

A WHITE PAPER ON THE NURSING SHORTAGE[©]

The Problem and Proposed Solutions as offered through Public Testimony at a Los Angeles County of Los Angeles sponsored Public Meeting to address the Nursing Shortage.

Held at:

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Pasadena, CA 91101
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Introduction

The Nursing Shortage has been extensively studied for over twenty years and its problems and solutions still remain in good part elusive and frustrating. Numerous organizations, educational institutions, unions, hospital organizations, elected officials, health experts, and individuals have spoken to and written about this topic. And though most can't agree on one perfect solution, all can agree that it will definitely worsen if nothing is changed.

There have been numerous solutions offered, from a state mandated nurse/patient ratio in California to numerous "nursing bills" pending in the legislatures of several states and in Congress. All these are admirable attempts to rectify the growing nursing shortage, which is projected to balloon to 400,000 by the year 2020 in the United States¹ or according to a recent 2001 CNN report there will be the need for 450,000 nurses by the year 2008.

In February 2002, County of Los Angeles Supervisor Michael Antonovich sponsored a public meeting in his district to give the "frontline" nurse an opportunity to provide direct testimony to his office on their perception of the causes and possible solutions to the nursing shortage in Los Angeles County. A panel of recognized nursing and other healthcare experts was convened to plan, develop, and conduct the public meeting. Great care was taken to have the panel represent "field nurses", nurse educators, nursing unions (SEIU 660 and the California Nurse Association), hospital/healthcare organizations (Healthcare Association of Southern California), and the nurse media (NurseWeek). This document is a synthesis of comments, e-mails or suggestions from individuals speaking at the Public Meeting, as well as nursing statistics from various published sources.

The Panelists

The Panel was selected from recognized leaders of the nursing and healthcare industry. The panelists worked closely with the moderator and members of the County of Los Angeles, Department of Health Services Nursing Office and the Senior Deputy and Health Deputy from Supervisor Antonovich's office to develop the structure of the public meeting, select the prospective Public Meeting Panelists and determine how to "advertise" the meeting to registered nurses.

Flyers were distributed to nurses throughout the public and private sectors. All public hospitals, regardless of supervisorial district were notified, and most private hospitals in supervisorial district 5 were notified. Flyers were distributed by several methods: mail, e-mail, and hand-delivery. In addition, both the California Nurses Association (CNA) and SEIU 660 unions were notified and given flyers to distribute to their membership, and at least one union posted notification of the meeting on their website. Additionally, nursing schools were notified of the meeting and encouraged to send students and instructors. Finally, NurseWeek published a small announcement in their weekly publication that is mailed to all currently licensed Registered Nurses in California.

Approximately 125 individuals attended the Public Meeting. Each panelist and speaker was given three minutes to present testimony. At the end of spoken testimony, the panelists were given an opportunity to provide additional comments. The panel was made up of individuals representing various areas of nursing and health care. The panelist selected were:

Dr. Geneviève M. Clavreul, RN, President & Chief Executive Officer, Solutions Outside the Box, serving as the evening's moderator.

Mr. Anthony J. Abbate, F.A.C.H.E., Regional Vice President, Healthcare Association of Southern California;

Ms. Carol Bradley, RN, MSN, California Editor, NurseWeek;

Ms. Grace Corse, RN, Critical Care Nurse, Los Angeles County/USC Medical Center, and member of SEIU Local 660;

Ms. Kathy Daniel, RN, Member Board of Directors, California Nurse's Association;

Ms. Angie Millan, RN, Nursing Director of Children Medical Services, Los Angeles County/USC Medical Center, and Vice President of the Los Angeles Chapter of the National Association of Hispanic Nurses;

Dr. Sharon Hall, RN, Associate Dean of Allied Health, Glendale Community College;

Dr. Judith Papenhausen, RN, Director of the School of Nursing, California State University at Los Angeles;

Ms. Deline Pascasio, RN, Chief Nursing Officer, Los Angeles County Health Department High Desert Hospital;

Ms. Jane Volpicelli, RN, Clinical Nurse Director, Men' Central Jail and Century Detention Facility, Los Angeles County Sheriff Department.

The Testimony

In addition to the spoken testimony provided at the Public Meeting, numerous individuals e-mailed, faxed, or mailed their written testimony so it could be included in the synthesis of the white paper. To ensure that all comments made during the Public Meeting were captured, the meeting was taped and later the tape transcribed to provide a “permanent record” of the meeting.

There were three areas identified as “main causes” for the continuing nursing shortage. These three areas are: poor management /lack of flexibility, education/career ladder, and working conditions. It is important to note that in the public testimony, money was referred to primarily in the context of “hazard pay” or pay differential for RN’s working in high stress/dangerous areas.

Below are some excerpts from the individual public testimony that brought sharp focus onto these three subject areas:

Poor Management/ Lack of flexibility:

- Nursing managers seem to be out of touch and just wasting time.
- Resistant to allowing the nurses flexibility and lesser work hours.
- A nurse called and asked if she had to cross train to Peds Oncology. She was hired to work general Peds and has worked many years as a nurse and does not want to work and train for something new at this time but is being forced to do this.
- A lot of mothers who have children that go to school and they want to work on the weekend (Friday, Saturday, and Sunday) but management is inflexible to their needs.
- Poor management of a unit can do harm.
- Ineffective nursing management.
- No one wants to work in an environment of no flexibility

- Lack of visible support from supervisors/managers.
- A problem at the front line is lack of recruitment and retention of nurses, caused by management (nursing and hospital).
- Problems not resolved in a timely manner.
- Nursing management does not always encourage nor promote staff nurses who acquire advance practical degrees.
- The nursing leadership is inflexible and removed from what it is like in the work situation with patients.
- Opening part-time positions might make it possible for young mothers to work and still spend time with their families.
- Flexibility is important to the nurses who work in the public and private sectors in Los Angeles County.
- Flexibility of scheduling.

Education/Career Ladder

- Increasing the educational opportunities available to future minority nurses will help establish the profession of nursing that mirrors our wonderful diverse society.
- Problem starts in elementary school. Los Angeles schools are not adequately preparing our kids in math and science.
- It can take five years to get an associate degree. When they finish their general requirements they are put on a waiting list for nursing school, because there is not enough faculty.
- Our issues do include a lack of nursing instructors. Lack of space to train our nurses. Lack of hospital clinical facilities.
- Because many of our would-be professional nurses are working parents, there is a necessity to provide weekend classes, online courses, evening classes, and evening rotations.
- Issue of career mobility.
- For “immigrant” nurses provide pronunciation classes with the nursing program.
- Many new immigrants, who are very qualified medically-trained professionals due to the second language barrier makes it hard for them to get back into the system.

- California Community Colleges have an open-access-to-all policy; this means that interviews and point systems to identify the most likely to succeed in the program are not allowed. This leads to increased attrition rates. Once a slot is vacated, it is typically stays empty.
- Insufficient funding to the Community and State Colleges, and Universities to expand slots to train nursing students.
- Make nursing education more accessible, i.e., evening and weekend classes, distance learning, etc.

Working Conditions

- Nurses are doing tasks that aren't nursing and aren't related to patients.
- Other personnel to support nurses in the work they do.

Again, it is important to note that the subject of money/compensation was brought up in the context of hazard pay for nurses working in high risks areas. An interesting comment given in testimony was that “salaries aren't always the main things, but working conditions are very important.”

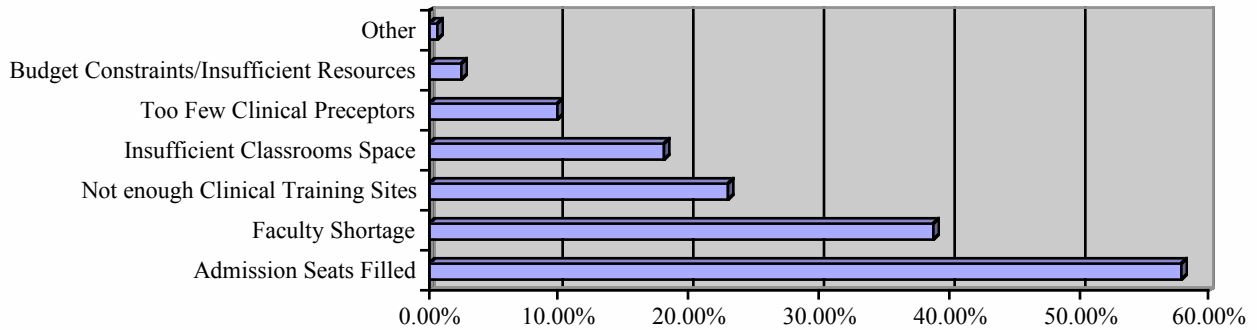
Background Statistics

As of February 2001, there were 255,145 actively licensed Registered Nurses in the State of California.ⁱⁱ It has been determined that California will need an additional 25,000 RNs by 2005 and 43,000 RNs by 2010, just to keep a stable ratio of RNs to the population.ⁱⁱⁱ According to the Bureau of Labor Statistics the jobs for RNs will grow 23 percent by 2008.

Thirty-five percent of those with current licenses to practice in March 2000 received their basic education outside the United States or in a State different from the State in which they were located at the time of the survey.^{iv} Interestingly, a RN with an associate degree was more likely to be located in the same State where they received their basic nursing education as compared to those who had their diploma or baccalaureate degree.

Enrollment in RN education programs has declined by 50,000 or 22% since 1993 in the United States. Part of the drop is due to declining interest. However, many nursing programs have had to cut enrollment even when applications increased because of faculty shortage, lack of clinical training sites, and insufficient classroom space.^v

Reasons Why Nursing Schools are Not Accepting All Qualified Applicantsⁱ



Between 1980 and 2000 the percentage of nurses who received their basic education in diploma programs decreased from 60% to 30% of the RN population. During the same period, the percentage receiving their basic education in associate degree programs increased from 19% to 40% of the RN population; and the percentage receiving their basic nursing education in baccalaureate programs increased from 17% to 29% of the RN population.^{vi} In the State of California the Community Colleges Associate Degree Program provides for approximately 70% of the nursing graduates each year.

Approximately 53% of the 180,765 nurses pursuing formal education were enrolled in programs leading to a baccalaureate degree, 36.4 % were enrolled in programs leading to a master's degree and almost 4% were enrolled in doctoral programs.^{vii} RNs attending school relied on multiple resources to pay for some portion of education expenses. The two primary sources were personal resources and employer reimbursement plans.^{viii}

Gender and the Nursing Shortage

Not surprisingly there are also gender differences apparent in the composition of the RN workforce but also in respect to the type of educational program in which men and women receive their basic nursing education. Diploma preparation is more likely to be the highest preparation of female RNs than male RNs. Male RNs are more likely to have associate degree preparation. Men and women are comparable in the percentage prepared at the baccalaureate and higher levels.^{ix}

Though greater career opportunities and rising wages have drawn women from the professions, such as nursing, which have been traditionally viewed as women dominated and dominated by women, women continue to make up 94% of the RN workforce.^x Men still comprise a very small percentage of the

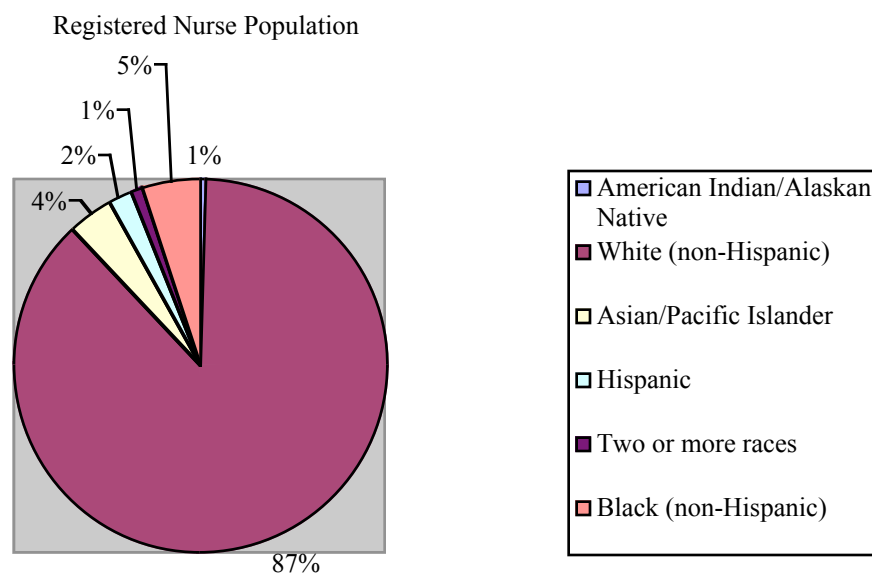
total RN population, although their numbers have continued to grow. Of the estimated 2,694,540 RNs in the US 146,902 or 5.4% are men. This is a 226 percent increase in the number of male RNs in two decades. This development should help draw more men to nursing, as nursing continues to be seen as an attractive and challenging career for men.

Each of the surveys indicates that the number of men has grown at a much faster rate than has the total RN population.^{xi} Therefore, a carefully targeted recruitment campaign should be developed to encourage young men to enter the field of nursing. Long-term solutions, however, will require finding new pools of potential workers, changing the way the work is structured, and improving the workplace environment.^{xii}

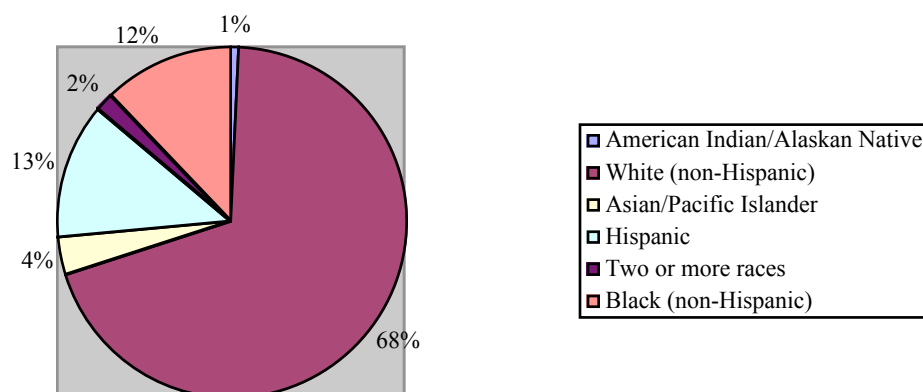
Diversity and the Nursing Shortage

Additionally, minority RNs grew at a greater rate than non-minority RNs for the years from 1980-2000, except the period from 1984-1988.^{xiii} However, there is still a great deal of work to accomplish in diversifying the RN population to more closely reflect the general population. Already, nursing schools enroll more ethnically diverse students than medical (10.5%) or dental (11%) colleges.^{xiv}

Distribution of Registered Nurses by Racial/Ethnic Background, March 2000ⁱⁱ



U.S. Population



Work Place Environment and the Nursing Shortage

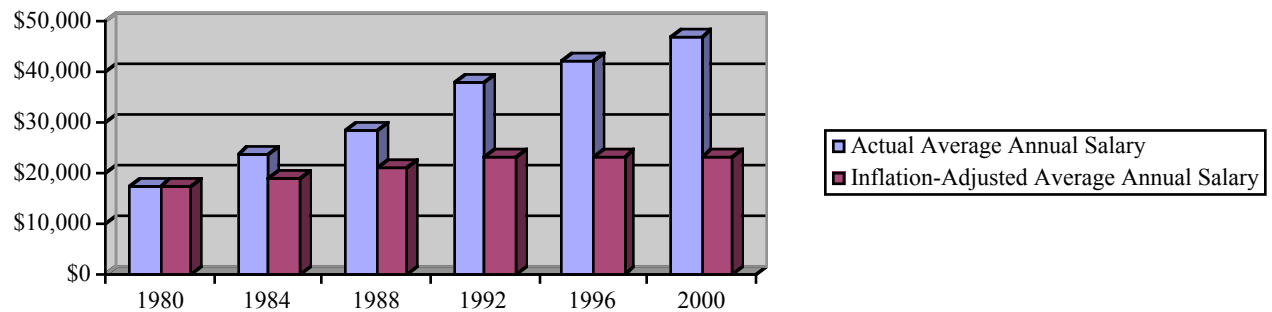
Across employment settings, two factors appear to define the level of job satisfaction: age and position.

Non-staff nurses who spent more than 50% of their time in direct patient care report higher job satisfaction than staff nurses spending similar amounts of time with patients. This suggests that it is the structure of the job, rather than the composition of the work, that is influencing satisfaction.^{xv} The five most sought after goals in nursing are achievement, helping, stimulation, education and fellowship.^{xvi} The predominant reasons that RNs in 2000 cited for working in non-nursing positions were: the other positions' scheduled hours were more convenient, better salaries, greater safety than in the health care environment, more professionally rewarding, and taking care of home and family.^{xvii}

While surveys indicate that increased wages might encourage nurses to stay at their jobs, money is not always cited as the primary reason for job satisfaction.^{xviii} According to the Federation of Nurses and Health Professionals (FNHP) survey, of those RNs responding who had considered leaving the patient-care field for reasons other than retirement over the past 2

years, 18% wanted more money, versus 56% who were concerned about the stress and physical demands of the job.^{xix} Due to the growing need for RNs, RN wages have grown faster than inflation during the period from 1980 – 2000. This should not be interpreted to mean that nurses are overly compensated; to the contrary, RNs salaries should be commensurate with their work and skill level. However, there has been a perception in the general public that nursing, as a profession “does not pay well” – this misperception is yet one more factor in the growing nursing shortage.

Actual and Inflation-Adjusted Annual Salary if Full-Time RNs, 1980-2000ⁱⁱⁱ



Additionally, nurses have begun to identify “poor management” as one of the key areas of dissatisfaction. In the public testimony provided, the nurses identified management to include both hospital and nursing. This identification is crucial, since “nursing administration includes the director, supervisor, and all levels of management including head nurses.”^{xx} This is an important paradigm shift in nursing, because until recently nurses saw all issues of management as hospital management and did not recognize the direct impact nursing management (both good and bad) had on the day-to-day work of the nurses.

Unions and the Nursing Shortage

Additionally, the reliance on “unions” as being representative of what nurses want needs to be carefully evaluated. At the recent American Nurses Association (ANA) 2002 convention, it was announced that 2 million nurses (80%) are not members of any nursing organization.^{xxi} The ANA is self-identified, and is often seen as “The Voice” of the American Nurse, while their own statistics contradict this statement – as it does for all the other Nursing Organizations, nation-wide. However, it has been these same organizations, which have been the primary “RN” voice invited to and speaking at the “table”. This statement is not meant to minimize the valuable work done by organizations; such as the ANA, SEIU, CNA, etc., but to alert the decision-makers and policy-makers that 2 million voices are not being given the opportunity to be heard. As the nation comes together to address the nursing shortage and its solutions, it is the recommendation of this document

that a concerted effort be made to assure the “non-union” Registered Nurse a place at the table, especially since most RNs have chosen not to be represented through unions and organizations. That is why, the Public Meeting, which was planned and held in Los Angeles made a strong effort to bring to the table Union and Non-Union nurses, and nurses from both the Public and Private hospital environment.

The Foreign-trained Nurse and the Nursing Shortage

As was testified to at the Public Meeting, there has been a strong reliance on foreign-trained nurses. In particular, a large “industry” has grown providing nurses from the Philippines. Recently, the practice of recruiting nurses from other countries has come under the scrutiny of the unions, hospitals, patient advocacy groups, and the legislature, as well as from the countries from where the nurses are being recruited. This recruitment of foreign nurses appears to be poaching from desperately needed qualified nurses within the home countries. California needs to improve its own nurse development programs, and begin reducing its reliance on foreign nurses. This being said it cannot be ignored that the “importation” of highly trained and skilled foreign nurses have helped minimize some of the nursing shortage effects, but has also in some cases caused a different shortage. In some hospitals conflicts arising from cultural differences caused some nurses to leave and either work in a different health care environment or abandon nursing. A special focus needs to be given to assist foreign nurses in learning the cultural norms of the United States. It is also recommended that an emphasis on psychosocial skills be given in the acculturation, so that they better blend with their new work environment.

Nursing as a profession and the Nursing Shortage

Many parallels can be drawn between the state of the teaching profession and the nursing profession. Both are highly educated and trained professionals, comprised predominately of women and seen as lacking in commensurate compensation for the work expected, and both are crucial to the survival of our society.

Many young people today do not see nursing as an exciting profession, and young women today are no longer faced with the limited career choices of their mothers and grandmothers. The challenge will be to reposition nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making.^{xxii}

Conclusions

There is no “quick-fix” to the ongoing and growing nursing shortage. However, there are some short-term and long-term solutions, which can be

implemented to help mitigate the problem. It became apparent both through testimony and numerous studies that a focus at the associate degree-nursing program should not only be expanded, but also further developed, marketed and receive substantial financial investment. This is in direct opposition to what has long been promoted by those in the nursing field. In recent years the nursing profession has attempted to focus on encouraging the BSN, MSN and Doctorate of Nursing degrees. In some ways it has been portrayed as the way to help move nursing from the perceived “hand-maiden of the days of Florence Nightingale” to the cutting edge professional of the 20th and 21st century. Though this career path would be optimal, since only an RN with a MSN (and in some limited cases a BSN) or higher can teach in an accredited nursing school, and of course the high degrees are part of the career path of the Advance Practice Nurse, this has also resulted in “cutting off one’s nose to spite ones face” with reference to the hospital nursing shortage.

The Associate Degree nursing program is a two-year program, and is often used by the Licensed Vocational Nurse (LVN) as the beginning of the RN career path. California Community Colleges provide approximately 70% of the nursing graduates each year in California. In addition the recent published study “Findings from the National Survey of Registered Nurses” revealed that a RN with an associate degree was more likely to remain in the same State from which they received their degree, then the diploma or baccalaureate – this could be one of the steps to help train and keep RNs in not only in the County of Los Angeles, but in the State of California. Additionally, all three “degrees” of registered nurses take the same State Boards for licensure. Statistics provided to the panel by, Sue Albert, RN, MN, MHA; Assistant Dean, Allied Health; College of the Canyons, in both her spoken and written testimony, also supports the need for a critical look at the RN associate degree program.

Ms. Albert’s testified about the costs to the State to prepare nurses. The costs at the community college level are approximately \$4457 per Full Time Equivalent Student, compared to \$8,677 per student for California State University (CSU) and \$18,643 per University of California (UC) student. A California Community College student pays on average \$264 in tuition and fees compared to \$1,428 in tuition and fees for the CSU student and \$3,429 in tuition and fees for the UC student. Additionally, the typical RN associate degree nurse performs as well as or better than the BSN graduates on the National Licensure Examination.

PASS RATES OF THE NCLEX RN LICENSURE EXAM BY DEGREE^{iv}

Year	Associate	BSN	Diploma
1995	91.0%	88.7%	92.7%
1996	88.9%	85.9%	91.2%
1997	88.1%	86.7%	91.0%

1998	85.0%	84.6%	87.7%
1999	84.7%	84.8%	85.4%
2000	83.8%	83.9%	83.4%
AVG.	86.9%	85.8%	88.6%

Therefore as a short-term solution a focus on the associate degree program, could go a long way to help in mitigating the California's critical nursing shortage. A greater focus needs to be given to the associate degree, as **the nursing degree**. It can serve as the nursing job entry for both Licensed Vocational Nurse (LVN) and Certified Nursing Assistant (CNA) onto the "first rung" of the Registered Nursing career ladder. Though no statistics were given on the diversity of the LVN or CNA pool, there is good reason to believe that these two pools are more likely to be representative of the community, which they serve. This could be yet another tool to help diversify the RN nursing pool. Another step, which must be taken in order to make the associate degree successful, is to truly make the program the two-year program it has been and was envisioned to be. Currently at numerous Community Colleges in California the associate degree program can take as many as three to four years to complete, and yet it is still referred to as a "two-year" nursing degree or program, due to the lack of availability of certain prerequisite classes.

The BSN degree needs to be remarketed as the "**advance degree**" for nurses, and as the gateway for the nurse who desires to become employed in the varied management positions available today to Registered Nurses. At present, there is no true skill differentiation between the RN with an associate or a bachelor's degree. Testimony provided during the public meeting, held in Pasadena, California showed that at the moment hospitals do not always offer pay differentials, nor do they always reward a nurse for achieving a higher degree. Also, what incentive is there for an incoming student to pursue a BSN, which in California can take up to six years to complete? Instead it is the recommendation of this document to encourage a refocusing of the BSN program as the true entryway into nursing and hospital management, the advance practice nurse programs/degrees, and nurse educator. This strategy should better prepare the RN to become a more efficient manager, which in and of itself will help mitigate the number one cited reason of dissatisfaction among nurses, which is management.

As with the redefinition of the BSN program, both the MSN and Doctorate degrees need to be better designed and marketed to potential candidates, from both the BSN and individuals pursuing second degrees. Just as BSN should be seen as the "**advanced degree**" for nursing, the MSN needs to be viewed as the "**advanced degree**" for the nurse educator, encouraging nurses to pursue this higher degree and to enter into nurse education. Even though a RN with a BSN can also be an instructor in some limited cases, it is important for the development of parity for the nursing program with the other

university programs that are offered that this shift in focus occur. Of course the doctorate degree in nursing, as with other doctorate degrees, should be seen as the pinnacle of achievement in the nursing profession. Nursing, especially the higher degrees suffer from a lack of public awareness and a lower level of public recognition. Nurse educators do not receive pay equal to their cohorts in similar college or university departments – for numerous reasons, one of which is the small student to instructor ratio required by the nursing program. As with nursing, which is viewed as a cost center by hospital administration, nurse instructors are seen as “expensive” to universities.

Another educational need, which must be addressed, is the need to improve the skills of graduating high school students, especially from impacted urban schools. Highly impacted urban schools tend to also be schools, which have high numbers of minority students, especially African-American and Latinos, two ethnic groups, which are poorly represented in the at-large RN population. As provided in testimony by Maria Dudley, RN, MSN; President, Council of Black Nurses, Los Angeles, Inc., emphasizing the need to provide better preparation in math, science, and reading skills. Numerous schools throughout Los Angeles County suffer from poor test scores in math and science, core elements for success in nursing, and yet these schools fail to adequately prepare students for even entry into Community Colleges. Those that do enter Community College often enter with low GPA's, which is often an indicator of failure, not success in the nursing program.

A focus on better preparation in math, science, and reading is not just for the high-school student, but needs to be applied to all levels of elementary and secondary education, building a bridge allowing students to achieve not only in nursing but also in higher education generally. It cannot be overlooked that nursing is not only a very rewarding field of work, but it also allows an individual to make a reliable, steady, and good income.

The California Community Colleges recently released the results of an internal study on their “open access” policy and its impact in the Community Colleges nursing program^{xxiii}. Approximately 5,000 nursing students at 20 colleges were surveyed over a five-year period. Numerous factors were examined, but four factors seemed to have the greatest impact. These four factors are: overall grade point average in college, grade point average in core biology courses, grade point average in English courses, and the number of times an applicant repeated a biology course because of poor performance. The research found that:

- An applicant with a grade point average (GPA) of 2.0 had a 61% chances of completing the nursing program, while an applicant with a GPA of 3.0 had a 80% chance of success, and;

- Students who never had to repeat a biology class succeeded 81% of the time, while only 13% of the students who entered the program with two repetitions in biology finished.

The researchers then created a composite formula that could be used to predict the probability that a student would complete the nursing program, and concluded that the optimum policy would be to admit students who had a 70% chance of completing the course work. The more stringent policy if applied would have denied admission to about 18% of the students that had been part of the study group. However, 82% of the remaining student would have completed the course work. The greatest challenge to this higher standard will be to minority students, who would, according to the study, be disproportionately affected. By using the more stringent standard of allowing only those with a 70% chance of succeeding, 31% of the African-American, 23% of the Latino, and 11% of the whites would have been denied entrance – further limiting the ethnic diversity of the nursing graduate pool. However, by using this more stringent admission tool California could graduate almost 340 more nursing students per year.

It cannot be stressed enough that in order to graduate more nursing students, colleges should not be expected to lower their admission standards. However, it is also a well-known fact that ethnic minority students are often denied access to “higher admission” colleges due to the lack of a good solid public school education. Therefore, a focus and effort must be made at the junior high and high school programs to offer all students, especially those attending impacted urban schools a better foundation in English, science and mathematics. This will not only benefit future nursing students, but all students.

The State and Federal government need to also come to the realization that educating nurses is not an option, but an imperative. A commitment must be made to recognize that the nursing program will always have a small student to teacher ratio, and require clinical space in order to educate, train, and develop expert and successful nurses. A financial investment needs to be made in increasing physical space for nursing classes and to increase teacher pay. Monetary investment needs to come **now** to build additional classroom space to accommodate nursing students and their instructors.

As with the teacher crisis, perhaps exemptions could be made allowing Registered Nurses that have higher degrees, but not necessarily master and doctorate of nursing, to teach. This program would have to be strictly monitored and stringent criteria developed to enable only the most qualified Registered Nurses to teach. This in turn may spur these higher credential RNs to consider attaining their MSN or doctorate in nursing in order to become permanently credentialed teachers of nursing. Additionally, the accredited nursing program needs to also consider “outsourcing” as much of its non-nursing as possible, allowing the diversification of the actually nursing staff

and freeing the nursing instructors to teach the “nuts-and-bolts nursing.” Wherever possible management classes need to be taught out of the School of Business and psychosocial classes needs to be taught out of the Schools of Psychology/Sociology. Especially, since the most often cited problem by nurses not only in public testimony, but also in various studies has been “poor management” as a key reason for dissatisfaction.

Management and communication in nursing is often overlooked as a primary indicator of nurse satisfaction. One of the blocks to developing strong management skills in nursing administrators and supervisors is the value system and attitude pattern of the hospital administration.^{xxiv} A good example is how even a charge nurse is a manager, however is not recognized as a manager by the very same nursing administration that makes the charge nurse assignment. In most hospitals, it is typical that the charge nurse is simply a floor nurse, who is the charge nurse for that shift or that week. After the assignment comes to an end, the charge nurse is then once again a floor nurse. This model needs to be changed, allowing for the charge nurse position to be an entry-level management position, along with the training, recognition, and compensation of an entry management position. A good and competent bedside nurse is not always a competent manager. Historically nursing and hospital administration have made the assumption that there have interchangeable and transferable skills – which is not always the case. In practice, the skills that make a nurse such an exemplary bedside nurse may cause her/him to be an ineffective manager. This is not meant to discourage or end the practice of elevating the bedside nurse into other nursing management positions, but meant to bring focus on what needs to be taught, which are management skills.

It is not uncommon that people in positions of authority and responsibility throughout the hospital do not have adequate preparation in management theory and practice. Recurring problems include the following:

- Lack of knowledge;
- Issues of time management and time utilization;
- Dealing appropriately with employees, who do not follow policies;
- Awareness of established procedures;
- Knowledge and use of ranges of authority;
- How and when to write incident reports;
- Assessment of motivational needs and skills levels of staff;
- Ways to influence the organizational climate for the better;
- Awareness of “People skills” and productive communication patterns;
- When to be assertive, and;

➤ How to develop effective systems and organizational skills.^{xxv}

Management is one of the cornerstones to help or turn around the hemorrhage of nurses from the nursing profession. Time and again in testimony, not only before the February 20th Panel, but before the Los Angeles County Board of Supervisors, and both the State and Federal Legislatures, nurses and nurses' representatives have spoken out about the poor management they are faced with on a daily basis.

Two such examples are patient assignments often being made randomly and hospitals not closing units when they are short-handed. In the first case the 1982 study performed by Clavreul and Caviness indicated that there is little assessment by the person's making the assignments to try to match the patient's need with the nurse best suited to care for that type of patient. Often the nurse better qualified for a specific patient was assigned to someone else. In the later case often nurses are "floated" to cover a shortage on another floor, which causes even more problems in the long run. Rarely when a nurse is pulled from one unit to another are their skills assessed – they are simply ordered to the new floor.

A good example of this practice occurred recently at a hospital where Clavreul was repeating her 1982 study. A hospital in the San Gabriel Valley, floated nurses from Mother and Child to the neonatal intensive care unit (NICU) where there was a shortage of Registered Nurses. The floated nurses were assigned the most critically ill neonates, while the registry nurses, whose expertise was in NICU, were given the least critically ill neonates, those requiring mainly feeding and least acute care. The nurses from mother and child were highly stressed in caring for patients whose acuity was higher than what they were accustomed to, causing them to call their skills into question, and potentially endangering the patients. A well trained manager would have assessed the nurses from mother and child ward, and assigned them the patients whose acuity most closely matched the patients that the floated nurses were accustomed to caring for in their daily work.

Another issue, which must be addressed, is to change how nurses are "seen" by the medical establishment. Historically, nurses have been seen as a cost center versus fee for service. Ironically, most of the other allied health professions, such as respiratory therapists, occupational therapists, physical therapists, etc., are seen as "fee for service", being compensated for their time and work just as a physician. Nurses are seen as cost centers and therefore seen as generating a great cost to the hospital. By changing how nurses are "categorized" in the accounting of the hospital, nurses could then be seen as generating revenue for the hospital, versus costing the hospital. Another experiment in process in Oregon is offering hospitals nurse staffing through a nursing service. Just as doctors form services that provide all the care in the emergency room, cardiac ward, etc, of some hospitals; nurses could also be

formed into services to provide all inclusive care and complement the established doctor services at hospitals. This model would provide the nurses with an opportunity to truly impact their work and structure their compensation to be reflective of the services they provide.

Johnson & Johnson recently launched an excellent publicity campaign “Dare to Care”. It has proven to be a rousing success -- helping place back in the public eye nursing as a field, which offers excitement, challenge, and an opportunity to positively impact the lives of others. This heightened awareness must continue, segueing into other campaigns and programs where youth is given the opportunity to discover nursing as a career. Numerous nursing schools have used creative campaigns to recruit new and ethnically diverse students. Some of the varied recruitment methods have been:

- The University of Texas Health Science Center at Houston increased their male enrollment by playing up the “macho” aspects of nursing, such as emergency care and trauma. They also advertised in the sport pages of the student paper, and even played up the school emblem of UT, the longhorn.
- Washington State University recently received funding to launch a community-based initiative targeted to the recruitment of Hispanic and Native American nursing students. The program provides incentives for bilingual-students (Spanish-speaking) to pursue a nursing education and provide care within their own community.
- The University of California at San Francisco launched a Pre-College Nursing Internship Summer Program to provide high school students from minority backgrounds an opportunity to have direct contact with nursing care environments such as hospitals and community clinics.
- Indiana University-South Bend’s nursing school offers college-credit courses in areas such as medical terminology and introduction to health careers for local high school students.
- Allentown College of St. Francis De Sales in Pennsylvania is piloting a nursing camp for interested high school students.

In the 1960’s and 1970’s a pipeline for new nursing students was a very successful “Candy-Striper” program. Candy strippers were usually young women in high school, who showed an interest in nursing. In many cases they were the volunteer backbone of many small community hospitals. A similar program should be resurrected, however not as the Candy-Striper program, but with the help of youth groups who already have experience working with both junior-high and high school boys and girls.

A program could be modeled on the already very successful police and fire explorer scout program, except with a focus on a nursing as a career. A unit in a hospital could become the sponsor for an explorer unit or nurses could chose to sponsor a generalized nursing explorer unit. These professionals could work closely with the hospital, high school and college instructors and students. This program could also help spark the interest in the nursing professional to pursue nurse education as a career path. In addition, other youth organizations, such as Girl Scouts of the United States of America, and Camp Fire USA, both programs have large membership comprised of junior and senior high students. These organizations could be encouraged to seek funding, both public and private, to develop programs that help young men and women to explore the field of nursing. Historically, these organizations have existing relationships with local public and private school districts and are in a prime position to take the lead to help encourage young people to both explore and enter the nursing profession.

Over the past several years magnet schools have been an instrument of bringing excellent schools to impacted urban areas, allowing urban children (usually ethnic minorities) a chance to attend what is reality a “private school-like” environment and given an opportunity for a quality education. These schools often have a focus, such as the Arts, Mathematics or the Sciences. A nursing track could be developed for the Science and Health magnet schools, allowing ethnic minority students an opportunity to get the jump on nursing school.

Another short-term solution would be to carefully structure programs for foreign-trained nurses to become equipped to pass the nursing boards, including the English portion of the test. It would be appropriate to encourage the development of “sister” nursing programs with foreign nursing schools that would teach accredited nursing program from their sister school in the United States. These programs would be used to teach the foreign-trained nurses in their home country. English would be taught concurrently throughout the nursing program, with an additional 6-month course of English taught in the United States. The English program could be modeled on the very successful military language school, which is used to teach military personnel and their spouse’s foreign languages.

The Nursing schools would then be in the unique position to exchange nursing instruction staff, allowing for a fluid staff that could be used to help accommodate increased class loads at each other’s universities. It would be important to be sensitive to the countries in which the nursing schools are located so that there is not the sense that the U.S. is “poaching” much needed nurses from the “home” country. With this in mind, a program should be developed where students are also trained to meet the needs of the country, helping them to enhance the infrastructure of nursing in the sister university’s home country. The University of Texas piloted a similar program in Brazil and Argentina and has met with a great deal of success.

Additionally, programs need to be designed to provide training to foreign trained nurses that are already legal residents of the United States, but unlicensed in the United States. Presently, there is a large body of foreign trained medical personnel who are legal residents. However, one of the main roadblocks to the passing of the nursing board is the English test, and in some cases the psychosocial portion of the tests. For example, Florida has a large population of Russian trained nurses, who cannot work in nursing for lack of English language skills. Programs can be developed for these already trained nurses to take intensive English language instruction, as well as nursing classes that would serve the purpose to help acclimate the nurses to the American nursing system. Financial aid and incentives could be given to university and hospitals to sponsor classes for foreign trained nurses, in return the nurses would be expected to work in hospitals with identified nursing shortages or in underserved areas for a period of time; such as, two to four years.

And, finally we should not overlook the pool of licensed Registered Nurses, who are currently not working in the field of nursing. Careful thought and planning would have to go into developing a marketing program that would help rekindle the “retired” nurse’s interest in nursing coupled with a refresher course in how nursing has changed during the retired nurse’s hiatus from nursing – this would serve primarily as a skills refresher course. This program would most likely be person intensive since the population being targeted is, of course, the very same dissatisfied and quite probably burned out individual that left nursing in the first place. However, this pool of potential nurses should not be overlooked since they are already educated and trained, are likely to be already licensed and most importantly have work-experience.

Short-term solutions:

- A focus on funding and encouraging the Associate Nursing Degree;
- Offer intensive English language and psychosocial classes to foreign trained nurses;
- Scholarships for students to pursue an education in Nursing
- Financial incentives for nurses to pursue higher degrees; such as, the BSN, MSN, and PhD;
- Provide additional, reserved seats in non-nursing classes to provide the non-nursing prerequisites to the nursing student;
- Provide waivers to allow Registered Nurses without their higher degree in Nursing; such as: BSN, MSN, and Ph.D., but with a higher degree in another discipline to teach in accredited nursing schools;

Long-term solutions:

- Develop sister nursing programs in foreign countries to teach the accredited nursing program from a United States accredited nursing school;
- Add physical space to colleges and universities with waiting lists for nursing seats;
- Provide incentives to Registered Nurses with non-nursing higher degrees to achieve a higher degree in nursing, in order to become nursing instructors;
- Develop cooperative programs with youth agencies to encourage an interest in the nursing profession, such as the explorer program, Girl Scouting, etc.

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Once again thank you to all who had a hand in making the public meeting on the Nursing Shortage a success, including the staff of the County of Los Angeles Internal Services Department.

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Charts and Tables

- ⁱ The Registered Nurse Population – Findings from the National Survey of Registered Nurses, U.S. Department of Health and Human Services, March 2000

ⁱⁱ The Registered Nurse Population – Findings from the National Survey of Registered Nurses, U.S. Department of Health and Human Services, March 2000

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^{iv} Written testimony provided by Sue Albert, RN, MN, MHA, Assistant Dean, Allied Health; College of the Canyons, February 20, 2002