

Regional Nursing Workforce Summit

Data Chat 2: Employment and Retention

SUMMARY REPORT: Stakeholder Data Chat 2: Employment and Retention

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Overview:

Data Chat 2 was held on February 16, 2021, from 1:00 pm to 2 pm via Zoom with 31 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. Participants in Data Chat 2 generally agreed with the data and summary information and felt that it was accurate.

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2. The discussion focused on information to confirm or enhance the data. Many noted the data was collected in late 2019/2020 before the pandemic; the discussion pointed out how they believed the pandemic might have impacted the data. Observations regarding 2020 are noted in the General Comments section where appropriate. The overall feeling is that the pandemic has encouraged nurses to become traveling nurses under staffing contracts with higher pay as the chief benefit.
3. There are more opportunities and positions for nurses other than bedside and acute care. We have increased the number of nursing career options, functions, and settings by decreasing the number of nurses' staying at the bedside.
4. One observation confirmed the disconnect between skills learned in school and what they need to do on the job. The challenge and disconnect are revealed when newly graduated nurses begin work in a hospital or acute care setting, and the job is nothing like what they anticipated.
5. Nurse retention was a constant theme.
 - a. Individuals noted that nurses come to their hospitals like sponges, excited to learn, but do not stay. They often go to larger cities or another job, so retention is a significant issue. Rural hospitals find that nurses will come for jobs but do not stay; they get their basic training then leave for larger cities or hospitals that may pay more. This constant turnover is challenging for the smaller rural hospitals.
 - b. Nurses are leaving within the first 6 months of hiring to take other jobs and become traveling nurses. They often go in cohorts.
 - c. Nurses are also leaving to become Nurse Practitioners, which has been encouraged but may negatively impact nurse retention.
 - d. Some felt nurses were leaving for larger sign-on bonuses.
 - e. Incentives are not the only thing that matters. Respondents agree with this statement in the report and find that other things matter like work culture, quality of work/life balance, and other considerations around the work environment. Many nurses are mentally and physically exhausted after the last year under covid-19 and are resigning for that reason (actual data available is prior to covid-19).
6. According to the report (slide 7) nursing graduates have remained stable. This was unexpected as most correlate stable graduation rates with a stable workforce. Graduate rates may be stable, but we do not see this in hospital settings, as stated in the discussion. Some hospitals are not seeing graduates show up at their hospital, while others report retention issues during and after the first year.
7. It is important to note that Nursing Assistants and LPNs are decreasing in number, yet the demand is increasing. The shortage in these positions negatively impacts nurses' ability to work at the top of their licenses.
8. The decrease in LPN graduates was commented on as a surprise to a few participants. They were not aware of this drop in LPN graduates.

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9. There has been a change in clinical training opportunities with the shift to hiring BSNs. Training time is given to BSN students limiting LPN training opportunities. Changes in demand are also a challenge.
10. The old phrase "forget what you learned in school and we will teach you what you need to know here" was a common theme and came up in the discussion. Skills taught and skills required do not always match the students' perspective as shared in the data. Data from nursing students indicated that clinical terms and terminology are different from institution to institution. We need to understand this from the student's perspective better.
11. LPNs drop out as they do not have the money for fees and daily living expenses. If even tuition is covered, fees and loss of income become a barrier to completing the program.
12. Nursing faculty was a concern for many on the data chat. There was a discussion of the issues around faculty recruitment and retention and how the role and expectations of nursing faculty have changed over the last few years.
 - a. Faculty pay is an issue. Schools can backfill faculty retirement positions, but because they are in a budget-neutral position, expanding staff is an issue; they cannot grow the programs. A budget-neutral status equates to not receiving funding for 2 years.
 - b. Work life balance is a big challenge as faculty are expected to work longer hours and be more responsive for students. Example: distance education has created added burden for faculty and their teaching loads. Expectations of faculty by students is that they are on 24-hour call. Simulations are high on use of resources even though they are great. Faculty roles in the work setting are more burdensome. (Example is that a bedside nurse can work hard in 12-hour shift and then be done.)
 - c. Discussion occurred on what is different for nursing faculty and they will need a compelling case to be heard in the university systems. We need the data to present an argument for increasing number of faculty.
13. Student readiness is also an issue with some students struggling with math and science. Some students are accepted, but there are not ready, and the school has lost a slot that could have gone to someone else. There is a higher failure rate in science and math, with many students giving up rather than retaking the test.
 - a. Should we consider shadow hours before applying to nursing school? So many do not even know what they are getting into.
 - b. Time management/task management vs. critical thinking and assessment skills lacking in students.
14. Questions were asked if we need to change our admission criteria for nursing students or if we need to work with the schools to prepare better students in math and science required to be successful in nursing. An example was shared about a program with the career academy in Tifton regarding math preparation for nursing. Are we teaching students what they need to be successful in the world of work?

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Missing Data:

1. Questions were raised about how many nurses are becoming travel nurses and the long-term impact. Participants were not sure how the future would look once the pandemic over. Some are not sure agencies will continue to offer high dollars in the future as this is Covid-19 related and may not continue once the pandemic is over. Rates may come down after COVID but the financial impact of travel nurses was already an unsustainable burden.
2. What are we missing in education and/or the work setting that negatively impacts retention of students and nurses? Is there a disconnect between our training and the work requirements?
3. Can we find out where the nurses are going after they leave their current job? Are they going out of state? (Employers keep exit data but employees are not always honest as why they are leaving.) Interested in what other states are doing to attract nurses.
4. Would it help to see how the number of nursing positions has increased over time? We have expanded the number of opportunities into physician practices, case management, quality, and public health. Many bedside nurses have gone to these roles. People are moving away from the bedside to these other roles. All of these options increase the demand significantly.
5. Would it be possible to see the current openings listed on page 5 by county?
6. Can we explore faculty pay? Are we turning away faculty? Is it about pay? Getting more slots approved? What data can we get to support nursing faculty to make the case to the university institutions? We are missing the data to support our case.
7. It would be helpful to have more information on student readiness for post-secondary training. Science and math are an issue, but we need data on student readiness.

Closing:

Data Chat 2 concluded with participants asked to complete the EventBrite Survey that they would receive via email. It was noted that Strategy Session 2: Transition, Employment and Retention will occur on March 3, 2021, and the summary of the day's Data Chat would be sent as Pre-Reading by March 10, 2021.