



Florida Nursing Summit:
Addressing the Nursing Shortage
March 4, 2005

SUMMARY OF PROCEEDINGS

Dr. Andrea Gregg, FCN Board Chair convened the summit and extended welcoming remarks.

Representative David Mealor, Chair of the House Colleges and Universities Committee provided opening comments as the meeting began.

Representative Edward Jennings, Vice Chair of the House Community College and Workforce Committee provided encouraging comments following the lunch break.

Mary Lou Brunell, FCN Executive Director facilitated the proceedings.

Panel participants included the following organization representatives:

- ◆ Florida Center for Nursing: Dr. Andrea Gregg, Cathy Allman, Dr. Pegge Bell, and Dr. Karine Siplon
- ◆ Florida Association of Colleges of Nursing: Dr. Karen Miles and Dr. Jean Leuner
- ◆ Florida Association of Directors of Nursing Administration/LTC: Diane Stover
- ◆ Florida Council of Nursing Education Administrators: Linda Whitenton and Jane Cebelak
- ◆ Florida Department of Health: Nancy Humbert
- ◆ Florida Hospital Association: Martha DeCastro
- ◆ Florida League for Nursing: Violeta Aguilar-Figuly
- ◆ Florida Nurses Association: Dr. Mary Tittle, President and Paula Massey
- ◆ Florida Organization of Nurse Executives: Janet Fansler and Barbara Drummond-Huth
- ◆ Florida State Board of Nursing: Dr. Dan Coble

The FCN Board and Staff extend grateful appreciation for the financial support of this summit by: Blue Cross and Blue Shield of Florida, Florida Hospital Association, and Florida Nurses Association.

MEETING PURPOSE

The Florida Center for Nursing convened a meeting of nursing leaders to define the nursing shortage, identify contributing issues, and formulate strategies for resolution.

DEFINING THE NURSING SHORTAGE

Participants adopted the Components of Registered Nurse Supply and Demand model and definition of the nursing shortage as proposed by the Center. Summary information is included to establish the current state of the nursing education system as well as the supply of and demand for nurses in Florida. These documents are presented in Addendum A.



CONTRIBUTING ISSUES

Identifying issues that contribute to the nursing shortage in Florida is an essential step in identifying strategies for resolution. A listing of contributing issues is presented in Addendum B.

STRATEGIES FOR RESOLUTION

Strategies discussed included those that may have short term, intermediate and long term impact in resolving the nursing shortage. Additional consideration was given to whether a strategy could be accomplished through legislation, by professional groups, by individuals and so on. Recommendations are presented below by supply/demand model component affected and means to accomplish.

I. Nursing Education System Capacity

A. Legislative Action

- Establish a funded grants program for increased production of masters and doctorally prepared nurse educators and increased graduation of new registered nurses. Award grants based on outcomes and benchmark measures to be set by the Florida Center for Nursing, including number of admissions, number of graduates, time to degree, licensure/certification rate post-graduation, number of graduates teaching in Florida, diversity mix, and military background.
 - Facilitate state–private match program to augment grants program.
 - Establish funding as dedicated directly for use by the nursing education program at each college or university.

Recommended Funding:

\$6,000,000 for community college and postsecondary vocational nursing programs

\$10,000,000 for public universities

\$4,000,000 for private colleges and universities

- Encourage entry into graduate programs through scholarship and loan forgiveness programs. Provide a stipend to supplement salary if employed full-time. Require Florida work commitment as component of program.

Recommended Funding:

\$2,500,000 for Loan Forgiveness

\$1,500,000 for Scholarships

- Provide incentives for colleges and universities to prioritize nursing education. Such incentives may include changing the funding formula language to recognize the significance of contact hours as opposed to credit hours in clinical practice programs.

Recommended Funding:

None required

- Eliminate practice restrictions on Advanced Practice Nurses so that Florida is consistent with other states' scope of practice. With the goal of increasing the supply of nurse educators, this would facilitate recruitment and encourage entry into graduate education programs.

Recommended Funding:

None required

- Address the education mix/preparation of Florida RNs by
 - Increasing the number of nurses prepared at the baccalaureate level through direct admission to baccalaureate programs and articulation from associate degree programs.
 - Increasing the number of nurses prepared at the masters and doctoral level through program expansion.

Recommended Funding:

None required

- Complete an assessment of nurse faculty salaries as compared to earning capacity in clinical practice settings and as compared to comparable faculty in other disciplines.

Recommended Funding:

None required

- Provide an expedited approval process to establish Doctor of Nursing Practice programs at schools of nursing.

Recommended Funding:

None required

B. Education / Health Industry Collaboration

- Establish regional consortia for coordinated discussion and planning. Members of each consortium would include representation from community college and university nursing programs (state and private) and health industry employers. Objectives of the consortia would include:
 - Create and adopt common understanding of the needs of employers and the vision of educators for the future of nursing.
 - Create reasonable expectations of new graduates on entry into the work place.
 - Assign priority access to clinical space and hours to education programs of greatest need.
- Supplement nursing faculty salaries to compete with private sector/industry salaries.
- Develop incentive program for joint appointments including employer approved leaves of absence to serve as faculty.
- Develop incentive programs for completion of advanced education including employer approved leaves of absence.

C. Education System

- Recruit nursing professionals at or near retirement, including military retirees, and provide incentives to serve as clinical faculty.
- Recruit faculty displaced from education system closures in other states.
- Develop regional consortiums of nursing education programs to share critical faculty (e.g. clinical specialties) and advanced technology (e.g. simulation equipment; distance learning). Developing a program of shared use of simulation technology to substitute and/or enhance clinical learning. The “shared use” concept would decrease cost of purchase by colleges and universities located in reasonably close proximity jointly purchasing equipment.

- Establish incentive programs for recruitment of diverse nursing faculty (college and University administration).
- Explore US Department of Labor funding opportunities (e.g. H1B Visa).
- Support the needs of minority students to maximize successful program completion (e.g., funding for remedial language or other content).
- Evaluate the current criteria for admission to graduate nursing education (i.e., GRE requirement) as valid indicators of successful program completion. Discontinue invalid requirements.

II. Supply of Registered Nurses

A. Legislative Actions

- Multi-state Licensure: Support current legislation for Florida to become a member of the multi-state compact to increase potential supply of RNs and enhance rapid response in times emergency.

Recommended Funding:

None required

- Grant the Florida Board of Nursing the authority to decline applications to establish new nursing education programs unless an absence of competition for clinical sites with Registered Nurse programs can be verified.

Recommended Funding:

None required

B. Regulatory Actions

- License Exam Pass Rate: The Florida Board of Nursing, in collaboration with the Florida Association of Colleges of Nursing and Florida Council of Nursing Education Administrators develop interventions to improve and sustain Florida NCLEX pass rates at or above the national mean.

III. Data Collection and Analysis

A. Legislative Action

- Approve language authorizing the collection of workforce data by the Florida Board of Nursing as a component of licensure application and renewal to be analyzed and reported by the Florida Center for Nursing. Required data elements should be identified through a collaborative effort facilitated by the Florida Center for Nursing with representation from, at least, the FL Board of Nursing, FL Agency for Workforce Innovation, nursing education, professional nursing organizations, and nursing employers. Data collection, analysis, and reporting should reflect statewide and regional perspectives.

Recommended Funding:

None required



- Adequately fund the Florida Center for Nursing to:
 - Facilitate a collaborative effort with representation from, at least, the FL Agency for Health Care Administration, Workforce Florida, Incorporated, professional nursing and health care organizations, and nurse employers to define nursing demand data elements and identify a mechanism to collect nursing demand data.
 - Establish a Statewide Forecasting Model: An ongoing statewide system that forecasts the changing nurse workforce supply and demand in Florida should be implemented to facilitate systemic changes and the allocation of new and existing resources that positively affect the ability of nursing supply to meet nursing demand.

Recommended Funding:

\$250,000 to establish statewide forecasting model.

IV. Employment Setting

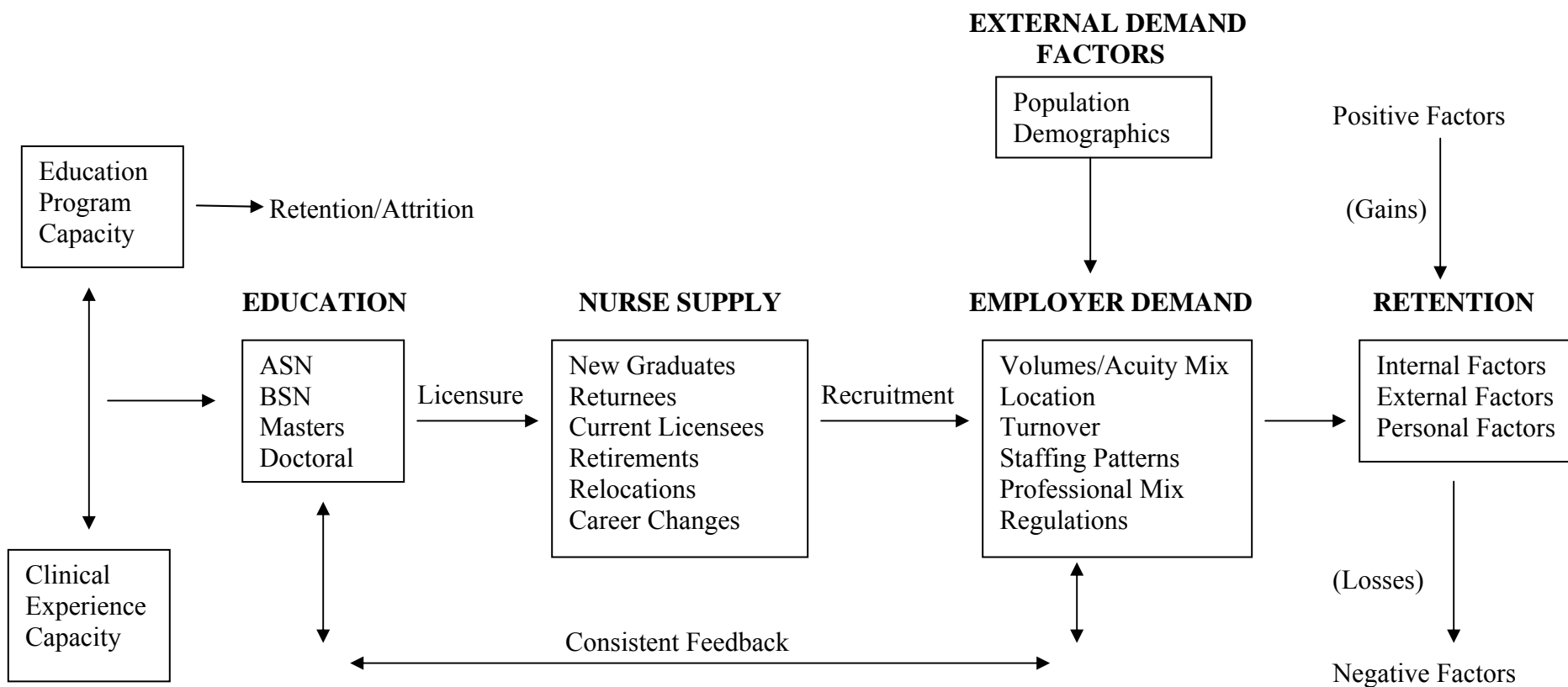
A. Health Care Industry

- Promote nurse internships as transition into professional employment.
- Promote known characteristics of a positive work environment (e.g. Essentials of Magnetism).
- Develop and offer attractive employment packages including flexible schedules, child and adult care facilities, tuition reimbursement programs, continuing education programs, health benefits, and competitive salaries.

Addendum A

Defining the Nursing Shortage: A nursing shortage exists when the supply of nurses does not meet the demand for nurses. In this model the factors contributing to the supply of nurses are the production of new nurses through the education system and the retention of existing nurses within the workforce, specifically within the education and health care systems. The factors contributing to the demand for nurses are external (comprised of population demographics) and employer (comprised of work environment issues).

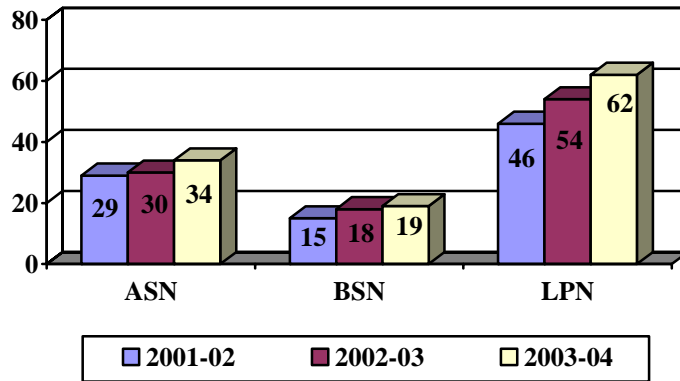
Components of Registered Nurse Supply and Demand



(Adapted from PA Department of Health White Paper: The Nursing Workforce in Pennsylvania, June 2004)

FLORIDA'S NURSING EDUCATION SYSTEM

Figure 1: Trends in Number of Nursing Programs: Associate, Baccalaureate, and Licensed Practical Nursing (Source: FL Board of Nursing Annual Report, December 2004)



There are 13 master degree and 7 doctoral degree programs in Florida.

FCN Education Program Survey – January 2005 (88% response rate)

Table 1: Student Population: Qualified Applicants, Admissions, and Number Not Admitted by Type of Program and Region for Fall 2004

| Region | ASN | | | BSN | | |
|------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Qual App | Adm | Diff | Qual App | Adm | Diff |
| Northwest | 869 | 170 | 699 | 361 | 157 | 204 |
| North | 720 | 253 | 467 | 1004 | 260 | 744 |
| East Central | 1424 | 663 | 761 | 368 | 173 | 195 |
| West Central | 698 | 422 | 276 | 517 | 157 | 360 |
| Southwest | 748 | 456 | 292 | 125 | 87 | 38 |
| Southeast | 2138 | 716 | 1422 | 1310 | 525 | 785 |
| Statewide | 6597 | 2680 | 3917 | 3685 | 1359 | 2326 |

Total number of applicants turned away = 6,243

Number of Graduates for Academic Year 2003-04 = 4,633

Associate Degree = 3,330 Baccalaureate Degree = 1,303



Table 2: Nursing Faculty Population: Total Budgeted Positions, Existing Vacant Positions, and Percent Vacancy as of November 2004 by Region and State

| Region | ASN | | | BSN & HIGHER | | |
|------------------|------------------|-----------|-----------|------------------|-----------|------------|
| | Budget Positions | Vacant | % Vacant | Budget Positions | Vacant | % Vacant |
| Northwest | 47 | 6 | 12% | 64 | 14 | 22% |
| North | 44 | 7 | 15% | 122 | 9 | 7% |
| East Central | 173 | 5 | 2% | 49 | 3 | 6% |
| West Central | 127 | 3 | 2% | 55 | 9 | 16% |
| Southwest | 58 | 2 | 3% | 21 | 1 | 5% |
| Southeast | 73 | 15 | 21% | 192 | 18 | 9% |
| Statewide | 522 | 38 | 7% | 503 | 54 | 11% |

Combining ASN and BSN & Higher: the total number of vacant positions is 92 (9%)

The total **projected 2005 faculty retirements is 18.**

To educate **20 additional students in each program** the following number of full-time equivalent faculty would be needed.

- 2.3 for Associate
- 1.5 for RN to Baccalaureate
- 2.6 for Baccalaureate
- 2.2 for Masters
- 2.2 for Doctorate

NURSING EDUCATION SYSTEM SUMMARY

- There has been a disproportional increase in the number of LPN programs compared to RN.
- There are 2.5 qualified applicants for each (1) student space at basic nursing education programs (ASN & BSN).
- There is a disproportionate production of associate degree nurses compared to baccalaureate degree nurses.
- The range of faculty vacancy rates among 6 regions of Florida is from 2% to 22% with an overall vacancy rate for ASN programs of 7% and BSN & Higher programs of 11%.

SUPPLY VS. DEMAND

How many nurses are licensed in Florida?

Table 1: Licensed Registered and Licensed Practical Nurses with Active Status 2002-2004

| | Registered Nurse | | | Licensed Practical Nurse | | |
|---------------------|------------------|----------------|--------------|--------------------------|---------------|--------------|
| | 2003-04 | 2002-03 | Difference | 2003-04 | 2002-03 | Difference |
| Out of State Active | 58,524 | 57,372 | 1,152 | 12,665 | 11,760 | 905 |
| FL Active | 133,309 | 127,277 | 6,032 | 43,355 | 39,320 | 4,035 |
| Total Active | 191,833 | 184,649 | 7,184 | 56,020 | 51,080 | 4,940 |

Source: Medical Quality Assurance Annual Reports to the Legislature 2002-03 & 2003-04

How many nurses with an active license who live in Florida work in Florida?

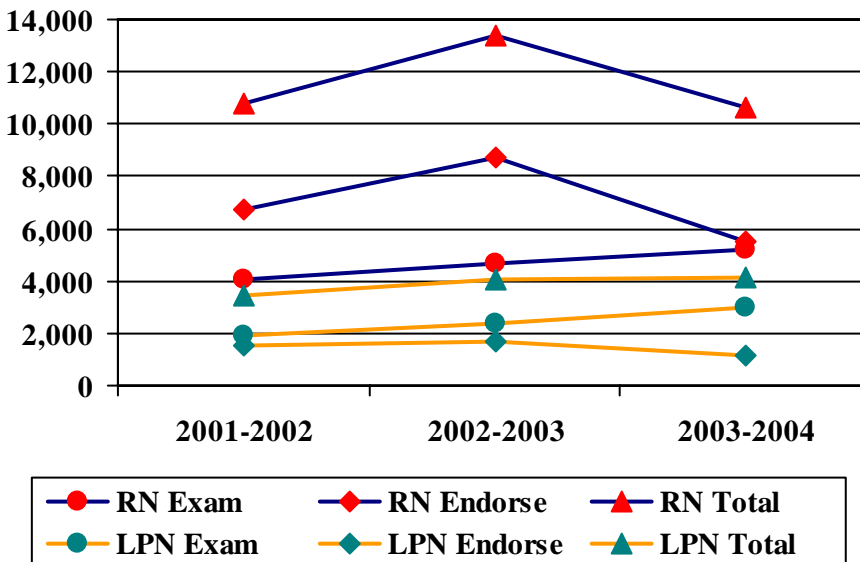
Per HRSA 2000 National Sample Survey, 79% of RNs are employed.

$$133,309 \times 0.79 = \mathbf{105,314 \text{ employed RNs in Florida}}$$

What is the rate of increase and loss of licenses in Florida?

Increase in New Licensees for Registered and Licensed Practical Nurses 2003-2004
(Source: FL Board of Nursing Annual Report, December 2004)

Figure 1: Trends in New Licensees



Loss of Existing Licensees: If assume the newly **gained licensees** in 2003-04 represent FL Active Licenses (Exam: 5,167 + Endorse 5,498 = **10,665**) and the **net increase** (change from 2002/03 to 2003/04) **was 6,032** (see Table 1) then there may have been a **loss of 4,633 RNs** between 2002/03 and 2003/04.

What is the projected demand for Nurses in Florida?

Source: FL Agency for Workforce Innovation, Labor Market Statistics, 2004.

Table 2. Projected Job Openings for Registered and Licensed Practical Nurses

| Rank in FL | Occupation | Employment | | Annual | |
|------------|---------------------------|------------|---------|---------------|----------|
| | | 2003 | 2011 | # of Openings | % Change |
| 2 | Registered nurses | 152,206 | 193,790 | 8,060* | 3.4 |
| 33 | Licenses practical nurses | 46,765 | 56,084 | 2,305 | 2.5 |

* Represents 64% due to growth and 36% due to separation.

US Department of Labor, Bureau of Labor Statistics (BLS)

- Projects an increase of 623,000 RN jobs by 2012
- Lists RN as #1 in occupations with largest growth (LPN is not in the top 30)

Florida ranks 31st in nation with 785 employed RNs per 100,000 population.

Where do Florida nurses work?

Table 3. Bureau of Labor Statistics Percentage of Occupation Employed by Industry - 2002

| Industry | RN | LPN |
|--|----------------|----------------|
| Health Care and Social Assistance | 73.51 % | 77.02 % |
| Hospitals, private | 49.18 % | 22.09 % |
| Ambulatory Health Care | 16.65 % | 22.24 % |
| Nursing and Residential Care | 7.03 % | 31.84 % |
| Government | 18.78 % | 14.41 % |
| Federal | 2.21 % | 1.89 % |
| State | 5.36 % | 4.1 % |
| Local | 11.22 % | 8.42 % |
| Admin. & Sup. & Waste Mgt. & Remediation Services | 3.14 % | 5.28 % |
| Self Employed | 2.3 % | 1.24 % |
| Total Percentage Represented (others < 1%) | 97.73 % | 97.95 % |

What are the current vacancy rates for nurses?

The Florida Hospital Association reports that in 2004 approximately 8.2% of all RN positions in hospitals were vacant representing 2,987 open positions.

The Council of State Governments November 2004 report indicates an average vacancy rate in state public health agencies of 11%.

The National Commission on Nursing Workforce for Long-Term Care report dated October 1, 2004 gives national vacancy rates in 2002 as RN – 15%; LPN – 13%; and CNA – 8.5%.

What is the education mix/preparation of Florida RNs?

FL Registered Nurse Highest Education Preparation per HRSA National Sample Survey 2000

| | |
|-----------------------|-------------------------------|
| 16 % Diploma | 28 % Baccalaureate Degree |
| 46 % Associate Degree | 10 % Masters/Doctorate Degree |

Though further research is underway, current findings indicate that organizations with a higher percentage of nurses prepared at the baccalaureate degree level experience better patient outcomes. In a study conducted by Dr. Linda Aiken, alumna of the University of Florida College of Nursing, and colleagues from the University of Pennsylvania's Center for Health Outcomes and Policy Research, it was found that patients experienced significantly lower mortality and failure to rescue rates in hospitals where more highly educated nurses are providing care. For every 10% increase in the proportion of BSN-prepared nurses, findings revealed a corresponding 5% decrease in risk of death and failure to rescue (Aiken, Clarke, Cheung, Sloane, & Silber, 2003).

SUPPLY VS. DEMAND SUMMARY

- Data is inadequate to accurately describe the current supply of or demand for RNs in Florida.
- Though there are workforce issues relevant to both RNs and LPNs, the most information is known about and the primary immediate need is in the Registered Nurse population.

Registered Nurse (based on 03/04 supply increase)

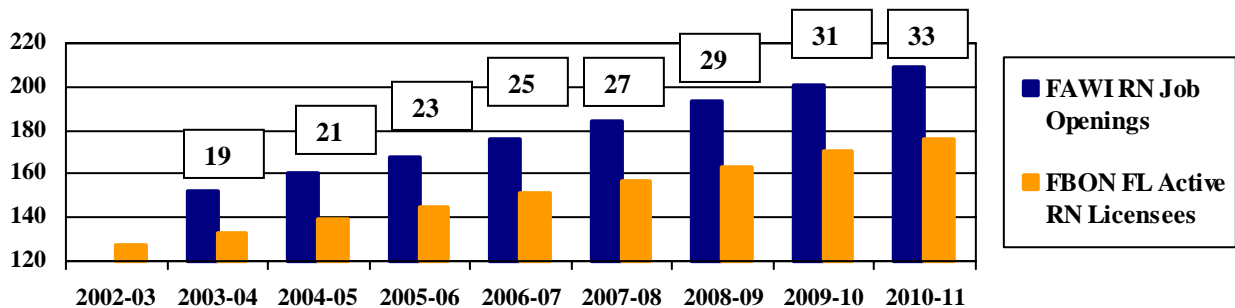
| | |
|--------------|----------------|
| 8,060 | Demand |
| - 6,032 | Supply |
| 2,028 | Deficit |

Licensed Practical Nurse (based on 03/04 supply increase)

| | |
|----------------|---------------|
| 2,305 | Demand |
| - 4,035 | Supply |
| - 1,730 | Excess |

- Current numbers of licensees do not meet demand.
- Historical increases in supply of RNs will not meet projected demand.
- Research indicates improved patient outcomes with higher percentages of RNs prepared at the baccalaureate degree level.

Figure 2. Projected Job Openings compared to Projected FL Active RN Licensees (in thousands)



Assumptions: Annual openings per FAWI of 8,060; Change in active licensees of 6,032 per year.
Differences: job openings minus active licensees are shown in text box on chart (in thousands).

Addendum B

ISSUES CONTRIBUTING TO THE SHORTAGE

OVERRIDING ISSUES

- Lack of understanding what nursing is and what nurses do resulting in:
 - Increased attrition from education programs.
 - Increased turnover rates and loss of nurses from the workforce.
 - Belief that there is a “quick” fix to alleviate the shortage.
 - Challenge to the established qualifications of faculty to teach nurses and faculty to student ratios.
- Lack of data
 - To accurately define the supply of and demand for nurses at both the state and regional level and in all employment settings.
 - To facilitate strategic decision making in allocation of resources and evaluation of results.
- Need for regional focus in addition to statewide as surveys demonstrate variances in issues contributing to the shortage by region of the state.
- Impact of demographics
 - Florida population: growth and health needs.
 - Student population: access to education and successful program completion.
 - Nursing population: age of members and work culture.
 - Diversity in all populations.
- Need for career and professional development opportunities.
- Impact of Medicaid reform.

NURSE EDUCATION SYSTEM CAPACITY

- Increasing retirement of nurse faculty – though data not available, indications consistent that nurse faculty are older than the general nursing population and FL nurse faculty are older than nurse faculty nationally.
- Inadequate supply of qualified nurse faculty.
 - Commonly takes up to 6 months to fill vacancies; can take more than 2 years.
 - Reasons faculty resign: retirement; career advancement opportunities; salary issues; and desire to return to clinical practice.
 - Faculty salaries not competitive with private industry.
- Inadequate clinical sites and faculty for student education – issue of faculty, space and clinical specialty setting.
- Funding issues
 - Inadequate recurring funding for program needs.
 - Direction of funding to nursing programs.
 - Nursing education programs are expensive to operate.
- Inability of Board of Nursing to base program expansion or new program approval on clinical facility availability.
- Inefficiency of the nursing education system.
- Middle and High School student preparation in math and science courses.

SUPPLY

- Inadequate capacity of nursing education system to admit qualified applicants.
- Dependence on endorsements as source of new nurses to the state.
- Florida nursing graduate pass rates on national licensure exam are below national averages:
FL = 83.3% US = 86.6%
- Aging workforce – though data not available, indications consistent that FL nursing population is older than national average.
- Limitations on Advanced Registered Nurse Practitioner (ARNP) practice.
- Use of ARNP as physician extender (in light of physician shortage).

DEMAND

- Population size and demographics (age, diversity).
- Increasing competitive opportunities
 - Between health care employers
 - Other than direct care delivery – case management/pharmaceutical industry
 - To maximize income – agency.
- Increasing complexity of the health care environment and technical advances resulting in:
 - Changed role expectations of nurses including:
 - Assessing complex health-care needs,
 - Designing, implementing, evaluating and reformulating patient care plans,
 - Operating technologically advanced equipment,
 - Performing intricate and complex procedures,
 - Educating patients, and
 - Making critical judgments about patients' health care needs. (Clay-Antoine, 2001)
 - Increased costs to employers.
 - Increased regulatory demands.
 - Inefficiency in the delivery of health care.
- Expectation that RN serve as first responder in emergency/disaster situations.

RETENTION OF NURSES IN THE WORKFORCE

- Negative work environment
 - Lack of autonomy and self-governance.
 - Relationships with colleagues – Subservient image of nursing and physician – nurse relationships.
 - Long hours; mandatory overtime; shift work (nights/weekends).
 - Inability to perform role as educated and perceived ought to be performed.
 - Physically demanding work.
 - Emotionally stressful work.
- Staffing patterns and professional mix of staff
 - High use of temporary/agency staff.
 - Inadequate attention to distribution of staff by experience level and/or educational preparation.
 - Increasing use of staff prepared at lower education level and/or unlicensed assistive personnel.
 - Absence of flexible scheduling.



- Inadequate use of available technology to enhance work environment (e.g. patient lift equipment; paperless medical record with handheld equipment for data entry).
- Increased litigation affecting nurses (primarily in long-term care environments).
- Absence of mentoring programs to facilitate nurse development.