Fall 2006 Summit:
Improving the Work Environment to Retain Nurses
October 4, 2006

SUMMARY OF PROCEEDINGS

Background

The Florida Center for Nursing (Center) Board of Directors believes that successfully influencing the culture within nurse employment settings will improve the retention of experienced, knowledgeable, skilled nurses and, at the same time, positively influence those interested in entering the profession. To provide information on the significance of the work environment, methods that can be implemented to positively impact it, and development of partnerships to enact the changes, the Center convened a statewide summit in Orlando, Florida. This action is consistent with the *Statewide Strategic Plan for Nursing Workforce in Florida* Goal 3 – "Information has been disseminated on effective strategies and best practices related to work cultures and environments that support recruitment and retention of nurses".

The Summit purpose was to discuss the status of nursing from a state and regional perspective and encourage regional collaboration to identify strategies (how) and resources (who and what) to improve the retention of nurses. The ultimate goal of this Summit is to create a healthy work environment for nurse practice in Florida. The desired outcome was that participants would feel a sense of accomplishment from the day's effort and identify future partners from their region for continuing collaboration having set a framework for future work. Additionally, the Center will learn how it can assist and support regional efforts. The effort to address the nursing shortage is a long-term process. The intent of this Summit is to serve as the first of an annual event and jump-start regional efforts.

The invited participants came from key groups and associations representing professional nurses, state agencies, legislative committees, philanthropic organizations, and other key stakeholders. Professional associations were asked to identify six regional representatives to participate in the Summit. To facilitate the desired regional collaborations, the Center established six Florida Regions as shown on Addendum A. Each region captures Workforce Florida, Incorporated Regional Workforce Boards to facilitate partnership and collaboration on nurse workforce issues. In addition to the invited participants, the Summit was open to all interested parties.

A total of 75 individuals were in attendance representing 11 professional associations, 6 state agencies, 4 regional workforce boards, 2 legislative groups, and 1 philanthropic organization. A list of participants is included as Addendum B.

The Value of a Healthy Work Environment

There is increasing evidence that patient safety, nurse recruitment and retention, and an organization's financial viability are linked to the nurse work environment. The Fourteen Forces of Magnetism, Nine Principles and Elements of a Healthful Practice/Work Environment, Six

Essential Standards for establishing and sustaining healthy work environments, and Twelve Nurse-Friendly™ Hospital Criteria have identified elements crucial to the health and well being of the nurse work environment and the safety and security of our health care system. Surveys conducted in 2002 and 2004 reveal that several positive changes in the nurse work environment have occurred resulting in decreased overtime and stress, increased job and career satisfaction, and improved relationships between nurses. (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). However there are still problems that must be overcome if health care organizations are ever to reach their full potential in providing safe, competent, and quality health care. A healthy work environment for nursing practice is desirable for both nurses and consumers of health care.

The optimum approach to achieve a healthy work environment will depend on the employment setting, size, available resources, and commitment of administration. The starting point regardless of these variables is to assess the current environment using the elements identified. With an honest, open approach determine the organization's strengths, weaknesses, and opportunities. If resources are limited (human and/or financial) it may be necessary to address the opportunities using a phased approach. For example, while funds are not available to bring wages up to a competitive level, implement programs that give nurses control of their practice and enforce an expectation that all members of the health care team demonstrate true collaboration. The essential process toward achievement of a healthy work environment includes:

1. Organizational leaders who acknowledge the necessity and value of maintaining a healthy work environment.
2. Completion of an honest, thorough assessment of the current environment.
3. Development of a plan to address weaknesses and opportunities.
4. Change is implemented and, if phased approach, completed.
5. Results/outcomes are evaluated.

The Center's white paper *The Value of a Healthy Work Environment* is included as Addendum C. It was provided to all participants as background information and to provide guidance in developing strategies to improve the retention of experienced nurses.

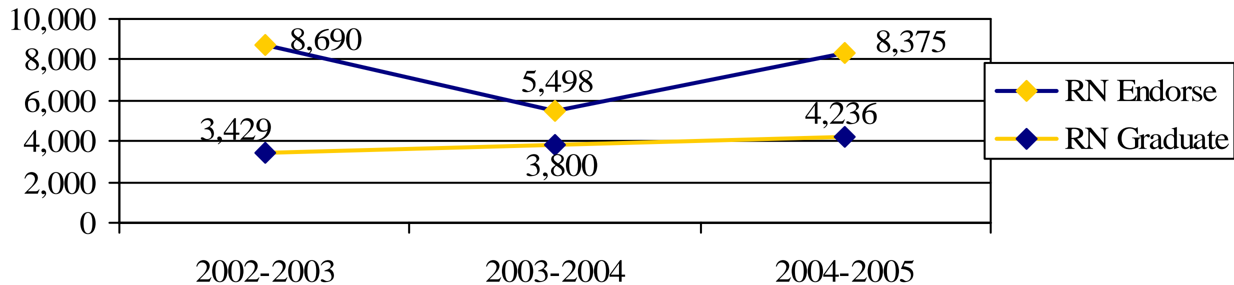
The State of the Nursing Shortage in Florida

Center staff provided a brief overview of the state of the nursing shortage in Florida. A shortage exists when the supply of nurses does not meet the demand for nurses. Supply can be increased by the production of new nurses and by the retention of experienced nurses who would have otherwise left the profession. Demand for nurses is impacted by population demographics and changes in the health industry, including the quality of the work environment.

Florida's supply of nurses from our educational system has increased according to the Board of Nursing (BON) report published December 2005. There are 66 licensed practical nurse programs, 38 associate degree registered nurse programs and 19 baccalaureate degree registered nurse programs in our state, an increase of 20 LPN and 13 RN programs since 2001. The number of RN graduates in academic year 2004-05 was 4,236, an increase over the past two academic years of 807. Yet the pass rate for Florida RNs taking the national board examination (NCLEX) for the first time remains below the national average at 85.8%. Our employers rely primarily on

recruitment of nurses from other states or countries. The process of endorsing licenses from other states or countries into Florida has produced more RNs than the education system has graduated.

Comparison: RN Graduate vs. RN Endorsement



Information on the loss of RNs from the workforce is not currently tracked or available. For discussion purposes, one possible assumption can be made by comparing BON data on gained licensees with actual licensees for the same timeframes as follows for academic year 2004-05:

	6,177	RNs by examination 2004/05
+	8,375	RNs by endorsement 2004/05
	14,552	RNs new to Florida
-	7,812	Net increase in number of licensed RNs 2003-04 to 2004-05
	6,740	Loss of RNs / Difference between new and actual available

The Florida Agency for Workforce Innovation (AWI) provides projected employment needs by industry. It is important to note that this information represents jobs as opposed to people. The RN employment need for 2006 is 147,050 and projected for 2014 is 183,478. This represents an increase of 36,428 RN jobs in Florida by 2014. At the same time, AWI projects annual openings of 7,440 for RNs due to growth and separation. According to employers participating in an AWI survey completed in 2005 there were 5,969 vacant RN positions. However one looks at these numbers, there is and will continue to be a shortfall of RNs in Florida.

Necessary actions to address the shortfall include increased production through education and recruitment and decreased loss through retention and improvement of the work environment. One cannot rely solely on production of new graduates. Clearly, the system has a self-limiting capacity but more importantly, new graduates do not meet the need for experienced nurses. The Center is initiating workforce data collection as a component of the license application and renewal process to provide more complete, specific data for analysis. Thanks to an increase in Center funding, staffing will double with the addition of two Associate Directors. One will focus on research and data analysis while the other will emphasize the necessary retention and recruitment activities.

The Nursing Work Environment: A Critical Aspect of Retention

Dr. Beth Ulrich, Vice President Professional & Editorial Services, Nursing Spectrum provided the keynote address sharing with participants the results of three national surveys of RNs (2002,

2004, 2006) and the 2006 Critical Care Healthy Work Environment Survey. When asked how to address the nursing shortage the response most often given was to improve the work environment with improving wages and benefits a close second. The following are some of the components of a positive work environment:

- Nurse executive and nurse manager demonstrate leadership and effective decision-making
- Physical and mental safety of staff is valued and protected
- RNs have a voice in decision-making and there is open communication
- Professional development and advancement is valued and supported
- Positive collaboration and communication between health care provider groups
- Recognition of accomplishments and work well done

When asked what are the two main factors that keep you working in your current organization, more than half of the respondents said the people they work with is first and salary and benefits was second.

Dr. Ulrich emphasized the need to understand that there are four generations of RNs in the workplace; veterans, boomers, generation X, and millennial. Each has strengths and needs that vary from the others. Most importantly, one must value the importance of the older and experienced nurse in the workplace. At the same time, retention of new graduates is critical.

Panel of Existing Regional Nurse Workforce Efforts

Representatives from the First Coast Nurse Leaders Consortium (Jacksonville), Nursing Shortage Consortium of South Florida, and Palm Healthcare Foundation shared information regarding how the group came together, who participates, what they have done and/or are planning to do, evaluation of results, and their sources of funding for the effort. This regional presentation provided ideas for discussion at the afternoon breakout sessions.

Breakout Sessions

Participants spent the afternoon in small group discussion based on geographic region or as a statewide group. The purpose of these sessions was to identify regional approaches that should be done (strategies) and what resources are needed (people, funding, skills). Also, participants shared what they are working on, what they need, what resources they have, prioritized their issues, and identified next steps. Additional data was provided by the Center to facilitate the discussion. Each group provided a summary of their discussion which can be found with the region specific data in Addendum D. The statewide data are provided here:

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	147,050	183,478	3.10 %	4,554	2,886	7,440	5,969
Licensed Practical Nurse	50,501	61,436	2.71 %	1,367	1,041	2,408	1,587
Nursing Aides, Orderlies, etc.	87,418	107,433	2.86 %	2,502	1,080	3,582	n/a

* 2005 Job Vacancy Survey

Employment by Industry – RN

All Industry	147,050	100 %
General Medical and Surgical Hospitals	79,444	54.03 %
Offices of Physicians	12,456	8.47 %
Employment Services	11,960	8.13 %
Home Health Care Services	10,086	6.86 %
Nursing Care Facilities	6,610	4.50 %

NCLEX-RN for Calendar Year 2005 – 46 programs

	# of Candidates	# Pass	% Pass
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

Critical issues contributing to the shortage identified by all groups included:

1st. Negative work environment: inadequate staffing; unrealistic expectations of staff; absence of professional models of care / autonomy / respect

2nd. Education system capacity: faculty shortage; clinical space limitations; new programs competing for resources

3rd. Poor Communication

Some issues specific to a region were:

- North and Northwest regions: rural location; non-competitive salaries; growth of health care facilities and competition
- Central region: pay and benefits for faculty and direct care nurses
- Southwest region: NCLEX pass rates; affordable housing; insurance
- South and Southeast regions: high turnover rates and leadership development

Strategies to address these issues were discussed and all agreed on the value of regional or local consortia and partnering with state agencies. The idea of partnering with the regional workforce boards and corporations was very positively received. Overall improvement in communication regarding clinical placement of students and the use of web-based systems were recommended. The concept of nurse internships was discussed as beneficial for retention of nurses, increased job satisfaction, and improvement in the delivery of safe, quality care. Emphasis was placed on the importance of promoting and providing support for workforce career paths and educational advancement (e.g.: CNA to LPN to RN and nurse education tracks for faculty). Other activities that were discussed as needing attention are increasing the nurse friendly amenities such as on-site childcare and dry cleaning, zero tolerance for nurse abuse, improve the re-entry training and possibly look at re-evaluating the 12 hour shifts.

When asked what resources are needed, participants identified the following:

- Provide scholarships and loan forgiveness programs
- Increased and recurring education funding
- Participation of all stakeholders, increased involvement of employer/service groups
- Housing and mortgage loan assistance

- Use of safety equipment such as lift systems
- Changes in the state college credit system to allow flexibility for nursing programs

In discussing how the Center and other state agencies can assist in resolving the shortage the following ways were identified:

- Use of Center website to identify areas of critical shortages, results of initiatives (SUCCEED grants)
- Continued nurse workforce data collection, analysis, and reporting by the Center
- Create a framework for regional partnerships to use regional data as it becomes increasingly available
- Recommend that the Center take a lead role regarding an education plan which may require legislation
- Evaluate the two models in the state for computerized centralized clinical site communication and recommend a single state model with regional utilization
- Encourage use of the Center's data for the purpose of making decisions about use of tax-payer dollars for nursing workforce issues (i.e. opening new programs, etc.)
- Bring FCN findings to local facilities/leaders and facilitate regular regional nursing workforce dialogues with all stakeholders
- Offer workshops/forums through Center and state agencies on communication, succession training, leadership, use of technology
- Provide support from state workforce board re-community liaison and partnerships

Evaluation of Summit

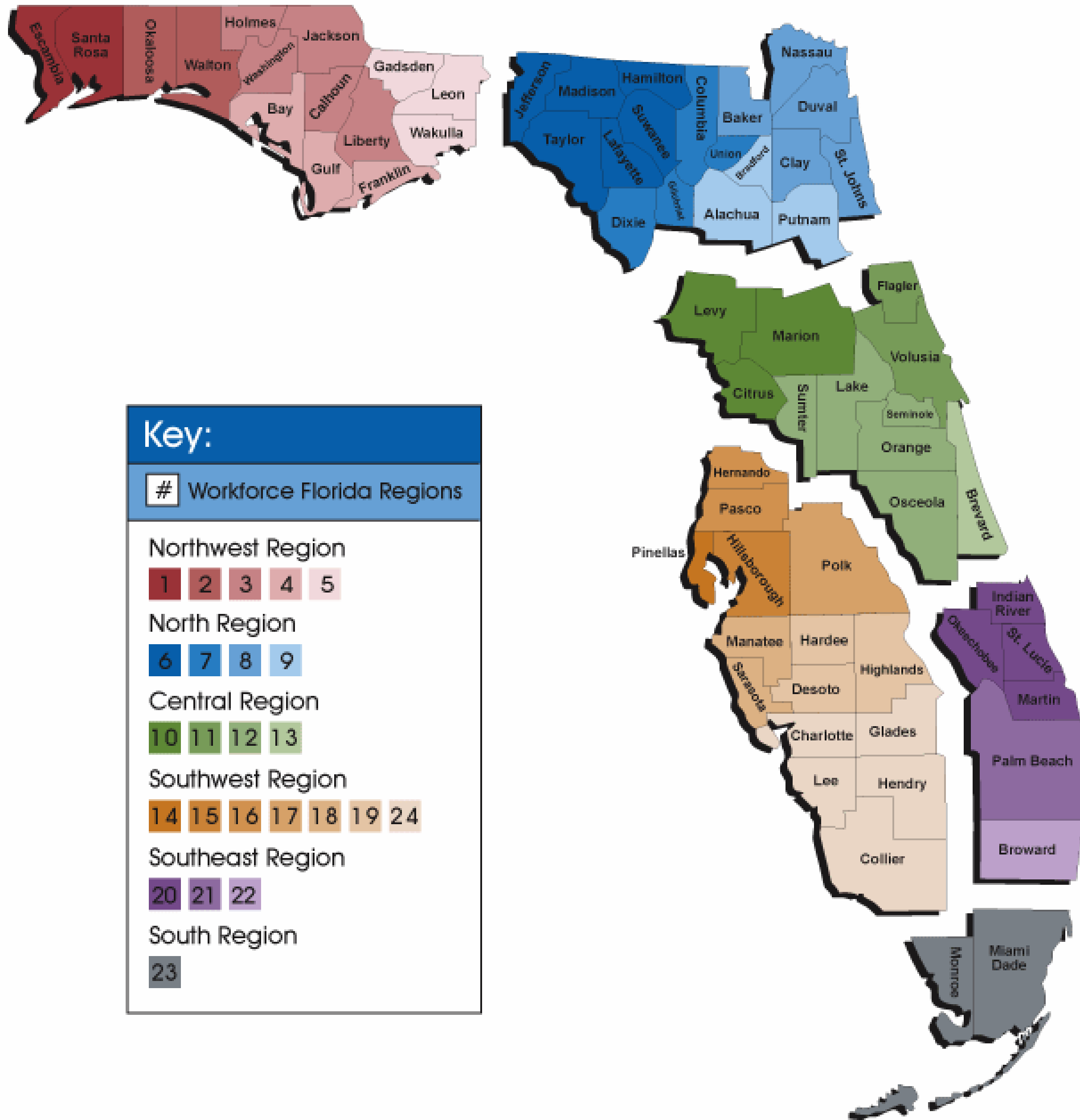
Of the participants who returned the summit evaluation form (33%) all agreed that the summit's stated purpose was met, the keynote speaker was knowledgeable and interesting, and the afternoon breakout sessions were beneficial. Comments provided by participants supported future meetings and gave suggestions for topics.

It was very clear that all participants valued the information provided and support the continued work by the Center to gather significant workforce data for analysis and results reporting. Participants acknowledged the need to be actively involved in the process at the local or regional level and to encourage involvement by corporations and other nurse employers.

ADDENDUM A

FCN REGIONS

With County and Regional Workforce Board delineations.



ADDENDUM B

Participant List

Professional Organization	Participant	Email Address
Associated Home Health Industries of Florida	Gene Tischer	gtischer@ahhif.org
Association of Practical Nurse Educators of Florida	Shirley Stamford	Shirley.Stamford@sdhc.k12.fl.us
Florida Association of Colleges of Nursing	Jean Leuner Li Loriz Mavra Kear (& FNA) Sherry Pontious Priscilla Bartolone	jleuner@mail.ucf.edu lloriz@unf.edu mkear@flsouthern.edu sharon.pontious@fiu.edu pbartolone@southuniversity.edu
Florida Association of Directors of Nursing Administration/LTC	Reuben Bowie	reuben.bowie@healthcentral.org
Florida Association of Homes for the Aged	Carol Berkowitz	cberkowitz@fahsa.org
Florida Association for Public Health Nurses, Inc.	Stephanie Vick Vicki Randel Barbara Kruger Judy Ryan Deborah Hogan (& FNA) Mary Tollefsen Judy Nuland	stephanie_vick@doh.state.fl.us Vicki_Randel@doh.state.fl.us bkruger@unf.edu Judy_ryan@doh.state.fl.us Deborah_Hogan@doh.state.fl.us Mary_Tollefsen@doh.state.fl.us judy_nuland@doh.state.fl.us
Florida Council of Nursing Education Administrators	Linda Whitenton Linda Miles Connie Bobik Rise Sandrowitz Ann Hubbard	whitentl@owc.edu milesl@dbcc.edu bobikc@brevardcc.edu rsandrowitz@hccfl.edu ahubbard@ircc.edu
Florida Hospital Association	Martha DeCastro	martha@fha.org
Florida Nurses Association	Paula Massey Debbie Hogan (& FAPHN) Mavra Kear (& FACN) Willa Fuller Barbara Lumpkin Leslie Homsted	pmassey@floridanurse.org capitallas@hotmail.com mkear@flsouthern.edu wfuller@floridanurse.org blumpkin@floridanurse.org lhomsted@floridanurse.com
Florida Nursing Student Association	Joni Schaper Toni Linck Lori Baloun	Jonischaper@aol.com fnsatoni@hotmail.com labaloun@eagle.fgcu.edu
Florida Organization of Nurse Executives	Tim Eixenberger Sue Stefanov	tim.eixenberger@bayfront.org sue.stefanov@parrishmed.com

State Agencies	Participant	Email Address
Agency for Workforce Innovation	Judy Meyer	judy.meyer@awi.state.fl.us
Department of Health	Nancy Humbert Laura Brazell	nancy_humbert@doh.state.fl.us laura_brazell@doh.state.fl.us
Florida Board of Nursing	Rick Garcia	Rick_Garcia@doh.state.fl.us
Florida Department of Corrections	Diana Carter	carter.diane@mail.dc.state.fl.us
Medical Quality Assurance	Cassandra Pasley	Cassandra_pasley@doh.state.fl.us
Workforce Florida Incorporated	Tom Shiner	tshiner@workforceflorida.com
Workforce Region – Alachua/ Bradford	Winifred Nielsen	nielsw@shands.ufl.edu
Workforce Region – Brevard Workforce Development Board	Lisa Rice	lrice@job-link.net
Workforce Region 7 – Florida Crown	Amanda Colunga Lynn Hamilton	alcolunga@flcrown.org mlhamilton@flcrown.org
Workforce Region 12 – Central Florida	Donna Lenahan Pamela Rendsland-Tonello	dlenahan@wcfla.com ptonello@wcfla.com
Legislative Staff	**Participant**	**Email Address**
House of Representatives: Health & Families Council	Leah Hamrick	leah.hamrick@myfloridahouse.gov
Florida Legislature – OPPAGA	Deanna Hamilton Martha Wellman	Hamilton.deanna@oppaga.fl.gov wellman.martha@oppaga.fl.gov
Philanthropic Organizations		
Blue Cross Blue Shield of Florida	Catherine Kelly	catherine.kelly@BCBSFL.com
Individual Representatives	**Participant**	**Email Address**
Keiser College	Kenneth Hazel Cindy Harrah	khazell@keisercollege.edu charrah@keisercollege.edu
Miami Dade College	Jose Guitian	jose.guitian@mdc.edu
St. Johns River Community College	Virginia McColm	ginnymccolm@sjrcc.edu
Santa Fe Community College	Rita Sutherland	rita.sutherland@sfcc.edu
Valencia Community College	Cheryl Cicotti	ccicotti@valenciacc.edu
Keynote Speaker	Beth Ulrich, Vice President Professional & Editorial Services – Nursing Spectrum	BUlrich@NursingSpectrum.com
Panel Members	**Participant**	**Email Address**
Jacksonville/Northeast Region	Pam Chally	pchally@unf.edu
Nursing Shortage Consortium of South Florida	Silvia Stradi	silvia.stradi@HCAHealthcare.com
Palm Healthcare Foundation	Judy Brustad	jbrustad@phfpbc.org

FCN Florida Center for Nursing

FCN Board Members & Staff	Participant	Email Address
	Board Members	
	Pegge Bell, Chair	pbell@mail.barry.edu
	Susan White, Vice Chair	Susan.white4@med.va.gov
	Jean Wortock, Treasurer	Wortock.jean@spcollege.edu
	Kathryn Whitson, Secretary,	kwhitson@aol.com
	Barbara Alford	alfordb@fdhc.state.fl.us
	Jane Cebelak	jcebelak@ircc.edu
	Andrea Gregg	greggac@nursing.ufl.edu
	Leah Kinnaird	leahjo@aol.com
	Roxanne Harke Maldunas	Roxrn8@aol.com
	Nancy McGovern	NMEMcG@aol.com
	Staff Members	
	Mary Lou Brunell, Executive Director	brunell@mail.ucf.edu
	Cathy Lewis, Executive Secretary	calewis@mail.ucf.edu
	Jennifer Nooney	jnooney@cfl.rr.com
	UCF School of Nursing Students	
	Valerie Danesh	vdanesh@mail.ucf.edu
	Ana Rua-Dobles	Ana.Rua-Dobles@orhs.org
	Sarah Frewin	sfrewin@bellsouth.net

Addendum C

The Value of a Healthy Work Environment

Introduction

Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nurse workforce. A healthy work environment has been defined as "a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes" (Registered Nurses' Association of Ontario (RNOA), 2006 p. 11) The quality of nurses' work life was identified as a key issue by the Institute of Medicine (IOM) Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes (Wunderlich, Sloan, & Davis, 1996).

In national surveys conducted in 2002 and 2004, RNs identified the top four reasons for the nursing shortage as: inadequate salary and benefits, more career options for women, undesirable hours, and a negative work environment. While the overall state of the nursing work environment has shown improvement there are still problems that must be addressed if health care organizations are ever to maximize their full potential in providing high-quality and safe patient care. RNs surveyed in 2002 and 2004, believe that the best strategy to resolve the nursing shortage is to improve the work environment. (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006).

In an effort to promote healthy work environments, professional groups have developed programs to guide employers. Four such programs, The Fourteen Forces of Magnetism, Nine Principles and Elements of a Healthful Practice/Work Environment, Six Essential Standards for establishing and sustaining healthy work environments, and Twelve Nurse-Friendly™ Hospital Criteria identify elements crucial to the health and well being of the nurse work environment and the safety and security of our health care system. Many of the elements in each of these programs are similar. This paper will briefly explore each program and the elements found to be essential to a healthy nurse work environment. A table format is provided for comparison of the four programs.

It would be ideal for all nurse employers to embrace each of the elements and implement changes to achieve a healthy work environment. A staged approach may be more realistic and will be discussed in the implementation section.

Programs Promoting Health Work Environments

Fourteen Forces of Magnetism

In the early 1980s, recognizing a critical national shortage of nurses, the American Academy of Nurses (AAN) embarked on a study to identify hospitals which attract and retain professional nurses in their employment and to identify factors that seem to be associated with their success. From this study McClure et al. (1983) named characteristics of Magnet hospitals that became known as the Fourteen Forces of Magnetism. A decade after the original magnet study was

published The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC). This voluntary program recognizes environments that not only attract nurses, but also acknowledge nursing excellence and the role professional nurses play in the delivery of quality patient care. The fourteen forces of magnetism are: interdisciplinary relationships, autonomy, professional models of care, organizational structure, quality of nursing leadership, management style, professional development, nurses as teachers, personnel policies and programs, image of nursing, consultation and resources, quality of care, quality improvement, and community and the hospital.

Six Essential Standards for established and sustaining health work environments

The American Association of Critical Care Nurses (AACN) recognizes the inextricable relationships among quality of the work environment, excellent nursing practice, and patient outcomes (AACN, 2005a). In 2005, The AACN released their *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence.* AACN's healthy work environment initiative is focused, not on the physical environment, but on creating environments where the more complex, less tangible obstacles to employee and patient safety are addressed. Six evidence-based and relationship centered standards of professional practice have been identified (AACN, 2005b). The six essential standards are: true collaboration, effective decision making, appropriate staffing, authentic leadership, meaningful recognition, and skilled communication.

Nine Principles and Elements of a Healthful Practice/Work Environment

The Nursing Organizations Alliance (The Alliance) was formed in 2001 when two long-standing coalitions of nursing organizations united to create an even stronger voice for nurses. Members of the Alliance are professional associations. The mission of The Alliance is "to increase nursing's visibility and impact on health through communication, collaboration and advocacy." The Alliance has identified nine elements that they believe supports a healthful practice/work environment (The Alliance, n.d). These principles and elements of a healthful practice/work environment have been endorsed by member organizations including the American Organization of Nurse Executives (AONE). Currently AONE is working on a self assessment tool to accompany these nine elements. The nine principles and elements include: collaborative practice culture, communication rich culture, a culture of accountability, the presence of adequate numbers of qualified nurses, the presence of expert, competent, credible, visible leadership, shared decision-making at all levels, the encouragement of professional practice and continues growth / development, recognition of the value of nursing's contribution, and recognition by nurses for their meaningful contribution to practice.

Twelve Nurse-Friendly™ Hospital Criteria

Developed by the Texas Nurses Association (TNA) Nurse-Friendly™ Hospital Designation is based on twelve criteria identified by expert nurse input and nursing literature as essential elements of the ideal nurse work environment. The TNA designation program is an ongoing program that provides a three-year designation for hospitals that can document that they met all of the criteria. The designation is awarded twice yearly. All hospitals in Texas, regardless of size,

are invited to apply for Nurse-Friendly™ Hospital Designation. As of May 2006, seventeen hospitals in Texas have been certified as having the ideal nursing practice environment (TNA, 2006). The twelve criteria are: control of nursing practice, balanced lifestyle, chief nursing officer, middle management accountability, professional development, nurse orientation, competitive wages, nurse recognition, safety of the work environment, zero tolerance policy for abuse of nurses, systems exist to address patient care concerns, and quality initiatives.

In order to advance the adoption of the Twelve Nurse-Friendly™ criteria in hospitals throughout Texas the TNA partnered with the East Texas Area Health Education Center (AHEC). With the benefit of a $1.2 million grant from the U.S. Health Resources and Services Administration (HRSA), the TNA and AHEC formed The Nurse-Friendly™ Program for Small and Rural Hospitals to assist hospitals with less than 100 beds to prepare for Nurse-Friendly™ Hospital Designation. Thirty hospitals are participating in the grant program and are at varying stages of the implementation process (TNA, 2004) TNA also intends to draft a set of "LTC Team-Friendly" Criteria to be used in evaluating exemplary long team care work environments (TNA, 2005).

Essential Elements of Health Work Environments

The following discussion represents a compilation of the four programs presented based on the identified common threads. An accompanying table, Essential Elements of a Healthy Work Environment is provided to serve as a tool for comparing the four programs.

Collaboration/Teamwork

Teamwork and collaboration are often used synonymously. Collaboration is both a process (a series of events) and an outcome (a synthesis of different perspectives). Collaboration is a complex process requiring intentional knowledge sharing and joint responsibility for patient care (Lindeke & Sieckert, 2005). A common theme that describes the experience of a healthy work environment is the sense of team or community that is evident across disciplines to order to get the work of the organization done (Disch, 2002).

The quality of health care is dependent on how members of the team communicate, coordinate care, and negotiate differences in practice to achieve a comprehensive treatment plan for patients. (McGillis Hall, 2005). A staff member who makes decisions in isolation runs the risk of working with an incomplete assessment of the situation and an inaccurate perspective on the patient's needs and treatments. Interdisciplinary relationships are extremely important. A sense of mutual respect between colleagues is essential. Nurse-physician collaboration has been found to be a strong predictor of psychological empowerment of nurses (Larrabee, Janney, Ostrow, Withrow, Hobbs Jr., & Gurani, 2003) Teamwork and partnerships emphasize the importance of communication, trusting relationships, and respectful support as necessary to create a healthy work environment (McGillis Hall, 2005). Findings suggest that poor communication and collaboration among health care professionals relate significantly to medical errors and staff turnover (Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005).

Autonomy and Accountability

In order to fulfill their role as advocates, nurses must be involved in making decisions about the care of their patients A significant gap frequently exists between what nurses are accountable for and their ability to take part in decisions that affect those accountabilities (AACN, 2005a). Autonomy & decision-making in nursing does not imply independence rather the right to exercise clinical and organizational judgment within the context of an interdependent health care team and in accordance with the socially and legally granted freedom of the discipline (MacDonald, 2002). The outcome of autonomy is accountability for practice (Holden, 1991). The influence nurses have and the control they can exert over their practice has been linked to nurse satisfaction (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Effective control over practice has been linked to increased status, respect, and recognition (Kramer & Schmalenberg, 2003).

Control of Practice

"Nurses want a voice in decisions that affect the patient care environment and their ability to deliver quality care." (Fitzpatrick, 2001. pg. 41). Control over practice is the freedom to shape policies and procedures in professional practice. When nurses have limited control over patient care they feel their expertise is not valued (The Change Foundation and the Canadian Health Services Research Foundation, 2001).

Control of nursing practice within the organization is demonstrated by development of a staffing plan that demonstrates substantive input from direct care nurses including participation on interdisciplinary committees within the organization. Further enhancement of control of practice includes the use of nursing councils to address practice concerns; systems that include direct care nurses in administrative and operational decision making; policies and procedures that facilitate the use of nursing standards and evidence based outcome measures in development of the nursing care model and practices in hiring that include direct care staff as stakeholders in hiring decisions (TNA, 2006).

Appropriate Staffing

Although nurses are dissatisfied with hospital work because of difficult working conditions, inadequate staffing is on the top, or close to the top of every list relating causes of dissatisfaction (Unruh, 2005). Nurse understaffing in hospitals has been ranked by the public and physicians as one of the greatest threats to patient safety (Blendon, DesRoches, Brodie, Benson, Rosen, Schneider, Altman, Zapert, Herrmann, & Steffenson, 2002). When there is adequate staffing nurses have the opportunity to spend more time with each patient in every aspect of their care. However time constraints increase the likelihood of mistakes by creating a busy, stressful environment with distractions and interruptions (Iezzoni, 1997 & American Nurses Association, 1995). A number of factors have been found to influence nurse staffing from the patient, staff, and organizational perspective. Research indicates that nurse staffing has a definite and measurable impact on patient outcomes, medical errors, length of stay, nurse turnover, and patient mortality (Curtin, 2003). Substantial evidence links nurse staffing with patient, nurse, and organizational outcomes (McGillis Hall, 2005).

"Staffing must ensure the appropriate match between patient needs and nurse competencies" (AACN, 2005a). The measurement of nurse staffing focuses on numerical assessment of staffing as well as measures that take into consideration the mix of the staff employed in the organization (nursing hours per patient day, ratio of RNs to patients, and skill mix), how staff members are employed (full time, part-time, or per diem) and demographic characteristics (experience and education level) of the nursing staff (McGillis Hall, 2005). Sufficient staffing levels allow nurses the time they need to make patient assessments, complete nursing duties, and respond to health care emergencies, it also increases nurse satisfaction and reduces turnover. Studies have shown that one of the primary reasons for the increasing nurse turnover rate is dissatisfaction with workload/staffing levels (Adams & Bond, 2000). Low registered nurse staffing levels and poor organizational climates have been found to put nurses at greater risk of needle stick injuries (Aiken, Clarke, & Sloane, 2002). After adjusting for hospital characteristics, Aiken, et al. (2000), reported that an increase of one patient per nurse was linked to a 23% increase in the likelihood of burnout and 15% increase in the likelihood of job dissatisfaction.

Health care organizations must recognize the need of nurses to balance work and non-work life. Some people like to work overtime, because they can make more money or take time off at another time. Others prefer to work on a regular schedule. Although overtime is essential in emergencies there is concern that hospitals use it to compensate for inadequate levels of staffing (Steinbrook, 2002). Overtime usually refers to hours worked in excess of 40 in a regularly schedule workweek. Overtime can also refer to hours worked above and beyond the scheduled workday. Unplanned extra work can add stress and strain to home life. Comparing survey results from 2002 and 2004, in 2004 RNs reported less overtime, and when they did work overtime, RNs said they worked more voluntary versus required overtime (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006).

Leadership

Leadership is defined as the process whereby one individual influences to achieve a common goal (Northhouse, 1997). Nursing leadership is of central importance to the work environment of nurses as it is the leaders who create and sustain the nurse work environment. Nurse managers have been found to have an impact on staff outcomes including nurse retention (Decker, 1997, Irvine & Evans, 1995; Loke, 2001; Lucas, 1991, McNeese-Smith, 1993). Staff nurses identified that the most important characteristics of nursing leaders were experience, advanced knowledge, expertise, and clinical competence. (Meighan, 1990).

Nurse leaders are responsible for establishing strong models of nursing practice, including building levels of trust, and improving communication among team members within organizations (McGillis Hall, 2005). Leadership has been correlated with nurse job satisfaction and commitment toward institutional goals (Stordeur, D'hoore, & Vandenberghe, 2001; Larrabee, Janney, Ostrow, Withrow, Hobbs Jr. & Gurani, 2003). The literature consistently supports the key role of the leader in creating and sustaining healthy nurse work environments.

In a study of more than 43,000 nurses practicing in more than 700 hospitals in five countries, fewer than half of the nurses in each country reported that management in their hospitals were

responsive to their concerns, provide opportunities for nurses to participated in decision making, and acknowledge nurses contributions to patient care (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). If change is to occur, elements contributing to unhealthy work environments must be addressed through the direct involvement of executive leadership.

Professional Development

According to Lawton & Wimpenny (2003), the three key roles or functions of professional development are: maintenance, survival, and mobility. The maintenance role refers to lifelong learning while the survival role refers to competence. The mobility role refers to employment capacity. In Magnet health care facilities significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development. Personal and professional growth and development is valued. In addition, opportunities for competency-based clinical advancement exist, along with the resources to maintain competency (TNA, 2004). Adequate orientation is not only a desired quality for the ideal work environment but it is also instrumental in facilitating a high standard of patient care (TNA, 2006).

Competitive Wages

In national surveys conducted in 2002 and 2004, RNs perceived an improved work environment to be just as important as improved wages and benefits in solving the nursing shortage (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). Results of a study conducted in five countries found that nurses in the United States and Canada nurses are more likely to be dissatisfied with working conditions than with their wages (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). The cost of nursing care is a significant portion of a hospital's budget. Although competitive wages are extremely important in the recruitment of nurses it is not the most important factor in retaining them.

Nurse Recognition

Nurses are the human interface between the health care organization and the patient. While a physician's time with patients is measured in minutes, nurses spend hours with patients (Greenberg, 2002). The fundamental role of the nurse is to provide quality patient care and support for those suffering from health problems, yet these functions have often been disregarded by health care organizations. Nurses have not been treated as professional caregivers even though their presence at the bedside can literally impact life or death for their patients. With changes in the health care environment (restructuring, downsizing, managed care), nurses have been forced to perform an array of non-nursing responsibilities, which take them away form the bedside and the provision of professional nursing care (Greenberg, 2002).

Recognition of the value and meaningfulness of one's contribution to an organization is a fundamental human need and essential to personal and professional development (AACN, 2005). Reward and recognition programs, whether formal or informal, economic or personal, create motivation and job satisfaction. External rewards may draw a person to a job, but internal rewards are what keep them there (McCoy, 1999). Pay may be an incentive to recruit nurses,

clinical advancement and recognition by peers and supervisors will retain them. The top motivator for job performance is recognition for a job well done (Nelson, 1994).

Adequate Support

Transforming Care at the Bedside (TCAB) a collaborative project between the Robert Wood Johnson Foundation (RWJF) and the Institute of Healthcare Improvement (IHI) is just one of many initiatives instituting small, simple changes to improve the nurse work environment making it easier for nurses to spend more time with patients and less time on administrative tasks. Moving supplies from a central location on the unit to patients' rooms allowing nurses to provide more direct patient care and the use of rapid response teams are just two examples of innovations, which support nursing practice. Rapid response teams enable a nurse to call on a team of clinicians to intervene when a patient's condition appears to be deteriorating. This practice provides validation for nurses' professional judgment and much needed assistance for patients prior to reaching a more irrevocable point of crisis (Hassmiller, & Cozine, 2006).

Intimidating behavior and poor interpersonal relationships lead to mistrust, chronic stress, and dissatisfaction among nurses (AACN, 2005a). Verbal abuse has been found to be common among healthcare providers (Sofield & Salmond, 2003). Sixteen percent of nursing turnover has been found to be related to factors associated with verbal abuse (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, & Shamian, 2001). Studies have revealed that verbal abuse and disrespectful behavior decrease morale, increase job dissatisfaction, and create a hostile work climate (AACN, 2004). Without adequate support nurses may experience both physical and mental illness and injuries related to the work environment resulting in absenteeism. Absenteeism is the lack of physical presence at a given time when there is a social expectation to be there (Martocchio & Harrison, 1993). One of the most basic needs in the work environment is safety, both physical and mental. Because the practice of nursing is physically demanding work, nurses are more susceptible to job-related musculoskeletal injuries (Norman, Donelan, Buerhaus, Willis, Williams, Ulrich, & Dittus, 2005). In fact a national survey of RNs revealed that almost one third (31%) of nurses had reported experiencing back or musculoskeletal injuries in the past year (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).

Older nurses report more musculoskeletal and needlestick injuries than are reported by younger nurses (Levtak, 2005). Of the 185,000 RNs that joined the workforce in 2002-2003, 70% were age 50 or over. By 2010, more than 40% of the RN workforce will be over 50 years of age (Norman, Donelan, Buerhaus, Willis, Williams, Ulrich, & Dittus, 2005). Therefore it is essential that factors related to the physical demands of the nurse work environment be addressed.

Quality Initiatives

Patient safety has become a national priority. The essence of nursing is helping people. Nurses want to work in organizations in which they can provide good, safe patient care. An environment grounded in evidence-based practice and nursing research is fundamental in achieving Magnet status (Turkel, Reidinger, Ferket, & Reno, 2005). The Magnet Recognition Program recognizes health care organizations that demonstrate excellent outcomes in patient care as well as the ability to recruit and retain RNs (Brady-Schwartz, 2005). Therefore Magnet healthcare facilities

can be used as successful models for organizations looking to integrate evidence-based practice and research into nursing practice.

Skilled Communication

Communication is one of the most important processes in a health care organization. "Nurses must be as proficient in communication skills as they are in clinical skills" (AACN, 2005b). Good communication builds productive relationships among health care workers and their patients. Nurses do not work in isolation. Optimal patient care mandates that the specialized knowledge and skills of nurses, physicians, administrators, and multiple other professionals be integrated (AACN, 2005a). In 2005 communication was the root cause of almost 70% of sentinel events, and over 80% of medication errors according to data reported to the Joint Commission from accredited organizations (Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2005). All members of the health care team must be expected to communicate effectively with each other.

Strong Community Presence

Hospitals that are best able to recruit and retain nurses also maintain a strong community presence. A community presence is seen as a variety of ongoing, long term outreach programs. Outreach programs result in the hospital being perceived as strong, positive, and a productive corporate citizen (McClure & Hinshaw, 2002). A strong community presence is indicated by a sense of public service, of giving back to the community. Such a presence is felt well beyond the walls of the hospital in ways that the public perceives the hospital as part of the community and responsive to community needs.

Implications

There is increasing evidence that patient safety, nurse recruitment and retention, and an organization's financial viability are linked to the nurse work environment. The Fourteen Forces of Magnetism , Nine Principles and Elements of a Healthful Practice/Work Environment, Six Essential Standards for establishing and sustaining healthy work environments, and Twelve Nurse-Friendly™ Hospital Criteria have identified elements crucial to the health and well being of the nurse work environment and the safety and security of our health care system. Surveys conducted in 2002 and 2004 reveal that several positive changes in the nurse work environment have occurred resulting in decreased overtime and stress, increased job and career satisfaction, and improved relationships between nurses.(Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). However there are still problems that must be overcome if health care organizations are ever to reach their full potential in providing safe, competent, and quality health care. A healthy work environment for nursing practice is desirable for both nurses and consumers of health care.

The optimum approach to achieve a healthy work environment will depend on the employment setting, size, available resources, and commitment of administration. The starting point regardless of these variables is to assess the current environment using the elements identified. With an honest, open approach determine the organizations strengths, weaknesses, and opportunities. If resources are limited (human and/or financial) it may be necessary to address the opportunities using a phased approach. For example, while funds are not available to bring

wages up to a competitive level, implement programs that give nurses control of their practice and enforce an expectation that all members of the health care team demonstrate true collaboration. The essential process toward achievement of a healthy work environment includes:

6. Organizational leaders who acknowledge the necessity and value of maintaining a healthy work environment.
7. Completion of an honest, thorough assessment of the current environment.
8. Development of a plan to address weaknesses and opportunities.
9. Change is implemented and, if phased approach, completed.
10. Results/outcomes are evaluated.

FCN Florida Center for Nursing

Table: Essential Elements of a Healthy Work Environment

The purpose of this table is to serve as a tool to compare four programs created by professional groups to promote healthy work environments. Each element identified as essential is in italics.

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
Collaboration Teamwork	***Interdisciplinary relationships*** • Interdisciplinary relationships are characterized as positive. • A sense of mutual respect is exhibited among all disciplines.	***True Collaboration*** • Nurses must be relentless in pursuing and fostering true collaboration.		***Collaborative Practice Culture*** • Respectful collegial communication & behavior • Team orientation • Presence of trust • Respect for diversity
Autonomy & Accountability	***Autonomy*** • Nurses are permitted and expected to practice autonomously, consistent with professional standards. ***Professional models of care*** • *M*odels of care are used that give nurses the responsibility and authority for the provision of patient care. • Nurses are accountable for their own practice and are the coordinators of care.			***A Culture of Accountability*** • Role expectations are clearly defined • Everyone is accountable

FCN Florida Center for Nursing

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
Control of Practice	***Organizational structure*** • Organizational structures are characterized as flat, rather than tall, with unit based decision making prevailing. Nursing departments are decentralized, with strong nursing representation evident in the organizational committee structure. The nursing leader serves at the executive level of the organization, and the chief nursing officer reports to the chief executive officer.	***Effective Decision Making*** • Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.	***Control of Nursing Practice*** • Nurses are accountable for their own practice and are coordinators of patient care.	***Shared Decision-Making at All Levels*** • Nurses participate in system, organizational, and process decisions • Formal structure exists to support shared decision-making • Nurses have control over their practice.
Staffing		***Appropriate Staffing*** • Staffing must ensure the effective match between patient needs and nurse competencies	***Balanced Lifestyle*** • The facility recognizes the need of nurses to balance work and non-work life	***The Presence of Adequate Numbers of Qualified Nurses*** • Ability to provide quality care to meet client/patient's needs • Work/home life balance
Leadership	***Quality of Nursing Leadership*** • Nursing leaders are knowledgeable, strong	***Authentic Leadership*** • Nurse leaders must fully embrace the imperative of a healthy work	***Chief Nursing Officer*** • The activities of the chief nursing officer in the management of nursing	***The Presence of Expert, Competent, Credible, Visible Leadership*** • Serve as an advocate for

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
	risk takers who follow an articulated philosophy in day-to-day operations of the nursing department. Nursing leaders also convey a strong sense of advocacy and support on behalf of the staff. ***Management style*** • Hospital and nursing administrators use a participative management style, incorporating feedback from staff at all levels of the organization. Feedback is characterized as being encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.	environment, authentically live it and engage others in its achievement.	services are supported by hospital administration. ***Middle Management Accountability*** • The organization facilitates leadership competency among supervisors of direct care nurses and middle management through a delineated leadership program.	nursing practice • Support shared decision-making • Allocate resources to support nursing
Professional Development	***Professional development*** • Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and		***Professional Development*** • The facility has a professional development program to facilitate ongoing educational needs to maintain and /or further	***The Encouragement of Professional Practice & Continued Growth/Development*** • Continuing education/certification is

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
	career development. Personal and professional growth and development is valued. ***Nurses as teachers*** • Nurses are permitted and expected to incorporate teaching in all aspects of their practice.		develop professional expertise. ***Nurse Orientation*** • Adequate orientation is not only a desired quality for the ideal work environment but is an important factor in facilitating a high standard of care.	supported and encouraged • Participation in professional associations encouraged • An information rich environment is supported
Competitive Wages	***Personnel policies and programs*** • Salaries and benefits are characterized as competitive. Rotating shifts are minimized and creative and flexible staffing models are used. Personnel policies are created with staff involvement, and significant administrative and clinical promotional opportunities exist.		***Competitive Wages*** • Nursing salaries are competitive, are market adjusted, and recognize outstanding performance and professional commitment.	
Nurse Recognition	***Image of nursing*** • Nurses are viewed as integral to the hospital's ability to provide patient care services. The services	***Meaningful Recognition*** • Nurses must be recognized and must recognize others for the value each brings to the	***Nurse Recognition*** • The facility recognizes individual nurse merit and excellence.	***Recognition of the Value of Nursing's Contribution*** • Reward and pay for performance • Career mobility and

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
	provided by nurses are characterized as essential by the other members of the health care team.	work of the organization.		expansion ***Recognition by Nurses for Their Meaningful Contribution to Practice***
Adequate support	***Consultation and resources*** • Adequate consultation and other human resources are available. Knowledgeable experts, particularly advanced practice nurses, are available and used. In addition peer support is given within and outside the nursing division.		***Safety of the Work Environment*** • The facility demonstrates a concern for the health and safety of nurses by meeting and or exceeding regulatory standards. ***Zero Tolerance Policy for Abuse of Nurses*** • *F*acility does not tolerate physician abuse of nurses. ***Systems Exist to Address Patient Care Concerns*** • Nurses have a professional obligation to advocate for patients and to resolve issues that they believe affect the quality of patient care.	
Quality Initiatives	***Quality of care*** • Nurses perceive that they are providing high quality care to their patients. Providing quality care is seen as an organizational		***Quality Initiatives*** • The facility demonstrates a commitment to evidence based practice.	

Essential Elements	Fourteen Forces of Magnetism[1]	Six Essential Standards[2]	Twelve Nurse-Friendly™ Hospital Criteria[3]	Nine Principles & Elements of a Healthful Practice/ Work Environment[4]
	priority as well, and nurses serving in leadership positions are viewed as responsible for developing the environment in which high quality care can be provided. ***Quality improvement-*** • Staff nurses participate in the quality improvement process and perceive the process as one that improves the quality of care.			
Skilled Communication		***Skilled Communication*** • Nurses must be as proficient in communication skills as they are in clinical skills.		***Communication Rich Culture*** • Clear and respectful • Open & trusting
Strong community presence	***Community and the hospital*** • Hospitals that are best able to recruit and retain nurses also maintain a strong community presence.			

FCN Florida Center for Nursing

Source Documents

1. American Association of Critical Care Nurses. (2005). AACN Standards for establishing and sustaining healthy work environments: A journey to excellence. Retrieved June 28, 2006 from http://www.whce.net/pdfs/October%2011th%202005%20Topic%20HWEStandards.pdf
2. Urden, L.D., & Monarch, K. (2002). The ANCC Magnet Recognition Program: Converting research findings into action. In M.L. McClure & A.S. Hinshaw (Eds.), *Magnet hospitals revisited: Attraction and retention of professional nurses* (pp. 103-115).Washington D.C.: American Academy of Nursing.
3. Texas Nurses Association. (2006). Nurse-Friendly Designation Announcements. Retrieved July 25, 2006 from http://www.texasnurses.org/wkplaceadv/NF/NF.htm
4. American Organization of Nurse Executives. (n.d.). Principals and Elements of a Healthful Practice/Work Environment. Retrieved July 21, 2006 from http://www.aone.org/aone/pdf/PrinciplesandElementsHealthfulWorkPractice.pdf

Bibliography

Adams, A., & Bond, S. (2000). Hospital nurses' job satisfaction, individual and organizational characteristics. *Journal of Advanced Nursing*, 32(3), 536-543.

Aiken L.H., Clarke, S.P. & Sloane, D.M. (2002). Hospital Staffing, Organizational support & quality of care: cross-national findings. *International Journal for Quality in Health Care,* 14(1), 5-13.

Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H, Giovannetti, P., Hunt, J, Rafferty, A.M., & Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health Affairs,* 20(3) 43- 53.

Aiken, L.H., Havens, D.S. & Sloane, D.M. (2000). The magnet nursing services recognition program: A comparison of two groups of magnet hospitals. *American Journal of Nursing,* 100(3), 26-36.

The Alliance. (n.d.). *About us*. Retrieved July 25, 2006 from http://www.nursing-alliance.org/about.cfm

American Association of Critical Care Nurses. (2005a). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care,* 14(2), 187-197.

American Association of Critical Care Nurses. (2005b). *AACN Standards for establishing and sustaining healthy work environments: A journey to excellence*. Retrieved June 28, 2006 from http://www.whce.net/pdfs/October%2011th%202005%20Topic%20HWEStandards.pdf

American Association of Critical Care Nurses. (2004). *Position statement: Zero tolerance for abuse*. Retrieved July 21, 2006 from http://www.aacn.org/AACN/pubpolcy.nsf/Files/ZeroPosStmt/$file/Zero%20Tolerance%20for%20Abuse%204.12.04.pdf

American Nurses Association. (1995). *Nursing Care Report Card for Acute Care*. Washington, DC: American Nurses Publishing.

Blendon, R. J., DesRoches, C.M., Brodie, M., Benson, J.M., Rosen, A.B., Schneider, E., Altman, D.E., Zapert, K., Herrmann, M.J. & Steffenson, A.E. (2002). Views of practicing physicians and the public on medical errors. *New England Journal of Medicine.* 347, 1933-1940

Brady-Schwartz, D.C. (2005). Further evidence on the Magnet Recognition Program: Implications for nursing leaders. *Journal of Nursing Administration*, 35(9), 397-403.

Buerhaus, P.I., Donelan, K., Ulrich, B.T., Norman, L., & Dittus, R. (2006). State of the registered nurse workforce in the United States. *Nursing Economics*, 24(1), 6-12.

Buerhaus, P.I., Donelan, K., Ulrich, B.T., Norman, L., & Dittus, R. (2005). Is the shortage of hospital registered nurses getting better or worse? Findings from two recent national surveys of RNs. *Nursing Economics*, 23(2), 61-71.

The Change Foundation and the Canadian Health Services Research Foundation. (2001). *Commitment and care: The benefits of a healthy workplace for nurses, their patients and the system*. Retrieved July 26, 2006 from http://www.changefoundation.com/tcf/tcfbul.nsf/eb2d6f6074fe4c9c052567180004b916/d44ad2696fd9c15085256bad005c1d2e!OpenDocument&Highlight=0,commitment,care

Costley, D.I. & Todd, R. (1987). *Human relations in organizations*. St. Paul, MN: West Publishing Company.

Curtin, L.L. (2003). An integrated analysis of nurse staffing and related variables: effects on patient outcomes. *Online Journal of Issues in Nursing,* 8(3), Retrieved July 26, 2006 from http://nursingworld.org/ojin/topic22/tpc22_5.htm

Decker, F. (1997). Occupational and nonoccupational factors in job satisfaction and psychological distress between nurses. *Research in Nursing & Health*, 20, 453-464.

Disch, J. (2002). Creating healthy work environments. *Creative Nursing*. 8(2). 3-4.

Disch, J. (2000). The nurse executive: Healthy work environments for all nurses. *Journal of Professional Nursing,* 16, 75.

Dunham, J., & Fisher, E. (1990). Nurse executive profile of excellent nursing leadership. *Nursing Administration Quarterly*, 15, 1-8.

Fitzpatrick, M.A. (2001). Collective bargaining: A Vulnerability assessment. *Nursing Management*, 32(2), 41-42.

Greenberg, M. (2002). Hailing one of health care's priceless resources-nurses. News & Views. *Rhode Island State Nurses Association*, 1, 10.

Hassmiller, S.B., Cozine, M. (2006). Addressing the nurse shortage to improve the quality of patient care. *Health Affairs,* 25(1), 268-274.

Hawkins, A.L., Kratsch, L.S. (2004). Troubled units: Creating change. *AACN Clinical Issues*, 15, 215-221.

Heath, J., Johanson, W., Blake, N. (2004). Healthy work environments: a validation of the literature. *Journal of Nursing Administration,* 34, 524-530.

Holden, R.J. (1991). Responsibility and autonomous nursing practice. *Journal of Advanced Nursing*, 16, 398-403.

Iezzoni, L.I. *Risk adjustment for measuring healthcare outcomes*. (2nd ed.). Chicago. Ill: Health Administration Press.

Irvine D. & Evans, M. (1995). Job satisfaction and turnover between nurses: Integrated research finding across studies. *Nursing Research*, 44, 246-253.

Joint Commission on Accreditation of Healthcare Organizations. (2005). *Root Cause Statistics*. Retrieved July 5, 2006 from http://www.jointcommission.org/SentinelEvents/Statistics

Kramer, M. & Schmalenberg, C.E. (2003). Magnet hospital nurses describe control over nursing practice. *Western Journal of Nursing Research*, 25(4), 434-452.

Larrabee, J.H., Janney, M.A., Ostrow, C.L., Withrow, M.L., Hobbs Jr., G.R., & Gurani C.B. (2003). Predicting registered nurse job satisfaction and intent to leave. *Journal of Nursing Administration*, 33(5), 271-283.

Lawton, S., & Wimpenny, P. (2003). Continuing professional development: A review. *Nursing Standard*, 17(24), 41-44.

Levtak, S. (2005). Health and safety of older nurses. *Nursing Outlook*, 53(2), 66-72.

Lindeke, L.L, & Sieckert, A.M. (2005). Nurse-Physician Workplace collaboration. *Online Journal of Issues in Nursing,* 10(1), Retrieved July 26, 2006 from http://nursingworld.org/ojin/topic26/tpc26_4.htm

Loke, J. (2001). Leadership behaviors: Effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, 9, 191-204.

Lucas, M. (1991). Management style and staff nurse job satisfaction. *Journal of Professional Nursing*, 7, 280-289.

MacDonald, C. (2002). Nurse autonomy as relational. *Nursing Ethics*, 9, 194-201.

Marcus, J., & Liberto, L. (2003). Create accountable, balanced work environments. *Nursing Management,* 34, 25-26.

Martocchio, J. & Harrison, D. (1993). To be there or not to be there? Questions, theories, and methods in absenteeism research. *Research in Personnel and Human Resources Management*, 11, 259-328.

Maxfield, D., Grenny, J., McMillan, R., Patterson, K. & Switzler, A. (2005) *Silence kills: The seven crucial conversations in healthcare*. Retrieved July 5, 2006 from http://www.silencekills.com/PDL/SilenceKills.pdf

McClure M.L., & Hinshaw, A.S. (Eds.). (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*. Washington DC: American Nurses Publishing.

McClure, M., Poulin, M., Sovie, M. & Wandelt, M. (1983). *Magnet Hospitals: Attraction and Retention of Professional Nurses.* American Academy of Nursing Task Force on Nursing Practice in Hospitals. Kansas City, MO: American Nurses Association.

McCoy, J.M. (1999). Recognize, reward, retain: Start a program to raise morale and retain staff. *Nursing Management*, 30(2), 41-43.

McGillis Hall, L. (ed.). (2005). *Quality work environments for nurse and patient safety*. Sudbury, Massachusetts: Jones and Bartlett Publishers, Inc.

McNeese-Smith, D. (1993). Leadership behavior and employee effectiveness. *Nursing Management*, 28(5), 38-39.

Meighan, M.M. (1990). The most important characteristics of nursing leaders. *Nursing Administration Quarterly*, 15(1), 63-69.

Newhouse, R., Dearholt, S., Poe, S., Pugh, L.C., & White, K.M.. (2005). Evidence-based practice: A practical approach to implementation. *Journal of Nursing Administration*, 35(1), 35-40.

Norman, L.D., Donelan, K, Buerhaus, P.I., Willis, G., Williams, M., Ulrich, B., & Dittus, R. (2005). The older nurse in the workplace: Does age matter. *Nursing Economics*, 23(6), 282-289.

Northhouse, P. (1997). *Leadership. Theory and Practice*. Thousand Oaks, California: Sage Publications.

Registered Nurses' Association of Ontario (2006). *Developing and sustaining nurse leadership*. Retrieved July 25, 20006 from http://www.rnao.org/Storage/16/1067_BPG_Sustain_Leadership.pdf

Shirey, R. (2006) Authentic leaders creating healthy work environments for nursing practice. *American Journal for Critical Care*, 15(3), 256-267.

Sofield, L., & Salmond, S.W. (2003). Workplace violence: A focus on verbal abuse and intent to leave the organization. *Orthopedic Nursing*. 22(4), 274-283.

Steinbrook, R. (2002).Health policy report: Nursing in the crossfire. New *England Journal of Medicine,* 346(22), 1757-1766.

Stordeur, S, D'hoore, W., & Vandenberghe, C (2001). Leadership, organizational stress and emotional exhaustion among nursing hospital staff. *Journal of Advanced Nursing*, 35(4), 533-542.

Texas Nurses Association. (2006). *Nurse-Friendly Designation Announcements*. Retrieved July 25, 2006 from http://www.texasnurses.org/wkplaceadv/NF/NF.htm

Texas Nurses Association. (2004). *Update: Texas Nurse-Friendly Program for rural/small hospitals*. Retrieved July 21, 2006 from http://imagesrvr.epnet.com/embimages/cin20/2006/2005032842.pdf

Texas Nursing (2005). Nurse-friendly criteria: right on target for hospitals; now aiming at long-term care. *Texas Nursing,* 79(8), 10, 12.

Turkel, M.C., Reidinger, G., Ferket, K., & Reno, K. (2005). An essential component of the magnet journey: Fostering an environment for evidence-based practice and nursing research. *Nursing Administration Quarterly,* 29(3), 254-262.

Ulrich, B.T., Buerhaus, P.I., Donelan, K., Norman, L., Dittus, R. (2005) How RNs view the work environment. *Journal of Nursing Administration,* 15(9), 389-396.

Unruh, L. (2005). Employment conditions at the bedside: A cause of and solution to the RN shortage. *Journal of Nursing Administration,* 35(1), 11-14.

Whiley, K. (2001). The nurse manager's role in creating a healthy work environment. *AACN Clinical Issues*, 12, 356-365.

Wunderlich, G.S., Sloan, F.S., & Davis, C.K. (1996). *Nursing staff in hospitals and nursing homes: Is it adequate?* Washington, DC: Academy Press.

ADDENDUM D

Summary of Breakout Session Data and Discussion

STATEWIDE

State Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	147,050	183,478	3.10 %	4,554	2,886	7,440	5,969
Licensed Practical Nurse	50,501	61,436	2.71 %	1,367	1,041	2,408	1,587
Nursing Aides, Orderlies, etc.	87,418	107,433	2.86 %	2,502	1,080	3,582	n/a

* 2005 Job Vacancy Survey

Employment by Industry – RN

All Industry	147,050	100 %
General Medical and Surgical Hospitals	79,444	54.03 %
Offices of Physicians	12,456	8.47 %
Employment Services	11,960	8.13 %
Home Health Care Services	10,086	6.86 %
Nursing Care Facilities	6,610	4.50 %

NCLEX-RN for Calendar Year 2005 – 46 programs

	# of Candidates	# Pass	% Pass
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

The state group focused on work environment issues. The top four areas identified in order of priority were: (1) inadequate staffing, (2) absence of professional models of care/autonomy/positive organizational culture, (3) poor communication, and (4) inadequate career development/support for educational mobility. Discussion related to these topics helped delineate the issues surrounding these areas.

Topic: Inadequate staffing
Issues: Could be seen as result of other issues
Relationship to salary
Lack of delegation creates more work for nurses
Inadequate ancillary staff

Topic: Inadequate career development
Issues: Few living nurse theorist – Who are the future creators of nursing knowledge?
Tap into retiring boomers
Encourage completion of PhD at earlier age

Topic: Poor communication
Issues: The magnet message – is it just a label?
Verbal abuse an issue
IOM recommends collaboration among disciplines – what is being done?
Need consistent & timely communication to produce positive patient outcomes
More dialogue needed between nurses and patients and between clinical agencies and schools of nursing

Topic: Inadequate career development/support for educational mobility
Issues: Create networks to educate nurses

The group discussed strategies for addressing each area that were related to recruitment and retention of nurses. Topics discussed included:

1. Internships – employer specific (acute care and community settings)
2. Marketing of specialty areas – intensive care, geriatrics –
3. Utilization of specialty areas for student clinical placements
4. Use of FCN website to identify areas of critical shortages, results of initiatives (SUCCEED grants), clinical placement opportunities for students
5. Mentorships – STTI has a mentorship program that could be a model
6. Regional Consortia – Panel shared outcomes of their consortia
7. Partnering with state agencies such as the regional workforce boards
8. Highlight projects in the state and look to models outside of Florida
9. Tap into corporate partners

NORTH & NORTHWEST REGIONS

North Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	17,733	22,087	3.07 %	544	349	893	657
Licensed Practical Nurse	4,439	5,251	2.29 %	102	93	195	126
Nursing Aides, Orderlies, etc.	9,579	11,593	2.63 %	251	120	371	n/a

* 2005 Job Vacancy Survey

Employment by Industry - RN

All Industry	43,844	100 %
General Medical and Surgical Hospitals	20,489	46.73 %
Employment Services	5,537	12.63 %
Offices of Physicians	3,630	8.28 %
Home Health Care Services	3,130	7.14 %

NCLEX-RN for Calendar Year 2005 – 7 programs

	# of Candidates	# Pass	% Pass
Southwest	1,180	1,027	87.03 %
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

Northwest Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	10,201	12,507	2.83 %	288	201	489	247
Licensed Practical Nurse	3,988	4,687	2.19 %	87	84	171	117
Nursing Aides, Orderlies, etc.	6,021	7,190	2.43 %	146	75	221	n/a

* 2005 Job Vacancy Survey

Employment by Industry - RN

All Industry	10,201	100 %
General Medical and Surgical Hospitals	4,504	44.15 %
Offices of Physicians	887	8.70 %
State Government, Excluding Education and Hospitals	693	6.79 %
Home Health Care Services	627	6.15 %

NCLEX-RN for Calendar Year 2005 – 9 programs

	# of Candidates	# Pass	% Pass
Northwest	512	418	81.64 %
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

In the breakout session for the North and Northwest Florida participants, several key issues were addressed. The four critical issues for this region were not unlike some of the other regional issues.

1. Faculty shortage and clinical facilities for students
2. Work environment: ergonomics, staffing shortage/competence, respect, nurse management
3. Geography: rural location, non-competitive salaries
4. Growth of health-care facilities and competition between them

Many of the facilities, educational institutions are engaged in activities to help staff their positions for either students or faculty. Those activities include:

- Forming consortia for collaborative effort
- Clinical placement resources (web-based)
- Improving communication regarding clinical placement
- Schools partnering with hospitals for funding, faculty, and shared lines (instructors)
- Career paths for workforce (CNA to LPN to RN)
- Seeking training dollars

Other activities that were discussed as needing attention are increasing the nurse friendly amenities such as on-site childcare and dry cleaning, zero tolerance for nurse abuse, improve the re-entry training and possibly look a re-evaluating the 12 hour shifts.

Resources identified that would assist this region in recruitment and retention are:

- Participation of all stakeholders, increased involvement of service groups
- Control competition
- Develop workforce board
- Gain information from focus groups
- Provide scholarships and loan forgiveness programs

The North/.Northwest workgroup also would like to see the Florida Center for Nursing and /or the State of Florida assist with possible new legislation to help with the critical issues like improving salaries and mortgage loan assistance, locating grant opportunities, and facilitating efforts to assist with establishing regional consortiums where none exist.

CENTRAL REGION

Central Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	27,254	34,420	3.29 %	896	533	1,429	1,198
Licensed Practical Nurse	10,248	12,390	2.61 %	268	212	480	252
Nursing Aides, Orderlies, etc.	17,605	21,598	2.84 %	500	218	718	n/a

* 2005 Job Vacancy Survey

Employment by Industry - RN

All Industry	27,254	100 %
General Medical and Surgical Hospitals	15,521	56.95 %
Offices of Physicians	1,873	6.87 %
Employment Services	1,860	6.82 %
Home Health Care Services	1,771	6.50 %
Nursing Care Facilities	1,461	5.36 %

NCLEX-RN for Calendar Year 2005 – 10 programs

	# of Candidates	# Pass	% Pass
Central	1,044	933	89.37 %
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

When asked whether or not they perceive there to be a current shortage in their region participants responded:

- That there is a shortage and that there is very little seasonal fluctuation in demand.
- Rural areas are experiencing a drop in applications for vacant positions and higher vacancy rates.
- The population growth in this region has been high including both retirees and young adults of child bearing age.
- There is a shortage in the availability of RNs, LPNs and CNAs in nursing homes.
- Many new graduate nurses are leaving their positions after a year- not using this position as a launching pad for career advancement. They are dissatisfied with their position and/or work environment and moving to other facilities.
- We need to differentiate shortage of nurses by levels and type of preparation: RN (BSN, MSN, PhD) and LPN

The Central Florida group believes that the nursing shortage will worsen due to:

- Increasing age of patients with greater healthcare needs and increase in growth of the population in this region.
- Increase cost of housing in this region with salaries for nurses that have not kept pace.

- Challenges of organizations to sustain financial viability (using more unlicensed personnel).
- For ARNPs due to restriction on practice and increase in liability insurance.
- As more nurses retire.

The faculty shortage may improve as more baby boomers approach an age when they choose to move out of direct care and into academia and related to fast track programs, online programs, funding for programs.

The top critical issues contributing to the shortage in this region, listed in order of priority:

1. Enrollment at capacity as demonstrated by limited clinical sites, constraints in classroom space, insufficient faculty, and the impact of private schools on limited resources and clinical sites
2. Practice Environment as demonstrated by unrealistic expectations of staff nurses, nurse to patient ratios, horizontal violence, not conducive to safe practice (for staff or patient), many tasks not related to nursing leaving little time for nursing, and lack of administrative support.
3. Pay and benefits (Nurses and faculty)

The following activities need to occur to alleviate the shortage in this region:

- Centralized computerized clinical placement system
- Increase the number and availability of clinical sites
- Increase/improve CEO understanding of what nurses do
- Education and incentives for preceptors
- More management education for nurse managers and CNOs to increase flexibility in using innovative models
- Increase the number of CNLs (need CNOs to value the CNL role)
- Increase the number of Magnet facilities (in this region there is Holmes and Viera VA Clinic)
- More education on unit level activities such as Beacon and extending this beyond critical care
- Increasing professional development through evidence based practice
- Development of a database to share part time faculty
- Need assistance with evaluation and implementation of a state model to automate centralized clinical site communication with regional utilization.
- Prepare more nurses as faculty
- Provide support for work redesign re models of care.

Resources and assistance needed to facilitate work at the local/ regional level includes:

- Need grant money for computerized centralized clinical site software.
- Need funding source for software for sharing part time faculty
- Need to establish liaison to the community to share information about nursing needs such as housing (e.g. Chamber of Commerce)
- Need to develop a plan for education including implementation of new programs and clinical site resources, funding for students, scholarships, reducing barriers to scholarships, and marketing (such as faculty positions)
- Need more participation by acute care hospitals and long term care organizations

When asked how the Florida Center for Nursing or other state agencies could assist them in their efforts if resources were available participants responded:

- Provide assistance with grants re- software systems
- Provide support from state workforce board re-community liaison and partnerships
- Recommend that the Center take a lead role regarding an education plan
- May need legislation regarding an education plan
- The two models in the state for computerized centralized clinical site communication should be evaluated and the state should take the lead so there could be a single state model with regional utilization.

SOUTHWEST REGION

Southwest Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	43,844	56,127	3.50 %	1,537	853	2,389	1,469
Licensed Practical Nurse	19,676	24,863	3.30 %	649	400	1,050	627
Nursing Aides, Orderlies, etc.	29,880	37,164	3.05 %	912	369	1,278	n/a

* 2005 Job Vacancy Survey

Employment by Industry - RN

All Industry	43,844	100 %
General Medical and Surgical Hospitals	20,489	46.73 %
Employment Services	5,537	12.63 %
Offices of Physicians	3,630	8.28 %
Home Health Care Services	3,130	7.14 %

NCLEX-RN for Calendar Year 2005 – 10 programs

	# of Candidates	# Pass	% Pass
Southwest	1,180	1,027	87.03 %
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

Do they perceive there to be a current shortage in their region? – Yes, there was unanimous consensus that there is a nursing shortage. However, at BMC there is a lover vacancy rate 8-9% but more turnover in positions. The vacancy rates vary from 8-20% with the critical care units like ICU having higher rates, as well as pediatric areas. Medical Surgical areas are seen as "launching pads" to other specialties resulting in high turnover in those areas. High nurse patient ratios and new grads "specializing" too soon were cited as issues. In the plus column one of the new grad participants sited nurse residency and internship programs a real plus.

Do they believe that the shortage will worsen or improve in their region over the next 10 years and what are the underlying causes for the change? – The consensus was that the shortage would worsen unless we do something about it – we have to "take our place" and initiate positive action to make a positive change. We are concerned over who will take our place. Encouraging the promotion of the positive aspects of nursing could help. Issues cited that would contribute to worsening the shortage in FL unless changed are the high cost of insurance, housing, taxes, cost of living, cost of healthcare – including equipment and supplies. Further unless we change the model from illness to wellness or prevention of illness we will never solve our health care issues. The aging workforce was discussed – RNs average 48 and nurse educators 56; people are entering the profession later.

The top 4 critical issues contributing to the shortage in our region are:

1. Work environment
2. Educational Issues
   a. Funding – for schools; faculty and students tuition support, etc.
   b. Faculty – degree required – MSN, not MS in other areas
   c. Accessibility – turning way qualified applicants due to faculty shortage
   d. Curriculum concerns – set credit hours
   e. Accreditation bodies and their requirements
   f. NCLEX pass rates
3. Regulatory Issues
4. Workforce and Quality of life issues
   a. Affordable housing; taxes
   b. Insurance

Activities to alleviate the shortage were many. The following is a list –seeking magnet status, using workforce funding; grants, scholarships and other funding sources; recruiting outside of the country; transitional educational programs – LPN to RN (LPN to BSN needed); AS to BSN or MSN, accelerated RN programs for people with other degrees; MSN CNL at the bedside; evening and weekend scheduling of classes; online programs for both generic education and continuing education; simulations to increase clinical capacity; gifted clinical faculty from health care agencies to schools of nursing; clinical partnerships; earn as you learn funding programs; student mentoring by hospital employees; hospital sponsorships where the student is hired by the hospital and then paid and mentored through the nursing program; consortiums to increase funding and support for the educational process; tuition reimbursement;

Activities and resources needed to alleviate the shortage are as follows: student support – funding, tutoring, including math tutoring for students; reoccurring funding; exploring funding from foundations in the region or large businesses and county; change the culture of nursing (no longer "eat our young"; CNL utilization with data to support costs – such as shorter hospital stays; fewer complications; increased patient satisfactions; minimum nurse patient ratios; innovative professional practice models; community awareness; help so that nurses work smarter rather than harder; use of safety equipment such as lift systems, STAT teams etc. that could be mandated by JACHO; seeking magnet status; changes in the state college credit system to allow flexibility for nursing programs; innovative practice and educational models; NCLEX prep for students and new graduates; computerized testing; review courses; critical thinking focus.

The Florida Center for Nursing or other state agencies could assist by (next steps included) – providing information including statistics on the current status and projections; conduct summits and forums like this one and the one at VCC; better or more positive oversight of the number of nursing schools in the state looking at clinical capacity; review of curriculum at each educational entry level – do LPNs need Peds, OB and Psych?; is more geriatric content needed; the curriculum should be based on population and current health care issues; legislative issues in nursing – education of the public and legislators; lobbying by FNA; continued reoccurring state funding – SUCEED grants, etc.

SOUTH & SOUTHEAST REGIONS

South & Southeast Data

Title	Employment		Annual	Average Annual Openings			Number of
	2006	2014	Change	Due to Growth	Due to Separation	Total	Vacancies *
Registered Nurse	52,070	63,585	2.76 %	1,440	1,029	2,469	2,398
Licensed Practical Nurse	15,095	18,168	2.54 %	384	312	696	465
Nursing Aides, Orderlies, etc.	27,554	33,726	2.80 %	771	340	1,111	n/a

* 2005 Job Vacancy Survey

Employment by Industry – RN

All Industry	52,070	100 %
General Medical and Surgical Hospitals	28,303	54.36 %
Employment Services	3,367	6.47 %
Offices of Physicians	3,578	6.87 %
Home Health Care Services	3,959	7.60 %

NCLEX-RN for Calendar Year 2005 – 10 programs

	# of Candidates	# Pass	% Pass
Southeast	859	710	82.65 %
South	754	631	83.69 %
State	5,170	4,436	85.80 %
US Total	99,186	86,584	87.29 %

The group identified that there is a nursing shortage, the extent of which is not fully known and the need to have clarity of definitions and indicators to understand supply and demand. South Florida is fortunate to have two strong consortia focuses on addressing nursing workforce issues.

Primary areas of concern:
#1 Communication – core to every problem
#2 High turnover (housing, moving, retirement)
#3 Leadership development
#4 Work expectations/staffing models

Ideas needing further validation and discussion:

- Continue Nursing Workforce Data collection and analysis via FCN
- Seek out opportunities for FCN, FONE, FHA, FNA, BON, and others partnering with each other and ways to build on these linkages.
- Bring FCN findings to local facilities/leaders and facilitate regular regional nursing workforce dialogues with all stakeholders
- Encourage use of the data for the purpose of making decisions about use of tax-payer dollars for nursing workforce issues (i.e. opening new programs, etc.)

- Create a framework for regional partnerships to use regional data as it becomes increasingly available
- Host forums to foster a better understanding within the state about healthcare needs and to share "best practices".
- Offer workshops/forums through FCN and state agencies on communication, succession training, leadership, use of technology.
- Expanding funding for recruitment, retention, program expansions, alternative options, refresher programs, tuition assistance, housing and insurance for nursing students and nurses.
- Explore ways to recognize and value nurses (not event or activity)
- Support novice nurses with mentors, preceptors, internships with emphasis on nurse-physician and nurse-nurse collaboration