

**IOWA COUNCIL OF NURSES**  
**NURSING WORKFORCE INITIATIVE**

**Addendum Report**

**IOWA COUNCIL OF NURSES MEMBERSHIP**

**IOWA ORGANIZATION OF NURSE LEADERS**

**IOWA LEAGUE FOR NURSING**

**IOWA COMMUNITY COLLEGE NURSING EDUCATION  
DIRECTORS ASSOCIATION**

**IOWA ASSOCIATION OF COLLEGES OF NURSING**

**IOWA ORGANIZATION OF ASSOCIATE DEGREE NURSES**

**IOWA NURSES ASSOCIATION**

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**PROJECT DIRECTOR**

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## ICON NURSING WORKFORCE INITIATIVE

The ICON NURSING WORKFORCE ADDENDUM REPORT documents completion of the Initiative began in June 1999. The Initiative, directed by the Iowa Council of Nurses, was financed through financial and in-kind contributions of nurses and nursing and health care organizations. Additional contributors since the March 2001 are listed below.

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We gratefully acknowledge and thank these contributors. Their leadership and support have helped to bring state and national attention to the critical nursing shortage in Iowa. The goal of the Initiative, " ...to develop a workforce prediction model for nursing ...", will be one of the tasks continued by the Center for Healthcare Workforce Shortages

established in the Iowa Department of Public Health. ICON will continue to monitor the activities of the Center as well as the many issues facing nurses in Iowa.

A special thank you to the nurses who volunteered their time and expertise to present over 50 programs to over 1,200 nurses throughout the state. They are Arlene Edmundson, Pam Bradley, JoAn Headington, Sheryl Juve, Janelle Nielsen, Mary Weaver, and Bonnie Wiltse.

This report was printed by St. Luke's Regional Medical Center, Sioux City, Iowa. Copies of the report may be downloaded from <http://www.state.ia.us/nursing>

## EXECUTIVE SUMMARY

Following the publication of the initial ICON Nursing Workforce Initiative Report in April 2001, the report was distributed throughout the state. Copies were sent to all hospital administrators, long term care and home health organizations and state legislators, as well as selected individuals within the state.

Additional efforts of the Initiative focused on updating data, both on supply and demand, completion of a sample retirement survey of nurses 51-60 years of age and development of a continuing education program for nurses. This program has been presented throughout the state with the dual purpose of informing nurses of the nursing supply and demand issues, critical state demographic trends, and the health issues within the state, and soliciting their suggestions on work environment improvements. Through cooperative efforts of many health care and educational organizations and volunteer presenters, the program was offered free of charge and provided 3.3 hours of continuing education units to attendees.

Numerous presentations were also made to nursing organizations, health care organizations and IHA district hospital administrator meetings.

In the summer of 2001, Senator Harkin convened a panel of health care representatives to discuss the nurse shortage in Iowa. Bonnie Wiltse, Project Director for the Initiative, participated in the panel, presenting data from the Initiative.

In June 2001, Governor Vilsack appointed a Task Force on Nursing Shortage, co-chaired by Dr. Richard Ryan, President of Des Moines University, and Bonnie Wiltse. The Task Force reviewed recommendations from the ICON Nursing Workforce Initiative and many state and health care organizations and associations. In addition, information from other states and data from educational programs was presented to the Task Force. Recommendations were developed and sent to the Governor in September 2001. The recommendations are listed in Appendix A.

In September 2001, Eileen Gloor, Associate Director Nursing Education, Iowa Board of Nursing, and Bonnie Wiltse presented nursing supply and demand data to the legislative oversight committee. Special emphasis was made on the need to reduce documentation requirements and remove IPERS barriers for retiring nurses.

In April 2002, Governor Vilsack announced that the Iowa Department of Public Health would receive 1.1 M dollars to establish a Center for Health Care Workforce Shortages. The mission of the Center will be to assess the status of health care workforce shortages in Iowa; identify barriers to recruitment and retention; identify and test possible solutions using strategies developed at the local level to address shortages, and engage in activities that promote and assure a viable health care workforce in Iowa.

An Advisory Committee has been appointed, under the direction of Doreen Chamberlin, Bureau Chief Health Care Access. Members of the Advisory Committee are listed in Appendix B. The Advisory Committee will assist in defining the Center's activities and developing parameters for Center projects. The initial activity will include three types of projects. \$500,000 will be directed to assist employers in the development of mentor programs for RNs, LPNs, or nursing assistive personnel. \$100,000 will be used to provide incentives for nurses and nursing assistive personnel to encourage them to remain in the field. The third project, financed with \$240,000, will be directed toward demonstration projects that address strategies or models that will recruit and retain nursing personnel. The remaining funds will be used to provide staff and equipment for the Center and begin the work of developing workforce prediction models for all health care personnel.

Plans are for the Center to take on the data collection activities of the ICON Nursing Workforce Initiative, expanding to include all health care personnel.

ICON will be reviewing the current status of the Initiative and the Center to determine ICON's role in future nursing workforce issues.

Iowa Council of Nurses  
Nursing Workforce Initiative

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## NURSING SUPPLY

Information pertaining to the supply of registered nurses and licensed practical nurses in Iowa is available to the public through the Iowa Board of Nursing at [www.state.ia.us/nursing](http://www.state.ia.us/nursing). The Iowa Board of Nursing Annual Report to the Governor may be accessed by linking to General Information, then Reports. The Annual Report, including statistics and county maps, is also posted at [www.infoiowa.state.ia.us](http://www.infoiowa.state.ia.us) .

### Current Licensees in Iowa

Information comparing the number of licensed RNs and LPNs in December 2000 and January 2002 is shown in Table 1. The number of licensed RNs and LPNs who are employed in nursing for December 2000 and January 2002 is shown in Table 2. While the number of RNs licensed in this time period increased, the number employed in nursing decreased. LPNs show an increase in both numbers licensed and employed in nursing.

Table 1 Iowa Licensed Nurses

	2001	2002	Difference
RN	38,359	38,501	+142
LPN	9,357	9,655	+298

Table 2 RNs and LPNs Licensed in Iowa who are employed in Nursing

	2001	2002	Difference
RN	31,838	31,660	-178
LPN	6,745	6,910	+165

Details of RN and LPN employment status for January 2002 are shown in Table 3.

Table 3 RN and LPN Employment Status in Iowa by Number and Percentage  
Iowa Board of Nursing, January 2002

	RN		LPN	
<b>Employed in Nursing</b>	<b>31,660</b>	<b>83%</b>	<b>6,910</b>	<b>72%</b>
Nursing full-time	22,598	59%	4,988	52%
Nursing part-time	9,062	24%	1,922	20%
<b>Employed Outside Nursing</b>	<b>1,041</b>	<b>3%</b>	<b>371</b>	<b>4%</b>
Non-nursing full-time	710	2%	263	3%
Non-nursing part-time	331	1%	108	1%
<b>Unemployed</b>	<b>4,059</b>	<b>11%</b>	<b>1,977</b>	<b>20%</b>
<b>Retired</b>	<b>743</b>	<b>2%</b>	<b>93</b>	<b>1%</b>
<b>Student</b>	<b>184</b>	<b>1%</b>	<b>56</b>	<b>1%</b>

Age distribution of RNs and LPNs as of January 2002 is shown in Table 4.

Table 4 RN and LPN Age Distribution by Year of Birth and Percentage  
Iowa Board of Nursing, January 2002

Year of Birth	RN		LPN	
1921-1930 (72-81 yr)	294	0.8%	77	.8%
1931-1940 (62-71 yr)	2,526	7%	565	6%
1941-1950 (52-61 yr)	7,723	20%	1,913	20%
1951-1960 (42-51 yr.)	13,787	36%	3,085	32%
1961-1970 (32-41 yr)	9,239	24%	2,119	22%
1971-1980 (22-31 yr)	4,902	13%	1,792	19%
After 1980 (<22 yr)	19	0.05%	101	1%

### Nursing Education

The number of nursing education program admissions and graduations and performance of graduates on the national licensure examinations impact the supply of nurses in Iowa. In Iowa there are 16 associate degree and 12 baccalaureate nursing programs and 16 practical nursing programs. Admission and graduation statistics for RNs and LPNs are shown in Tables 5, 6, 7, and 8.

Table 5 Admissions to RN Programs

	98/99	99/00	00/01
AD	961	963	1013
BSN	429	434	423
Total	1390	1397	1436

Table 6 Graduates from RN Programs

	1999	2000	2001
AD	818	879	749
BSN	436	357	308
Diploma	14	0	0
Total	1268	1236	1057

Table 7 Admissions to LPN Programs

	1999	2000	2001
LPN	1170	1274	1276

Table 8 Graduates from LPN Programs

	1999	2000	2001
LPN	803	722	833

Attrition continues to be a major issue within nursing programs. AD programs averaged 16% attrition, BSN programs 22% and LPN programs 33% during the period of 1996-2001. Several factors influence attrition, including financial costs for tuition, child support and transportation, family responsibilities, academic problems, dissatisfaction with the profession and institutional admission policies.

For the first time in the past 6 years, the passing rates for first time nursing examinations showed an increase, both nationally and within the state. In 2000 the Iowa Board of Nursing established a policy that by 2003 all nursing programs must maintain a passing rate that is at least 95% of the national passing rate. In 2001 the passing rate for Iowa was 83.63 with the national passing rate at 84.19%.

In 2000 a survey of nursing faculty indicated 49% were planning to retire within 10 years. As of fall 2001, there were 24 part time and 16 full time nursing faculty vacancies within the state. Many of the nurses who have obtained their masters degree in the past 10 years have chosen clinical practice instead of education, primarily due to the increasing opportunities for Nurse Practitioners and the increased pay that position commands.

## Retirement Survey

A sample retirement survey of nurses 51-60 years of age was conducted during the summer of 2001. A copy of the retirement survey can be found in appendix C. There were 265 respondents for 3.4% of that age group. 32% of the respondents plan to retire within 5 years, 39% within 10 years and another 20% plan to work for 11 or more years. 10% of the sample were either not working or not working in Iowa. If these statistics are applied to the 7908 total number of nurses aged 51-60, we can expect to lose 6322 nurses from the workforce in this cohort alone by 2011. For the 9-year period, 1990-1999, there were 592 nurses who dropped their license annually with 807 new licenses issued annually, for an over-all increase in nurse supply of 215 per year. However by 2000, there were 2500 reported RN vacancies within the state in spite of the increasing number of nurses over the prior 9-year period. These figures indicate a major growth in the number of RN positions required within the state.

If the state loses 6322 nurses in the next 10 years, (an average of 632 per year), just from the 51-60 age cohort, we will not be adding to the RN supply as we have in the past. Table 9 illustrates the potential decrease in nurse supply for the next 10 years.

Table 9 Number of RN licenses dropped each year

1990-1999	<b>592</b> <u>actual</u> number of licenses dropped each year from all age groups
2001-2011	<b>632</b> <u>estimated</u> number of licenses dropped from 51- 60 age cohort alone

The retirement survey asked what factors would influence the nurse to continue employment. Top factors are displayed in Table 10. While the majority of respondents reported factors that cost money, (increased salary and benefits and reduced patient load), Table 11 shows that for many nurses non-monetary factors are key.

Table 10 #1 factor reported by nurses 51-60 yr. of age that would encourage them to remain employed

Salary and Benefits	119 (49%)
Flexible scheduling	42 (17%)
Realistic patient load	20 (8%)
Growth opportunities/Education	10 (4%)
Decrease documentation, Supervisor/Administration support	8 (3%)

Table 11 Number of nurses 51-60 yr. of age that cited **non-monetary** factors for continuing in the workforce

	#1 factor	#2 factor	#3 factor
Flexible Scheduling	42	59	30
Decrease documentation	8	20	28
Career advancement	4	9	8
Growth/Ed	9	24	19
Flexible Work environment	4	19	17
Congenial work group	5	22	25
Input Patient Care decisions	5	8	10
Improve Nurse/Dr. relations	2	2	8
Involved with changes	4	1	9
Sup/Adm support	4	13	25
More direct pt. Care	4	4	2
Recognition from supervisor/peers	2	8	5
Total	93	189	186

Flexible scheduling, decreased documentation, growth/education opportunities, flexible work environment, and congenial work group are the leading non-monetary factors. While there seems to be a general belief that nurses want more direct patient care, only 4 respondents in the 51-60 age group chose that as their number one factor for retention.

#### Demographic Changes

The 2000 census demonstrated a major decline in the number of people in Iowa aged 20-24 yrs. Table 12 shows a decrease of almost 100,000 people. This will greatly increase the competition in recruitment. It also mandates that the profession present a positive image to the public in order to attract talented people into nursing. Long standing issues in the work environment and low salaries will need to be addressed if recruitment is to be successful.

Table 12 Woods and Poole Economics  
2000 Iowa projection – 20-24 years of age

1970	206,295
1980	272,030
1990	196,280
<b>2000</b>	<b>177,880</b>
2010	202,760
2020	183,980

## Employer Survey

The second annual employer survey was conducted in the fall of 2001. Again, the survey was mailed to hospitals, long term care facilities, home health agencies and ambulatory clinics. Due to changes taking place at the association for ambulatory clinics, the response rate for replies was too small to be valid. Therefore data was limited to three settings.

### Vacancies

Reported and projected vacancies are included in the data. Projected vacancies are calculated by assuming that non-reporting agencies have the same vacancy rate as reporting agencies.

By combining data with the Iowa Hospital Association (IHA) a 94% return rate was obtained from hospitals. Hospitals showed a decrease in RN vacancies of 201 positions with minor changes to LPN and unlicensed nursing personnel positions. Comparison with 2000 and 2001 data are presented in Table 13.

Table 13 Hospital Employer Survey  
2000 and 2001 Comparisons

	2000 Reported	2000 Projected	2001 Reported	2001 Projected
Number of returns	111	118 hospitals	109	116 hospitals
Return rate	94%		94%	
RN	1373	1460	1184	1259
LPN	149	158	139	147
Unlicensed Personnel	364	384	334	352

Home health agencies, with a 45% return rate, showed a major decrease in vacancies for all categories. Comparison with 2000 and 2001 data are presented in Table 14.

Table 14 Home Health Employer Survey  
2000 and 2001 Comparisons

	2000 Reported	2000 Projected	2001 Reported	2001 Projected
Number of returns	84	275 agencies	94	207 agencies
Return rate	31%		45%	
RN	50	164	34	75
LPN	15	49	7	15
Unlicensed Personnel	99	324	43	95

Long term care agencies, with a 34% return rate, also showed major decreases in RN and unlicensed personnel vacancies. Comparison with 2000 and 2001 data are presented in Table 15.

Table 15 Long Term Care Employer Survey  
2000 and 2001 Comparisons

	2000 Reported	2000 Projected	2001 Reported	2001 Projected
Number of returns	147	414	145	424
Return rate	36%		34%	
RN	209	589	131	391
LPN	145	408	132	388
Unlicensed Personnel	638	1797	266	782

Total RN vacancies for the three settings decreased 488 positions or 22%. LPN positions decreased 65 or 11%, while unlicensed nursing personnel positions decreased 1294 or 52%. Tables 16, 17, and 18 illustrate the changes.

Table 16 Projected RN Vacancies

	2000	2001	Difference
Hospitals	1460	1259	-201 (14%)
Long Term Care	589	391	-198 (37%)
Home Health	164	75	-89 (54%)
Total	2213	1725	-488 (22%)

Table 17 Projected LPN Vacancies

	2000	2001	Difference
Hospitals	158	147	-11 (7%)
Long Term Care	408	388	-30 (7%)
Home Health	49	15	-34 (69%)
Total	615	550	-65 (11%)

Table 18 Projected Unlicensed Nursing Personnel Vacancies

	2000	2001	Difference
Hospitals	384	334	-50 (13%)
Long Term Care	1797	782	1015 (65%)
Home Health	324	95	-229 (71%)
Total	2505	1211	-1294 (52%)

While no reasons were given on the surveys, several changes have taken place in health care organizations over the past year that may have influenced the number of available positions. Changes to payment rates for home health services have resulted in the closing of several agencies and reduction of services in others. The increase in assisted living facilities has decreased occupancy in some long term care organizations. In hospitals the RN shortage has resulted in some bed closures and discontinuation of some services.

Future surveys will need to include questions regarding changes in the number of positions as well as the number of vacancies. These changes clearly demonstrate the need to constantly monitor the environment in which health care is delivered as we address the nursing supply.

The 2001 employer survey showed that 51% of the hospitals are using temporary staffing, up from 39% in 2000. Long term care remained at 36% with home health dropping to 12% from 15%. The increasing use of temporary staffing in hospitals indicates that even though the number of vacancies declined, staff shortages remain a critical issue—and a costly one.

### Salaries

Salaries show increases in all categories and settings, with the RN salary receiving the largest increase. Hospitals show larger increases than the other settings. Tables 19, 20 and 21 shows a comparison between 2000 and 2001 salaries. In the 2000 employer survey only the base salary was requested. In 2001 base, average, and maximum salaries were requested.

Table 19 RN Salary Comparison 2000 and 2001

	2000 Base	2001 Base	2001 Avg.	2001 Max.
Hospitals	\$13.46	\$14.51	\$17.91	\$20.92
Long Term Care	14.29	15.71	16.22	18.15
Home Health	13.84	14.31	16.64	19.44

Long term care continues to report the highest base salary, probably due to the fact that few new graduates begin their practice in those agencies and the difficulty recruiting to that setting. Hospitals show the highest average and maximum RN salaries.

Table 20 LPN Salary Comparison 2000 and 2001

	2000 Base	2001 Base	2001 Avg.	2001 Max.
Hospitals	\$9.56	\$10.24	\$12.43	\$14.23
Long Term Care	12.01	12.53	13.35	15.04
Home Health	10.58	10.83	12.28	13.31

For LPNs, long term care has the highest base, average and maximum salary, with the largest increase in base salary in hospitals.

Table 21 Unlicensed Nursing Personnel Salary Comparison 2002 and 2001

	2000 Base	2001 Base	2001 Avg.	2001 Max.
Hospitals	\$7.21	\$7.83	\$9.25	\$11.04
Long Term Care	8.06	8.30	9.19	10.50
Home Health	7.51	7.77	9.04	10.38

As with the RN and LPN, unlicensed nursing personnel base salaries are highest in the long term care setting.

Much attention has been paid to teacher’s salaries in Iowa. National rankings show Iowa teachers have moved from 40<sup>th</sup> to 35<sup>th</sup> in the nation in pay. Iowa nurses, however, rank 50<sup>th</sup> in the nation in pay. Table 21 compares nurse and teacher salary on a per work day as well as annually.

Table 22 Nurse/Teacher Pay Comparisons

	2000	2001
Teachers (187 day/yr)	\$23,000/yr \$123/day	\$26,540/yr \$142/day
Hospital Nurse (240 day/yr)	\$28,000/yr \$117/day	\$30,181/yr \$126/day

In discussions with educators on this pay discrepancy, the most frequent rationale for higher teacher salaries is that they all have a four year college education.

A major factor in the low ranking for Iowa nurses is the fact that Iowa also ranks 50<sup>th</sup> in the nation for Medicare reimbursement. With our high percentage of elderly population, this becomes a critical issue for health care employers and providers.

## **IOWA NURSES SPEAK OUT**

### **Continuing Education Program**

From the beginning of the ICON Nursing Workforce Initiative, there has been discussion on the need to bring information to the grass roots nurses and obtain their input, especially regarding changes for the work environment. Work environment issues are similar throughout the state and the various work place settings. However, the changes necessary to improve the work environment must be made at each individual organization and nurses must be a part of those changes. The nurses’ need for a congenial work force, peer support, input into decisions affecting patient care, work schedules, and work settings requires that nurses be involved and prepared to assist in making the changes necessary to provide a positive work environment, both to encourage retention and assist in recruitment.

The Initiative developed a 3 hour continuing education program for nurses. The first part of the program provides information on the supply and demographics of the nurse population, state demographics and health care needs, and the vacancies for nursing personnel. The second portion of the program focuses on obtaining the nurses input into recruitment, retention, and reduction of demand for nurses.

The state was divided into 7 districts with a volunteer coordinator for each district. The coordinator was responsible for recruiting a CEU provider to donate the CEUs and solicit organizations for space, equipment, and refreshments for the participants as well as present the program. The cooperation from educational and health care organizations was outstanding. Without exception, they were eager to assist and support the project. The number of presentations per district varied with the number of nurses within the

district, from 14 presentations to 3. Over 1000 nurses attended the presentations. All programs were provided free of charge to nurses with 3.3 hours of continuing education credit being awarded. Evaluations from those in attendance were extremely positive and the participation was enthusiastic.

In the discussions on recruitment and retention, nurses were asked to focus on suggestions other than salary and benefit increases. These were considered “givens,” things we all acknowledged were critical; the need was to determine what other activities, both individual and organizational, would improve recruitment and retention.

### Recruitment

In discussing recruitment, the primary emphasis was on how the individual nurse can assist with recruitment with discussion on the need to focus on the positives of nursing and eliminate the negative comments that are truly more due to environmental factors than the nursing profession itself.

Suggestions for individual nurse recruitment activities included:

#### Nurses sell nursing—word of mouth most effective recruitment method

- Contact school nurses—offer to talk about nursing to students
- Nurses take part in recruitment activities—health fairs, career days
- Educate school counselors- visit local schools and offer to speak to students, elementary through high school
- Promote flexibility of hours and variety of opportunities, diversity of roles, settings, technology and caring
- Provide health information and referrals to community, public
- Keep current on health care issues and nursing
- Support student nurses, mentor, encourage
- Present programs on health topics at community organizations
- Become involved in parish nursing
- Promote nursing to patients, especially young patients or those voicing an interest in nursing
- Challenge negative comments, actively promote the profession
- Be open to change, constructive input and assistance
- Develop assertive communication skills
- Mentor new graduates, be a positive role model
- Share knowledge and skill
- Be team players
- Become involved in discussing and working to change the work environment
- Volunteer to assist in job shadowing programs
- Mentor unlicensed personnel, both in nursing and other departments, encourage them to enter nursing
- Support your unit and organization, shift to shift, department to department

Other suggestions nurses made for organizations to assist with recruitment included:

- Renew the nursing clubs in high school

- Set up mentoring programs for those interested in nursing
- Nursing schools to be more flexible for students that need to work
- More financial support for nursing education
- More positive portrayal of nursing on TV
- Increase advertisements about nursing (Johnson and Johnson ads)
- Positive messages on pins, shirts, etc. promoting nursing
- Survey high school students to see:
  - What influences them in making career choices?
  - What knowledge do they have about health care careers in general and nursing in particular?
  - What factors would influence them to choose nursing as a career?

### Retention

Nurses were asked to identify those things that both the individual nurse and the organization could do that will increase retention of staff.

Activities individual nurses can do to increase retention include:

- Use humor in the workplace
- Positive acknowledgement of others
- Mentor new personnel including unlicensed support personnel, include in social activities
- Positive attitude and conversation, challenge negative comments
- Support peers, promote a teamwork philosophy
- Seek input and participation in changes
- Take initiative to solve problems, not just identify them
- Promote social activities, potlucks, special holiday events
- Learn to prioritize and delegate
- Initiate a “morale booster” project with positive posters, pins and shirts promoting nursing, etc. (By unit, by organization, or total nursing focus)
- Serve on committees that can make changes to the environment, system

Organizational changes that would increase retention include:

- Education and assistance to staff to develop assertive and delegation skills
- Evaluate nursing activities
  - Identify tasks that can be delegated to nursing support staff
  - Identify tasks that rightly belong to other departments or services and transfer responsibilities
- Investigate Shared Governance models, using staff input and implement systems that make sense in individual organization (increase nurse input into decisions and nurse autonomy)
- Implement nursing focus groups to identify dissatisfiers and develop action plans to address
- Flexible staffing options

- Day care
- Employee recognition programs
- Improve skills and knowledge of managers
- Improve documentation
  - Eliminate duplication
  - Investigate charting systems
  - Bedside computers
  - Nurse friendly computer systems
  - Increase standing orders, standard care plans, flow charts, etc.
  - Expand charting responsibilities for LPNs and NAs
- Develop preceptor programs, consider using retired expert clinical nurses
- Investigate use of volunteers, additional support staff
- Develop and implement “zero tolerance for verbal abuse policy” for all staff and physicians
- Increase administrative support and recognition
- Separate salary and benefits, let staff select
- Develop plan to reduce overtime
- Bonus for retention, attendance
- Phones for nurses
- Institute resource nurses or crisis nurses to float to areas to help for short periods of time during crises

### Work Reduction

One of the most challenging discussions was on how the work of nursing could be reduced or streamlined in order to provide more nursing time for patient care, thus reducing the number of nurses required. Suggestions included:

- Critically evaluate the tasks that take nurses away from patient care and streamline, eliminate, transfer as appropriate. Areas for evaluation included:
  - Documentation
  - Phone calls
  - Orienting new staff
  - Determining staffing needs
  - Personal phone calls
  - Lengthy reports, committee meetings
  - Non-nursing tasks, such as cleaning rooms, getting supplies, lab draws
  - Errands
- Suggestions included:
  - Improved delegation skills
  - Additional clerical support
  - Standard care plans
  - Charge nurse availability to take phone calls, help with patient issues
  - Decrease duplication in documentation
  - Charts that travel with patient from setting to setting
  - Effective nursing assistive personnel
  - Med aides for Long Term Care

Streamline patient education systems, interpreter available  
Equipment issues included:  
Accessibility, regular maintenance  
Lifts for patients  
Beds that turn and weigh patients  
Fax availability  
Transport help  
Lack of bedside computers

Hassles and obstacles that nurses encounter:  
Human errors and communication problems  
Covering other departments, especially evenings, nights, weekends  
Other departments wanting your patient  
Duplicative charting—Oasis requirements  
Computer trouble  
Patient load  
Discharging patients  
Unavailable supplies and drugs  
Poorly designed systems, including physical facilities  
Low on-call pay  
Lack of public understanding of nurses role and responsibilities, low supply of nurses

Nurses were then asked to identify those tasks that are frequently left undone on busy days. These included:

Patient education  
Activity  
Personal care/comfort measures  
Pt/nurse communication  
IV tubing changes

At the conclusion of the program, nurses were asked to identify those top factors that make nursing enjoyable. Those named included:

Patient Care—number one factor  
Congenial staff—number two  
Knowing I made a difference  
Positive feedback from peers, administration, physicians  
Humor  
Diversity of job, challenges, always learning

It was apparent from the participation in the programs, that nursing is alive and well in Iowa. While all had experienced frustration and disappointment, it was not nursing, but the environment in which nursing is practiced that is the major issue. Participants recognized that nurses are a part of the shortage problem and must be a part of the

solution. There was a general willingness to work with administration and management to improve the work environment in order to recruit and retain nurses and ensure an adequate supply of nurses in the future.

### Summation

The ICON Nursing Workforce Initiative began July 1999. During the past three years the issue of the nursing shortage has gained much attention throughout the state, partly due to the Initiative. Many organizations and legislators are using the information gathered by the Initiative to develop innovative programs and approaches to the shortage issue. It is critical that leaders in health care organizations and associations continue to work with their constituents to encourage solutions to work environment issues.

The CEU programs for nurses provided many suggestions that administrators and managers can use to develop changes within their organizations. It is important that nurses be part of that change process. Those nurses attending the programs are eager to become involved and will provide the reality checks necessary to ensure that proposed solutions are truly ones that will improve the work environment without detracting from the quality of patient care.

This report is available for viewing on the Iowa Board of Nursing web page at [www.state.ia.us/nursing](http://www.state.ia.us/nursing) .

## **APPENDIX**

- A. Governor's Task Force on Nursing Recommendations
- B. Center for Healthcare Workforce Advisory Committee
- C. Retirement Survey

Advisory Committee Center for Healthcare Workforce Shortages

Doreen Chamberlin, Iowa Department of Public Health, Des Moines, Chair

Di Findley, Iowa Caregivers Association, Des Moines

Linda Goeldner, Iowa Nurses Association, Des Moines

Jo Ann Chapman, Visiting Nurse Association, Waterloo

Rene Iannarelli, Home Care Services, Burlington

Lorinda Inman, Iowa Board of Nursing, Des Moines

Julie McMahon, Iowa Department of Public Health, Des Moines

Gail Meyer, Iowa Hospital Association, Des Moines

Dan Steen, Calvin Community, Des Moines

Anita Stineman, ICON Nursing Workforce Initiative, Iowa City

Janet Welker, McFarland Clinic, P.C., Waterloo

Bonnie Wiltse, ICON Nursing Workforce Initiative, Correctionville

Jean Logan, Iowa Association of Colleges of Nursing, Des Moines

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Donna Orton, North Iowa Area Community College, Mason City

Toni Detch, Iowa Workforce Development, Des Moines

Anne Kinzel, Iowa Department of Public Health, Des Moines

Sandra McIntosh, Iowa Council of Nursing, Cedar Rapids