Regional Nursing Workforce Summit
Data Chat 1: Education and Retention

SUMMARY REPORT: Stakeholder Data Chat 1: Education and Retention
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Overview:
Data Chat 1 was held on February 9, 2021, from 1:00 pm to 2 pm via Zoom with 44 participants.

The Data Chat sessions were designed to review and answer questions about the data findings in the *Southwest Georgia Nursing Workforce Report-Executive Summary* and provide a level playing field of baseline knowledge. The week before the Data Chat, all Summit invitees received topic-related sections of the *Executive Summary*. Participants were asked to keep the conversation focused on the data and not to move to problem-solving.

 Summary of Data Report (*Southwest Georgia Nursing Workforce Report-Executive Summary)*

Data
- Health care firms employ over 40,000 individuals in SOWEGA.
- The majority of health care job openings in the region are for nurses.
- Health care occupation projections for state and region are similar.
- Over the past decade, the number of nursing-related graduates in SOWEGA has remained stable.

Preparation
- Nursing programs are being pulled in a variety of directions.
- Recruiting and retaining qualified students is a challenge for some health care programs.
- The nursing student experience is complicated.

Transition
- There is a gap between skills taught in post-secondary programs and the skills required for workplace success.
- Starting a new role can be challenging, especially for nurses.
- Transition programs can help stop leaks in the pipeline.

Retention
- Retention is vital for a strong health care sector.
- Incentives can be helpful in retaining quality nurses.
- But incentives are not the only thing that matters.

Observations on the data: General Comments
1. The participants generally agreed with the data as presented. Most participants agreed with data report content with a couple of exceptions around the nursing shortage data and shared perceptions from 2020 (which is after the data was gathered).

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2. Most of the conversation centered on the nursing shortage data. There was widespread agreement that the data regarding nursing shortages and staffing needs are higher than stated in the data. The numbers seemed low in the participants' opinion. They expected the numbers to be higher in the demand for nurses in the future than these data represented.

Some noted their experience of the last year that they perceived as different from the data presented in the report from 2019. The participants stated the shortage had been going on for a while – 3 to 5 years was given as participants' time frame in the data chat session.

The perception is that the shortage is worse than was reflected in the data. Last year's trends, if continued, are concerning to those in health care administration. If the trend of 2020 continues with shortages combined with contract wages rising, it will be very challenging for hospitals. New models in hospital care may be needed.

   a. Comments were made about the increased prevalence of traveling nurses and how this might have contributed to the perception and current shortage. The comment was that nurses are leaving their positions to become traveling nurses. Participants also noted that it contributed to higher costs for personnel in hospital settings when they had to contract for nurses. Comments shared that this model is not sustainable for what hospitals are paying for nurses. It is resulting in travel syndrome and contract bidding. Smaller hospitals are impacted by high costs for contracted or traveling nurses, which is not sustainable at current levels.
   b. Traveling nurses in 2020 could make twice the money as staff nurses, and this is why nurses are leaving current positions to become a traveling nurse.
   c. Some commented on their work to reverse the nursing shortage before the pandemic, which they felt helped relieve the shortage, but now it has gotten worse again. Sharp change was seen in 2020, with first-year nurses leaving. First-year nursing data indicated first-year nurses do not stay.
   d. It was noted that Georgia was 6th worst before the pandemic, and now we are 4th worst in the country.
   e. Concern was expressed about nurse-to-patient ratios, workload, and potential negative impact on patient care.

3. Several individuals expressed surprise at the table, indicating that the number of LPNs is declining. They were also surprised at ASN numbers declining as they felt they were educating more individuals.

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4. Novice nurses (first year) want to progress quickly into other specialty areas. They do not stay as bedside nurses for more than a year or two. The schools have seen a decrease in enrollment as other career opportunities are available. It was noted there are challenges of shifting from being a student to being a bedside nurse.

5. First-year nurses at six months were leaving in small groups as a cohort to become traveling nurses. They make more money, pay off their debts quickly, and see the money as a draw to move to contract nursing.

6. Participants were surprised at CNA data and did not expect that it had been leveled off. CNAs have other work setting options than a hospital with less manual labor and less physically demanding work.

7. Partnerships are key among all the entities to help nurses make the transition. Shared decision making, managing expectations, mentoring, and other ideas make the difference but were more difficult during 2020 with the pandemic.

8. Funding for nursing students is an issue as they are working while in school, and this can cause retention issues for finishing their degree. Look at models for medical students. Students must work excessive hours during their pre-nursing courses which negatively impacts their study.

9. Issue of readiness in sciences and math for students as reported in data.

Missing Data:
1. Retention data – Could we drill down to see the difference in retention for BA and Associate level nurses? Is there better retention in one or the other? Data on retention for first-year nurses would also be helpful by degree and where they were going – Is it too different nursing positions, other healthcare positions, or outside of health care?

2. Reentry data on what individuals need to reenter nursing after they have been out of nursing. Is this happening, what is needed for training, who are they, and what can we do to encourage this? What can we do to get seasoned nurses back into the workforce? (Program information was shared on reentry programs.)

3. Stratify data for going deeper into shortages in bedside nursing, acute care, comprehensive care vs. other types of nursing.

4. Is there data on how many positions are being filled by contract traveling nurses? Is it possible to stratify data further into some other categories to see how many positions are being filled by contract nurses?

5. The average age of nurses in SW GA – Is it possible to obtain this? What is the age of retirement of nurses in SW GA? It would also be helpful if it included other describers of gender, race, geographic, etc.   This data would help programs tailor their educational programs.

6. Employee turnover – Can we dig further down into why people are leaving, especially during the pandemic, and if it will change post-pandemic?

<u>Closing:</u>

Data Chat 1 concluded with participants asked to complete the Eventbrite Survey. It was noted that Strategy Session 1: Education and Retention will occur on March 2, 2021, and the summary of the day's Data Chat would be sent as Pre-Reading by February 24, 2021.