Retaining Workers

Policy efforts to address the shortage must include a focus on retention in both the public and

private sectors. At the national level, grants have been given by the HRSA for demonstration

programs that can be evaluated and replicated. Foundations have given grants to pilot regional

initiatives, and employers have used different types of retention approaches. The Partners Investing

in Nursing's Future (PIN) grants, sponsored by the Robert Wood Johnson Foundation (RWJF) and

the Northwest Health Foundation, provide funding for localized initiatives and encourage regional

collaboration. By requiring a dollar-for-dollar commitment from a local funder, the PIN program,

which ran from 2006 to 2011, awarding 61 grants, also sought to encourage a framework for

collaborative efforts addressing the shortage. The RWJF has also commissioned numerous reports,

including Wisdom at Work: Retaining Experienced Nurses and Wisdom at Work: The Importance of Older

and Experienced Nurses in the Workplace. To retain experienced nurses, health care leaders must focus

on creating a healthy work environment for nurses. Negative work cultures within nursing impact

both nurse retention and quality of care (McHugh & Ma, 2013). The American Association of

Critical-Care Nurses has developed six standards for establishing a healthy work environment with

the goal of improving nurse retention and patient outcomes (AACN, 2005).

Understanding that meeting workforce demand cannot be accomplished through a single effort

of expanding the education of new nurses, state workforce centers and professional organizations

offer nursing leadership development programs to not only enhance the professional image of

nursing and promote nurses into policy setting positions but also to improve training for front-line

managers. The American Organization of Nurse Executives provides a variety of programs, such as

the Emerging Nurse Leader Institute, Nurse Manager Institute, and Essentials of Nurse Manager

Orientation (American Organization of Nurse Executives, 2013). With research showing that job satisfaction is an indicator of turnover (Hayes et al., 2006),

improving the work environment at the facility level is perhaps the most effective strategy for

improving the retention of both new and experienced nurses. An important and effective first step

toward improving nurse retention is ensuring that the organization's leadership clearly values

nurses. The Magnet Recognition Program administered by the American Nurses Credentialing

Center is one example of a process that supports nursing work (see Chapter 64). It provides a focus

on improved collaboration, increased autonomy/accountability for nurses, improved decision-

making abilities, safe staffing levels, effective leadership, and improved access to professional

development opportunities. Another highly successful initiative was Transforming Care at the

Bedside (TCAB), a quality improvement program initiated by the RWJF and the Institute for

Healthcare Improvement that ran from 2003 through 2008. One TCAB goal was to increase the

amount of time nurses spent in direct care, thereby improving the work environment and reducing

turnover. Successful pilot projects in 10 facilities have facilitated the model being implemented in

more than 100 hospitals across the country (RWJF, 2011).

In addition to visible leadership at the organizational level, effective nurse managers can have a

significant impact on turnover. To ensure that front-line managers are both a good fit and

adequately trained, some organizations have divided the traditional role into two: one focused on

clinical activities and the other on administrative and management functions. Separating the roles

not only helps reduce what was previously an overwhelming workload for one person but also

enables nurses with strong clinical skills to lead without being responsible for management.

Identifying new roles is an important step in developing career pathways, which may improve

retention. Lack of clear opportunities for professional advancement can also increase turnover

(Hayes et al., 2006). Developing new roles, such as patient liaison or admissions counselor, is an

important step toward retaining older nurses while also reducing the workload for staff nurses

(RWJF, 2006). To date, little is known if such roles have been designed and/or implemented.

To keep a safe mix of new and experienced nurses, nurse employers must implement strategies

specifically aimed at retaining older nurses. In addition to the improved benefit to patients, the

expertise that older and experienced nurses bring to the workplace is invaluable. This expertise is

particularly beneficial when older nurses are paired with new nurses in mentorship programs. Not

only do experienced nurses possess extensive clinical knowledge from years of hands-on experience

but they also possess a strong knowledge of the organizational culture. Mentorship initiatives help

organizations facilitate the transfer of the institutional knowledge to new nurses. New graduates in

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particular benefit from mentorships, to help ease the transition from school to real-life clinical work.

Strategies aimed at retaining older nurses may also serve to improve retention among other groups,

including working mothers or inactive nurses. These strategies include implementing tools to

reduce the physical demands of the job, offering alternative shorter shifts and reduced workweeks,

enhancing retirement benefits, and rewarding loyalty by creating incentives for longevity

(Armstrong-Stassen & Stassen, 2013).

Increasing diversity

As the U.S. population continues to grow and increase in diversity, it is important that the nursing

workforce reflect these changes to effectively meet patient care needs and ensure cultural

competency. Nursing is a predominately female profession; only 9.1% of the national nursing

workforce is composed of men, although men make up nearly 50% of the population. Increasing the

visibility of men in nursing is a crucial first step toward attracting more male applicants. The same

is true for improving the appeal of nursing to ethnic and racial minorities. Stereotypical views of

nurses as white women may be limiting their entry. Buerhaus, Auerbach, and Staiger (2009) project

that increasing the numbers of men and Hispanics could add enough RNs to the workforce to

resolve the projected shortage. The American Assembly for Men in Nursing, with the IOM, has set a

goal of 20% male enrollment in U.S. nursing programs by the year 2020 (MacWilliams, Schmidt, &

Bleich, 2013). Several state nursing workforce centers and nursing associations have also led

diversity efforts. The New Mexico Institute for Nursing Diversity and the Oregon Center for

Nursing's Nurturing Cultural Competence in Nursing program are examples.

Increasing diversity in the nursing workforce also requires increasing diversity in the education

pipeline. Diverse nursing education faculty is also key to attracting and maintaining a diverse

student population. Currently, only about 12.6% of nursing faculty members are from minority

backgrounds compared with 37% for the national population (AACN, 2013). The AACN has also

worked with several foundations and stakeholders to spearhead efforts to improve diversity in the

nursing student pipeline, including scholarships, fellowship programs, and workforce grants

Expanding the Workforce

Nursing education programs must be expanded to facilitate growth in the nursing workforce.

Successful expansion should be measured not just by increased admissions but also by increased

graduations and successful passage of the National Council Licensure Examination for Registered

Nurses. Lack of funding to hire additional faculty members and lack of qualified faculty applicants

are consistently identified as reasons why programs turn away qualified applicants (AACN, 2012).

Increased funding for graduate education is an essential first step toward increasing capacity.

Funding for graduate education could help expand the faculty pipeline while also expanding the

pool of candidates for other hard-to-fill nursing positions. Through the HRSA, the federal

government has a variety of grant programs that offer loan repayment for nurses (HHS, 2009).

A key reason for lack of faculty applicants is the wide discrepancy between industry and

academic salaries. Nurses can often earn significantly more in clinical practice than in teaching

(Evans, 2013). The National League for Nursing (2010) suggests that this salary difference is a

significant issue in recruiting new faculty. Funding aimed at increasing salaries for nurse faculty in

entry-level programs would have considerable impact on reducing the faculty shortage. Many

employers partner with local colleges to develop faculty-sharing programs; employers pay for

salary and benefits and then donate 50% to 100% of the nurse's time to the school. These programs

have been very successful, enabling educational institutions to expand admissions while providing

faculty who are familiar with the clinical sites and policies. Employers may also offer tuition

reimbursement for nurses seeking an advanced degree; this not only serves as a retention strategy

for the employer but may also expand the pool of potential nurse educators. Private donations are

another source of funding for educational programs.

Strategic use of scarce resources is a critical component of effectively expanding education

capacity. Lack of access to clinical sites ranks as a barrier to expansion for all levels of nursing

education. In Florida, Deans and Directors within all types of prelicensure nursing programs

reported that “limited clinical sites” was the most common barrier to admitting more students (70%

of Bachelor of Science in Nursing, 49% of Associate Degree Nursing programs) (FCN, 2013b). As a

result, simulation is being implemented as an educational process or strategy designed to imitate

the workplace or clinical environment. The National Council of State Boards of Nursing (NCSBN) is

conducting a national, multisite, longitudinal study of simulation use in prelicensure nursing

programs. Collaborating with learning institutions across the United States, the NCSBN is exploring

the role and outcomes of simulation in prelicensure clinical nursing education. The results of such

studies will provide the evidence needed to guide its use in nursing education. Although the cost of

simulation technology is still high, collaboration among educational programs may be beneficial.

Examples of collaboration include the following:

• Oregon Simulation Alliance (OSA): An innovative public-private partnership in health care

education, the OSA Governing Council includes representation from the state's community

colleges, public and independent 4-year colleges and universities, health care provider

organizations, and simulation users. Their goal is to increase the health system's simulation

capacity, using high-fidelity simulators and virtual reality software, in all regions of the state for

multisector, multidisciplinary, and interdisciplinary use for health care workforce development,

including both pre- and post-service, reentry and refresher, and career ladder programs

(OregonSimulation.com).

• Florida Healthcare Simulation Alliance (FHSA): Inspiring a culture of innovation in health care

simulation, the FHSA was established in 2012 by the FCN to coordinate and expand the use of all

forms of simulation in academic settings, health care institutions, and agencies across the state to

advance health care education and to foster patient safety. It serves as a resource to facilitate

collaboration, networking, and the development and integration of best practices into health

workforce education and the delivery of patient care (www.FloridaHealthSimAlliance.org).

Critical to expanding the nursing workforce is the successful entry of new graduates into work

settings. The Future of Nursing report recommends the implementation of nurse residency

programs in support of nurses' transition to practice after completion of a prelicensure or advanced

practice degree program or when they are transitioning into new clinical practice areas (IOM, 2011).

Residency programs help ease the transition from education to clinical practice, strengthen

commitment to the profession, and improve retention for newly licensed nurses. Development of

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experience and practical knowledge improves the quality of care and patient outcomes. As demand

increases for APNs, the expectation that applicants enter graduate education with years of

experience as an RN is no longer present. The resulting need for intense practical experience before

a recent APN graduate assumes responsibilities of the new role should be met through a residency

program. At the same time, the nurse workforce must respond to changing health industry

demands as hospital admissions and lengths of stay decline, resulting in increased levels of care

required in long-term care settings and home health. As such, a nurse residency program should be

implemented to transition nurses from acute care to the community setting. Increasing the

availability of specialized training for experienced nurses may also help produce a workforce with

qualified applicants to enter hard-to-fill positions such as critical care and front-line management.