

Oral Statement to the
Health and Child Care Issues Evaluation Committee
By Ernest Klein, Jr., CAE, Executive Director
Indiana State Nurses Association
October 21, 2003

Representative Day, members of the Committee: Thank you for the opportunity to speak on behalf of the Indiana State Nurses Association regarding the status of the shortage of nurses. ISNA is celebrating 100 years of advocating for the profession. We represent registered nurses in all practice settings and educational levels.

I presented testimony to the Health Finance Commission in September 2001 regarding the shortage of nurses at the bedside. I have copied that Executive Summary for you, as the concerns raised then are still valid today.

Since September 2001 though, there have been a few changes.

The Nurse Reinvestment Act was passed by Congress and signed by the President Bush in 2002. It provided for:

- Loan repayment programs and scholarships for nursing students;
- Public service announcements to encourage more people to enter the nursing profession;
- Career ladder programs for those who wish to advance within the profession;
- Best practice grants for nursing administration as modeled after the American Nurses Association/American Nurses Credentialing Center's magnet program;
- Long-term care training grants to develop and incorporate gerontology curriculum into nursing programs; and
- A fast-track faculty loan repayment program for nursing students who agree to teach at a school of nursing

Unfortunately, the Nurse Reinvestment Act was not fully funded. Just last month the Senate approved an amendment to the Health and Human Services Fiscal Year 2004 appropriation bill, which would provide \$50 million for the Act. These funds were not included in the House version of the appropriations bill. Currently, as members of a House-Senate conference committee meet, the funding status of the Act is uncertain.

We have also seen an increase in recruitment efforts, including the "Campaign for Nursing's Future" sponsored by Johnson & Johnson. Because of those efforts and, perhaps, due to the economy, we have seen a dip in the Indiana hospital RN vacancy rates and an increase in student enrollment and graduation.

Last month I, along with Rep. Peggy Welch and Dean Farley, attended a conference convened by the National Conference of State Legislatures **Nursing Education and State Policy: Making the Partnership Work to Address the Nursing Shortage**. The conference was sponsored with the collaboration and support of the National Center for Health Workforce Analysis, BHP/HRSA. The two-day meeting brought together state legislators and representatives from employers, professional associations and nursing faculty.

Despite some recent gains in the United States in the number of students enrolled in nursing education programs, several obstacles remain for states trying to expand enrollment. These include:

- Lack of state funding
- Rising costs
- Changing needs for clinical training
- Capacity limitations due to an insufficient number of courses such as anatomy and physiology
- An inadequate number of labs and classrooms
- Faculty shortages

In fact, the capacity of many nursing schools to educate a sufficient number of nurses is flat or shrinking. Several nursing education programs in Indiana have not been able to admit all qualified students that have applied due to limited capacity. All of this is occurring at a time of increasing nurse attrition and greater demands for nursing care.

Conference participants discussed the challenges and opportunities for nursing education to better address state nurse workforce needs, including:

- The need for qualified faculty is critical.
- Many employers are partnering with schools of nursing to provide funding, shared staff for faculty appointments, and clinical laboratory space.
- Nursing education is expensive and state legislators should consider funding for education and faculty salaries as an economic development issue – an investment in the future.
- Employers want and need staff educated at all levels, including masters and doctoral preparation.

A study published September 24, 2003 by the Journal of the American Medical Association (JAMA) concludes that surgical patients had lower mortality rates in hospitals with higher proportions of nurses educated at the baccalaureate level or higher. Retention remains a large issue. A preliminary review of the 2001 Indiana RN survey indicates that only 60 percent of RNs renewing their licenses are actively practicing in Indiana. This seems to indicate that more efforts need to be focused on workplace issues such as safety, prevention of workplace injuries, adequate staffing levels and elimination of mandatory overtime. Many employers are working toward that goal. It is very expensive to continually recruit and orient new staff to fill vacancies.

One development regarding the improvement of nurses' work environment has been the Magnet Accreditation Program by the American Nurses Credentialing Center (ANCC). This program has successfully raised the standards of nursing practice and improved patient outcomes. Although there are close to 90 organizations that have received the magnet designation nationally, Indiana has only one – Columbus Regional Hospital – which received the designation earlier this year. Several more hospitals have begun the

application process, and I know of several others which are working toward completing the application or, at least, incorporating some of the components in their facilities.

Characteristics of a Magnet Facility include:

- Strong administrative and organization support for nursing practice.
- Adequate nurse staffing.
- Strong nurse-physician communication and relationships.
- Nurse autonomy and accountability.
- Control over nursing practice and practice environment.
- Paramount focus on the patient and patient's family.

The 2001 RN Survey raises another issue. The Health Professions Bureau is completing the biennial 2003 RN license renewals, yet the data from 2001 is just now being published. The Indiana Health Care Professional Development Commission was created by the General Assembly in 1995 to look at health care professional data and to make recommendations to improve numbers and distribution. However, this Commission has not been funded. It is only because the Commissioner of Health was able to reallocate funds from several different budgets that the 2001 RN survey was completed and analyzed--but the results have still not been published.

Another study, **Workforce Gaps in the Indiana Health Industries**, published this July by the Health Industries Forum, identifies the need for consistent and expanded data collection and analysis to successfully address workforce issues in the health industries.

Conclusion:

1. The supply of registered nurses is not keeping up with the demand.
2. Some schools of nursing are now at capacity. Finding, educating, and retaining qualified nursing faculty is a critical issue.
3. There is a need for consistent, ongoing data collection and analysis of health care workforce.
4. Investment in baccalaureate and higher education for registered nurses will lead to significantly better patient outcomes.

October 20, 2003