: The nursing shortage threatens the stability and quality of the health care system for Delawareans.

When: Delaware health care organizations are feeling the shortage now.

Why: There are a multitude of factors contributing to the shortage. Causes include a poor image of careers in nursing; a tighter labor market that puts nursing in competition with other professions; an aging population that needs more care and produces fewer young people to work in nursing; and work climates that hamper nurse recruitment and retention.

Who: The greatest concern is the shortage of Registered Nurses. However, there are also shortages of Licensed Practical Nurses, Certified Nursing Assistants and nurse educators.

Where: The shortages in Delaware are most severe in hospitals and long-term care facilities.

Please refer to Chapter 2 for supporting detail.

SOLVING THE NURSING SHORTAGE IN DELAWARE

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Introduction

The mission of the Delaware Health Care Commission is to promote access to affordable, quality health care for all Delawareans. An adequate health professional workforce is fundamental to achieving that goal. A sufficient supply of qualified nurses is essential.

The current and growing shortage of nurses is posing a real threat to the ability of hospitals, long-term care facilities and others to provide timely access to quality care. Nurse staffing shortages contribute to the growing reduction in the number of staffed patient beds available for services, increasing costs, and rising concerns about the quality of care. The shortage may also hinder Delaware's ability to respond to any unfortunate mass medical crisis due to terrorism or other devastating occurrences.

The Commission recommends taking steps now to fix the shortage. Delaware must increase the number of people who enter and stay in the nursing profession.

The Commission is pleased to offer this report and recommendations.

Acknowledgements

The Delaware Health Care Commission's Committee on Nursing Workforce Supply serves as the focal point in Delaware for understanding the factors contributing to the shortage. The Committee structure enables various constituencies to join forces and pool resources toward the development and implementation of strategies to ensure an adequate supply of nurses in the state.

The Committee is commended for identifying the factors contributing to the shortage, developing the recommendations to fix it, and committing to support their implementation.

Committee Membership

Lois M. Studte, RN, BSN, M.Ed, Committee Chair

Commissioner, Delaware Health Care Commission

Prue E. Albright, RN, MSN

Public Health Nursing Director

Delaware Division of Public Health

Vicki Allen, RN, MS

Vice President of Patient Care Services

Nanticoke Health Services

Ruth Bashford, RN, MN
Executive Director, Delaware Nurse's Association

Sharon Benson, RN, MSN,
Center Director, Blue Hen Surgery Center

Iva Boardman, RN, MSN
Executive Director
Delaware Board of Nursing

Pat Engelhardt, RN, MS
Member, Nursing Home Residents Quality Assurance Commission

Edward Goaté, PhD
Chairman, Central Delaware Community Health Partnership

Helen Groft
Director, Workforce Development
Delaware Economic Development Office

Katie Halen
Vice President, Human Resources
Beebe Medical Center

William E. Kirk, III, Esq.
Vice President, General Counsel and Corporate Secretary
Blue Cross Blue Shield of Delaware

Joseph M. Letnaunchyn
President, Delaware Healthcare Association

Joseph A. Lieberman, III, MD, MPH
Commissioner, Delaware Health Care Commission

Robert F. Miller
Commissioner, Delaware Health Care Commission

Betty J. Paulanka, Ed.D., R.N.
Dean of the College of Health and Nursing Sciences
University of Delaware

Louisa Phillips, MS, RN, CNAA
Immediate Past President, Delaware Organization of Nurse Executives

Allen Prettyman, RN, MSN, CFNP
Manager, Medical Services for Preventive Medicine
Christiana Care Health Services

Edward Simon
Labor Market Information Supervisor
Office of Occupational and Labor Market Information
Delaware Department of Labor

Marianne Smith, RN
Director
Division of Mental Retardation
Delaware Department of Health and Social Services

June Turansky, RN, MSN
Nursing Department Chair
Delaware Technical and Community College Owens Campus

Yrene Waldron, NHA
Executive Director
Delaware Health Care Facilities Association

Mary Watkins, PhD, RN
Chair and Professor, Nursing Department
Delaware State University

Executive Summary

The nursing shortage is causing staffing problems and delays in care in Delaware hospitals, long-term care facilities and other health care sites. There are many factors causing the shortage:

- An aging nursing workforce
- Declining numbers of people seeking nursing careers
- Dissatisfaction with work environments
- More competitive wages in other professions
- Alternative career choices for women
- An aging population that requires more health care

There are approximately 500 vacant positions for Registered Nurses and 150 vacant Licensed Practical Nurse positions in private hospitals and long term care facilities. In addition, shortages exist in home health, hospice, and other areas.

Nursing does not function in isolation, but is one segment of the overall health delivery system. Thus, when nursing numbers fall short, the impact is felt across the entire spectrum of the health care system. Because of this complexity, there will not be an easy or single solution. Correcting the shortage will require strategies that travel multiple paths and the concerted efforts of many stakeholders.

Personnel shortages in health care organizations also are not limited to this one occupation. For example, there also exist in certain areas shortages of licensed practical nurses and certified nursing assistants, pharmacists, radiologic technologists, billing clerks/coders, laboratory technologists and others. In some areas, there are also shortages of physicians and dentists. However, the most visible of health professional shortages and the one currently receiving the most public attention is the shortage of registered nurses to provide patient care. This is the main focus of this report.

The recommendations section of this report (Chapter 6) includes detail to facilitate implementation, including:

- Assumptions underlying implementation of the recommendations
- Rationale for each recommendation
- Administrative responsibility suggestions
- Potential funding sources

“Recommendations At-A-Glance” begins below.

The recommendations section is preceded by information about the nursing profession that will serve as a baseline from which to measure progress and as a resource for parties interested in making improvements. Topics covered include the:

- Magnitude and causes of the shortage
- Impact of the shortage on access, cost, and quality
- Nursing demographics, employment and wages
- Nurse education – opportunities and challenge
- Nurse licensure – current requirements and emerging trends

RECOMMENDATIONS AT-A-GLANCE

Public Policy

1. Centralize Healthcare Workforce Development Activities: Establish a “*Healthcare Professional Workforce Development Board*” to centralize and facilitate the study of the ongoing issues of supply and demand, education, practice and research of health care professionals, including nurses across the continuum of the health care system.

Recruitment

2. Targeted Recruitment: Initiate formal recruitment programs that will encourage individuals to pursue nursing and other health-related careers. Place an emphasis on encouraging school-aged and college-bound students to consider health careers. Go beyond targeting young women for nursing, and tailor programs to target men, ethnic and racial groups under-represented in the field, and adults interested in switching careers.

3. Media: Launch a media campaign (and/or coordinate/enhance existing campaigns) to:

- (1) Increase awareness about the nursing shortage
- (2) Highlight the positive aspects of careers in nursing
- (3) Call attention to the programs in place to help students pursue nursing degrees

Targeted audiences could include guidance counselors, school nurses, scout leaders, and others. Practicing nurses could help deliver the message.

4. Scholarships and Loan Repayments: Create scholarships and loan repayments for nurse education to:

- Allow more need-based students to pursue nursing careers
- Make pursuing a nursing education more attractive to more people
- Increase the size and expand the diversity of the nursing workforce

Retention

5. Compensation: Base compensation on education, work-related skills and flexibility – in addition to years of service. Use hiring practices that *encourage* retention and *discourage* “quick fix” approaches that may lower morale among current employees.

6. Staffing: Achieve staffing levels that will provide optimal patient outcomes, staff satisfaction and organizational objectives through the development of appropriate “models of care”. The models should define the roles of technical and support staff and their responsibilities and delineate scopes of nursing practice with corresponding competencies.

7. Respect: Recognize and treat nurses as professionals. Develop collaborative practice initiatives among nurses, physicians and other disciplines to develop mutual respect. Insist on work environments free of fear and intimidation. Empower nursing staff as leaders; give them an active role in the decision-making process.

8. Leadership: Management of health care provider organizations should support the role of nursing leadership. The nurse manager's position description should emphasize retention of staff at the front line of care delivery. Concurrent with providing nurse managers the tools to retain staff, nurse managers must also clearly understand their responsibility and accountability for nurse retention.

9. Mentoring: Establish effective mentoring programs for new nursing graduates. Establish mentoring programs for aspiring nurse leaders; offer mentors to new nurse managers.

Education

10. Continuing Education: Enhance continuing education opportunities for currently employed nurses through tuition reimbursement, flexible scheduling, and career ladders. Continuing education opportunities keep nurses current on clinical issues and demonstrate organizational commitment to nurses.

11. Entry Level Education: Increase access to entry level nursing education by removing barriers for potential students. Examples include:

- Stipends to complement need-based scholarships
- Expanded scholarship opportunities for need-based students (please reference Recommendation Number 4, pertaining to scholarships and loan repayments)
- Increased opportunities for nursing students to participate in nursing education classes and clinical rotations at alternative times and venues, such as in the evenings, weekends or via the Internet
- Coordinated nurse educational programs to ease the transition from one degree- level to another ((LPN to RN (diploma or ADN) to BSN)) among the different colleges and universities in Delaware

12. Faculty Development: Increase the number of qualified nursing education faculty so that all eligible applicants on admission waiting lists can receive a nursing education. Explore:

- Partnerships between colleges/universities and provider organizations
- Expanded master's level and doctoral level programs
- Flexible hours and financial supports to allow practicing nurses to seek advanced degrees.

CHAPTER 1

PROJECT BACKGROUND

Study Purposes

Ensuring an adequate workforce is fundamental to maintaining a health care system with appropriate (1) access, (2) quality, and (3) cost. The key project purposes:

- Develop an understanding of the critical factors causing the current nursing shortage in Delaware and the nation, and
- Convene multi-disciplinary groups to develop a strategic statewide plan to prevent the shortage from undermining the Delaware health care system.

Study Methodology

The Commission used a committee structure to complete the project. This complements the Commission's role as a policy setting body that encourages critical thinking across agency lines and the public and private sectors. The project was designed to achieve the following:

- Develop a base-line snapshot of nursing in Delaware
- Identify the magnitude of the current and projected shortages
- Identify the factors causing the shortage
- Identify strategies for fixing the nursing shortage
- Initiate activity around implementation of the strategies

The Committee membership included representatives from nursing practice and leadership; hospitals, long-term care facilities; nursing education; the insurance industry; the general public; and state government.

Committee members were responsible for representing their respective constituencies and assuring appropriate communication with their peers regarding committee discovery and direction. All meetings were open to the public to ensure broad public input.

Committee sessions were devoted to identifying the multitude of issues contributing to the nursing shortage. This resulted in the formation of workgroups around four key categorical areas:

- Recruitment
- Retention
- Education
- Public Policy

For each topic, the workgroups:

- (1) Identified factors contributing to this nursing shortage
- (2) Identified the impact of these factors on the nursing profession and the impact on access to care and the quality of care
- (3) Developed recommended strategies to address identified problems and the means for implementing them

In addition:

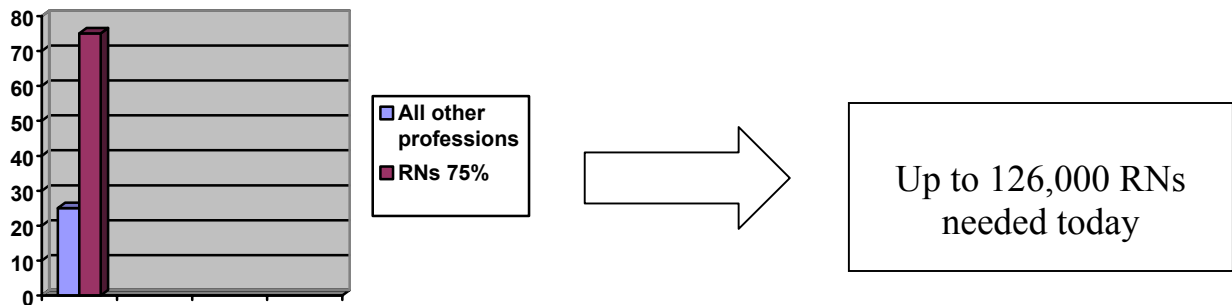
- Extensive literature reviews were augmented by in-depth discussions at monthly meetings.
- Committee members and staff attended state, national and local conferences.
- Experts on the issue presented at Committee meetings, including representatives from the Department of Labor, the Delaware Healthcare Association, Maryland Commission on the Nursing Crisis, and the lead researcher on a study of nursing in Delaware jointly conducted by Wesley College Division of Nursing and the Division on Legislation of the Delaware Nurses Association in cooperation with the Delaware Board of Nursing.
- The Committee considered other states' strategies, including North Carolina and Maryland.
- Town meetings were held in every county -- over 160 Delaware nurses participated. (Please reference the appendix for more detail.)
- A key-stakeholder sounding board forum was conducted to test the acceptance and feasibility of the Committee's draft recommendations, make refinements and generate commitment for championing and participating in their implementation. Almost 100 Delawareans participated. (Please reference the appendix for more detail.)

CHAPTER 2

THE MAGNITUDE OF THE NURSING SHORTAGE

Health care providers across the nation are experiencing difficulties recruiting and retaining nurses.

The American Hospital Association reports that staffing shortages affect hospitals across the country every day. Results of a survey of 715 hospitals published on June 5, 2001 indicates that there is a nursing shortage among hospitals, that it is growing worse and is having an impact on the ability of hospitals to provide care. The shortages appear to be more critical in specialty areas like labor and delivery and critical care.¹



As many as 168,000 hospital RN positions are unfilled, according to the American Hospital Association.²

A nursing shortage also exists in long-term care. An October 2001 report by the American Health Care Association shows that 18.4 percent of Registered Nursing positions in nursing homes are vacant. Long-term care facility projected increases in demand between 2000 and 2020 for Registered Nurses is 44.2 percent. The projected increase in demand for Licensed Practical Nurses is 47.9 percent. Statistics show 70,000 vacancies across the country for Certified Nursing Assistants from 1998 to 2008, and 800,000 new Certified Nursing Assistants needed.³

¹Committee member Louisa Phillips, MS, RN, CNAA, Immediate Past President, Delaware Organization of Nurse Executives conducted the research and provided the information identifying the hospital areas appearing to be experiencing the most severe shortages.

² Source: AHA Special Workforce Survey. Hospital positions included in survey: Registered nurses, Pharmacists, Radiological Technologies, Laboratory Technologists, Billing/Coding, Housekeeping/Maintenance.

³ Presentation by Sean Clarke, RN, PhD, CRNP, CS, Assistant Professor, School of Nursing, Associate Director, Center for Health Outcomes and Policy Research, University of Pennsylvania, at Delaware Health Care

A convergence of fewer nurses coupled with increased demand for services is cause for concern. By 2020 the number of Registered Nurses is expected to be nearly 20 percent below workforce requirements.⁴

In Delaware, the Registered Nurse employment rate per 100,000 population fell 10.5 percent between 1996 to 2000.⁵ In total, for the period ending September 30, 2001, there were approximately 487 vacant RN positions and 149 vacant LPN positions in Delaware.

In Delaware, hospital and health system members of the Delaware Healthcare Association statewide vacancy statistics for the period ending September 30, 2001 were:

- Registered Nurse: 366.6 positions, a 7.94 % vacancy rate
- Licensed Practical Nurse: 34.2 positions, a 10.14% vacancy rate
- Certified Nurse Assistant: 36.80 positions, a 3.48 % vacancy rate

The vacancy rate for these hospitals' affiliated long-term care facilities were as follows:

- Registered Nurse: 18 positions, 15.99 % vacancy rate
- Licensed Practical Nurse: 9 positions, a 13.80 % vacancy rate
- Certified Nursing Assistant, 29 positions, a 12.62 % vacancy rate

In Delaware, the highest vacancies exist in long-term care nursing, emergency departments, critical care units, and hospital operating rooms.⁶

A survey conducted by the Delaware Health Care Facilities Association on staff vacancy and turnover gives an indication of vacancies in private long-term care facilities not affiliated with DHA-member hospitals. The membership of the Delaware Health Care Facilities Association includes 42 long-term care facilities. The DHFA arrived at the number of vacancies reported by extrapolating vacancies of reporting facilities (15 for the RN positions, 14 for the LPN positions, and 16 for the CNA positions) to all facilities.

- Registered Nurse: 55 vacancies, a 19.5% vacancy rate
- Licensed Practical Nurse: 73 vacancies, a 15.4% vacancy rate
- Certified Nursing Assistant: 219 vacancies, a 13.8 % vacancy rate⁷

Commission, Committee on Nursing Workforce Supply, Delaware Nursing Workforce Planning Forum: brining Key Stakeholders Together, November 15, 2001.

⁴ Implications of an Aging Registered Nurse Workforce. Peter I. Buerhaus, PhD, RN; Douglas O. Staiger, PhD; David I Auerbach, MS. JAMA. Vol. 283 No. 22, June 14, 2000.

⁵ United States General Accounting Office report GAO-01-944, Nursing Workforce: Emerging Nurses Shortages Due to Multiple Factors, Report to Chairman, Subcommittee on Health, Committee on Ways and Means, House of Representatives, July 2001.

⁶ Louisa Phillips, MS, RN, CNAA, Immediate Past President, Delaware Organization of Nurse Executives, "Cost, Quality and Access are Jeopardized by the Nursing Shortage", June 19, 2001.

⁷ Report dated 9/18/2001, submitted by Yrene E. Waldron, N.H.A, Executive Director, Delaware Health Care Facilities Association, to the Delaware Health Care Commission, Committee on Nursing Workforce Supply. The membership of the Delaware Health Care Facilities Association includes 42 long-term care facilities. The DHFA arrived at the number of vacancies reported by extrapolating vacancies of reporting facilities (15 for the RN positions, 14 for the LPN positions, and 16 for the CNA positions) to all facilities.

Delaware state health care facilities face similar shortages. The vacancy rate for Registered Nurses ranges from 5 percent to 29 percent, depending upon the location and type of employer. For example, the department is experiencing the following vacancy rates:

- RN public health nurse positions: 5 vacancies, a 5% vacancy rate
- RN long-term care positions, 25 vacancies, a 20% vacancy rate
- RN psychiatric nurse positions, 18 vacancies, a 19% vacancy rate
- LPN positions, 33 vacancies, a 31% vacancy rate⁸

Looking at sheer numbers makes it difficult to quantify the actual size of the nursing shortage because there is no consensus on the optimal ratio of nurse to patients. There are simply too many variances in how providers -- hospitals, nursing homes, clinics and others -- use nurses in delivering care.⁹

Nevertheless, national projections regarding the supply and demand for nurses are helpful.

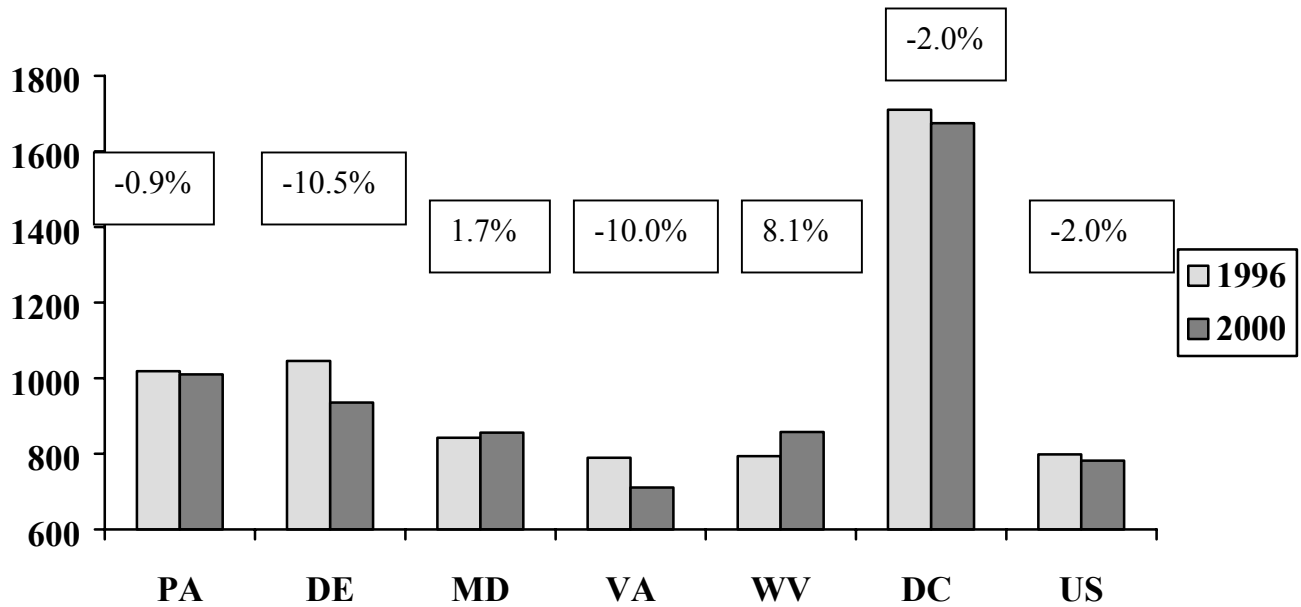
- The U.S. Bureau of Labor Statistics projects one million new nurses will be needed by the year 2010.¹⁰
- The U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA), is preparing a report on the national nursing shortage for release in early 2002. Its 1996 report projected the national nursing shortage would begin in 2010. HRSA staff informs that the updated statistics will show the national shortage coming several years earlier. The new information will also show a very slight decline from its last report in 1996 in the demand for nurses (2%) but a larger decline on the supply side, due to decreased enrollment in nurse education and an aging workforce.

⁸ Department of Health and Social Services, Nurses Statistics for January 1, 2001 to August 1, 2001.

⁹ U.S. General Accounting Office, Testimony before Subcommittee on Health, Committee on Energy and Commerce, House of Representatives, Health Workforce, *Ensuring Adequate Supply and Distribution Remains Challenging*, August 1, 2001.

¹⁰ The figure reported in the November 2001 Monthly Labor Review released by the U.S. Bureau of Labor Statistics, "Occupational employment projections to 2010" by Daniel E. Hecker, includes total job openings due to growth and net replacements.

However, as shown below, a regional look in the change in RN employment per 100,000 population for mid-Atlantic states and the nation, 1996-2000, shows a decline in most states.¹¹



¹¹ HRSA data, analyzed and presented by Government Accounting Office, 2001. Presented by Sean P. Clarke, RN, PhD., CRNP, CS, University of Pennsylvania, keynote speaker at November 15, 2001 Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together, sponsored by the Delaware Health Care Commission and its Committee on Nursing Workforce Supply.

CAUSES OF THE SHORTAGE

The attractiveness of health careers has diminished significantly.

Root causes point to: perceptions of the health care field as insecure and low tech; shift work (24 hours/7 day per week demands); and as offering less psychic reward (i.e., in hospitals, shorter lengths of stay limit nurses ability to form strong relationships with patients and their families).¹² A perceived lack of job security holds over from the 1990s when economic pressures and a perceived oversupply led hospitals to lay off nearly 40,000 nurses and replace them with 100,000 lower paid nurses' aides in 1995-1996.¹³

The nursing workforce is aging.

The average age of registered nurses is 45,¹⁴ and within the coming decade 40% of nurses will be over age 50¹⁵, less able to perform the heavy lifting or work the long hours required and nearing retirement.

Women are choosing other careers.

Women, who have traditionally formed the foundation of the nursing workforce, are choosing other careers. The number of men who are choosing nursing is failing to offset the number of women pursuing other professions.

There has been a decline in nursing school enrollments.

Enrollments in nursing students in entry-level bachelor's degree programs fell by 6.6 percent in 1997, 5.5 percent in 1998, and 4.6 percent in 1999 and continued to decrease in 2000, albeit at a slower rate.¹⁶ Reductions in nursing program enrollments narrow the pipeline of young people entering the nursing profession. Nursing schools have turned away almost 5,000 qualified students across the country due to an insufficient number of faculty, clinical sites, class room space and budget constraints.¹⁷ The fall of 2001 is the first time in six years that statistics have shown an increase in enrollment into entry-level baccalaureate programs, according to the American Association of Colleges of Nursing, but the number of nurses in the pipeline is not large enough to meet the projected demand for a million new nurses over the next 10 years.¹⁸

¹² James Bentley, Ph.D., Senior Vice President, Strategic Policy Planning, American Hospital Association, November 6, 2001 presentation, Delaware Healthcare Forum.

¹³ Peter I. Buerhaus, professor, Vanderbilt University School of Nursing, quoted in Hampton Roads, Virginia News, "Where have all the nurses gone?", January 14, 2001.

¹⁴ National Sample Survey of Registered Nurses 2000, Division of Nursing, Bureau of Primary Care, Health Resources and Services Administration.

¹⁵ American Organization of Nurse Executives, Congress Daily, A.M, 2/14

¹⁶ American Colleges of Nursing reference, "Nurse Workforce: Condition Critical" and issue brief by the National Health Policy Forum at The George Washington University, Washington, DC, June 1, 2001. .

¹⁷ Statistics from American Association of Colleges of Nursing presented to members and staff of U.S. House of Representatives Committee on Education and the Workforce, in preparation for September 11, 2001 hearing on "The Nursing Shortage: Causes, Impact and Innovative Remedies"

¹⁸ American Association of Colleges of Nursing, Press Release: Enrollments Rise at U.S. Nursing Colleges and Universities Ending a Six Year Period of Decline – Enrollment Increase Insufficient to Meet the Projected Need for New Nurses", December 20, 2001. Citations references U.S. Bureau of Labor Statistics reported by U.S. Bureau of Labor Statistics in its November 2001 *Monthly Labor Review*.

Shortage of Qualified Nurse Educators

Most nurse educators started their careers as bedside nurses. A shortage of nurses eventually translates to a shortage of faculty -- and that limits the number of students that can be enrolled into nursing programs.

Job dissatisfaction and burnout fuel the shortage.

Dissatisfaction with the work environments due to factors such as inadequate staffing, heavy workloads and increased use of overtime in hospitals and nursing homes steers young peoples' interest away from entering the nursing profession and moves those in the profession toward early retirement.¹⁹ Job dissatisfaction amongst nurses is three to four times higher than for other professions.²⁰

Retaining nurses is difficult.

Thirty percent of nurses under 30 years old leave nursing within 3 years of practice²¹.

More nurses are needed to care for an aging population.

The population is aging and needs more health professionals to meet its increasing health care needs. Hospitalized patients are sicker and need more specialized care,²² and the need for care in other settings, such as nursing homes, is increasing. New positions in health care are rising at a faster rate than for other areas. Particularly in times of low employment, this exacerbates the difficulty of recruiting a sufficient number of individuals to meet the demand for health care professionals. According to the Delaware Department of Labor, health services employment is expected to increase from 30,000 to 38,000 jobs by 2008.

Fewer people of working age are available to become nurses.

Sheer age demographics of the Delaware population also will make filling all needed nursing positions difficult. The fastest growing population cohort is in those over age 45. According to the Delaware Department of Labor, since the 1980s, the total population has increased by more than 27 percent, yet there has been a 16 percent decline in persons aged 15 to 24 years old available to enter the workforce. At the same time, there has been more than a 63 percent increase in jobs. How can we fill this gap?²³

¹⁹ Nursing Workforce, Emerging Nurse Shortages Due to Multiple Factors, U.S. General Accounting Office, Report to the Chairman, Subcommittee on Health Committee on Ways and Means, House of Representatives, July 2001.

²⁰ Survey data reported in Nurses' Reports on Hospital Care in Five Countries, Health Affairs, Aiken, Linda H., et. al, May/June 2001.

²¹ Marla Salmon, Dean of the School of Nursing, Emory University. Presentation at The George Washington University National Health Policy Forum Session: Nurse Workforce: Condition Critical, Washington, DC. June 1, 2001 reporting on research conducted by Linda H. Aiken, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing.

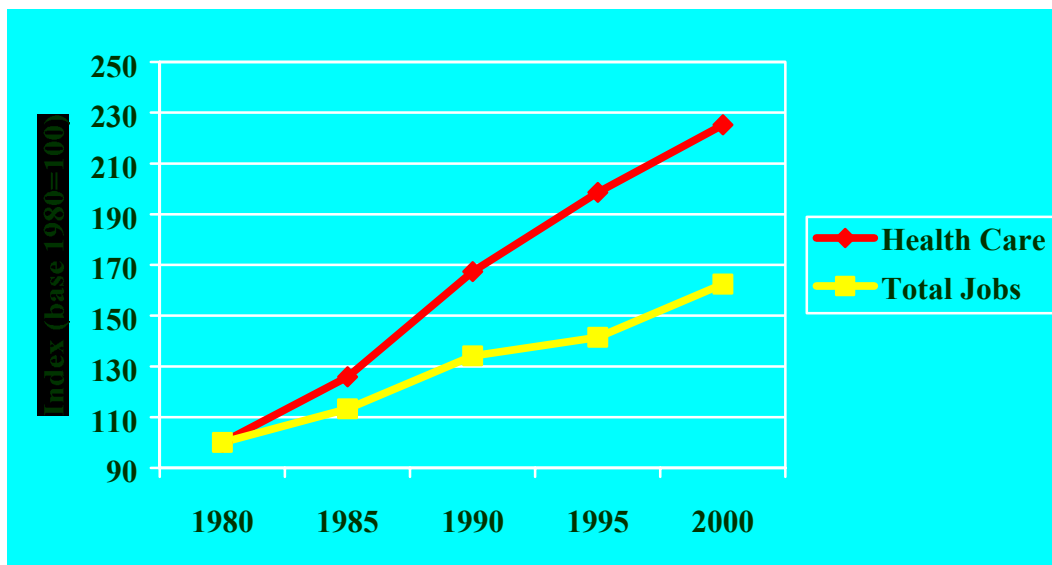
²² "Facts on the Nursing Shortage, Sigma Theta Tau International, www.nursinghonor.org/media/facts, 1999.

²³ Edward Simon, Delaware Department of Labor, Office of Labor Market Information, presentation to Delaware Health Care Commission, Committee on Nursing Workforce Supply, February 15, 2001.

Job competition from other industries makes it harder to recruit nurses.

The health care industry is in stiff competition with other industries for employees, and the overall demand for employees in Delaware is outpacing supply. Projections for the period 1998 to 2008 show new job growth in Delaware (76,000 positions) plus replacements (99,500) will result in a demand for 175,000 employees. Yet the net population gain of 15-64 year olds is projected to supply only about 76,400 employees.²⁴ An insufficient number of employees to meet demand fuels intense competition outside of health care for employees that might otherwise become nurses, as shown below.

Relative Increases in Delaware jobs: Total versus Health Care
Source: Delaware Department of Labor



²⁴ Edward Simon, Delaware Department of Labor, February 2001.

IMPACTS OF THE NURSING SHORTAGE ON HEALTH CARE ACCESS, QUALITY AND COST

The nursing shortage jeopardizes each of three cornerstones of the health care system: access, cost and quality. This is true for the care provided by both hospitals and long-term care facilities.

An inadequate number and/or inappropriate skill mix of nursing professionals is causing some facilities to delay or cancel surgeries and delay the transfer of patients from one level of care to another.

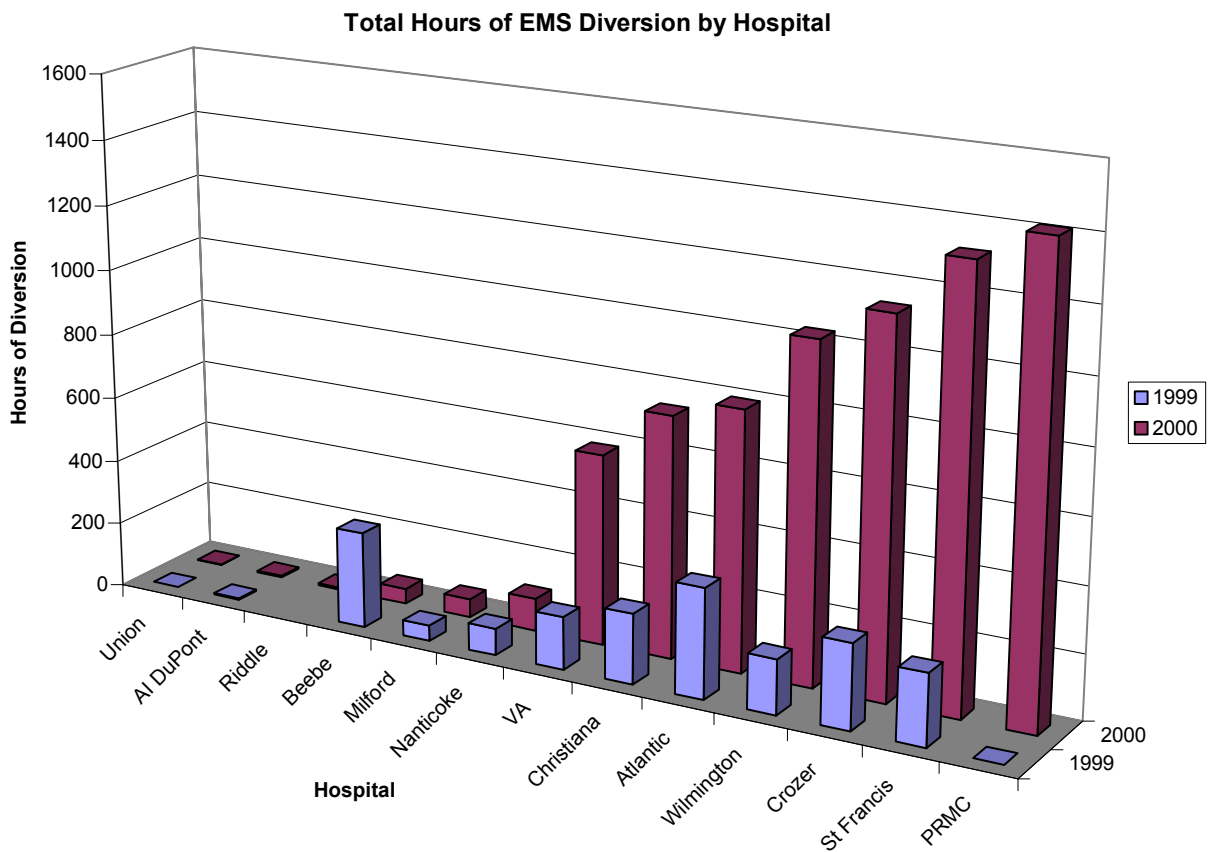
Shortages of health professionals in nursing homes have a direct impact on the quality of life and the well being of elderly and disabled residents who live there. Across the health system spectrum, when nursing home staffing levels are too low to meet statutory minimum staffing ratios, facilities must close beds. This forces hospitals to keep patients who are medically ready for discharge to a nursing home or other to sub-acute care providers but have no place to go. In turn, this hampers both hospitals' and nursing homes' ability to operate efficiently. Hospital over-crowding, concerns about whether there are enough nurses to provide high quality care, nurses who feel overwhelmed by their workloads, and a general increase in workplace stress are common results. These factors make it even more difficult for health facilities to recruit and recruit nurses.

Impacts on Access

Impacts on access to care include cancellations of inpatient and outpatient surgeries, increased waiting times for surgery, reduced number of staffed patient beds, diversions from hospital emergency departments, and overcrowding in emergency departments.²⁵ Delaware acute care hospitals participate in the Statewide Diversion Policy that was implemented by Delaware's Office of Emergency Medical Services. Under this policy, hospitals can request diversion (in two hour blocks of time) from the State Medical Director (or his designee) when they no longer have the ability to safely treat emergency patients. The patients are then diverted to another nearby facility that does have the capacity to treat them.²⁶

²⁵ AHA News, June 11, AHA report shows staffing shortages threaten access to quality health care. Che Parker.

²⁶ Hospitals go on diversions when there are not enough beds or staff in the emergency department or the overall hospital to adequately care for patients in a timely manner. When a hospital goes on diversion, it notifies the Emergency Medical Services (EMS) units so they can consider transporting patients to other hospitals that are not on diversion. If a patient is in unstable condition, the EMS unit will take the patient to the nearest appropriate hospital, regardless of diversion status. If the patient's condition is stable, and the patient prefers to go to a hospital on diversion, the hospital will do its best to provide high quality medical care as quickly as possible. However, if the patient's illness or injury is not serious, they may have to wait longer than usual to be seen by a doctor, and may be held in the emergency department or other area of the hospital until the type of bed needed is available. Source: Suzanne Raab-Long, Delaware Healthcare Association, December 2001.



The Delaware Office of Emergency Medical Services notes an “extreme increase” during 2000 “in the total hours of diversions from all previous year’s data”.²⁷ Although the causes of hospital overload and diversion are many and complex, staffing levels do play a role. The graph above compares 1999 and 2000 Delaware hospital diversion hour totals.

The American Hospital Association in June 2001 reported the following occurring in hospitals:

- ⇒ 30% reported overcrowding in Emergency Departments
- ⇒ 24% reported exceeding 90% peak patient census
- ⇒ 17% reported having been on divert status in the Emergency Department
- ⇒ 18% reported decrease in beds due to staffing shortages
- ⇒ 16% reported increased wait times for surgery
- ⇒ 11% reported canceling inpatient or outpatient surgeries
- ⇒ 95% reported reduced outpatient capacity

Impacts on Quality

A report from the Health Resources and Services Administration found a relationship between higher RN staffing levels and the reduction of certain negative hospital inpatient outcomes, such as urinary tract infection and pneumonia.²⁸ A Health Care Financing Administration report to

²⁷ Delaware Emergency Medical Services, Hospital Diversion Policy, Data Summary 2000.

²⁸ Harvard School of Public Health, Vanderbilt University School of Nursing and Abt Associates, “Nurse Staffing and Patient Outcomes in Hospitals, contract No. 230-99-0021, HRSA (Washington, DC:HHS, 2001)

Congress, based on an analysis of data from three states, found a direct relationship between nursing staffing levels in nursing homes and the quality of care.²⁹

An increasing amount of evidence demonstrates an association between health care quality and the number of RNs in the clinical setting, the perceived value placed on nursing by the practice setting and the education level of nursing staff. These findings have been documented in institutions designated as “magnet” hospitals by the American Nurses Credentialing Center.³⁰ These magnet hospitals have a higher proportion of nursing staff prepared at the BSN level and a higher nurse to patient ratio, factors determined by research to be associated with more satisfied patients and higher quality care, than the national average for all hospitals.³¹

Research shows that nurse staffing levels and skill mix do make a difference in patient outcomes. When there are more nurses there are lower mortality rates, shorter lengths of stay, better patient plans of care, lower costs and fewer complications. A two-year government funded study commissioned by the U.S. Department of Health and Human Services, Health Resources and Services Administration, examined more than five million patient discharges from 799 hospitals in 11 states. The study compared medical outcomes that were better or worse because of the number or the ratio of registered nurses to less skilled nurses (Licensed Practical Nurses and nurses aides). It found links between staffing levels and urinary tract infections, pneumonia, length of stay, shock and upper gastrointestinal bleeding. Higher RN staffing levels were associated with 3% to 12% reductions in the rates of these adverse outcomes, while higher overall nurse staffing (a mixture of Registered Nurses, Licensed Practical Nurses and nurse aides) led to 2% to 25% reductions.^{32,33} According to Peter Buerhaus, PhD, RN, FAAN, the study’s co-director and senior associate dean for research at Vanderbilt University School of Nursing, the study shows that quality is directly related to nurse staffing, and not, as sometimes thought, to be solely related to physicians or the medical services and treatments offered to patient.

²⁹ The three states studied were New York, Ohio and Texas for calendar years 1996 and 1997.

³⁰ The American Nurses Credentialing Center is a national certification organization that has established the magnet hospital program as a means for recognizing excellence in nursing care. Hospitals seeking the designation must meet 14 standards.

³¹ Study led by Dr. Linda H. Aiken, Ph.D., R.N., F.R.C.N., F.A.A.N., the director of the Center for Health Outcomes and Policy Research, University of Pennsylvania, published in the American Journal of Nursing, March 2000. The study compared ANCC-recognized “magnet” hospitals with hospitals recognized as “magnet hospitals” by the American Academy of Nursing (AAN) in an earlier study. AANC magnet hospitals employed 190 full time equivalent RNs per 100 patients compared with 128 RNs per 100 patients in the original magnets, and 109 registered nurses per 100 patients for community hospitals overall. The nurse-to-patient ratios were obtained from analysis of 1997 *Annual Hospital Survey* of the American Hospital Association.

³² Nurse Staffing and Patient Outcome in Hospitals, Final Report, US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Contract No. 230-99-0021, February 28, 2001.

³³ Four HHS agencies sponsored the study: Health Care Financing Administration, HRSA, National Institute for Nursing Research and the Agency for Healthcare Research and Quality.

More nurses, better outcomes

Hospitals with more registered nurses providing care had lower rates of negative clinical outcomes.

Clinical Outcome	Percent decline
Urinary tract infection	12%
Shock	10%
Pneumonia	8%
Upper gastrointestinal bleeding	7%
Length of stay	6%
Adverse surgical events	6%

Source:

US HHS

The Centers for Disease Control and Prevention has identified a link between improved nurse-to-patient ratio and lower bloodstream infection outbreaks in hospitals.

In an American Nurses Association staffing analysis released February 6, 2001, 75 percent of respondents reported believing that the quality of care has declined in their work settings. There were also reports of increased time for medication requests, increased medication errors, longer waits for assistance, decreased time for patient education, breakdowns in care coordination and decreased patient satisfaction.

A three-year study conducted by the University of Pennsylvania on older adults with hip fractures found that physical restraints are used more frequently when nurse staffing is low. The increased use of restraints was linked to increased risk of complications, including pressure ulcers, infection and death. The research found restrained patients to be almost three times more likely to die and twice as likely to have difficulty walking at the time of hospital discharge.³⁴

Because of the impact of low levels of nurses on patients, some unions have advocated mandated nurse to patient ratios. However, most experts agree that, for a number of reasons, mandating staffing levels is not a good solution. Every nurse is not equal nor is every patient. Ratios do not take into account staff mix, experience, patient acuity and the availability of support services. In addition, ratios become ceilings rather than floors and hinder effective management of patient care.³⁵

The Joint Commission on Accreditation of Healthcare Organization, whose mission is to improve patient safety and quality of care, is developing an enhanced set of accreditation standards that will focus on nurse staffing effectiveness. The JCAHO stresses that staffing adequacy is not measured simply by applying numbers and ratios, but by evaluating a group of factors, such as staff turnover, the number of hours a hospitals is not able to receive and treat

³⁴ "U of PA: Nursing Shortage Linked to Patient Mortality", Nursing Spectrum, Vol. 10 #12/A, June 18, 2001.

³⁵ When Care Becomes a Burden: Diminishing Access to Adequate Nursing Care, Clair M. Fagin, Milbank Memorial Fund.

emergency patients because of staff shortages, delayed or cancelled surgeries and the number and types of errors related to staffing issues.³⁶

Impacts on Cost

As the shortage worsens it is anticipated that, as in the last cyclical shortage, there will be a rise in RN wages. During the last shortage in the early 1980s RN wages grew an average of 8.8%. Indeed some hospitals across the country have already raised wages above the overall inflation rate and American Nurses Association affiliates across the country are seeking three-year wage increases of 21 percent or more. With nurses comprising such a large component of the health care sector, an increase in RN wages will be necessary to translate into higher health care costs.

Wage Increases

Numerous examples of rising RN wages are evident:³⁷

- Rhode Island Hospital, Providence in November ratified a contract with nurses including a minimum 16% wages increase over three years.
- Anne Arundel Medical Center, Annapolis, MD, gave a 10% increase to its patient care nurses.
- Catholic Healthcare West increased wages of 6.5 percent.

Although hospital wage data cannot be collected in Delaware due to legal reasons, anecdotal evidence indicates similar situations exist. Higher salaries can translate into higher health care costs for consumers. However, higher salaries may also translate into greater use of technicians or aides to perform duties now performed by nurses.

Bonuses

Nationally, health care organizations are offering large sign-on bonuses to attract nurses. Sign-on bonuses range from \$1,500 to \$8,000 and referral programs offer up to \$1,000 to individuals who make a successful referral of a nurse to fill a vacancy.³⁸ In addition, many Delaware health care organizations routinely pay higher wages for overtime work and work on weekends and in some cases pay bonuses to attract and retain nursing staff.

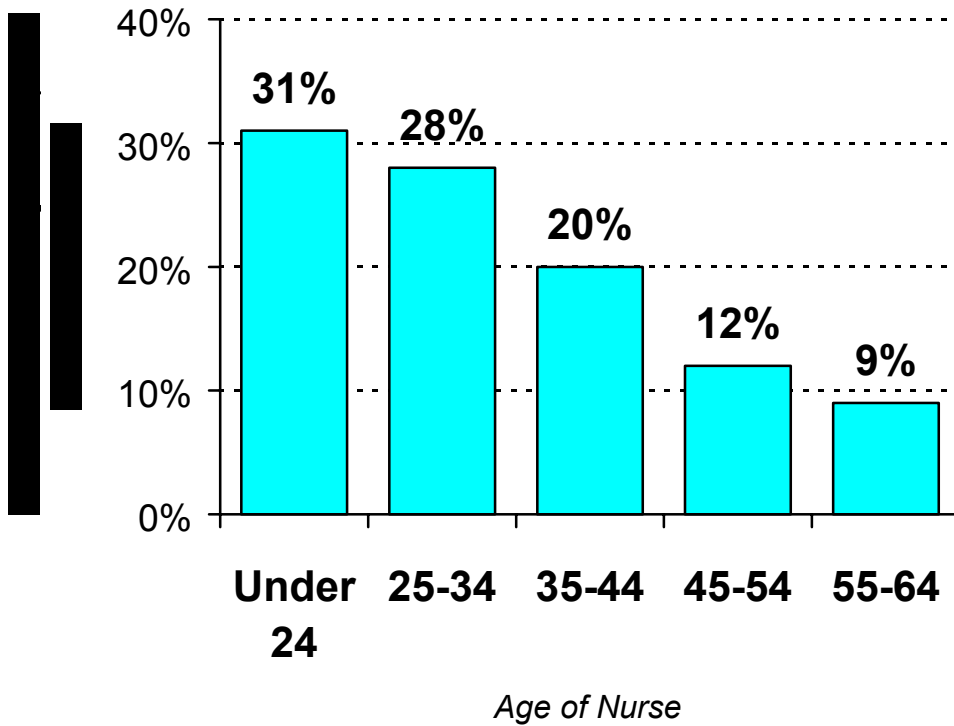
³⁶ Joint Commission Statement on Direct Care Staffing Shortages to the Senate Committee on Health, Education, Labor and Pensions regarding Direct Care Staffing Shortages, May 21, 2001.

³⁷ “New pay deals suggest health wages are rising much faster than inflation.”, AHA News, June 11, 2001.

³⁸ Facts on the Nursing Shortage, Sigma Theta Tau International, www.nursinghome.org, July 1999; The US Nursing Shortage: The New Realities in the Nurse Supply, www.hrlive.com/reports/rnshortage. June 30, 2000.

Turnover

National statistics show high turnover among new nurses.³⁹



About 25 percent of total turnover costs can be attributed to recruiting and hiring for the position. About 75 percent of the costs are due to lost productivity during the “turnover cycle” before, during and after the position is filled:

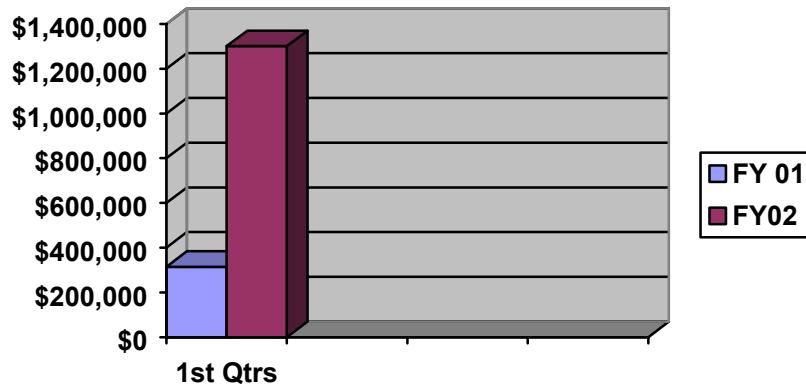
- Before: lost productivity of the incumbent and other employees
- During: lost productivity of the vacant position and other employees
- After: orientation, learning curve of new nurse, lost productivity of other employees

³⁹ The Advisory Board Company, Nursing Executive Center National RN Survey, October 1999.

Agency nurses:

To cope with the shortage, some hospitals and long term care facilities use “agency” or “traveling” nurses to supplement in-house nursing staff. Nurses willing to travel are recruited by agencies through bonuses, housing and the opportunity to experience different working environments. The cost to health care organizations of using agency nurses is significant. Delaware’s Department of Health and Social Services agency nurse expenses totaled \$1,300,736 for the first quarter of State Fiscal Year 2002. This represents a 314 percent increase over the amount the facilities spent on agency nursing in the first quarter of State Fiscal Year 2001.

Delaware Health and Social Services Agency Nurse Expenses



STRATEGIES UNDERWAY TO ADDRESS THE SHORTAGE

Federal Activity

Federal proposal:

- The Nurse Reinvestment Act is designed to provide training, incentives and higher wages to current and prospective nurses. The measure is designed to improve training, education and retention of nurses already active while attracting others back to the bedside. The bill would establish a national Nurse Service Corps, provide scholarships to RNS who commit to service in settings experiencing shortages, provide grants to recruit nursing students and expand Medicare and Medicaid funding for nurse education and reimburse some facilities for training RNs.

Existing federal programs include:

- *Nursing Education Loan Repayment Program*, which provides loan repayments of undergraduate RN education and advanced practice nurses (masters and above) who agree to practice in areas having a critical shortage. Federal Program. The Program, administered within the U.S. Department of Health and Human Services, recently received \$7.3 million to repay educational loans of clinical care nurses who agree to work for two years in designed public or nonprofit health facilities facing a critical shortage of nurses. This funding includes an extra \$5 million above previous levels to address the nursing shortage. The increase in the program will support 800 new nursing education loan agreements.
- *Nurse Education Act*, which provides grants to strengthen programs that provide nurse education. Lack of funding and other administrative restraints have barred HRSA from funding programs such as scholarships for disadvantaged students. A survey of students in their first and last year of nursing programs carried out under the Colleagues in Caring nursing workforce project in Maryland and the town meetings held in Delaware show a key barrier to entering nursing school and continuing nurse education is the inability to secure funds for school while balancing home and work requirements. Many students are also deeply concerned about the large loans they will face upon graduation.

Specific grant funded initiatives

There are number of grants available to promote the profession of nursing. Three examples:

- Geriatric Nursing Education Project – a grant initiative funded by The John A. Hartford Foundation and administered by the American Association of Colleges of Nursing. The initiative is designed to provide opportunities for nursing students to establish and sustain careers in geriatric advanced practice nursing (APN). Scholarships funds will be made available to schools of nursing to expand enrollments of geriatric APN students and support the leadership abilities in the students who receive the scholarships.

- Colleagues in Caring – a national grant program funded by the Robert Wood Johnson Foundation. Its purpose is to help states and regions to build systems of work force development with the capacity to adapt to changes in the nation's health care system. The regional focus assumes that most of the factors underlying nursing care requirements are local and regional in nature. This includes the employment market -- both supply and demand -- and population demographics reflecting needs for health care.
- H-1B Visa Grant Funds – a federal grant program funded from fees businesses pay to the federal government to import workers to fill positions in skills shortages areas, i.e., nursing. Grant funds are intended to train more U.S. citizens in these skills areas to decrease the need to import workers. Delaware has joined ten eastern Maryland counties in a grant application for \$3,000,000 to train current and potential workers in critical skill shortages in technical healthcare occupations.

Temporary and Itinerant Nurses

The use of traveling or itinerant nurses is the practice of using American nurses from one part of the country to fill vacancies in other parts of the country. Typically, nurse staff agencies recruit nurses to work on 13-week contracts and charge hospitals about \$40 to \$50 per hour per nurse,⁴⁰ offer their nurses higher wages than their original employer and significant bonuses for contract renewals. Some companies provide temporary nurses to work on a daily basis.

Foreign Nurses

Some medical centers are recruiting foreign nurses using temporary visa strategies for nurses who seek permanent residency for positions that cannot be filled by American nurses. For example a team from the University of Maryland Medical Center traveled to the Philippines, which has a surplus of nurses. Baccalaureate programs in the Philippines are reportedly almost identical to those in the states, and the nurses are educated in English as second languages. Positives of the practice of recruiting foreign nurses are cited as including career opportunity and a chance for US citizenship, paving the way for other family members to immigrate, a boost in wages, and added diversity to the US health care workforce, which has an under-representation of minority populations. Negatives include concerns about recruiting from countries with their own nursing shortages (i.e. Canada, Netherlands, England, others) and that it is a short-term answer for a problem needing permanent solutions.⁴¹

The 1999 Nursing Relief for Disadvantaged Areas Act allows for hiring up to 500 foreign nurses for the entire country, with state caps ranging from 25 to 50 nurses based on state populations. The nurses may work for four years in federally designated Health Professional Shortage Areas.⁴²

⁴⁰ "Nursing Shortage: Staffing Firms see Opportunity," American Health Line, August 27, 2001.

⁴¹ Hands from Abroad Shore Up Nursing Shortages, Nursing Spectrum, Vol. 10 #8, April 16, 2001.

⁴² Citation needed. Get from HRSA, Bureau of Primary Health Care

Slower processing of immigration paperwork stemming from the events of September 11 are reportedly causing delays in hiring for some health care facilities hoping to hire foreign nurses to reduce their vacancy rates.

Work Environment

No effort to address the nursing shortage will be successful unless the work environment is reformed. Strategies being either considered or employed include:

- Promoting practice environments that are interdisciplinary and build on relationships between nurses, physicians, other health care professional, patients and communities
- Developing patient care models that encourage professional nurse autonomy and clinical decision making
- Adoption of protocols recognizing professional practice environments, such as those promoted by the American Nurses Credential Center's Magnet Nursing Services Recognition Program

The American Hospital Association launched a commission to address immediate and long-term health care personnel shortages. A policy statement by the AHA Board, "Workforce Supply for Hospital and Health Systems—Issues and Recommendations" which serves as the framework for the commission's work, identifies several issues and potential solutions:

- Fostering education opportunities
- Broadening applicant pools and increasing the attractiveness of health careers
- Investing in innovations that develop health care as a competitive work environment, including flexible work schedules and new technologies that reduce or eliminate repetitive administrative tasks
- Reviewing compensation strategies and benefit programs and devising approaches to be more competitive and appealing to more workers

CHAPTER 3

THE NURSING PROFESSION – AN ENVIRONMENTAL SCAN

Introduction to Nursing

- ❖ *Registered Nurses make up the largest group of professional health care providers, with four times as many Registered Nurses in the United States as physicians.⁴³*
- ❖ *The average age of Registered Nurses is 45⁴⁴.*
- ❖ *Most Registered Nurses are employed by hospitals.⁴⁵*
- ❖ *A smaller number of RNs work in other settings, including ambulatory care, nursing homes and extended care facilities, community and public health settings and nursing education.⁴⁶*
- ❖ *More than 18 percent of Registered Nurses are not employed in nursing.⁴⁷*

⁴³ American Association of Colleges of Nursing, Education Center, “Your Nursing Career: A Look at the Facts, Internet download July 2001.

⁴⁴ The Registered Nurse Population, National Sample Survey of Registered Nurses, March 2000, Preliminary Findings, February 2001, Health Resources and Services Administration, U.S. Department of Health and Human Services.

⁴⁵ Occupational Outlook Handbook, U.S. Department of Labor, Bureau of Labor Statistics.

⁴⁶ National Sample Survey of Registered Nurses March 2000: Preliminary Findings.

⁴⁷ March 2000 National Sample Survey of Registered Nurses, HRSA

NURSING DEMOGRAPHICS – AGE, RACE/ETHNICITY & GENDER

Delaware and the Nation

The Delaware Board of Nursing estimates there are more than 10,000 RNs licensed in Delaware. The Board does not keep data on how many nurses are practicing or where they practice. To collect this and other information, Karen Panunto, MSN, RN, took the lead on a joint project by the Wesley College Division of Nursing and the Division on Legislation of the Delaware Nurses Association in cooperation with the Delaware Board of Nursing to determine the composition of nurses in Delaware.

A key part of the study was a survey mailed along with re-licensure applications by the Delaware Board of Nursing to all Delaware licensed registered nurses. Response to the survey totaled 5,332 RNs, for a 63.3 % response rate. These survey results form a baseline of information of Delaware nurses ages, race or ethnic background, county of practice, education levels, areas of practice, certifications and salaries. A complete copy of the published article and survey results from the study are included in the appendix. Highlights are below.

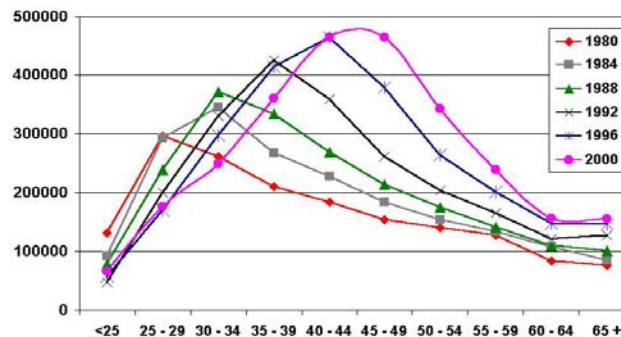
National statistics are derived from a national sample survey of nursing conducted in year 2000 by the Division of Nursing, Bureau of Primacy Care, Health Resources and Services Administration.

- ❖ The largest age cohort of Delaware nurses is between 40 and 49 years old.

36.3%	40-49 years old
26.7%	30-39 years old
21.8%	50-59 years old
9.4 %	20-29 years old

- ❖ Nationally, the average age of the RN population is estimated to be 45.2 years old. In 1980, 52.9 percent of all RNs were under age 40. In 2000, 31.7 percent were under age 40.

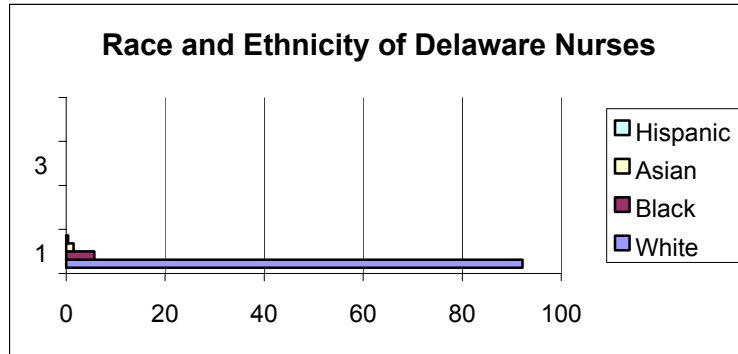
Age Distribution of the Registered Nurse Population, 1980-2000



Source: National Sample Survey of Registered Nurses, Division of Nursing, BHP, HRSA.

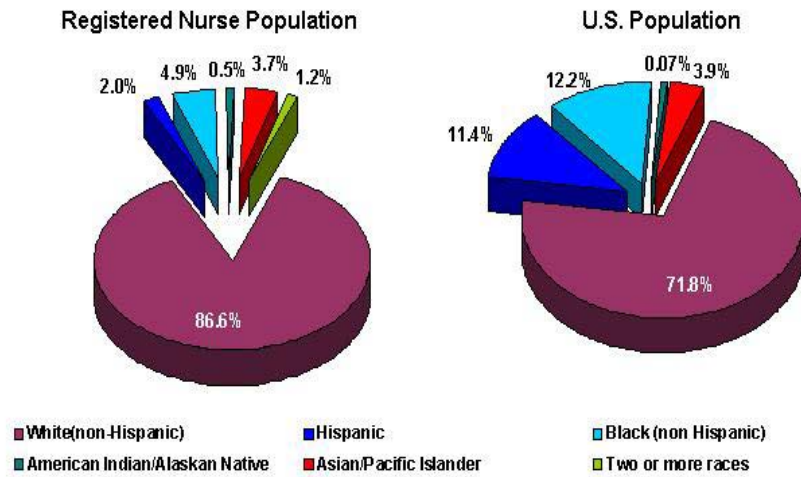


- ❖ Most Delaware nurses are white.
 - 92.2% White or Caucasian
 - 5.7% Black
 - 1.5% Asian
 - .4% Hispanic



- ❖ Most nurses in the United States are white
 - White, 86.6%
 - Black, 4.9%
 - Hispanic, 2%
 - Asian/Pacific Islander 3.7%

Chart 5. Distribution of Registered Nurses by Racial/Ethnic Background, March 2000

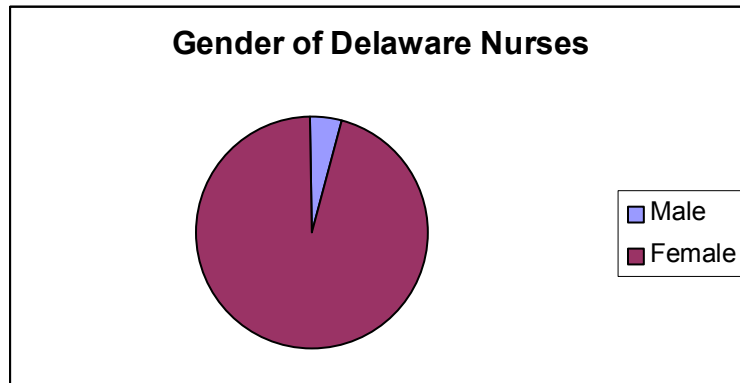


Source: National Sample Survey of Registered Nurses, Division of Nursing, BHPPr, HRSA.



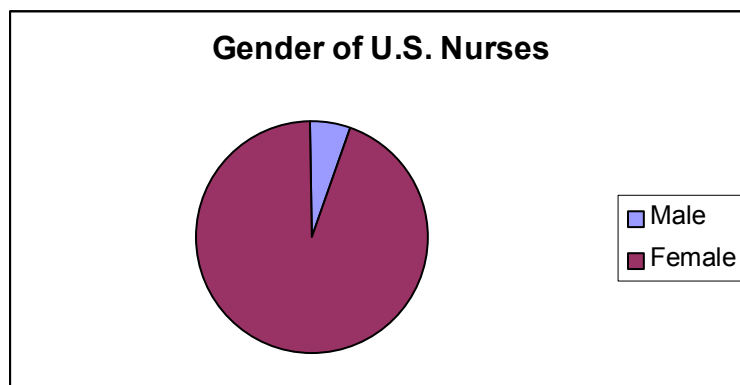
❖ Most Delaware nurses are women.

95.5%	Female
4.5%	Male



❖ Most nurses nationally are women.

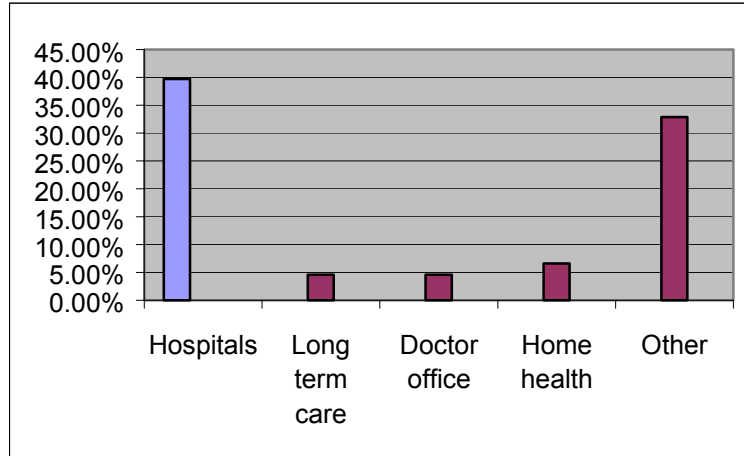
The percent of men employed in nursing in 2000 was 5.9 percent.



THE NURSING PROFESSION -- NURSING EMPLOYMENT

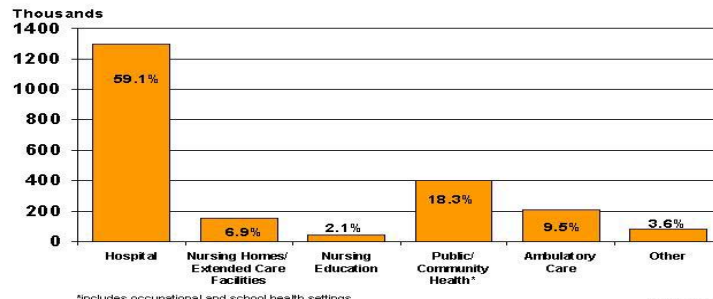
The largest number of Delaware RNs (39.7%) practice in a hospital setting.⁴⁸

39.7% Hospitals	6.6% Home health
4.6% Physician offices	32.9% Other areas ⁴⁹
4.6% Long term care	



Most registered nurses nationally are employed in hospitals.

Chart 6. Employment Settings of Registered Nurses, 2000



*Includes occupational and school health settings

Source: National Sample Survey of Registered Nurses, Division of Nursing, BHPr, HRSA.



⁴⁸ Survey information collected and analyzed by Karen Panunto, MSN, RN, as part of a project by the Wesley College Division of Nursing and the Division of Legislation of the Delaware Nurses Association in cooperation with the Delaware Board of Nursing to determine the composition of nurses in Delaware.

⁴⁹ Other includes responses ranging from administrative management, agency nurse, case management, claims review, clinical computer systems, drug and alcohol, patient education, legal consultant, and others. As the question was open ended, it is not clear *where* these responsibilities were being performed.

THE NURSING PROFESSION -- NURSING WAGES

DELAWARE NURSING WAGES⁵⁰

In Delaware, most Delaware nurses (61.5%) earn a yearly wage \$30,000 to \$50,000.⁵⁰

34.2%	\$41,001-\$50,000	18%	\$50,000-\$60,000
27.3%	\$30,001-\$40,000	7.8%	\$20,001-\$30,000

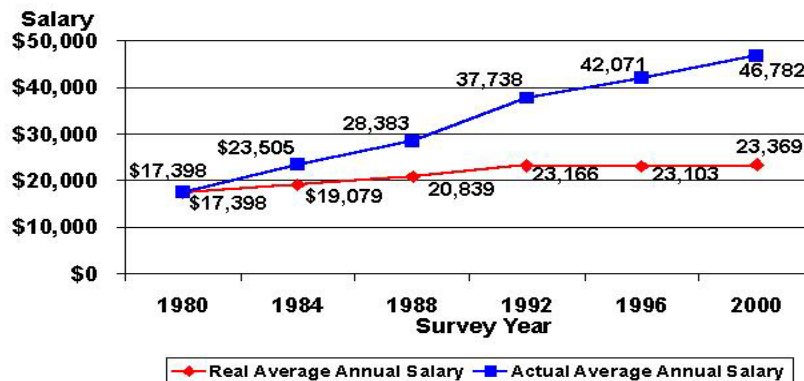
NATIONAL NURSING WAGES

The Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration measures changes in average earnings for RNs in two ways.

1. The first is “actual” earnings of full time RNs.
2. The second is the “real” average earnings based on the Consumer Price Index (1982-1984). The actual average earnings of full time RNs in 2000 was \$46,782.

When changes in the purchasing power of the dollar were taken into account using the CPI, the “real” salaries of full time RNs in 2000 have remained relatively flat since 1992. The “real” salaries of full time RNs were \$23,369.

Chart 7. Actual and “Real” Average Annual Salaries of Full-Time Registered Nurses, 1980 – 2000



Source: National Sample Survey of Registered Nurses, Division of Nursing, BHP, HRSA. Preliminary Findings, February 2001.



⁵⁰ Survey information collected and analyzed by Karen Panunto, MSN, RN, as part of a project by the Wesley College Division of Nursing and the Division on Legislation of the Delaware Nurses Association in cooperation with the Delaware Board of Nursing to determine the composition of nurses in Delaware.

The maximum earning potential for nursing wages is usually achieved within five to seven years of entering the profession.^{51 52} Some nurses may view this as a disincentive to stay in nursing, particularly if opportunities present themselves to pursue other careers with more progressive earning potential.

Most experts agree that as the shortage worsens, RN salaries will rise. This could translate into higher health care costs for consumers or greater use of technicians or aides to perform duties now performed by nurses.

⁵¹ Nurse Salaries Losing Ground,” American Nurse, 20 (3):16, McKibbin, R.C., March 1988 as quoted in Staffing of Nursing Services in Long Term Care, American Health Care Association, November 2000.

⁵² Nurses working in organizations providing around-the-clock care are generally paid a baseline salary, with differential pay for nights, weekends and holidays.

CHAPTER 4

NURSING EDUCATION

PATHWAYS TO BECOMING A REGISTERED NURSE

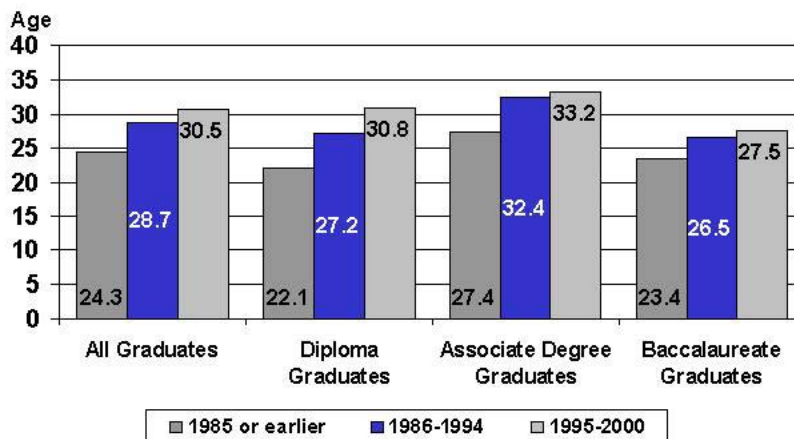
There are three major educational paths for becoming an entry-level registered nurse:

- Associate Degree in Nursing programs, offered by community and junior colleges, take about 2 years.
- Bachelor of Science in Nursing (B.S.N.) programs, offered by colleges and universities, generally take 4 years.
- Diploma programs, offered in hospitals, generally take 2 to 3 years.

AGE AT GRADUATION

The average age at graduation for Registered Nurses was approximately 30 years for the five-year period ending March 2000. This is up from 24.3 years for RNs graduating in 1985 or earlier. Graduates from ADN programs tend to be older than graduates of BSN programs.⁵³

Chart 9. Average Age at Graduation from Basic Nursing Education Programs



Source: National Sample Survey of Registered Nurses, Division of Nursing, BHP, HRSA.



⁵³ National Sample Survey of Registered Nurses March 2000: Preliminary Findings.

DELAWARE NURSING EDUCATION PROGRAMS

There are a number of education institutions in Delaware offering nurse education. The Delaware Board of Nursing approves all programs. All Registered Nursing education programs in Delaware are nationally accredited.

Delaware State University

- The nursing curriculum is four academic years and leads to the Bachelor of Science degree with a major in nursing. The Department of Nursing offers a path whereby RNs can obtain a BSN. This can be accomplished by part-time and full-time study.

University of Delaware, Department of Nursing

The University of Delaware offers:

- Bachelor of Science degree program, including a plan for registered nurses from diploma or associate degree programs to obtain a BSN, a distance format program, and an accelerated second degree program for returning adult students with a bachelor's degree in another field.
- Master of Science degree program, including offerings in five specialty areas and a Family Nurse Practitioner option.

Wilmington College

- Wilmington College offers a Bachelor of Science in Nursing degree program and a Master of Science in Nursing degree program for individuals already licensed as RNs.

Delaware Technical and Community Colleges

- Associate Degree Nursing programs are offered at Owens Campus in Georgetown, the Stanton Campus in New Castle County, and the Terry Campus in Dover. The Program may be completed in five semesters of full time study. Part time study is available. Advance placement is available for Licensed Practical Nurses. The College has articulation agreements⁵⁴ with University of Delaware, Delaware State University, Wilmington College, and Salisbury University in Maryland. An evening program is offered at the Owens Campus.
- Diploma Programs for Practical Nursing Studies are offered at the Owens Campus and Terry Campus. A diploma is awarded upon satisfactory completion of the program. Licensed Practical Nurses may apply for admission into the Associate Degree Nursing Program.

⁵⁴ Articulation agreements create opportunities for students to move from one type of program to another while receiving credit for what they have previously learned. Source: June Turansky, chair, Education Subcommittee, Committee on Nursing Workforce Supply, Delaware Health Care Commission. December 2001.

Wesley College

- Wesley College offers an Associate Degree Program in Nursing and a Master of Science in Nursing degree program. Wesley College has articulation agreements with Delaware Technical and Community College Campus, West Virginia, Wesley and Eastern College in Pennsylvania.

Beebe School of Nursing

- Beebe Medical Center's School of Nursing offers a Diploma Nursing Program, which is a two-year program after satisfaction of one-year of pre-requisites at Delaware Technical and Community College. In addition, a nursing assistant course is required.

DelCastle Technical High School

DelCastle Technical High School offers practical nursing studies programs for high school students and for adults that prepares them to become Licensed Practical Nurses.

DELAWARE TUITION⁵⁵

School	Type of School (self-described)	Degree Types	Tuition
Delaware State University	Public assisted institution	B.S.N.	Undergraduate, yearly, full time: \$2814 Undergraduate, per credit hour: \$117
University of Delaware	Private university that receives public support	B.S.N. M.S.N.	Undergraduate, yearly, full time: \$4,770 Undergraduate, per credit hour: \$199 Graduate, per credit hour: \$265
Wilmington College	Private	B.S.N. M.S.N.	Undergraduate, per credit hour: \$216.00 Graduate, per credit hour: \$266.00
Delaware Technical and Community College	Public community and technical school	A.A.S. L.P.N.	Undergraduate, semester, full time \$1584 Undergraduate, per credit hour: \$66
Wesley College	Private co-educational, United Methodist Church affiliate, liberal arts institution	A.D.N. M.S.N.	Undergraduate, yearly, full-time: \$10,200 Graduate, per credit hour: \$260
Beebe Medical Center	Hospital affiliated	Diploma	First Year: \$3,240 Second Year: \$3,400
DelCastle Technical High School (high school student and adult programs)	Public school	Practical nursing program to prepare for LPN	No Tuition

⁵⁵ Tuition rates collected August 29, 2001.

NURSING EDUCATION FUNDING OPPORTUNITIES IN DELAWARE

Nursing Incentive Scholarship Loan

The Delaware Higher Education Commission administers this program, under which tuition and fees up to \$5,000 are paid for students studying full-time in RN or BSN or LPN programs of study. This is the only program the Commission administers that is targeted towards nurses specifically. The loans are cancelled if after graduation the borrower works in a state-operated medical facility one year for each year a loan for full-time study was made. Employees of state-operated medical facilities who have five years of service or more may receive assistance for part-time studies towards the same objective. Employees with five years or more of service need not be residents of Delaware, as long as they are employed in one of the state medical facilities. The loans are repayable in cash if the borrower does not repay in service. This program generally exists to supply primarily Delaware Psychiatric Center, Emily Bissell, Stockley Center, with nurses. It is more successful when utilized by people already employed at those facilities who are familiar with the environment.

Governor's Workforce Development Grant

People employed part-time at any job who are studying part-time and have annual personal incomes of less than \$30,685 can apply for this grant if studying at a Delaware school. The program is funded by DEDO, Div of Workforce Training and it presently pays eligible students up to \$1,500 per year.

Acute Care Facilities

Most acute care facilities in Delaware offer funding opportunities that can be satisfied through service repayment after graduation.

Colleges and Universities

Colleges and universities offer scholarships and loans.

NURSE EDUCATION ENROLLMENTS AND GRADUATIONS

Nationally, enrollments in entry-level baccalaureate programs have declined each year for the six-year period of 1995-2001.⁵⁶

Despite the fact that between 1995 and 1999, the number of nursing programs of most types has increased, the number of students enrolled and graduating from nursing programs has declined, with the one exception of a 4% increase in doctoral programs. According to the National League for Nursing, the overall decline in graduations from all programs was 13.6 percent between 1995 and 1999.⁵⁷

According to the American Association of Colleges of Nursing, the decline in enrollments has ended. The results of a survey released December 20, 2001 show enrollments in entry-level baccalaureate programs were up 3.7 percent in fall 2001 compared to fall 2000.⁵⁸

Delaware enrollments and graduation overall rates have declined during the years 1999 to 2001, according to a survey of nurse education programs in the state conducted by the Education Subcommittee of the Delaware Health Care Commission's Committee on Nursing Workforce Supply. All nursing programs in Delaware responded to the survey, which was conducted during the spring of 2001. Specific highlights of the survey:

- **Student enrollment**: Two RN programs reported increased enrollment, two programs reported decreased enrollment and three schools reported enrollment remained the same over the past two years.
- **Enrollment slots**: Each year for the past three years RN nurse education enrollment slots in Delaware have remained unfilled in some programs, further confirming the declining interest in nursing as a career choice. There were 50 unfilled slots in 1999, 95 unfilled slots in 2000, and 115 unfilled slots in 2001. The two programs reporting increased enrollment indicated they still have unfilled enrollment slots. In the year 2001, there were 213 individuals interested in attending the community college nursing programs; not all of those interested will qualify for nursing clinical courses. The community colleges reported stable admissions.
- **Graduation**: Similarly, graduation rates from RN nurse education programs in Delaware declined from 312 in 1999 to 284 in 2001.

⁵⁶ American Association of Colleges of Nursing Press Release, Enrollments Rise at U.S. Nursing Colleges and Universities Ending a Six-Year Period of Decline, December 20, 2001.

⁵⁷ Policy Statement from Tri-Council on Nursing, an alliance of The American Association of Colleges of Nursing, the American Nurses Association, The American Organization of Nurse Executives and the National League for Nursing.

⁵⁸ American Association of Colleges of Nursing Press Release, December 20, 2001.

RETENTION OF DELAWARE NURSING GRADUATES

Depending on the institution hosting the nurse education program, between 42 percent and 91 percent of Delaware's nursing students remain in Delaware to practice. The retention rate for Delaware community colleges is about 91 percent. The retention rate for the University of Delaware is about 42 percent. The retention rate for Wesley College is approximately 85 percent.⁵⁹ The retention rate for Delaware State University is about 52%.⁶⁰

FACULTY CAPACITY

A decline in the number of students entering and graduating from nurse education programs raises concerns about an emerging shortage of nurse educators. Nationally, the average age of professors in nursing programs is 52 years old and 49 years old for associate professors.⁶¹ The survey of Delaware nurse education programs conducted by the Education Subcommittee of the Commission's Committee on Nursing Workforce Supply indicates Delaware mirrors the nation in this respect, with 36 percent of respondents (36 nurse educators) reporting being between the ages of 41 years old and 50 years old and 40 percent (40 educators) reporting being between the ages of 51 years old and 58 years old.

While not all nursing programs in Delaware are facing faculty shortages, the Department of Nursing at the University of Delaware has conducted a national search for nursing faculty for the past two years. Thus far, it has not been able to fill its 5 vacant faculty slots. As a result, the department has been forced to use more contract and part-time faculty than ever before. The department is concerned about the potential impact of using contractual and part-time faculty over a long period of time on the quality of the program.

⁵⁹ Aggregate information collected from nurse education programs by the Committee's Subcommittee on Education; specific information provided by individuals (June Turansky, subcommittee chair, and Lucille Gambardella, director of nursing at Wesley College).

⁶⁰ Mary Watkins, PhD, CN, Chair and Professor, Nursing Department, Delaware State University.

⁶¹ GAO0910944 Emerging Nurse Shortages, July 2001

CHAPTER 5

LICENSURE AND SCOPE OF PRACTICE: EXISTING REQUIREMENTS AND POTENTIAL REFORMS

All registered nurses must graduate from an approved nursing program, pass a national licensing exam, and be licensed by the state in which they practice or state in where they live under recently legislated nurse licensure compact.⁶²

There is no specific list of procedures that RNs can and cannot perform. This may be because practice acts are generic to accommodate change.

There is recognition, however, that nurses generally continue to have increased responsibilities without relinquishing other responsibilities that could possibly be performed by others. As such, the Delaware Board of Nursing has the authority to examine the tasks and responsibilities that only licensed nurses are able to do, and analyze whether the current delineations in regulations are still appropriate.⁶³

In addition, there are some pressures to reform the education requirements to achieve RN licensure. One area receiving attention focuses on requiring a bachelor's degree or possibly new job titles that better reflect the education background of the nurse and which align the new titles with more definitive scopes of practice. It is generally believed that these changes would probably be made state-by-state through either legislation or regulation, and the changes would not affect currently licensed RNs who would be grand-fathered in.

Aligning licensure titles with education achievements might make nursing more attractive to some individuals. Some believe requiring a baccalaureate degree would bring more respect to the profession and help improve its image. In addition, the multiple pathways for becoming an RN are sometimes difficult for the layperson to understand. As such it is reportedly difficult for high school guidance counselors to explain to students how to become a nurse. Therefore, they rarely recommend nursing careers. The multiple pathways for becoming an RN also cause friction among practicing nurses with differing education backgrounds, similar pay, and varying levels of responsibility. On the other hand, however, one could argue that in times of shortage it would be inadvisable to make it more difficult to earn RN status. To the extent change does occur in Delaware it will most likely transpire through national forums.

⁶² Nurse licensure compact is an interstate compact that authorizes a nurse whose primary residence is in a compact state to practice in all other compact states with his or her state licenses. This mutual recognition model is that used for drivers' licenses.

⁶³ Iva Boardman, Executive Director, Delaware Board of Nursing.

Current and Emerging Licensure Issues

The requirements for entry into practice and the preparation needed for professional nursing is renewed intermittently. Examples of recent activities include:

- The National Advisory Council on Nurse Education and Practice recommends that by 2010 at least 66% of all RNs hold Baccalaureate or higher degrees. Presently 32% hold BSN and 10% are educated at the Masters degree or higher. In 1998, the US Congress charged the Division of Nursing, US Department of Health and Human Services, with implementing strategies to increase the production of BSN-educated nurses.⁶⁴
- A joint report by a task force of the American Association of Colleges of Nursing, National Organization for Associate Degree Nursing, and American Organization of Nurse Executives identifies differences between AD and BSN education experiences and competencies. “A Model for Differentiated Nursing Practice” strives to facilitate workforce planning by detailing the different roles that should be implemented for nurses prepared at the associate-, bachelor’s, and graduate levels.
- The National League for Nursing established goals that include “advocating for all types of education programs in nursing.”⁶⁵
- Vision 2020 For Nursing, an initiative spearheaded by the Nursing Practice & Education Consortium (N-PEC), challenges the single-level licensure system. N-PEC is comprised of leadership of 10 national nursing organizations⁶⁶. Vision 2020 proposes the framework for four distinct levels of nurses who adhere to separate scopes of practice, have separate credentialing mechanisms and education requirements⁶⁷.

⁶⁴ US Congress. Amendments to the Public Health Service Act: Title VII—nursing workforce development. Congressional Record. October 13, 1998.

⁶⁵ National League for Nursing Executives, Report for September 2000 to September 2001.

⁶⁶ American Academy of Nursing; American Association of Colleges of Nursing; American Nurses Association; American Organization of Nurse Executives; American Public Health Association, Public Health Nursing Section; Association of State and Territorial Directors of Nursing; national Council of State Board of Nursing; National League for Nursing; National Organization for Associate Degree Nursing; Sigma Theta Tau International.

⁶⁷ *Envisioning new nursing roles and scopes of practice*, Jeanne M. Floyd, RN, PhD, C, CAE, former director of strategic development at Sigma Theta Tau

CHAPTER 6

SOLVING THE NURSING SHORTAGE

RECOMMENDATIONS

The recommendations that begin on the next page are offered in the context of the following assumptions:

- Implementation of the recommendations will be coupled with benchmarks and baselines against which to evaluate their effectiveness.
- Current economic conditions will make immediate implementation of some recommendations difficult. At the same time, there is cost associated with not acting now. In the long run, the financial cost of allowing the shortage to worsen may actually be greater than addressing it now.
- None of the recommendations will fix the shortage by itself; it requires action on multiple fronts.
- The recommendations will not be implemented by a single organization. Multiple organizations must participate, with some organizations taking the lead on some recommendations and different organizations taking the lead on others. Coordination of the multiple activities needs to be monitored and supported through a centralized focal point.
- There are additional activities that could be embarked upon to address the shortage aside from those included in this report. However, the recommendations in the report are viewed as most critical. These are the things that must be done

Solving the Nursing Shortage

Recommendations of the Delaware Health Care Commission's Committee On Nursing Workforce Supply, The Rationale for Each Recommendation, Identified Administrative Responsibility Possibilities, & Funding Options

Public Policy

1. Centralize Healthcare Workforce Development Activities

Establish a Healthcare Professional Workforce Development Board to centralize and facilitate the ongoing issues of supply and demand, education, practice and research of health care professionals, including nurses, across the continuum of the health care system.

The Board would have the authority to form committees and subcommittees to study and make recommendations on specific health care workforce policy issues. Such committees would provide the opportunity to assemble a balance of representatives from key stakeholder groups with expertise in specific areas of interest.

The Board would have oversight for the collection of health care workforce data and could serve as a clearinghouse for health care information.

The Board could be established as an advisory body to the Delaware Health Care Commission.

Rationale: No central organization exists within Delaware to oversee health care workforce issues on an ongoing basis. This is needed to ensure that an adequate supply of appropriately trained healthcare professionals is in place to meet the needs of Delawareans. There also is no central location or consistent method for the collection and analysis of data or for the coordination of health care workforce research. The development of effective policy decisions requires accurate and current data and research and ongoing monitoring. A Healthcare Professional Workforce Development Board would facilitate the maintenance of accurate information.

The Committee suggests the Board be created as an advisory body to the Delaware Health Care Commission for the following reasons:

- (1) The Commission has unique status within state government as the focal point within Delaware for health care research and policymaking.
- (2) The Commission is the primary state agency in Delaware specifically designed to promote health care partnerships and consensus building across state agency lines and across the public and private sectors.

- (3) The Commission is already involved in health manpower issues through the Delaware Institute of Dental Education and Research (DIDER) and the Delaware Institute of Medical Education and Research (DIMER), both of which serve as advisory boards to the Commission. A Healthcare Workforce Development Board could coordinate and augment these and other workforce activities already underway

Administrative Responsibility Possibilities: State government.

Funding: Funding will be required. A variety of funding sources should be explored. Funding should not be limited to state funds. Other funding sources to explore include grants and support from private sector organizations and users.

Recruitment

2. Targeted Recruitment

Initiate formal recruitment programs that will encourage individuals to pursue nursing and other health related careers. In particular, target students in the public, private and charter schools in Delaware, and in states throughout the region. Emphasis should be placed on encouraging school-aged and college-bound students to consider health careers.

Aim targeted education, mentoring and recruitment programs toward minority racial and ethnic groups (African American and Latinos in particular) -- and to men -- in order to enhance the diversity of the health care workforce and achieve gender, racial and ethnic representation that is more proportional to the general population.

Adults interested in switching careers should also be targeted. For example, some non-health care professionals (housekeeping, food service workers, administrative assistants) employed in health care organizations and/or displaced workers from other industries might be interested in exploring careers in nursing if the opportunity presented itself. The recruitment strategy should consider partnerships between providers and educators.

Rationale: Health care organizations and educators have traditionally targeted women for nursing. One result is that men are under-represented in the field. Racial and ethnic minorities are also under-represented. Both appear in numbers disproportionate to the patient population. Studies consistently document that racial/ethnic minority health professionals are more likely to provide care to racial/ethnic minorities.⁶⁸ And although there has been a slight increase in the number of men choosing nursing, the number is not offsetting the number of women who are not choosing nursing.⁶⁹ Tapping these largely untapped pools holds the potential to increase both the *number* and *diversity* of nursing school students and practicing nurses.

⁶⁸ Racial/Ethnic Disparities in Nursing, Janet Coffman, Emily Rosenoff and Kevin Grumbach, Health Affairs, Vol. 20 #3, May/June 2001.

⁶⁹ Marla E. Salmon, ScD, RN, FAAN, Nell Hodgson Woodruff School of Nursing, Emory University, June 1, 2001

Administrative Responsibility Possibilities: Health care provider organizations could consider partnering with the Department of Education and schools throughout the state. The activity could occur under the umbrella of the Health Care Professional Workforce Development Board proposed in recommendation number.

Funding: Explore partnerships among providers, education and government.

3. Media Campaign

Launch a broad based and targeted media campaign, and/or coordinate and enhance existing campaigns, to:

- Increase awareness about the nursing shortage
- Highlight the positive aspects of careers in nursing
- Share information about programs in place to help students pursue nursing degrees

Targeted audiences could include guidance counselors, school nurses, scout leaders, and others. Practicing nurses could help deliver the message.

Rationale: First, greater public awareness of the nursing shortage -- and its potentially harmful impacts -- is needed to gain support for efforts to fix it. Second, greater awareness about the number and diversity of nursing job opportunities may lead more people to pursue nursing careers. Third, there is a poor perception about the nursing profession that must be dispelled if people making career decisions are to consider nursing.

Administrative Responsibility Possibilities: This effort could take place under the direction of the Healthcare Professional Workforce Development Board proposed in the first recommendation. The activity would likely require the assistance of public relations and marketing professionals.

Funding: Funds could be sought from a variety of organizations (businesses, philanthropy, grants, health care provider organizations, educational institutions). Media sources could be asked to waive all or some expenses as a benevolent community benefit. State and federal funding sources could be pursued. Two potential sources identified as reasonable to explore include the Delaware Workforce Investment Board and the federal Employment Reinvestment Act.

4. Scholarships and Loan Repayments

Create scholarships and loan repayments for nurse education to:

- Allow more need-based students to pursue nursing careers
- Make pursuing a nursing education more attractive to more people
- Increase the size and expand the diversity of the nursing workforce
- Allow more part time students to pursue nursing careers

Rationale: Scholarships and loan repayments could make pursuing a nursing profession more affordable to more people. In addition to expanding the overall size of the pool of individuals able to pursue nursing careers, they could also be structured to help expand diversity of the nursing workforce to more closely mirror the demographic structure of the patient population.

Currently, almost all nurses in Delaware are Caucasian women. Carefully targeted scholarships could serve to recruit more men, African American and Latino individuals into the profession. The funds also could be used recruit older adults.

Administrative Responsibility Possibilities: State government, health care organizations, and educational institutions.

Funding: Hospitals, nursing homes and other providers, along with colleges, universities and state agencies, could work jointly to establish a pool of resources. Funds in the pool could be augmented with federal, state, local or philanthropic funding. Other potential resources identified include the Delaware Workforce Investment Board and the federal Employment Reinvestment Act.

Retention Strategies⁷⁰

5. Compensation

Base compensation on education, work-related skills and flexibility -- in addition to years of service. Implement hiring practices that *encourage* and reward retention and *discourage* “band aid” approaches that lower morale among current employees. Consider retention programs or benefits as being appropriate, in addition to meaningful performance pay practices. Salaries should be set at levels to attract and retain high quality personnel and be kept current with inflation.

Short-term strategies might include continuing to increase salaries to levels that are competitive in the market. Long-term strategies might include compensation for advanced education, advanced skill levels, and restoration of Medicare reimbursements to levels that reflect the cost of personnel.

Rationale: Nurses listed salaries as number one in importance in the Delaware nurse town meetings. Salary structure does not appear to be linked to education level or work skills or the flexibility of nurses to work in more than one setting (i.e. a nurse who can work in critical care, the operating room and as a floor nurse is probably of more value to the provider organization than the nurse who is trained to work in only one setting. Compensation levels could reflect that).

Administrative Responsibility: Employers of nurses

Funding: Support organizations that are working to restore government funding for Medicare and Medicaid programs so that federal reimbursements more closely reflect facility operational costs, including those related to salaries, that health provider institutions face today. In their contract dealings with employers of nurses, managed care organizations need to provide adequate contractual payments that are in keeping with escalating salary requirements.

⁷⁰ All retention recommendations were either strongly voiced by Delaware nurses at the town meetings and/or based on research presented at national nursing policy arenas such as the Georgetown University’s National Health Policy Forum, American College of Health Care Executive Journal of Health Care Management, etc. and are being utilized by “magnet” hospitals.

6. Staffing Levels

Achieve staffing levels that will provide optimal patient outcomes, staff satisfaction and organizational objectives through the development of appropriate “models of care”.⁷¹ Involving staff in the development of the models and in the ongoing monitoring of the evaluation data will produce staff ownership for the models and potentially increase staff and patient satisfaction. Evaluation data could include patient outcomes, patient satisfaction, staff feedback, and staff productivity.

As part of the development of the model, the role of the professional nurse should be clearly defined, emphasizing skills, abilities, and knowledge level. The model should define the roles of technical and support staff and their responsibilities and strive to delineate scopes of nursing practice with corresponding competencies.

Development of the model should include process improvements to streamline and eliminate duplicative paper work and other activities. The model should promote the role of the Advance Practice nurse in the role of mentor and preceptor to foster loyalty and the promotion of career ladders.

Rationale: Delaware nurses ranked staffing levels as second in importance during the nurse town meetings held during the summer of 2001. It is believed that development of appropriate models of care based on patient needs and staff availability will improve patient and staff satisfaction. Involving existing staff in the recruitment, interviewing and mentoring of new staff will help establish a commitment to the success of the new staff members and decrease turnover.

Administrative Responsibility: Vice presidents of nursing/patient care, nursing director/supervisors, schools, education departments; Advance Practice Nurse Council of Delaware; regulatory agencies.

Funding: Government grants available for recruitment, hospital/organization expense.

⁷¹ Models of care: a nursing care delivery system based on patient need and available, appropriate nursing staff and/or set of workplace policies or traits that promote and sustain professional nursing practice; i.e. traits common among hospitals designated by the American Nurses Credentialing Center as magnet hospitals.

7. Respect

Recognize and treat nurses as professionals. Provide support for the development and implementation of collaborative practice initiatives between nurses, physicians and other disciplines. Create work environments free of fear, intimidation and harassment. Empower nursing staff as leaders, and give them the responsibility and an active role in the decision-making process.

Rationale: Nurses cited respect as third in importance as a work satisfier at the nursing town meetings held throughout Delaware. Respect can only occur in an environment of collaboration.

Responsibility: Employers. In addition, schools of nursing and professional groups must reinforce that respect for the profession by nurses themselves must precede any attempts at garnering respect from others.

Funding: No funding needed.

8. Leadership

The management of health care provider organizations should enhance, support and improve the role of nursing leadership. Management of health care organizations should evaluate and if necessary modify the nurse manager's role/position description to emphasize retention of staff at the front line of care delivery. Concurrent with providing nurse managers the tools to retain staff, nurse managers must also clearly understand their responsibility and accountability for nurse retention. Managers' effectiveness in retaining nurses should be evaluated through the use of exit interview data, employee satisfaction surveys, and other applicable tools. Institutions should provide ongoing training specific to the role of the nurse manager.

Rationale: Individual nurses and the literature cite the behaviors and leadership abilities of the front line managers as the key to successful retention of staff.

Administrative Responsibility: Organizational leadership and staff development departments, nursing education programs, graduate nursing administration programs, Delaware Organization of Nurse Executives, Sigma Theta Tau International, Delaware Nurses Association.

Funding: No *state* funding needed. However, organizations must commit to the needs of a well-trained nursing leadership team and this will cost money.

9. Mentoring

Establish an effective mentoring program for all staff with a particular emphasis on the new nursing graduate. Provide incentives for individuals that participate and perform well in the mentoring role. Establish mentoring programs for aspiring new leaders and offer successful mentors to new nurse managers. Utilize the Advance Practice nurse for staffing, mentoring and

preceptor roles. Use nursing internship programs to supply staff to critical care, operating room or other appropriate areas.

Rationale: Nurses cite a need for mentoring of new graduates and new leaders. Creation of role models would be of professional benefit and aide in retention.

Administrative Responsibility: Health care organizations and their staff development departments, professional organizations, community groups, local high schools, the Advance Practice Nurse Council of Delaware and other professional organizations including the Delaware Nurses Association, Delaware Organization of Nurse Executives, and Sigma Theta Tau International

Funding: The largest investment in mentoring is *time* – not dollars.

Education

10. Continuing Education

Enhance education opportunities for currently employed nurses. In doing so, consider the associated financial and scheduling requirements, and recognize the importance of continuing education and career advancement. Recognize and reward career advancement for direct-care staff through tuition reimbursement, flexible scheduling, continuing education and career ladders.

Rationale: Nurses cite educational opportunities and benefits as important factors in job satisfaction and retention. Worksite continuing education opportunities keep nurses current on clinical issues and demonstrate organizational commitment to nurses.

Administrative Responsibility: Employers. Collaboration from professional nursing programs to ensure ease of entry into education programs is also needed.

Funding: Employer benefit packages along with federal and state grants or loans with reduced payback for work commitments.

11. Entry Level Education

Increase access to entry level nursing education by implementing collaborative efforts to remove barriers for potential students. Examples include:

- Stipends to complement need-based scholarships to help cover living expenses,
- Expanded scholarship opportunities for need-based students (please reference Recommendation Number 4, pertaining to scholarships and loan repayments),
- Increased opportunities for nursing students to participate in nursing education classes and clinical rotations at alternative times and venues, such as in the evenings and weekends or via the Internet

- Coordinate nurse educational programs to ease the transition from one degree- level to another ((LPN to RN (diploma or ADN) to BSN)) among the different colleges and universities in Delaware.

Rationale: The development of programs to increase the number of individuals able to pursue a nursing education is essential to increasing the number of practicing nurses.

Administrative Responsibility Possibilities: Collaborative efforts of colleges and universities along with state government.

Funding: Colleges and universities, state government, grants, private foundations, other.

12. Faculty Development

Support steps to increase the number of qualified nursing education faculty so that all eligible applicants on admission waiting lists can receive a nursing education. Strategies could include:

- Formalize partnerships between colleges/universities and provider organizations that employ experienced practicing nurses qualified to teach nursing education.
- Promote the development of master's level and doctoral level programs to increase the number of existing qualified full-time faculty and the replacement of retiring faculty.
- Provide flexible hours and financial support for practicing nurses to seek advanced degrees.

Rationale: An adequate nurse education workforce is essential to building the capacity to teach nursing to students who will eventually become practicing nurses.

Administrative Responsibility Possibilities: Collaboration between college/universities and health care provider organizations and/or state government.

Funding: (1) Collaborative arrangement between healthcare provider organizations and educational institutions and/or (2) direct funding by state government.

APPENDIX 1

Appendix 1

Regulatory Oversight of Nursing in Delaware

The Delaware Board of Nursing oversees the regulation of nursing in Delaware, including licensure. The Board's 14 members have the statutory charge for the following duties:

- Adoption and revision of rules and regulations
- Development of criteria for evaluating nurse education curricula, and approving curricula
- Surveys
- Examine, license and renew nurse licenses
- Establish categories of advance practice nurses and overseeing a Joint Practice Committee to develop rules and regulations regarding the independent practice and prescriptive authority of advance practice nurses
- Issuing temporary permit to practice to applicants apply for licensure by endorsement and to new graduates awaiting results of licensing exams
- Conducting hearings for charges of discipline issue subpoenas of witnesses and administer oaths to persons giving testimony
- Maintain a system of statistics related to nurse education programs and registered nurse and licensed practical nurse licensure in the state
- Establish requirements for mandatory continuing education
- Other duties, as set forth in Chapter 19, Title 24, Delaware Code

APPENDIX 2



Nurse Town Meetings

Sponsored by Delaware Health Care Commission and its Committee on Nursing Workforce Supply

The Delaware Health Care Commission's Committee on Nursing Workforce Supply is holding Nurse Town Meetings to discuss the workforce shortage. The Committee is working to develop a common understanding about the shortage and develop recommendations around workable solutions. Nurses are encouraged to come, share their ideas and concerns, and be part of the solutions.

July 9 Modern Maturity Center, Dover 9:00 – 10:30 a.m.
July 10 DelTech, Owens Campus, Georgetown 6:00 – 7:30 p.m.
July 12 DelTech, Stanton Campus, New Castle 6:00 – 7:30 p.m.

Please call the Commission office to reserve your seat: 302-744-4382.

Please submit written, emailed or faxed comments to the Commission office at the address below by July 13.

Sponsored by Delaware Health Care Commission

150 William Penn Street Phone: 302-744-4384
Tatnall Building - Ground Floor Fax: 302-739-6927
Dover Delaware 19901 Email: www.state.de.us/dhcc



The Delaware Health Care Commission is an independent public body reporting to the Governor and General Assembly working to promote accessible, affordable, quality health care for all Delawareans.

**Delaware Health Care Commission
Nursing Workforce Supply Committee**

**Town Meeting Participants
Demographic Data**

1. Age _____ Gender _____ Race/Ethnicity _____
2. Licensure/Certification LPN _____ RN _____ APN _____ CNA _____
3. Highest Educational preparation (Select one)
- ADN _____
 - Diploma _____
 - BSN _____
 - BS _____
 - MSN _____
 - MS _____
 - Ph.D./DNS _____
 - Other (please state) _____
4. Current Practice setting (No institutional names please)
- Acute Care Hospital _____
 - Long Term Care _____
 - Community/Public Health _____
 - Home Health _____
 - Nursing Education _____
 - Physician Office Staff _____
 - School Nurse _____
 - Advanced Practice/Clinic _____
 - Insurance _____
 - Pharmaceuticals/Sales _____
 - Other (please state) _____
5. Current Position
- Staff Nurse _____
 - Charge Nurse _____
 - Nurse Manager _____
 - Director _____
 - Staff Educator _____
 - MDS Coordinator _____
 - Faculty/Educators _____
 - Advanced Practice _____
 - QA/UR/Case Mgmt _____
 - Other (please state) _____
6. Do you belong to a professional organization(s)? ___Name(s)_____
7. Comments _____
-

Participant summary – by worksetting

<i>Location</i>	<i>Acute Care Hosp</i>	<i>Comm / Pub health</i>	<i>Long Term Care</i>	<i>Home Health</i>	<i>Education</i>	<i>Phys Office</i>	<i>School Nurse</i>	<i>AP/ Clinic</i>	<i>Insurance</i>	<i>Pharm /Sales</i>	<i>Avg Age</i>	<i>Max Age</i>	<i>Min Age</i>	
<i>Dover</i>														
<i>Summary for 'Location' = Dover (35 detail records)</i>														
Participants	12	2	11	2	8	1	1	1	0	0	44.5	62	32	
<i>Georgetown</i>														
<i>Summary for 'Location' = Georgetown (20 detail records)</i>														
Participants	6	8	9	0	1	0	0	2	0	0	48.2	66	32	
<i>Stanton</i>														
<i>Summary for 'Location' = Stanton (52 detail records)</i>														
Participants	19	7	9	3	9	1	2	1	0	0	48.1	65	19	
Grand Total		37	17	29	5	18	2	3	4	0	0	46.9	66	19

Participants summary by nursing role

<i>Location</i>	<i>Staff Nurse</i>	<i>Charge Nurse</i>	<i>Nurse Manager</i>	<i>Director</i>	<i>Staff Educator</i>	<i>MDS Coord</i>	<i>Faculty</i>	<i>Adv Pract.</i>	<i>QA/UR/CM</i>	<i>Other</i>	<i>Avg Age</i>	<i>Max Age</i>	<i>Min Age</i>
<i>Dover</i>													
<i>Summary for 'Location' = Dover (35 detail records)</i>													
Participants	9	3	3	7	3	0	5	1	0	9	44.5	62	32
<i>Georgetown</i>													
<i>Summary for 'Location' = Georgetown (20 detail records)</i>													
Participants	3	5	2	3	1	0	1	6	0	3	48.2	66	32
<i>Stanton</i>													
<i>Summary for 'Location' = Stanton (52 detail records)</i>													
Participants	19	4	4	4	4	0	3	3	4	14	48.1	65	19
Grand Total	31	12	9										
14809104	26	46.9	66	19									

Participant summary – by education level

<i>Location</i>	<i>ADN</i>	<i>Diploma</i>	<i>BSN</i>	<i>BS</i>	<i>MSN</i>	<i>MS</i>	<i>PhD/ DNS</i>	<i>Other Educ</i>
<i>Dover</i>								
<i>Summary for 'Location' = Dover (35 detail records)</i>								
Participants	9	5	9	0	8	1	3	4
<i>Georgetown</i>								
<i>Summary for 'Location' = Georgetown (20 detail records)</i>								
Participants	4	3	8	1	8	2	0	0
<i>Stanton</i>								
<i>Summary for 'Location' = Stanton (52 detail records)</i>								
Participants	9	10	17	2	12	7	2	5
Grand Total	22	18	34	3	28	10	5	9

Comments:

(Nurse town meeting participants' comments entered on survey distributed at the meeting to collect demographic information about participants.)

Location

Dover

<i>Licensure</i>	<i>Age</i>	<i>Comments</i>
LPN	48	Better Medical benefits / Increase in salary on any level, experience compensation / Treat LPNs as a nurse, more respect
RN	39	RNFA
RN	45	Thanks for the opportunity to express a collective voice
RN	46	yanknj54@aol.com for updates if possible
RN	46	RNFA

Georgetown

APN	45	Need two meetings per county AM & PM as it was very hard to get to meeting since I do work. Would have gotten more here with more diverse opinions.
RN	44	Very good informative meetings
RN	47	Just left State of DE employment for Federal employment at almost 2x more money! Within this state.
RN	56	I would like see some public service announcements - advertisements concerning entering the nursing profession
RN	57	What is state of DE doing about planning for the care of an exploding senior population?

Stanton

	39	I'm excited and hopeful
APN	56	Can't keep state nurses with 0-2% salary increases a year
RN	39	The State of DE's merit system has little/nothing to do with merit: everyone - whether they do the job or not, gets the same raises and benefits - no bonuses or increased salaries for individuals who do an outstanding or better than average job. Nurses who work for the state (eg Public Health) make an average \$15-\$25,000 or more less than private sector nurses (Annamarie Medeiros 368-6804)
RN	42	Please publish these meetings well ahead of time. Please publish results of these meetings in a Nursing journal.
RN	42	Oncology certified

Location

<i>Licensure</i>	<i>Age</i>	<i>Comments</i>
RN	47	Nurses have no or little respect from physicians. Double triple work load over the past 30+ years. Low pay, high burnout / treated badly by institutions they work for
RN	47	Need nursing unification: Government and management support / Colleges and universities must provide more clinical experience / Increased salary / No cutting of benefits / Positive feedback from Administration
RN	49	Need better pay, better benefits, better pension plans, better hours with compensation. Better staffing
RN	49	We are not considered to be professionals. We need to be unified -- professional organization dues are costly and if they were minimal perhaps more nurses would join and participate.
RN	50	Would have liked more time to work on problem solving
RN	52	More of these programs! Excellent networking of real problems
RN	61	Formally belonged to AORN

NURSE TOWN MEETING

Monday, July 9, 2001

9:00 a.m. – 10:30 a.m.

Modern Maturity Center

East Wing Conference Room

Dover, DE

Participants' Answers to Discussion Questions (Comments were captured on flip charts.)

I. What brought you into this field?

- a. Role models
- b. Great way to meet women!
- c. Respected profession
- d. Had a positive health care experience
- e. "Explorers" – Health care (mentoring) program in high school
- f. Desire to take care of elderly
- g. "Caring" theme/desire
- h. Choices were limited for women
- i. Financially feasible/quick
- j. Job security

II. What do you appreciate most at your work/profession?

What keeps you in this field?

- a. Work with people I like...kind people
- b. The diversity within the profession
- c. Always challenged to be thinking...no two days alike
- d. The unplanned happens
- e. Flexibility of scheduling
- f. Can be rewarding
- g. Mobility – You can get a job anywhere in the world.

III. What makes your life in nursing most difficult?

What drives you from the field?

- a. Under staffing
 1. Mandatory overtime
 2. Required to play roles other than RN
 3. Poorly trained peers
- b. Salary
 1. Low to start compared to other jobs
 2. Early top-out
 3. No retention incentive to stay at bedside

- c. Benefit reductions (part. Home care)
- d. Poor image of nursing
- e. Lack of respect
 - 1. Failure to recognize expertise (expert nurses)
 - 2. Lack of identity
 - 3. Not treated/recognized as an equal player on health care team
- f. Schedules
- g. Increased responsibility – hospital setting
- h. Disillusionment – mediocre care
- i. “Cross” field training
- j. Paperwork – excessive (long term care)
- k. Management (Nurses need a voice)
- l. Inadequate training/education

IV. Think back to your initial nursing education:

What helped you?

What were the barriers?

- a. Taught how to think critically
- b. Good role models after school
- c. Financing programs... (union programs)
 - 1. Or not...had to give up everything
 - 2. Limited money for non-traditional student, adult learner
- d. Worked as CNA during school
 - 1. Provided money
- e. Last semester was a preceptorship – good experience
- f. Extensive clinical training...no surprises after started working hard as a university student...interferes with school life
- g. Lack of supportive instructors

V. How easy has it been to continue your education?

Again, what opportunities or resources help you do this?

What are the barriers?

- a. Lack of pay incentive to achieve a higher level
- b. Lack of support – repetitive
- c. Distance learning
- d. Tuition reimbursement
- e. Flexible scheduling
- f. Lots of hours
- g. Availability of federal money – but coupled with cumbersome requirements and available but limited in amount and to graduate training
- h. Employer sponsored benefits for part-time
- i. Lack of support from supervisor
- j. Conflicting priorities/multiple responsibilities (work, childcare, school keeps nurses from organizing)

VI. What do you think is the image of nursing?

- **Among Nurses?**
- **Among Patients?**
- **Among General Public?**
 - a. We're knowledgeable /resourceful
 - b. Acute care – expect greater coverage...lack of awareness of how many roles nurses have...don't understand staffing constraints
 - c. Many guidance counselors don't recommend nursing – other options better money, etc.
 - d. High school students have an overly simple notion of the field.
 - e. Critical thinking not appreciated
 - f. Worry about infectious diseases
 - g. Shift from “I want to serve” to financial stability
 - h. Many do not appreciate critical role of nurse
 - i. Medicaid demands a level of qualified medical care for reimbursements – mismatched skill
 - j. Economics – salary inequity

VII. Think of nursing as the patient

What kind of care does it need?

What can you/others do to help it heal?

- a. Respect at all levels for nursing
 1. Adequate salaries/rewards
 2. Adequate staffing
 3. Better understanding of “critical” role – life and death issues
- b. Management to listen
- c. Include nurses in management/administrative decisions
- d. Mentoring for “new” nurses
- e. Funding for nurse education
 1. Loans
 2. Grants
 3. Scholarships
- f. Accuracy of nursing in media
- g. Adequate and reform of reimbursement
- h. Nurses need to share with others the good things of nursing
- i. Cease in fighting – fueled by different levels
- j. Federal reimbursement – adequacy
- k. Recognize value of more experienced nurse
- l. Mentoring programs in grade schools and high schools
- m. Career days

Additional Questions

Other work environment solutions?

1. A simple “thank you” card
2. Look at duties (some people are not sick...)
3. Nurse leadership
4. Be careful of quick fixes (eg, raising salary for bedside nursing)
5. There will be a shortage of nursing educators – need more staff development
6. Immediate supervisors have their hands tied...walk in our shoes
7. Create a nursing center to help organize...research, funding...utilize Delaware Nursing Association (advocacy, etc.)

RANKING OF ISSUES

(Participants Were Asked To Vote For The 3 Issues Of Most Importance.)

<u>NUMBER OF VOTES</u>	<u>ISSUE</u>
19	SALARY
3	HOURS
12	STAFFING
24	RESPECT /IMAGE
6	EDUCATION FUNDING
6	MANAGEMENT
8	MENTORING

NURSE TOWN MEETING

Tuesday, July 10, 2001

6:00 p.m. – 7:30 p.m.

DelTech Owens Campus

Georgetown, DE

Participants' Answers to Discussion Questions (Comments were captured on flip charts.)

I. What brought you into this field?

- a. Diversity of career choices
- b. Desire to care for others
 - 1. "Cherry Ames books"
- c. Mothers/Nurse role models
- d. Interest in human body
- e. Career choices limited to nursing and teaching
- f. Desire to be self sufficient
- g. Flexible hours
- h. Exposure to nursing
 - 1. "Future Nurses Club of America" in high schools

II. What do you appreciate most at your work/profession?

What keeps you in this field?

- a. Diversity...choices of activity
- b. Salary
 - 1. Able to support family
 - 2. Can pay the mortgage!
- c. The work matters
- d. Good peers
- e. Independence
- f. Respected by public
- g. Stimulation of the job
 - 1. More challenges
 - 2. More to learn

III. What makes your life in nursing most difficult?

What drives you from the field?

- a. Lack of respect
- b. Inadequate staffing
- c. Lack of support from peers, management, supervisors
- d. Inflexibility
- e. Ideas being disregarded

- f. No voice
- g. Salary
 - 1. gender exploitation
- h. Lack of financial reward or growth for advanced education
- i. Lack of collaboration among docs and nurses
- j. Management not understanding what actually happens in care setting
- k. Impact of reimbursement on avail.of jobs
- l. Excessive paperwork
- m. Cumbersome federal regulation
- n. Negative media

IV. Think back to your initial nursing education:

What helped you?

What were the barriers?

- a. State paid for BA
 - 1. About ¼ got some financial help
- b. Got initial training at large teaching hospital – provided
- c. Diversity of experience
- d. Older nurses “eat their young”
 - 1. Are not welcoming to new nurses
- e. Federal loan forgiven 10%/year
- f. Military funded education
 - 1. Provides good clinical experiences
- g. Lost clinical component in education – Now clinical work is 1.7 days/week (vs. 4 days/week years ago)
- h. Need internships
 - 1. Important to have good first experience
- i. Important to have in-depth clinical experience
- j. Instructors lack of familiarity with areas taught
- k. Strong preceptors

V. How easy has it been to continue your education?

Again, what opportunities or resources help you do this?

What are the barriers?

- a. Availability of funding
- b. Lack of funding
- c. Lack of financial reward for obtaining advanced degree
- d. Job lock
- e. Refresher courses needed
- f. APN’s not welcomed
- g. Lack of flexibility/time for clinicals
- h. Military process
- i. Distance learning

VI. What do you think is the image of nursing?

- **Among Nurses?**
- **Among Patients?**
- **Among General Public?**
 - a. Media's 'sexy appeal'
 1. Inaccurate and misleading
 - b. No longer possible to I.D. nurse from clerk or cleaner
 1. If you look young, you're an aide
 - c. Lost a professional image
 1. Flexible standards have detracted from professional image
 - d. Prospective nurses see hard work and low control over work environment
 - e. Public does not appreciate the variety of sub-disciplines
 - f. Many nurses counsel children to look into other professions
 - g. Lack of respect for the profession
 1. For what we do
 2. Negative impact on family life
 - h. Media portrayal of EMT's much higher than nurses
 - i. Nurses often criticized, seldom rewarded
 - j. Nurses seen as do-it-all's who end up cleaning, etc.

VII. Think of nursing as the patient

What kind of care does it need?

What can you/others do to help it heal?

- a. Organized Advocacy
- b. Increase time focused on with patient
- c. Adequate staffing
- d. Appropriate salary – level and placement in budget
- e. More nurses attract young people
- f. Orientation – internship, preceptorships – enhancement and mentoring
- g. Recognition of value of nursing – supported by research
 1. Quality
 2. Length of Stay
 3. Outcomes
- h. Increase funding for nurse education
 1. Initial
 2. Continued
- i. Increase number of nurses in nurse organizations
- j. Match nurses skills with tasks
- k. Stop “eating our young” – support each other

Additional Questions

Interest in a Nursing Center?

- ✓ Could facilitate collaboration among educators, institutions
- ✓ Centralize information: advocacy

Concern: Fear of Infection

RANKING OF ISSUES

(Participants were asked to vote for the 3 issues that they felt were most important.)

<u>VOTES</u>	<u>ISSUE</u>
21	SALARY
16	STAFFING
9	RESPECT
6	MENTORING
6	EDUCATION
6	MANAGEMENT
0	HOURS

NURSE TOWN MEETING

Thursday, July 12, 2001

6:00 p.m. – 7:30 p.m.

DelTech Stanton Campus

New Castle, DE

Participants' Answers to Discussion Questions (Comments were captured on flip charts.)

I. What brought you into this field?

- a. "Future Nurses of America" – half of audience
- b. High school program and Mentoring program
- c. Job diversity
- d. Mom role model
- e. Few other options
- f. Lack of age discrimination
- g. Need to help people
- h. Desire to get into work quickly
- i. Personal experience with nursing care due to (?)
- j. Civil Service and test resulted in recruitment and money assistance with education

II. What do you appreciate most at your work/profession?

What keeps you in this field?

- a. Positive feedback from patients and families
- b. Diversity of opportunity
- c. Patient interaction
- d. Flexible scheduling
- e. Camaraderie and coworkers
- f. Development of relationships
 1. with residents & families
- g. Constant change, new challenges
- h. Having a positive influence
- i. Employer support (Instructor)
- j. Advocacy
- k. At this age, I'm stuck, too old for another education -- good money
- l. New opportunity for growth
- m. Share development
- n. Diversity of people (DPH)
- o. Autonomy

**III. What makes your life in nursing most difficult?
What drives you from the field?**

- a. Staffing problems
 - 1. nurse: patient ratio
 - 2. Impacts moral retention outsource
- b. Physically and emotionally demanding
- c. Boxed into “nursing” tasks, and not using other areas of expertise
- d. Liability for actions of others who are not within my control
- e. Lack of respect / prestige
 - 1. from physicians
 - 2. from management
 - 3. image of nursing
- f. Salary not commensurate with skill levels and education
 - 1. Reimbursements impact
 - a. BBA
 - b. Managed care
- g. “Nurses” – stigma translates to salary
- h. Management – non understanding support
- i. Displacement of older nurses
- j. Managed care – Impact
 - 1. Paperwork
 - 2. Cross training
 - 3. Processes/protocols
 - 4. Rudeness from upper management
- k. Decisions at nursing practice without nurse input – “NO VOICE”

**IV. Think back to your initial nursing education:
What helped you?**

What were the barriers?

- a. Scholarships, stipends, grants
 - 1. Federal and State
- b. ADM Program fast, affordable
- c. Grants from hospital
- d. Small night classes
- e. Easy to transfer credits
- f. Had a good time with BA
 - 1. College experience
- g. Hard to get into LPN program
 - 1. Lack of slots
- h. Money resources not well known
- i. Hard to balance money and family needs
- j. On the job training
- k. Did not have good mentoring – especially with shortage
- l. Worried about low quality programs today

1. Today poor clinical experience, training

**V. How easy has it been to continue your education?
Again, what opportunities or resources help you do this?
What are the barriers?**

- a. Lack of respect, money rewards, and recognition
 1. Recognition required for advancing
 2. Internal motivation required
- b. LPN – RN: Difficult to get credit for experience
- c. Tuition reimbursement
 1. 50% found some level of help
- d. Employer is a barrier when must use vacation time and own money to go to school
- e. Legal impetus for CE
- f. Conflict with other roles and need for funds (childcare)
- g. Expenses must come out of pocket
- h. CE prevents burnout

VI. What do you think is the image of nursing?

- **Among Nurses?**
 - **Among Patients?**
 - **Among General Public?**
- a. High school students are not encourage
 1. Too stressful to be appealing
 2. No bathroom breaks!
 - b. Long term care image that “we’re bad”
 - c. Reluctance to work with older population
 1. Generally poor image of LT care
 - d. A tale of two cities: Good and Bad stories
 - e. Health care is “dangerous.” Image of violence and infection danger
 - f. No way to distinguish between nurse and tech....
 - g. “Real” nurses work in ER
 - h. Many nurses badmouth the field to students
 - i. Danger of suit – CYA profession
 - j. “Hourly” mentality in the profession
 - k. We haven’t solved our problems – we can be our own worst enemies (in-fighting, etc.)
 - l. Parents talk down to us
 - m. Patients don’t understand what we have to do – don’t appreciate job scope/demands

VII. Think of nursing as the patient

What kind of care does it need?

What can you/others do to help it heal?

- a. Remember – staffing quotas were developed as minimums
- b. Need to work more with new grads – transition programs to give good clinical experience
- c. Nurses need help on legal end – need to provide protection to nurses (suit caps, etc.)
- d. We need to remember how and what we project impacts patients
- e. Management needs not to cut back on the caregivers
- f. Need to encourage younger students
- g. Eliminate number of hours required for renewal
- h. Intellectual, empathetic case manager
- i. Fix what's wrong with nursing (and they will come...)
- j. Join together
- k. Statewide dinner to honor the nurses/profession

RANKING OF ISSUES

(Participants were asked to vote for the 3 issues that they felt were most important.)

<u>VOTES</u>	<u>ISSUES</u>
45	SALARY/BENEFITS
43	STAFFING
22	RESPECT
8	MENTORING
8	EDUCATION
5	MANAGEMENT
0	HOURS

APPENDIX 3



STATE OF DELAWARE
DELAWARE HEALTH CARE COMMISSION
150 WILLIAM PENN ST., DOVER, DE 19901
TELEPHONE: (302) 744-4382
FAX: (302) 739-6927
<http://www.state.de.us/dhcc>

October 5, 2001

Dear

The stability of the health care system is reliant on a sufficient supply of appropriately skilled health care providers. Today, Delaware is experiencing a shortage of nurses that is threatening to undermine the ability of hospitals, long-term care facilities and other providers to provide timely access to quality health care.

Rather than wait until we are in a crisis situation, the Delaware Health Care Commission recommends taking steps now to heighten awareness about the shortage and increase the numbers of young people who enter and stay in the nursing profession.

The Commission's Committee on Nursing Workforce Supply has been working for over a year to identify and document the factors contributing to the shortage and to develop consensus around feasible solutions. The Committee's work has focused on the four themes of nurse recruitment, nurse retention, nurse education and public policy.

In follow-up to the considerable research conducted by the Committee, a series of nurse town meetings and other activities, the Commission is sponsoring an invitational key stakeholder event. The forum will provide an opportunity for you to hear the Committee's key findings and recommendations, help us gauge their acceptability, and participate in making refinements. Ultimately, the recommendations will be included in a final report to the Governor and Delaware General Assembly.

The "Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together" will take place on November 15, 9:00 a.m. to 3:00 p.m., at the Modern Maturity Center in Dover.

Please RSVP to the Commission your plans to attend using the form attached to this letter. If you are not able to attend, please plan to send a representative in your place.

Sincerely yours,

John C. Carney
Chairman
Delaware Health Care Commission

Lois M. Studte, RN
Chairwoman
Committee on Nursing Workforce Supply
Delaware Health Care Commission

“Delaware Nursing Workforce Planning Forum:
Bringing Key Stakeholders Together”

9:00 AM – 3:00 PM
November 15, 2001
Modern Maturity Center, Dover

Key Purposes:

- Develop a common understanding of the nursing shortage, within the larger context of the overall system
- Present Key Findings and Preliminary Recommendations
- Gauge acceptance of the recommendations and feasibility of implementation
- Engage key stakeholders in the refinement of the recommendations
- Plan for implementation

Desired Outcomes:

- Call-to-Action
- Buy-in of recommendations
- Action plans around high priority initiatives
- Commitment around implementation of high priority strategies for solving the nursing shortage

Agenda Highlights:

- I. Keynote speaker: Sean Patrick Clarke, RN, PhD, CRNP, CS
Dr. Clarke is Assistant Professor at the University of Pennsylvania School of Nursing and Associate Director for the Center for Health Outcomes and Policy Research and a key investigator on the International Hospital Outcomes Study. An author of the recent Health Affairs article, “Nurse Reports on Hospital Care in Five Countries”, which won the American Academy of Nursing Media Award for 200, Dr. Clarke holds a Master and PhD in Nursing from McGill University in Montreal.
- II. Sharing Key Findings and Recommendations
Sharing the information and testing acceptability of preliminary recommendations
- III. Facilitated Concurrent Workshops around Categorical Recommendations
Workshops around the recommendations for nurse recruitment, retention, education and public policy will be discussed in more detail in a forum that will encourage stakeholder input for refinement and generate commitment around statewide implementation strategies.
- IV. Next Steps

Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together

November 15, 2001 Agenda

8:30 Registration & Continental Breakfast

9:00 Welcome and Purpose

Paula Roy, Executive Director, Delaware Health Care Commission

Lois Studte, RN, Chair, Nursing Workforce Committee
Delaware Health Care Commission

Table Conversations: Who We Are and Why We Are Here

Presentation: A Global Perspective on a Local Problem

Sean Clarke, RN, Ph.D., CRNP, CS, University of Pennsylvania

**Nursing Workforce Committee Draft Recommendations
Presentation**

Judy Chaconas, Delaware Health Care Commission

Table Questions for the Nursing Workforce Committee Panel

Joseph Letnaunchyn, Louisa Phillips, MS, RN, CN, AA
June Turansky, RN, MSN, Edward Goate, Ph.D.

**12:00 Lunch Speaker: Lt. Gov. John Carney
Chair, Delaware Health Care Commission**

**1:00 Feedback and Implementation Planning:
Small Group Discussions**

2:00 Sharing Our Thinking: Brief Summary Report Outs

2:45 Review Committee Next Steps

3:00 Adjourn

***Delaware Nursing Workforce Planning Forum:
Bringing Key Stakeholders Together
Participant List***

Albright, Prue, RN, Nursing Director, Division of Public Health
Allen, Vicki, RN, MS, Vice President, Patient Care Services, Nanticoke Health Services
Bailey, Marge, RN, Director of Nursing, Meadowwood Hospital
Baker, Jo Ann, Administrative Assistant, Delaware Health Care Commission
Beeman, Pam, Associate Dean, College of Health & Nursing Sciences, University of Delaware
Bell, Robert, Director, Government & Community Relations, Christiana Care Health Services
Bellwoar, Denise, A.I. DuPont Hospital for Children
Benson, Sharon, RN, Clinical Coordinator, Bayhealth Medical Center
Blades, Barbara Ellen, RN, MSN, Director of Nursing, Delaware Home for the Chronically III
Broadhurst, Noreen, RN, MS, Beebe Medical Center
Buckwirth, Benjamin, Alfred I. DuPont Hospital for Children
Bushey, Constance, Director, Beebe School of Nursing
Cannon, Mary, RN, School Nurse
Cannon, Patty, Executive Director, Delaware Workforce Investment Board
Carney, John C., Jr., Lt. Governor, State of Delaware
Chaconas, Judy, Director, Policy and Planning, Delaware Health Care Commission
Chick, Linda, Southern Delaware Community Health Partnership
Clarke, Sean, RN, PhD, CRNP, CS, University of Pennsylvania
Conway, Patricia, Associate Hospital Administrator for Nursing, A.I. DuPont Hospital for Children
Donohue, Colleen, AmeriHealth
Donar-Reale, Mary, MSN, RN, Associate Practice Administrator, A.I. DuPont Hospital for Children
Dugan, Denise, Quality Assurance, Division of Social Services
Edgell, Alice, RN, Nurse Consultant, Division of Public Health
Engelhardt, Patricia, RN, Delaware Nursing Home Resident Quality Assurance Commission
Feierstein, Abbey, Human Resource Specialist, State Personnel Office
Gable, Wendy, Professional Recruiter, Christiana Care Health System
Gallagher, Tish, Associate Professor and Chair, Wilmington College
Gambardella, Lucille, Dr., Chairperson, Division of Nursing, Wesley College
Goaté, Edward, PhD., Chairman, Central Delaware Community Health Partnership
Greeley, Ulrike, Acting Director of Nursing, Delaware Psychiatric Center
Groft, Helen, Director, Workforce Development, Delaware Economic Development Office
Gzym, Mary Beth, Human Resources Director, Department of Health & Social Services
Halen, Catherine, Vice President, Human Resources, Beebe Medical Center
Hasse, Joann, League of Women Voters
Henry, Renata, Director, Division of Substance Abuse and Mental Health
Hitchens, Maria, RN, Nurse Recruiter & Nurse Supervisor, Stockley Center
Hollis, Cheryl, Director of Health Services, Stockley Center
Holmes, Kay, Chief, Managed Care/Quality Assurance, Delaware Medicaid
Holt, Mary Ellen, Clinical Services Manager, Genesis ElderCare
Hurford, Donald, St. Francis Healthcare Service

Jones, Linda, Director of Nursing, Silver Lake, Dover
Jewell, Maureen, Director of Nursing Education, St. Francis Healthcare Services
Kirk, William E., III, Vice President, General Counsel, Blue Cross Blue Shield of Delaware
Klima, Dennis, President & CEO, Bayhealth Medical Center
Klopfenstein, Moonyeen, Community Liaison for Christiana Care; Delaware Nurses Association; and Delaware Organization of Nurse Executives
Kunz, Carolee Burton, Director, Division of Aging and Adults with Physical Disabilities
Lawrence, Robin, Secretary, Delaware Health Care Commission
Letnaunchyn, Joseph, President, Delaware Healthcare Association
Lieberman, Joseph A., III, MD, MPH, Chairman, Department of Family & Community Medicine, Christiana Care Health Services; Commissioner, Delaware Health Care Commission
Lofurno, Justin, System Director, Employee Services, Nanticoke Health Services
Maier, Pam, State Representative
Manglass, Betsy, Division of Public Health
Marshall, Melanie, President, Delaware Student Nurses Association
Marvel, Marlyn, Community Relations Officer, Delaware Health Care Commission
Mattey, Beth, RN, School Nurse, Mt. Pleasant High
Martin, Judy, Bayhealth Medical Center
McDowell, Jon, Vice President, Human Resources, Bayhealth Medical Center
Miller, Mary Ann, Dr., Acting Department Chair, Associate Professor, Department of Nursing, University of Delaware
Miller, Robert F., Commissioner, Delaware Health Care Commission
Morris, Arnold, Director, Delaware Hospital for the Chronically Ill
Panuto, Karen, Wesley College
Paulanka, Betty, Ed.D, RN, Dean, College of Health & Nursing Sciences, University of Delaware
Phillips, Louisa, MS, RN, CNAA, Immediate Past President, Delaware Organization of Nursing Executives
Poore, Susan, Stockley Center
Prettyman, Allen, RN, MSN, CFNP, Manager, Medical Services, Preventive Medicine, Christiana Care Health System
Quillen, E. Ray, Administrator, Courtland Manor Nursing Home
Racine, Donna, RN, VP Health Services, Peninsula United Methodist Homes, Inc. & VP Nursing, Delaware Health Care Facilities Association
Roy, Paula K., Executive Director, Delaware Health Care Commission
Shank, Susan, RN, School Nurse, Delaware School Nurse Association
Shaw, Benjamin T., Sr. Vice President, Human Resources, Christiana Care Health System
Simpson, Gary, State Senator
Singleton, David W., Secretary of Finance Office, State of Delaware
Smith, Marianne, RN, Director, Division of Developmental Disabilities Services
Snyder, Nancy, MSN, RN, Chair, Department of Nursing, Delaware Technical & Community College – Stanton Campus
Spicer, Mary, Vice President, Patient Care Services, Beebe Medical Center
Stafford, Harold, Secretary of Labor, State of Delaware

PAGE 3

Stone, Donna, State Representative

Studte, Lois, M.Ed., RN, Chair, Committee on Nursing Workforce Supply; Commissioner, Delaware Health Care Commission

Thomas, Libby, School Nurse, Thurgood Marshall Elementary

Tillman, Ulder, Director, Division of Public Health

Turansky, June, RN, MSN, Chair, Nursing Department, Delaware Technical & Community College – Owens Campus

Waldron, Yrene, NHA, Executive Director, Delaware Health Care Facilities Association

Watkins, Mary P., PhD, RN, Chair, Department of Nursing, Delaware State University

Watson, Valerie, Director, Department of Administrative Services, Division of Professional Regulation

Webb, Crystal, Policy Advisor, Office of the Governor of the State of Delaware

Wemlinger, Adele, Executive Director, Stockley Center

Wik, John, Director, Delaware Economic Development Office

Winston, Pat, MS, RN, CHE, Vice President Patient Services, CNO, St. Francis Healthcare Services

Wolfe, Linda, Education Specialist, Health Services, Department of Education.

Wright, M. Lynn, RN, Nurse Recruiter, Delaware Hospital for the Chronically Ill

Wright, Robert III, Organization Development Associates

Yanos, Ruth, Chair, Nursing Department, Delaware Technical & Community College – Terry Campus

Young, Terri, Vice President of Human Resources, Nemours Foundation, A.I.DuPont

Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together

Purpose

To bring together those who care and can do something about Delaware's growing nursing shortage in a way that:

- builds a common understanding of the shortage within the context of the overall health care system;
- engages key stakeholders in the refinement of and feedback on the Committee draft recommendations;
- develops concrete suggestions for the implementation of recommendations;

thus strengthening the health of Delaware's health care system.

Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together

Worksheet #1: Who We Are & Why We're Here

Purpose:

To get to know others at your table and begin to build a shared view of the positive nursing experience we would like everyone to experience.

Steps:

- 1) Go around your table and briefly introduce yourselves to one another: your name, where you are from, and the agency or organization you are with.
- 2) Take a minute to reflect on the following question. Then, go around and each share your responses. Each person has about a minute or two to share their response with the group.

Think back on a positive experience you have had with a nursing professional -- your own or someone else's. What was the experience, and why was it special or positive?

You may use the space below for notes:

- 3) After everyone has shared an experience, take a few minutes to discuss what common themes or ideas came up in the stories.

Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together

Worksheet #2: Notes on the Draft Recommendations and Questions for the Panel

Use the space below for notes on the recommendations and questions you would like to ask the panel.

Delaware Nursing Workforce Planning Forum: Bringing Key Stakeholders Together

Worksheet #3: Small Group Feedback on Draft Recommendations

Purpose:

To focus on one of four categories of the draft recommendations and provide feedback to the Nursing Workforce Committee

Steps:

- 1) **Self manage:** identify a discussion leader, a scribe, a timekeeper and a presenter.
- 2) Have your scribe keep track of the key reactions of your group. At the end of your discussion time, these should be put on a flip chart.
- 3) Discuss the draft recommendations in your area, identifying:

What do you like in the recommendations?

What concerns you in the recommendations?

What specific ideas do you have for how these recommendations can be implemented in Delaware?

Identify and board 2-3 key points for each question. Your presenter should be prepared to give a brief report at:_____.

DELAWARE HEALTH CARE COMMISSION
COMMITTEE ON NURSING WORKFORCE SUPPLY

NOVEMBER 15, 2001
DELAWARE NURSING WORKFORCE PLANNING FORUM
BRINGING KEY STAKEHOLDERS TOGETHER

PARTICIPANTS' REACTIONS TO PRELIMINARY RECOMMENDATIONS

PUBLIC POLICY RECOMMENDATION

What we like:

- ❖ Potential Board offers to act before issues → crises
- ❖ Potential for support of appropriate allocation of resources
- ❖ Potential support collaborative processes between boards
- ❖ Potential for maximization of opportunities of Delawareans
- ❖ Centralization is a great idea. It does not call for a statutorily – created Board
- ❖ Proactive rather than reactive
- ❖ Focuses discussion and research on Health Care
- ❖ Expands nursing supply to healthcare workforce supply

Concerns:

- ❖ Funding in today's economic climate
- ❖ Commission may not have sufficient staffing and/or funding
- ❖ Short-term focus, i.e., regulatory relief long-term care
- ❖ Data collection problems
- ❖ 100,000 workforce shortage
- ❖ Delaware WIB also promote partnerships

Recommendations:

- ❖ Funding possibilities:
 - Federal Workforce Investment Act
 - Start-up – Tobacco funds
 - Sustaining – grants
- ❖ Link with universities' graduate programs for research/analysis
- ❖ Composition of Board → varied, high-level, public and private (e.g., State Department of Health, Labor, Economic Development, Delaware Hospital Association)
- ❖ Leave it under the Commission and work with the WIB
- ❖ Revise Executive Order adding a subcommittee to the WIB
- ❖ Department of Labor, Health Care Commission, Long-Term Care, Private Hospitals, Education, Professional Regulation

RECRUITMENT RECOMMENDATIONS

What we liked:

- ❖ Funding from a variety of organizations for media campaign (i.e., “public problem”)
- ❖ Target school-aged children
- ❖ Targeted Recruitment is supported in the research and literature
- ❖ The partnership is a vehicle to tap into schools
- ❖ Media Campaign- agreed that image needs a change
- ❖ Increase avenues and links to activity

Concerns:

- ❖ Undefined timelines and undefined measurable outcomes of the Commission’s proposed action plan
- ❖ Fiscal concerns
- ❖ Targeted recruitment - this partnership cannot be the sole entity
- ❖ Media campaign - remove # 1 and Focus on # 2
- ❖ Funding will be at all levels

Recommendations:

- ❖ Change public image of nurses away from “physician helpers” towards “Healers in Advanced Practice”
- ❖ Education about non-traditional nursing programs (video and on-line)
- ❖ Target retired nurses to rejoin the workforce as mentors and educators
- ❖ High School internship programs
- ❖ Targeted Recruitment → have opportunities for the minority groups/all groups to explore nursing opportunities at faculty level practices, public speaking, and media involvement
- ❖ Media Campaign
 - Recruitment/Retention → nursing heroes/idols
 - Toddlers – Barney nurse, Arthurs
 - School → K – 4th grade → Billboards, TV ads
 - 5th → advertisement
- ❖ Targeted Populations – “Care For People – I Want To Help”
 - Factors: Minority/Latino (cultural factors)/African American
 - EMT →
 - Career Ladders
 - Levels of Literacy – Testing
 - Not a woman’s profession
- ❖ Media Campaign – We Have Been Too Humble
 - “Heroes in Nursing/Healthcare”
 - Remove Television image of Nurses

- Video “Nursing: The Ultimate Adventure”
- National Nursing Student Association
- Science Alliance approach

- ❖ Scholarship Awareness – Senior students → Beebe/Christiana/Genesis → CAN to LPNA
- Legislature campaign
- More slots (waiting group/no room, yet we want more applicants)
- Reciprocity factor Job ↔ License

EDUCATION RECOMMENDATIONS

We Liked:

- ❖ The initiation of collaborative amongst education, state government and healthcare agencies
- ❖ Allowing funding resources to be added which will maintain/increase enrollment
- ❖ Partnering idea good for small state
- ❖ Stipends which are sorely needed
- ❖ Scholarships

Concerns:

- ❖ There is currently no forum to organize and manage such a collaboration
- ❖ Availability of funding to carry out recommendations
- ❖ Issues R/T accreditation may hamper hiring qualified faculty
- ❖ Increased number of students in entry level programs is complicated at system level (resources)
- ❖ Weekends not especially useful for entry level students (work issues)

Recommendations:

- ❖ Reconvene DNA—DNE Committee to address these ideas/problems
- ❖ Joint appointments between academic and service organizations
- Improves collaboration, student experience, recruitment for service organization
- ❖ Increase funding – recruitment isn’t only issue. Student retention is
- ❖ Provide health care benefits for students in entry level programs
- ❖ Developmental programs to help students meet requirements
- ❖ ESL

RETENTION RECOMMENDATIONS (by breakout tables)

Table #3

"Image of Nursing" Keep the humor in the job!

A profession should be handled like one!

Compensation

Decreased benefits-first thing to go -perception that older nursing will stay without dollars because "they just stay"

If recommendations are geared to the "doable" only, we have only applied a bandied

Need a strategy for the long-term employee

Staffing

? Minimum ratios? Acuity systems 5-6 end up with 13-14 in the real world

Respect

Should be built into all education programs for all disciplines

Support within the profession is important

Educate physicians "Code Pink" to decrease verbal abuse

Leadership

Use retired nurses for mentoring other middle managers

Development of the middle manager is important and will cost money

Nursing leadership seems to be the first thing cut

This all comes back to dollars and time

Mentoring

Everyone else is old! 24/7 not 9-5

Experienced people with new graduates. Extern programs

Buddy System OJT

Continuing education

Encourage employers to increase

Table #4

1) What we like:

The recommendations are practical and viable and in line with current practices

Some are already in place in some organizations

2) Concerns

- ❖ Put funding issue under Public Policy
- ❖ Will skill based pay work?
- ❖ Make sure that recommendations fit into budgets
- ❖ Should there be differentials in pay for working in different areas?
- ❖ There is a need for flexibility in organizations-need public policy changes to relax some regulations to allow flexibility
- ❖ How do we make these strategies happen
- ❖ Immediate supervisors have a significant impact on the retention of those they supervise
- ❖ Need to streamline bureaucracies in organizations -takes too long to get changes through; changes made as ideas go through too many levels
- ❖ Need coordination between Boards and Organizations
- ❖ Need to emphasize the positives not the negatives, present new ideas positively
- ❖ We do not want to create mandatory limits for staffing, compensation etc but we suggest that all facilities develop models that fit their organization. Be sure that all those impacted by these decisions are part of the decision making process
- ❖ Need to use creativity in implementing recommendations
- ❖ Recommendations need to be personalized to individual organizations
- ❖ Do not wait to implement: some can be implemented right away!!

Table #8

We like:

- ❖ Rewarding education and skills in compensation
- ❖ Involving staff in the recruitment process
- ❖ Emphasis on managers

We are concerned by:

- ❖ Lack of definitions of the six recommendations ie "Models of Care" and collaborative practice initiatives

Suggestions: (Questions)

How to increase support from the community