

Regional Nursing Workforce Summit

Overview: Strategy Sessions 1 and 2

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Strategy Sessions 1 and 2 Overview:

Strategy Session 1: *Education and Retention* occurred March 2, 2021, from 1:00 pm to 3:00 pm via Zoom with 35 participants.

Strategy Session 2: *Transition, Employment, and Retention* occurred March 16, 2021, from 1:00 pm to 3:00 pm via Zoom with 41 participants.

Objectives: Strategy Sessions 1 and 2 were designed as facilitated discussions to identify primary deficits and challenges and develop solutions and actions to reduce and overcome Southwest Georgia's nursing workforce shortages. A summary of each of the Strategy Session discussions and agreed-upon priorities is included in this report.

Strategy Session 3: Recommendations, Priorities & Implementation Review

Strategy Session 3 is designed for beginning the drill-down process of prioritizing the challenges and actions we want to implement. The session will be the most interactive to date and include small Breakout Group discussions designed to maximize regional input and hone our priorities and actions.

Preparation for Strategy Session 3

Before attending Strategy Session 3, please familiarize yourself with the following Strategy Session Summary Reports and the critical challenges and priorities identified within each. To ensure we utilize our limited effectively, please come with an open mind and be prepared to discuss and evaluate the viability and efficacy of the priorities and actions being considered to increase our region's nursing workforce.

Regional Workforce Assessment

Essential to our success is the ability to measure our progress. To establish a benchmark, a Nursing Workforce Assessment was conducted by SOWEGA-AHEC through surveys and focus group sessions at the end of 2019 and beginning of 2020. The Carl Vincent Institute of Government summarized the data from the 38 county region's Nurse Educators and Nurse Employers. Key findings from the **Southwest Georgia Nursing Workforce Report-Executive Summary** follow as a reminder of what was presented before the strategy sessions and as a point of reference. <https://sowega-ahc.org/wp-content/uploads/2021/02/SOWEGA-AHEC-Nursing-Executive-Summary-Final.pdf>

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.

Regional Nursing Workforce Summit -Additional Resources and Background:

- <https://sowega-ahec.org/rnsummit/>
- [About: Background, Vision, and Outcomes](#)
- [Summit Process Overview, Agenda, and Dates](#)
- [Pre-Reading Material and Summary Reports](#)

Summary Report

Strategy Session 1: Education and Retention

Regional Nursing Workforce Summit

Summary Report: Strategy Sessions 1

Summary Report: Strategy Session 1, Education and Retention

The following information is a summary of the Strategy Session 1 discussion. The session focused on ideas and solutions to address four critical areas around nursing education and retention. Priorities from the discussion are presented in the final section.

I. Student Readiness (Secondary Education)

- A. Improve students understanding of nursing before applying to school: How do we help individuals understand what nursing is, skills and abilities needed, and the realities of being a nurse?
 - 1. Provide individuals the opportunity to experience nursing before entering nursing school to understand better what they will be doing and what nursing entails. Schools feel they lose students once they start as they see what it involves.
 - 2. Solutions to consider:
 - a) Requiring students to have shadow hours before they enter nursing school.
 - b) Provide time to be in the clinical setting to understand nursing.
 - c) Ensure students understand bedside nursing vs. administrative nursing.
 - d) Are there pre-classes that could act as a filler?
 - e) Could we use simulation programs for high school individuals to help them understand the clinical aspects of nursing?
- B. Admissions Criteria, Review, and Process
 - 1. Should we use other criteria to admit students into the program?
 - 2. Should we look at extra-curricula activities for a more rounded student?
 - 3. Is it possible to take health care professionals and fast-track them into nursing school? What clinical competencies would they need to be fast-tracked into nursing? Why make them start over, and could we use career mapping to determine clinical competencies?
- C. Math and Science Preparedness
 - 1. Should we work with middle and high schools to ensure students get the math and science skills they need for nursing school?
 - 2. How can we prepare students to be college-ready, how to study, and other skills? We have assumed they have these skills and find that they do not.
- D. Other Comments
 - 1. Some schools require CNA certification before admission – is there something else that we could require in the application process or before admission?

E. Examples of Local Programs

1. Charter school in Tifton teaches skills and has a work program in a hospital. The program is designed to allow students to learn how to be a nurse. It links learning to what they are seeing and will enable students to apply it to their setting. It is an apprenticeship-style training to help students understand what nursing entails, and the academic commitment required.
2. Albany State offers gateway courses that focus on specific careers to help students better understand the job when evaluating degrees.
3. ABAC noted some students "work" the system by taking a light load to qualify for the nursing program but found many were unable to keep up with the increased workload and complexity of classes once they got into the program. They have established a pre-nursing track that focuses on supporting students' success before applying; if they complete the program and meet the requirements, they are guaranteed acceptance into the program. The program has had mixed success.

II. Nursing Student Education

A. Improving the Education

1. More hands-on field and lab time needs to be incorporated into the programs. Some commented that it seems worse now, maybe due to covid, as students lack confidence in performing their duties.
2. Students could use more scenario-based learning. They need more critical thinking skills to be successful as nurses. How can it be incorporated into their education?
3. With the hands-on clinical training component, should nursing education be formatted differently? Students could benefit from 2 or 3 semesters of didactic learning, followed by clinical immersion. Could it be developed like an apprenticeship?
4. Can we consider alternative ways of teaching classroom delivery with smaller size classes?

B. Clinical Precepting and Education

1. Students need more hands-on patient interaction experience to develop clinical and patient interaction skills.
2. It is difficult for a staff nurse to act as preceptor – how do we support them more in this role as they already have a challenging workload?
3. Can we have dedicated nurse educators on the floor? The floor nurse educators with the most up-to-date skills provide better learning experiences. Should we invest in training bedside nurses to be educators for students and new nurses? Dedicate them to this role?
 - a) Example provided was an instructor spent time bedside with students and not the nurses on the floor. This impacts the ability to get real practice when the instructor takes 10 students to the floor to see bedside nursing.
 - b) Students need to work an entire shift with a nurse to understand better how things work.

C. Other Services

1. Mentoring of students is needed.
2. Students need wrap-around services. They require more support, guidance, advice, and more connection during their education.
3. Nursing students do too much watching and not enough hands-on practice.

III. Student Retention

A. Support Services

1. Individuals face barriers that get in the way of enrolling and matriculating. How do we provide wrap-around services while they are in school?
2. Financial support, do they know all of the resources available to them? Loan repayment programs exist. Does there need to be more payment programs to help students get through school.
3. The observation that nursing students are less inclined to seek scholarships or supports was made. Nursing students tend not to seek support compared to other health-related disciplines. They also try to keep up with the pace of classes which can isolate them from others on campus and removes them from the view of those that monitor students. Do we need something different for these students?
4. Mentors needed to students have someone they connect with besides their instructors. We expect students to reach out, but this may be too hard for them. Do we need someone to check in with students like a student success coach? Would we see more success with retention? They could meet after hours, use different ways to connect and connect with student resources. Many are first-generation students that need connection with other students.

B. Issues for Nursing Students Impacting Retention

1. Students struggle with testing, and schools expressed frustration as the school cannot help them get through it.
2. ABAC offered remediation to students that are not successful, and this has been helpful to retain students.
3. Students report time management issues, and schools have inadequate time for remediation if they are not keeping up with testing, grades, or work.
4. Several standardized admissions tests are used by different institutions, which becomes a barrier for students applying to multiple programs. Can it be standardized?
5. Nurse education, with the required clinical training component, is different than other college-level degrees. Do we need to create a separate and focused student support system for nurse education, to include academic, financial, and mentoring? Is the nursing path and work so different from other health profession programs, do they have similar problems? Does the model need to change?

IV. Nursing Faculty *Challenges and Barriers*

A. Faculty Pay

1. Faculty pay is an issue for nursing education as they can make more money working than teaching. Pay is not enough to attract and retain faculty.
2. Could health systems partner to fund faculty positions? Are nurses not applying for faculty positions due to pay issues?
3. Significant pay gap in teaching and practicing, do we need to explore alternatives. Up to date and passionate BSNs could be great teachers, can they function as both? What about shared employment status, adjunct relationships, or other working relationships? Accreditations require full-time faculty, and this would need to be addressed.

C. Faculty Workload

1. The faculty workload has increased; it is more than teaching. Faculty has to be available to students at all hours. Some stated that it is more difficult to teach nursing, and the burden impacts retention of faculty. Institutions also have expectations for tenured faculty and what they must do.
2. It is very difficult to practice and teach with the add-on faculty time requirements. Faculty are challenged to stay current and keep their skills up to date. Evidence-based practice, research, and currency of knowledge are important in an educational setting. How do we tie service back to current clinical practice so they can maintain contemporary knowledge?
Faculty that provide clinical training should have experience with current nursing protocols and standards and familiarity with the clinical site.
3. Recognize nurse education needs both clinical work and mentoring with students as more than a lab exercise. We need to include more professional development and community service to help nurse educators fulfill this role without extra burden.
4. The Board of Nursing has the power to change, are they willing to think outside the box to increase the pipeline?

D. Other Comments

1. May need to review what degree level is required to teach. Do you need a master's to teach? Are there ways to utilize BSNs who have been practicing for a long time and have extensive experience?
2. Accrediting agencies and the board of nursing prohibits using BSN level instructors. Have nurse educators reviewed or tried to understand better the pay gap? What are the constraining issues related to the accreditation agencies?
3. Could we look at different models, such as the medical models, and rethink the community-based faculty model (Emory) to put students into a clinical setting instead of textbook learning?
4. We need education and the student experience to be more nimble so that education matches what is required in the clinical setting. Medicine is changing, and we need education programs to adapt quickly. We are too slow to change and often playing catch up to what is happening in health care and medicine.

5. Policy change – formal proposal with outcomes we want to see, any governing bodies or legal, nursing board, etc. Having candid conversations is essential.
6. Have we lost our focus on clinical skills for nurses and nurse faculty?

Priorities: Strategy Session 1, Education and Retention

Strategy Session one on nursing education and retention considered the following categories as priorities for potential strategies of action. Participants suggested the following should be considered as the most important items discussed in each of the categories. The ideas are summarized here for quick review as preparation for Strategy Session 3: Recommendations, Priorities, Implementation Review, which will start the process of prioritizing the region's actionable ideas.

The general agreement is that there are not enough nurses in the pipeline for employment. The schools lack enough nurse educators and cannot produce the number of graduates needed.

I. Pre-Nursing Student Readiness (Secondary)

- ✓ Work with middle and high school students to better prepare for a nursing career and educational rigor and experience. Helping students be exposed to clinical nursing to see what is involved and if it is the career for them.
- ✓ Address the math and science skills and knowledge needed for a nursing and nursing school.

II. Nursing Student Education

- ✓ More hands-on clinical experience with live patients and time at the bedside is needed during nursing school.
- ✓ Improve preceptor training and use of preceptors for more clinical experience.
- ✓ Apprenticeship-type programs for nursing students.
- ✓ New faculty models need to be evaluated to address pay, clinical experience, and workload to increase nurse graduates' number. Schools have institutional rules on hiring which allow faculty replacements but not growth.

III. Student Retention

- ✓ More focused student support system with academic, financial, and other supports.
- ✓ More wrap-around services, mentoring, and success coaching help students manage the workload, the cost, and the rigor of the education.
- ✓ Remediation and assistance around testing during nursing school for those students that are struggling with testing.

Closing:

Strategy Session 1 concluded with participants asked to complete the Eventbrite Survey they will receive. It was noted that Strategy Session 2: Transition, Employment, and Retention will occur on March 16, 2021, and the summary of the day's Data Chat to be sent as Pre-Reading by March 10, 2021.

Summary Report

Strategy Session 1: Education and Retention

Regional Nursing Workforce Summit Summary Report: Strategy Session 2

Summary Report: Strategy Session 2, Transition, Employment, and Retention

The following information is a summary of the Strategy Session 2 discussion. The session focused on transitioning from academics to clinical care, employment, retention, and post COVID challenges. Priorities from the discussion are presented in the final section.

I. Transition from School to Employment

A. General Comments

1. New graduates need better clinical skills as they enter the workforce.
2. A twelve-month Residency Program is beneficial for nurses upon graduation.
3. New graduates need help with time management and bedside nursing. It is a big transition from school to work.
4. Hiring is viewed as a revolving door with nurses leaving and the need to fill the pipeline.

B. Preparation and Expectations

1. Nursing education needs more feedback from newly graduated nurses about what they were missing when entering the work environment; the demands are usually different from what they were taught. Employers often have a different set of expectations; the use of electronic records can be different by institution, and protocol issues may be different than what they learned in school. Smaller institutions sometimes have more leeway and can work with new employees rather than larger institutions with stricter protocols. How can we improve the transition from a regional perspective?
2. New nurses often can get caught up in learning the system and are not paying attention to the patient.
3. Could assign nurses to precept seniors by pairing them with an experienced nurse and have them work their schedule. They get help from the nurse, do meds and other care as long as the nurse is with them.
4. Improve preceptor model and programs.

C. Examples of Programs

1. The SNAP program at Norton Health in Louisville, KY, was shared as an example of an apprenticeship program where student nurses work in the hospital. The program has improved the retention rate to 90%. The hospitals participate in making the apprentice program work.
2. Colquitt Regional has a similar 12 month Extern Program.
3. Group mentoring programs could help students transition, consider having mentors from the last semester to employment through the first year. A mentor could work with 5/6 new employees in a clinical setting and improve the transition and retention; mentor training would be required.

4. Phoebe created Instep Center with a simulation site for the first 8 weeks. The center takes nurses thru simulations that give them experience in more complex situations. After the First Year Experience, they move to the Nurse Residency Program, which helps develop critical thinking skills and instills confidence in the participants.
5. Phoebe uses the preceptor program with faculty and schools meeting the criteria first. The focus for applying for the program is that they live in the area and can do 30-50 hours per semester, at 120 hours. They must be willing to work the hours. They have found that this can do more than the Extern program. The incentive is getting access to an interview and employment.

II. Employment

A. General Comments

1. The key is hiring the right person for the right organization. Good hiring up front is crucial for success.
2. It is important to have the right balance of experienced and less experienced nurses on the unit.
3. Provide Resiliency Training for new graduates and current nurses to help with self-care and wellness programs to reduce or prevent burnout.

B. Workplace Expectations

1. Generational expectations are changing, with the younger generation having different things that are important to them. Ideas like creating a swing shift, asking them what they need are missing because this too matters. It is essential to listen and pay attention to employees more than ever; if they see another work environment is more attractive, they will leave.
2. Nurses want to have a voice and work in shared decision-making
3. work environments. It was noted that making the work more human and providing regular recognition and feedback matters.

III. Retention

A. Work Environment

1. Good leadership is vital in retaining employees as direct supervisors are often a reason to stay or leave. Employees want a voice in achieving their personal and organizational goals; they value feedback as confirmation they have a voice.
2. Seasoned nurses can be tough and forget what it was to be young.
3. Organizations are working on their culture to make changes with more support for new grads. The culture needs to focus on helping employees grow and develop early in their careers.
4. Workforce cohesion is about how well they work together as a team, the staffing mix, the tenure mix, and scheduling.
5. Communication is viewed and wanted as being open, honest, and transparent.
6. One key component
7. to the work environment is creating and maintaining readily available support through services or personnel/mentors. The workload is challenging; support systems can help employees cope better. It is also essential to have the right equipment and supplies.

B. General Comments

1. There is more hiring in groups; people become tight-knit, and if one leaves, the organization might lose several individuals. Is it COVID related or a new trend? Often people are buddies in school, and they end up going to the same hospital. Education representatives said they see this more often. Also, if one leaves, then others will jump jobs which are seen as a generational trend. Also trending is people leaving for small increases or changes in the environment.
2. Professional development outside of employment matters; employees seek opportunities to network, develop professionally, and relax with peers.
3. Professional growth and development are important; we need to work with employees to ensure continuous learning opportunities to gain more skills and have a desired career path to pursue.
4. Career advancement typically includes being promoted into leadership, depleting the bedside nurse workforce. Not everyone wants or should go into management. We need a career path that fosters bedside nursing.
5. Workload matters and can cause nurses to leave, burn out, or seek other opportunities.
6. New graduates need to meet more often, need employee surveys, focus groups, and meeting one on one monthly. There is a daily huddle to address issues and concerns immediately.
7. Can we help others without the same resources? Can those with more resources share with those that are smaller and lack resources? Can we have regional resources to share with everyone, whether an employer or a school?

IV. Post-COVID Challenges and Observations

- A. Employees are going to expect the same support they had during COVID, like free meals.
 1. Recognition has come to be expected, and employees want to be more recognized and see built-in rewards where they work and as they received during COVID.
- B. What about employee PTSD? How we will address it? What will employment look like in the future?
 1. We need to look for signs of PTSD and provide supportive services for staff and family.
 2. Employees should be encouraged to take vacation time and engage in other things which renews them; however, they beg to work due to personal need.
- C. We must be prepared to be more nimble and respond to changed expectations among patients, employees, and the community. How we deliver care has and will continue to change.
 1. We will need a more flexible workforce – not sure what that looks like for the future. We will have a core workforce and will need to build in flexibility, potentially provide the opportunity to take a few travel assignments each year.

2. Different types of jobs and opportunities will surface, requiring new skills and new types of jobs. Telemedicine was given as an example with an expected increase in use post-COVID.
- D. The pandemic required employers and schools to be more collaborative in developing their responses to it. We need to build on these new partnerships.
 1. We need to be more collaborative rather than competitive and work for the benefit of all when possible.
- E. Traveling nursing will continue for those who do not want to be attached to one hospital and those who want to see that world.
 1. What happens when the traveling nurses come back to their communities, the pay rates lower, and how will we fill positions?
 2. Staff may want to travel; is there a way to make it work for nurses to take an occasional travel assignment? Collaborate with other systems? Can we build in ways to allow nurses to travel?
- F. We need to increase the number of individuals who want to go into health care professions. We need to promote nursing in ways we have not before. We need to get into schools to create career pathways for nursing.

V. Other Topics Discussed

- A. The critical question is how to make bedside nursing more desirable among all the options within nursing. How can we make bedside nursing a career choice? What would it look like, what do they want? Reasonable workload, acknowledge the job is demanding and critical to the organization.
 1. Increased patient load and acuity, additional time required to fulfill new regulations, and EMR demands have made the job harder.
 2. Patient ratios are a factor in the workload. Safe staffing is the number one issue.
 3. Bedside nurses do not feel appreciated, and this is exacerbated with the higher workload.
 4. Patient assessments are taking more time, create more work, and the question needs to be asked about how much is enough.
- B. Work-life balance has been difficult given all the nursing shortages as they are often called back and are working longer hours for coverage.
- C. Wellness for nurses is an ongoing issue we need to address.
- D. We need more out-of-the-box thinking with unique partnerships, working across systems, more incentives, more time off, seasonal opportunities such as the summer off, or other ways to provide bedside nurses' flexibility.
- E. We need to look at how nurses are educated, starting with the curriculum, the support they need, and how the system is designed to create the nurse we want and need in our region.
- F. Promote our communities to prospective employees on the cultural attractions, a great place to live and bring up a family.
 1. Spouses need work, industry and jobs, cultural things.
 2. Work with mayors, elected officials and get them to help support and promote our communities. Work with Chambers of commerce in our communities.

- G. Provide financial incentives to be bedside nurses, pay student loans, and give grants for rural employment. Provide more for rural locations and ask nurses to commit for a particular time for specific incentives. An example provided of how Georgia Power helps purchase homes.
- H. Provide transportation or ride-share options to attract nurses to more rural settings.
- I. Develop a career path and professional development ladder for bedside nursing. How can we make it more flexible and desirable? Can we promote opportunity and provide career pathways starting in middle school through nursing school?
- J. Tax incentives for schools to prioritize accepting students from our region that will stay in our area.
- K. We need to be working with K-12 and asking for help from our health care partners for more shadowing opportunities. It was noted that most employers do not allow students under 18 to volunteer or shadow in their hospital(Phoebe just dropped age to 16). We need to create more robust and better partnerships with programs like the career academies.
- L. Simulation and Virtual Reality
 - 1. Can we use simulation centers as learning environments for younger students?
 - 2. Systems without simulations centers need to collaborate with hospitals or schools that do have them.
 - 3. What about sharing resources? A catalog of sharable options would be helpful.
 - 4. There has been an ongoing discussion about a mobile simulation center as a regional resource.

Priorities: Strategy Session 2, Transition, Employment, and Retention Review

The following are policy strategies that were presented as possible priorities for the Strategy Session.

I. Bedside Nursing

- ✓ Are there ways to encourage more individuals to want to be and make a career in bedside nursing?
- ✓ Bedside nursing has become more challenging as patient issues have become more complex while regulatory requirements like EMRs take more time. With increased patient loads and complexity coupled with the increased time demands of technology and regulatory requirements, it is difficult to keep complete everything safely and accurately.
- ✓

II. Clinical Experience

- ✓ Improving nursing students' clinical experience is critical for creating a more effective transition for students and employers and will improve retention. Create more hands-on clinical training opportunities before Preceptorship.
- ✓ Expand the number of clinical locations, make people aware of where to get clinical experience and nursing experience. Many rural individuals do not know where to go.
- ✓ Some clinical instructors' skills are not current, and they take a backseat approach to training that results in graduates with limited to no practical skills and confidence.
- ✓ Nursing education programs have been accelerated and now shorter, creating limited clinical training time.

III. Supports for students, transition to work and employment

- ✓ Students bring more problems and issues to school and need other types of support.
 - ✓ Consider a structured program to bridge the transition from school to employment for bedside nursing to include mentoring and success coaching
- .
- ✓ More students are going directly from BSN to APRN programs which depletes the number of instructors available to mentor and support new nurses at the bedside.
 - ✓ Provide more wrap-around support services before mentoring comes into play. New graduates transitioning to clinical care need to be connected to support services directed at navigating the first year's challenges and improving retention
- .
- ✓ Nursing students and new nurses need the opportunity to hear from practicing nurses about what they have experienced to help them prepare and cope with the job's ups and downs.

Closing:

Strategy Session 2 concluded with participants asked to complete the Eventbrite Survey they will receive. It was noted that Strategy Session 3: *Recommendations, Priorities & Implementation Review* will occur on March 30, 2021, and the summary of the day's Data Chat to be sent as Pre-Reading by March 25, 2021.