



Special Senate Commission to Undertake a
Comprehensive Study of the Projected Nursing
Shortage in the State of Rhode Island

Findings and Recommendations

Report Submitted to the
Rhode Island State Senate

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TABLE OF CONTENTS

Commission Membership	4
A Letter from Senator James E. Doyle and Lynne M. Dunphy, PhD	5
Executive Summary	6
Findings	7
Rhode Island Faces a Significant Projected Nursing Shortage	7
Schools of Nursing in Rhode Island are Currently at Full Capacity And Cannot Meet Instructional Demand	8
Salaries for Nursing Educator Faculty in Rhode Island Lag Behind Neighboring States	9
Increasing Nursing Educator Faculty Will Increase Instructional Capacity and Grow the Supply of Qualified Nurses	10
Recommendations	11
Legislative	11
Passage of the Rhode Island Nursing Educator Tax Credit	11
Increase Nurse Educator Salaries to Levels Competitive with Neighboring States	12
Prioritize Increased Funding to Current Nursing Programs Within the Higher Education System	12
Encourage Capital Projects to Expand Facility Capacity	13
Commission an In-depth Report to Forecast Trends in Nursing Educational Capacity in the State of Rhode Island	14

Develop Incentives for Health Care Institutions to Partner with Higher Education	14
Explore and Encourage Best Practices in Simulation Laboratory and Distance Education	15
For Further Consideration and Discussion	16
Advancement in Nursing Education Act	16
Support Nurses with Non-Nursing Masters Degrees To Become Clinical Educators	17
Discuss Best Practices For Increasing Diversity Within the Nursing Workforce	17
Safe Staffing Principles for the Nursing Profession	18
Senate Resolution Creating a Special Senate Commission To Undertake a Comprehensive Study of the Projected Nursing Shortage in the State of Rhode Island	19



**Special Senate Commission to Undertake a Comprehensive Study of
the Projected Nursing Shortage in the State of Rhode Island**

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Senator James E. Doyle and Lynne M. Dunphy, PhD

Co-Chairs of the Senate Commission to Undertake a Comprehensive Study of the Projected Nursing Shortage in the State of Rhode Island

We are pleased to present these findings and recommendations on the projected nursing shortage in the state of Rhode Island. This report represents the best thinking of a distinguished and dedicated Commission whose membership consisted of elected officials, educators, leaders of higher education, heads of nursing schools within Rhode Island, representatives of nursing professionals, long-term care providers, hospitals, and departments within state government. Over the course of several hearings, Commission members heard informed testimony, examined the current and projected nursing shortage in the state and its impacts, reviewed best practices in increasing nursing faculty and nursing education enrollment, and considered the most reasonable and effective means to increase the number of skilled and qualified nurses in the state of Rhode Island.

Ultimately, our study found that there are several reasons for the state's projected nursing shortage, more particularly the physical and professional limitations within Rhode Island's nursing education programs. Each year, many students are put on waiting lists or are turned away from public and private schools of nursing because of space limitations or, more frequently, due to an insufficient number of available qualified teaching faculty. The Commission found that increasing the amount of high-quality nursing educators is critical to growing the number of new skilled nursing professionals in the state - improving the quality and availability of healthcare, encouraging a more diverse nursing workforce that better reflects the patient population, lowering staffing costs for area health providers, and providing an economic boost to the state. For every one-dollar in investment made in additional nursing education faculty, the state stands to receive countless more from the additional nurses it is able to enter into the high-skilled, high-wage, healthcare industry... adding to the tax revenue of the state.

We are grateful to every member of the Commission for their willingness to take part in these discussions. We also appreciate the many experts who took time to appear before the Commission and who contributed to our understanding of the challenges and opportunities facing the nursing profession and the healthcare industry.

We offer these findings and recommendations with confidence that we can increase the number of nursing professionals in the state of Rhode Island and successfully avoid a potential crisis posed by the projected nursing shortage. If implemented correctly, the Commission's recommendations will grow and sustain a skilled nursing workforce that can respond to the healthcare challenges of the 21st century.

Sincerely,

Senator James E. Doyle
District 8- Pawtucket

Dr. Lynne M. Dunphy, PhD
Routhier Chair, College of
Nursing, URI

EXECUTIVE SUMMARY

On May 8, 2008, Senate Bill 2955 was passed by the Rhode Island Senate creating the Special Senate Commission to Undertake a Comprehensive Study of the Projected Nursing Shortage in the State of Rhode Island. The Commission, co-chaired by Senator James Doyle (District-8, Pawtucket) and Dr. Lynne M. Dunphy, Professor of Nursing & Routhier Chair of Practice at the College of Nursing at the University of Rhode Island, was authorized to study all aspects and implications related to the projected nursing shortage in the state of Rhode Island, including but not limited to: strategies to increase the number of qualified faculty within Rhode Island nursing education programs, methods to increase the maximum enrollment capacity within the state nursing programs, and incentives for individuals to enroll in nursing programs and remain in the State of Rhode Island. On January 29, 2009, Senate Bill 0159 extended the expiration date of the Commission to June 30, 2009. The Commission was charged with presenting its findings and recommendations to the Senate on or before March 31, 2009. This document represents the final report of the Special Legislative Commission.

Each member of the Commission, along with others who provided testimony, presentations, opinions, and assistance to the Commission, have been instrumental in preparing this document through a series of hearings and commission meetings.

When implemented, the Commission's proposals and recommendations contained herein will help eliminate the projected nursing shortage in the state of Rhode Island. By providing tax incentives for nursing professionals to become or remain nursing educators, and increasing infrastructure capacity at our public institutions for nursing instruction, Rhode Island can increase its available supply of qualified nursing professionals; improving health care quality and availability, increasing diversity within the nursing workforce, lowering the staffing costs of health care facilities (by reducing the need for expensive contract labor), and boosting the Rhode Island economy by aiding the continued growth of a high-skill, high-wage industry.

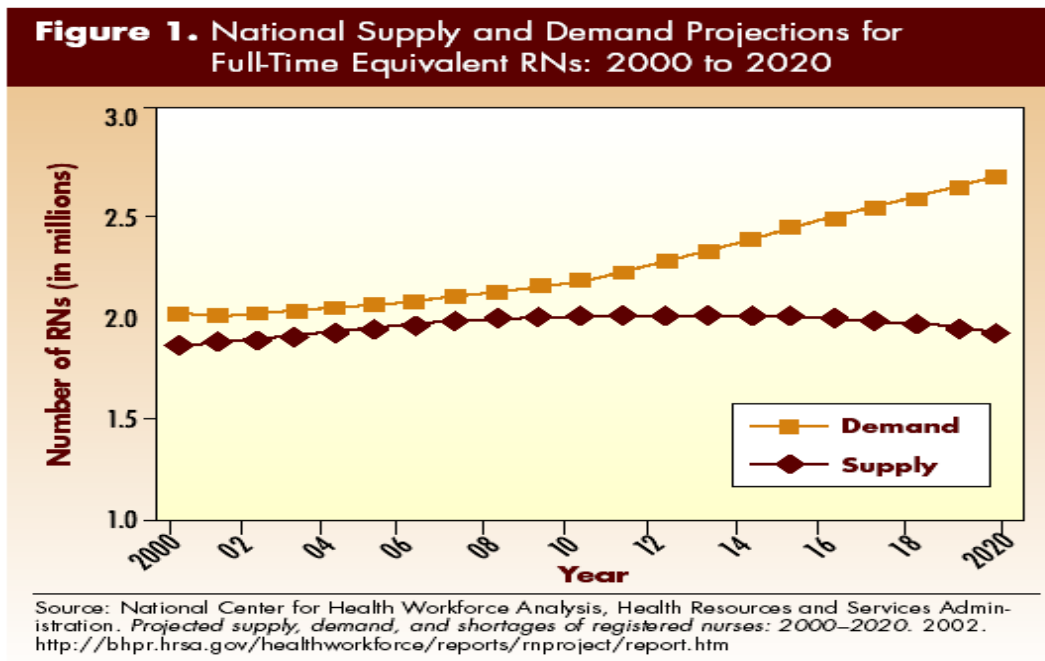
The members of the Commission consider passage of the Rhode Island Nursing Educator Tax Credit outlined herein as the most immediate step toward increasing the number of qualified nursing educator faculty, growing instructional capacity, and increasing the supply of skilled nurses, in the state of Rhode Island.

FINDINGS

- **Rhode Island Faces a Significant Projected Nursing Shortage**

Through professional testimony, the Commission learned that, at current educational and professional capacity (2008), the state of Rhode Island faces a projected shortage of over 1,800 Registered Nurses by the year 2010 and a further projected shortage of 6,500 Registered Nurses by the year 2020¹. The shortage comes at a time when demand on the state's healthcare system is expected to increase dramatically, as the aging baby boom population places additional pressure on an already over-taxed system. This occurs in the face of mass impending retirements of skilled and experienced nurses and nurse educators. Furthermore, a shortage of qualified nurses has already significantly increased the staffing costs of healthcare centers and indirectly raised the cost of care as management is forced to pay overtime wages, recruitment costs, and hire contract nurses at exorbitantly higher cost, creating an inflationary spiral.²

The Commission further learned that Rhode Island is not alone in facing the pending nursing shortage crisis and that the entire nation can expect to endure a significant shortage of skilled nursing professionals, and a resulting healthcare crisis, unless states take immediate action. Despite the fact that the current economic climate has caused declines in nursing vacancy rates in some health care settings, economic experts still believe there will be an accelerating nursing shortages unless serious, sustained action is taken.³ This is related to the age of many nursing professionals and nurse educators, many of whom are at, or near retirement.



¹ SHAPE II Nursing Survey Study. Harris Interactive and Booz-Allen analysis, Team lead by Dayle Joseph, 2004

² Lifespan Labor Forecast April 2007, April 2007. Prepared by Cynthia Scott with assistance from B. Carroll, V. Martins, & C. Garon

³ Buerhaus, P. "The Current and Future Nurse Workforce, Quality of Care, & the Emergence of Economic Accountability." Presentation Dec. 12, 1008, Massachusetts Org of Nurse Executives, Burlington, MA

Additionally, future health care reforms are expected to increase the demand for nursing professionals on all levels. Proposals in this state, for example, recommend decreasing the number of older adults in skilled nursing facilities with an emphasis on placement in appropriate de-institutionalized settings; some believe this shift will necessitate increases in skilled nursing staff to monitor and support this transition.

It should be noted that the recent economic downturn facing both the state and the nation has significantly impacted the health care system and the immediate demand for nursing professionals. Nurses facing retirement may choose to stay in the workforce longer, and hospitals are, in some instances, reducing their current nursing staff. While the full impact of this change remains to be seen, the Commission nevertheless believes the projected nursing shortage will remain and continue to grow without an effective response.

- **Schools of Nursing in Rhode Island are Currently at Full Capacity And Cannot Meet Instructional Demand**

The Commission heard compelling testimony from the heads of every program of nursing in the state regarding the increases in numbers of students that they have admitted and graduated as well as the countless others they were forced to turn away due to lack of physical capacity and faculty shortage. Each year, many students eager to enter Rhode Island nursing programs and join a high-wage, high skilled career track are put on waiting lists, often forced to wait several semesters before they are able to enter the program.⁴ Many of these students pursue their education in other states, or give up their pursuit altogether.

The nursing shortage is not new and the state of Rhode Island has taken a number of proactive steps over the past decade. Dayle Joseph, Dean of the College of Nursing at the University of Rhode Island chaired an important nursing survey called SHAPE II in 2004. Supported by Blue Cross of Rhode Island in concert with the Hospital Association of Rhode Island (HARI); Harris Interactive and Booz-Allen conducted a survey which laid out a grim picture of future shortages and shortfalls in skilled nursing services for the state, reflective of national trends. This important survey received statewide attention and in response, *all* nursing programs in the state have increased their educational capacity and admitted increasingly larger classes. The number of qualified students, many of whom already have existing degrees in other disciplines, has continued to grow as nursing is seen as an increasingly desirable career choice. Salaries for nurses have continued to rise, driven by market demand, and the flexibility of work schedules and career choices within nursing have been widely



⁴ Projo.com January 2006 http://www.projo.com/business/content/projo_20060122_nurse22x.2f49006.html

publicized. It has taken several years for the output from schools to translate to the workforce, and the number of applicants has begun to level off. This is further reflective of national trends and related to the long waits potential applicants must endure to obtain admittance⁵.

Nursing programs within the state are at the breaking point – they can not meet instructional demand without additional assistance and qualified faculty. URI for example, saw the retirement of 8 *faculty members* at the end of Spring semester 08. This was due, in part, to state entitlement changes in the future of health benefits for retirees as well as a financial incentive for early retirement. *None of these nursing faculty have been replaced with fulltime faculty related to state budget shortfalls.* Given the age of nursing faculty (an average age of approximately 58 years across institutions), this trend is expected to accelerate⁶. Testimony to the Commission by URI Professor Matthew Bodah, PhD, Schmidt Labor Research Center, described the number of existing faculty positions as well as projected shortfalls related to pending retirements. These numbers are dire.

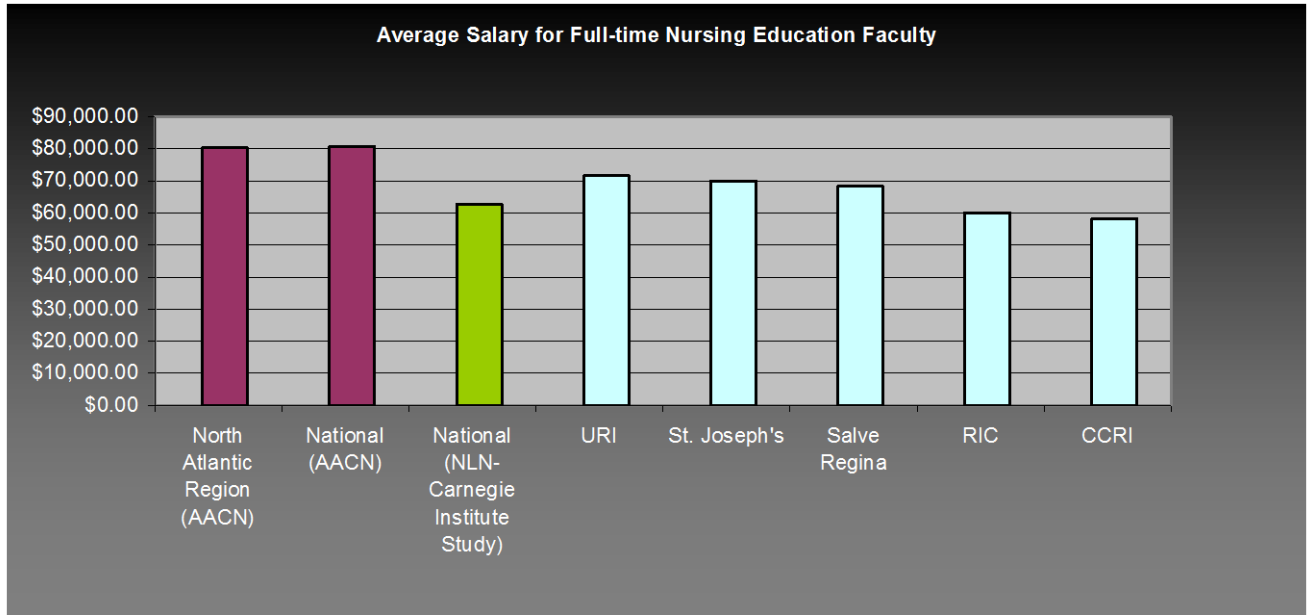
- **Salaries for Nursing Educator Faculty in Rhode Island Lag Behind Neighboring States and What is Offered in Nursing Practice**

The Commission further learned that even if salary allocations to educational institutions were increased, it still remains doubtful that all positions would be able to be filled. This is related to several trends, most of which reflect national trends, and some that are Rhode Island specific. Salaries for Registered Nurses have greatly increased over the last 10 years, driven by market demand. Some experienced nurses can command up to \$80,000 per year, depending on their qualifications and placement settings, and nurses with additional education may make even higher salaries. Nurse Practitioners may make between \$70 – 150,000 per year depending on the practice setting, Nurse Anesthetists can command between \$150,000 to over \$200,000; Nurse Administrators may make \$135 – 180,000, and PhD prepared nurses employed as Quality and Safety experts may be paid approximately \$200,000 per annum in settings such as academic medical centers. In comparison, PhD-prepared nursing *education* faculty salaries nationwide fall far behind this.⁷ A new Assistant Professor with a PhD may make \$63,000 in a University setting, and a nursing instructor, with a Masters degree, who is more likely to be employed in a community college setting, or as a “lecturer” in a university setting, may begin at \$45,000 in the state of Rhode Island. Equivalent positions in other northeastern states, specifically neighboring Massachusetts and Connecticut, routinely make \$15 – 20,000 *more* in public institutions of higher education and significantly more than that in private institutions. Furthermore, it is well-documented nationally that nursing, a profession dominated by women, begins with a significant wage-depression in general, related to gender inequities.

⁵ National League for Nursing (NLN) and American Association of Colleges of Nursing (AACN) data, 2008

⁶ Matthew Bodah, statewide data obtained for supply-demand model – in process 2008-9

⁷ AACN faculty salary data, 2008; AAUP data 2008



Sources: American Association of Colleges of Nursing. "2007-2008 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing". Pp. 72.

Rhode Island Data as Reported by the Rhode Island Board of Governors for Higher Education for Current Fulltime Nursing Faculty at Public and Private Schools of Nursing, 2008

National League for Nursing. NLN-Carnegie Study of Nursing Educator Compensation, 2007. <http://nlm.allenpress.com/pdfserv/i1536-5026-028-04-0223.pdf>

Note: Data for North Atlantic and Nation-wide are public universities and combine the average of Doctoral and Non-Doctoral Salaries, 2008; RI School data reflects all full-time nursing faculty, regardless of status or qualification, 2008. NLN-Carnegie data reflects for all survey respondents, regardless of qualification, or full-time, associate, assistant, or part-time status.

- Increasing and Retaining Nursing Educator Faculty Will Increase Instructional Capacity and Grow the Supply of Qualified Nurses**

The market for qualified nurses is most certainly here. Unlike other high-wage industry sectors, demand does not need to be created. Potential students are leaving the state to attend nursing programs in nearby states, where there is more faculty and program capacity. Once there, students are more likely to seek employment in these states, where salaries are also higher.

To keep future nurses in the state, Rhode Island must increase the number of nursing program graduates; to increase the number of nursing program graduates, Rhode Island must increase program capacity; and to increase program capacity, the state must increase its number of nursing educators. Turning away students who wish to enroll in nursing education programs, or placing them on lengthy waiting lists, is no longer acceptable given the pending nursing shortage crisis facing the state. For example, in 2004, nearly 3000 individuals applied to Rhode Island Schools of Nursing, yet only 737 students ultimately were enrolled⁸. Most of the schools of nursing surveyed reported faculty shortages as the primary reason why they cannot admit more nursing students. To keep up with projected shortages, Rhode Island must increase its output of nursing professionals by 40%⁹. To reach this especially high figure, the state must grow and retain more high-quality nurse educators. Doing so will increase 'seat capacity' within state programs, and allow Rhode Island to enroll, graduate, and employ more critically needed nurses.

⁸ 'Expanding Nursing Educational Capacity: A Rhode Island Initiative' PowerPoint Presentation. Lynne M. Dunphy

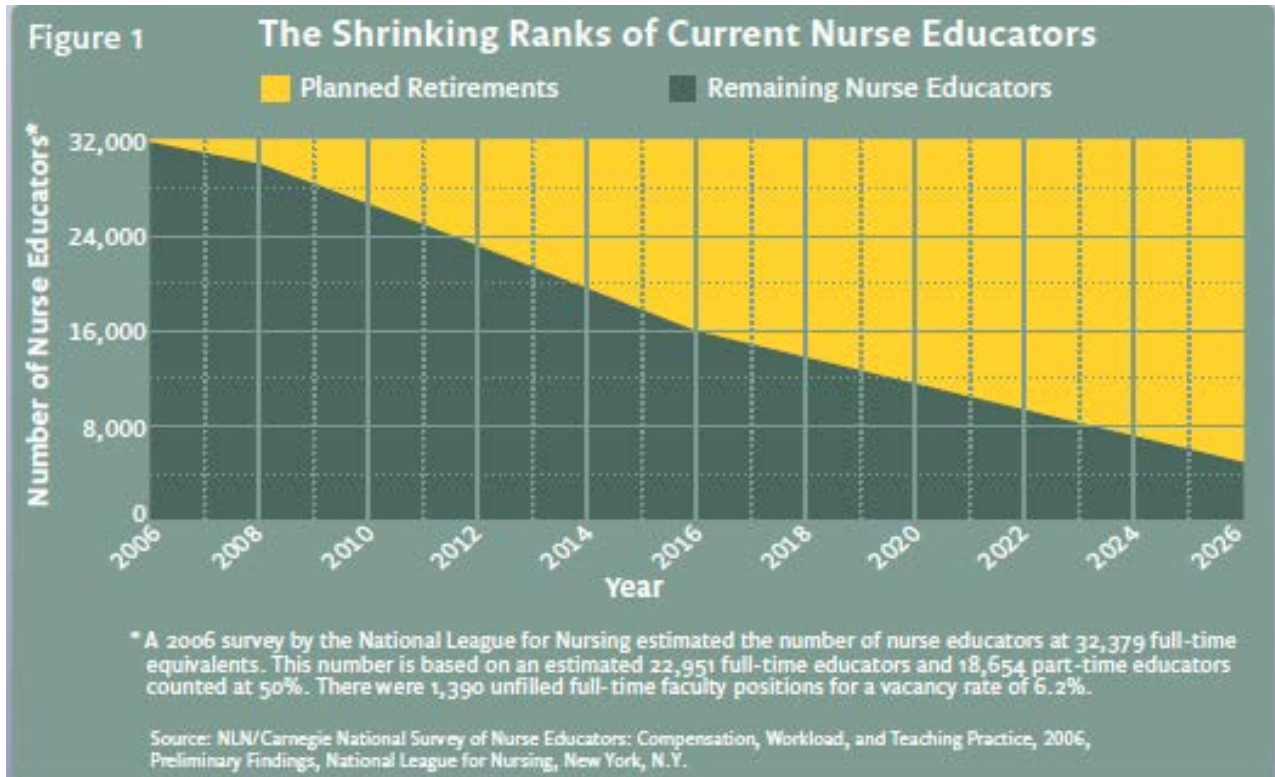
⁹ Ibid.

RECOMMENDATIONS

1. For Immediate Legislative Consideration:

❑ **Passage of the Rhode Island Nursing Educator Tax Credit**

Public and private schools of nursing in Rhode Island face severe competition from both neighboring states and the nursing practice sector for fulltime nursing faculty. Depending on their qualifications and their placement setting, a practicing nurse can earn an average of up to \$80,000 per year or higher, compared to the current average of around \$55,000 per year for a nursing educator in the state of Rhode Island. Furthermore, a nursing educator in the neighboring states of Massachusetts and Connecticut can earn an average of around \$70,000, compared to the average salary of a nursing educator in Rhode Island. Research indicates that for every nursing faculty hired, nursing programs are able to increase capacity by approximately 10- 15 seats. The Commission recognizes the state’s current financial situation and recognizes the difficulties in directly increasing nurse educator salaries given current budget constraints. Therefore, *the Commission recommends that the state of Rhode Island offer a \$3,500 nonrefundable tax credit to any masters-educated nurse who chooses to become, or remain, a full-time nursing educator in a nursing education program within the state of Rhode Island.* The tax credit will provide a tangible financial incentive for qualified nurses to teach the profession and has the potential to grow the number of available new nurses within the state. The Commission is confident that the Nurse Educator Tax Credit program will result in a net increase in tax revenue as any costs associated with granting the credit are offset, and super-ceded, by the increased number of high-wage, high-skilled nursing graduates that enter the workforce and contribute to the Rhode Island tax base.



2. Increase Nurse Educator Salaries to Levels Competitive with Neighboring States

This recommendation is critical both from a public health and safety perspective and an economic development one as Health Care is the states *number one* industry. The Commission heard passionate testimony from health resource professionals such as Lifespan VP Brandon Melton, as well as others that outlined the severe shortages facing all aspects of the healthcare delivery system, specifically the long-term care industry. Rhode Island needs a well-educated nursing workforce, and while the industry has stepped up to the plate with a variety of innovative partnerships to help expand nursing educational capacity. The problem can only be solved through a serious and sustained commitment to salary equity for nursing faculty and nursing educational leaders within the state of Rhode Island. ***The Commission recommends that the state prioritize raising the salaries of nursing educators to levels comparable to those found in the nursing practice and in neighboring states.***

3. Prioritize Increased Funding to Current Nursing Programs Within the Higher Education System

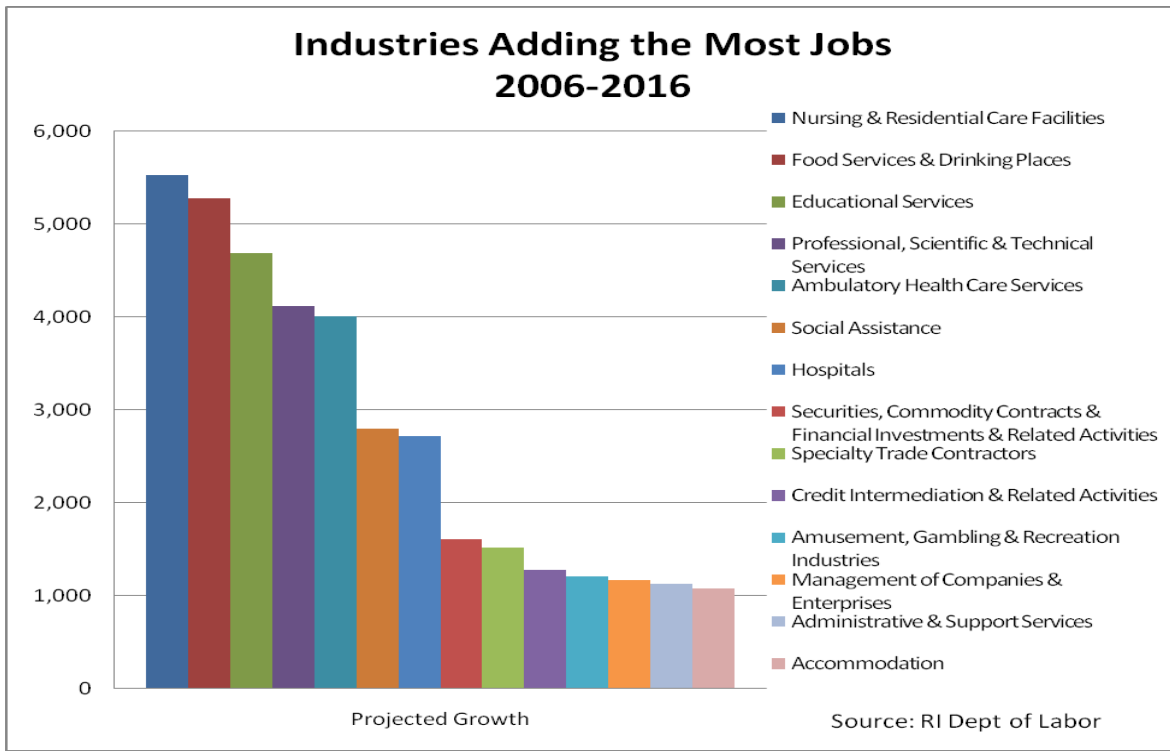
In light of the state's difficult budget environment, higher education remains severely underfunded. At the same time, the need for a knowledge-based, higher-salaried job base for the state is well supported by numerous economists,¹⁰ with health care positioned as the state's *number one* industry, and



Nursing as the *only job sector in the state projected to demonstrate growth*. Furthermore, the pending mass retirements of large numbers of the 'baby boom' generation, while delayed and altered significantly by the recent economic downturn, still represents a potential 'tsunami' facing both the state, and national, health care system. Increasing funding and nursing educational capacity within Rhode Island is a win-win for all – the state economy gains knowledge-based, better paying jobs, which add significantly to the tax base, and the increasingly aging population of Rhode Island receives quality, efficient, and potentially less costly health care with the full-inclusion of an educated nursing workforce.

The Commission recommends that Rhode Island prioritize increased funding to state nursing education programs as soon as is fiscally possible.

¹⁰ Governors Economic Summit, November 11, 2008



4. Encourage Capital Projects to Expand Facility Capacity

The Commission made special effort to hold hearings and visit some of the sites that house the state’s nursing educational programs, specifically Rhode Island College School of Nursing. Antiquated laboratory settings were viewed, as well as small instructional settings and even smaller professional office space. Investments in technology and facility expansions are critical



to the future of nursing education in Rhode Island. Technology investments range from advancements such as “smart classrooms” which integrate new educational technologies for teaching, to the addition of much needed equipment such as “Sim-Man”, a portable and advanced patient simulator which represents the cutting edge of simulation education.

The three public institutions of higher education are achieving incredible results given their physical and financial limitations, however there are limits to what these schools of nursing can accomplish with such aging and limited instructional space. For example, White Hall, where the College of Nursing is housed at URI, was constructed in 1971. The School of Nursing at Rhode Island College is housed in a building that is even older. Furthermore, most of the state nursing education facilities are located a significant distance from the downtown Providence area, where most of the state’s hospitals are located. In concert with the afore-mentioned investments in instructional faculty, *the Commission recommends that the state of Rhode Island prioritize capital projects within the state institutions of higher education that expand the access to, and quality and availability of, nursing instruction.*

5. Commission an In-depth Report to Forecast Trends in Nursing Educational Capacity in the State of Rhode Island

This report, *An Assessment of Nursing Educational Capacity in the State of Rhode Island*, is already funded and in process. It is anticipated for release in April 2009. It is being carried out by Lynne M. Dunphy, PhD, Routhier Chair, URI, Jane Williams, PhD, Dean, RICSON, Matthew Bodah, PhD, Associate Professor, Schmidt Labor Research Center, URI, and Jean Marie Rocha, MPH, RN, V/P, Clinical Affairs, Hospital Association of Rhode Island with financial support from the Rhode Island Area Health Education Center (AHEC), as well as support from the newly established Rhode Island Center for Nursing Excellence newly funded by a Department of Commerce Economic Development University Center award. This report will provide a more detailed and comprehensive overview of nursing educational capacity within the state. Based on existing data (Shape II and the Lifespan Labor forecast of Summer 2007) as well as the collection of new data from HARI, all the educational institutions themselves, Commissioner Warner's office, the State Board of Nursing, and the Department of Health, a supply and demand model as related to projected need for Registered Nurses and the number of available faculty necessary to support that need will be generated. This will take into account ages of faculty, potential retirements and the like and will thus provide a blueprint for the future of nursing education and its impact on the supply of Registered Nurses for the state.

6. Develop Incentives for Health Care Institutions to Partner with Higher Education

Health care providers and institutions have taken a keen interest in the nursing shortage as the lack of qualified 'home grown' nursing professionals has forced these bodies to incur significant costs in the form of recruitment, overtime payments, and additional training. For their part, many providers have partnered with the state to offer new and innovative learning environments to help increase the availability of high quality nursing instruction. These public-private partnerships play a key role in addressing the nursing shortage; providing new and different methods of access and instruction, and offering outreach to populations that have been traditionally under-represented in the nursing profession. The Commission believes that appropriate, high-quality partnerships between the state and private industry sector has the potential to increase the availability of nursing professionals at a comparatively lower cost to the state. To encourage the expansion of such partnerships, *the Commission recommends that the state explore the development of financial incentives, such as a Health Care Education Partnership capital fund to encourage organizations to partner with the state in offering nursing instruction and education.* While the exact details of such a program are not yet defined, one proposal suggested creating a capital fund specifically designed to obtain matching funds from private/non-profit partners by leveraging a state share. Any incentive resulting from this recommendation should seek to spur investment in nursing education, with special emphasis on innovative, community-based instruction.

7. Explore and Encourage Best Practices in Simulation Laboratory and Distance Education

Simulation laboratories effectively teach critical thinking, clinical judgment, technical skills, and proper time management to nursing students¹¹. By simulating clinical practice in a realistic environment, educators can put theory into practice and demonstrate how to professionally and personally handle one's self during emergency situations. Studies have indicated that simulation education significantly enhances in-class instruction and is a highly effective teaching method¹² for new nursing students, and those who have been out of practice for a period of time.

While simulation technology is an effective teaching tool that can help better educate current students, and bring non-practicing nurses back into the workforce, it is also a very expensive tool- with costs ranging from the tens of thousands, to several million dollars¹³. Once they are established, keeping simulation laboratories up-to-date with the most relevant medical technology can burden schools and medical facilities with a continuing expense in forward years, at a time when education budgets are being cut significantly due to a challenging economy. Additionally, discussion continues about how to best utilize simulation education; while a high-tech environment can help advance technical skills, a low-tech simulation environment can be equally effective in teaching judgment, time management, and effective decision-making.

Distance learning is another technology that can be better leveraged to increase access to, and quality of, nursing education. Options such as online classrooms are examples of a resource that might be utilized more effectively by Rhode Island institutions of higher education. While not all nursing-related classes can be effectively offered online; distance learning opportunities can nevertheless increase enrollment capacity and program attachment, while evading the physical space constraints of many colleges and universities.

While few doubt the effectiveness of simulation laboratories and distance education in educating future and former nurses, many states are still discussing the most effective, and least expensive, way to employ such tools within the nursing education process. ***The Commission recommends that the state bring together health service providers, nursing educators, leaders of higher education, and all other relevant parties to explore the most productive and efficient use of simulation laboratories and distance education within the nursing discipline.*** Increasing the quality of, and access to, nursing education, as well as offering effective professional development to better educate nurse faculty with new technologies; can help increase class capacity, better prepare new nurses for their careers, lower the incidences of 'burnout' among new nurses, and retrain former nurses to reenter the workforce, thereby lowering the projected nursing shortage.

¹¹ Rauen, C. A. (2001). "Using simulation to teach critical thinking skills: You can't just throw the book at them." *Critical Care Nursing Clinics of North America*,

¹² Ibid.

¹³ Jha, A. K., Duncan, B. W., Bates, D. W. (2001). *Simulator-based training and patient safety, making health care safer: A critical analysis of patient safety practices.*

8. For Future Consideration and Discussion

While the Commission believes that the recommendations previously outlined in this report will be effective in reducing the projected nursing shortage in the state of Rhode Island; we recognize that there are still numerous steps the state must take to mitigate the problem which require further study and discussion before a definitive recommendation can be made. *The Commission recommends that the Senate reform the Commission for a minimum of 8 months, and that the membership of the Commission be adjusted to include individuals who can effectively offer professional expertise and opinion on following matters:*

❑ Advancement in Nursing Education Act

Studies have shown that there is a need for nursing education to advance to keep up with the evolving changes in health care and its increasing complexity and acuity in a multicultural and rapidly aging population. Because nurses are involved in every aspect of health care delivery, nursing can no longer remain, comparatively, the least educated of all health care professionals. The quantity of information related to health and nursing care is expected to increase more than 32 times over the next 10 years. Furthermore, in many health care facilities, career mobility and advancement is dependent on a baccalaureate degree in nursing, or higher.

The Commission intends to further discuss the Advancing Nursing Education Act and other options that can help increase the supply of talented, highly qualified nurses, and improve overall health care quality in the state of Rhode Island. Provisions of the Advancing Nursing Education Act include:

- Reducing barriers for those who wish to pursue their education;
- Ensuring the delivery of the best quality care to patients in an increasingly complex health care environment;
- Preserving multiple entry points into the nursing practice;
- ‘Grandparenting’ of all currently licensed registered nurses and current nursing students;
- Significantly improving patient safety and care outcomes;
- Advancing the education of nurses to levels closer to that of the majority of health care disciplines;
- Supporting the growth of the nursing profession as a scientific discipline;
- Increasing career mobility and opportunities for growth for well-deserving, qualified, nursing professionals.

The Commission will further study the Advancing Nursing Education Act as well other possible measures toward increasing nursing skill levels and retention rates, and reducing the projected nursing shortage in the state of Rhode Island.

❑ **Support Nurses with Non-Nursing Masters Degrees To Become Clinical Educators**

Each state determines individually the qualifications that nurse educators must have to teach in their state¹⁴. The authority to make this determination in Rhode Island lies with the State Board of Nursing, which is in the process of examining regulations which require that nurses must have a Master's in Nursing to become educators, and which do not allow nurses with a Master's in Education, or in a similar discipline, to teach. While the practical knowledge needed to become an effective nursing educator is something that can be found in a Masters-level Nursing program; sufficient real world experience, coupled with the skills and abilities one can gain from a Masters in Education, or other related discipline, can still lead to highly effective, competent, and engaged nursing educators. The Commission has full confidence in the Department of Health and the Board of Nursing to determine what is best for Nursing Education in the state of Rhode Island and supports the Board reconsidering this regulation. Several other states have opened up the pool of potential nursing educator faculty to include those nurses who choose to pursue a master's degree in a field other than nursing. While this change could potentially represent a cost-free approach toward addressing the nursing faculty shortage in this state; further study is needed to establish the real impact of such a change. As such, the Commission intends to keep abreast of the Board's progress and offer whatever support it may need in making its determination.



❑ **Discuss Best Practices For Increasing Diversity Within the Nursing Workforce**

According to a report prepared by the National Advisory Council on Nurse Education and Practice¹⁵, a culturally diverse nursing workforce is essential to meeting the health care needs of the nation's population. Nurses from minority backgrounds are significant contributors to the provision of health care services in this country and are leaders in the development of models of care that address the unique needs of minority populations. Given the projections for a deepening nursing shortage, and an increasingly diverse population, the need to attract nontraditional students into nursing is gaining in importance.

The Commission believes that nursing schools should strengthen their efforts to attract more men and minority students into the nursing profession. Although, according to the most recent national data available, nursing schools enroll¹⁶ a more diverse student population than medical

¹⁴ "Who Will Teach Nursing's Next Generation?". Maureen Habel, RN, MA. Nursing Spectrum

¹⁵ American Association of Colleges of Nursing.

<http://www.aacn.nche.edu/Publications/Issues/dec01.htm>

¹⁶ Ibid

(10.5%) or dental colleges (11%), the overwhelming majority of students in today's baccalaureate nursing programs are female (91%), and from non-minority backgrounds (73.5%).

The Commission understands that a lack of diversity in the educational pipeline leads to a lack of diversity in the nursing workforce. With an increasingly diverse state and national population, cultural and language conflicts can complicate the admittance of care. The Commission intends to further study the issue of increasing diversity within the nursing workforce and invite expert testimony to discuss this developing matter.

❑ Safe Staffing Principles for the Nursing Profession

Increasing the supply of new nursing graduates is critical to averting the projected nursing shortage, it is equally important that Rhode Island continue to ensure a safe and healthy work environment to help retain current nurses already in the workforce. The anticipated nursing shortage may mean that fewer nurses will have to work more hours and care for more patients. This situation could compromise patient care and even further contribute to the nursing shortage by creating an unhealthy work environment that may drive some nurses from the profession.

In some hospitals across the country; heavy workloads, high stress environments, and worker fatigue have begun to negatively impact health care quality, increase incidences of medical error, and lead to nurse 'burnout'. National surveys indicate that almost 33%¹⁷ of nurses under the age of 30 planned to leave their current job due to dissatisfaction and/or work stress¹⁸. This loss of qualified personnel only continues the nursing shortage cycle as talented nurses leave the workforce leading to an even more demanding work environment for those that remain. Furthermore, this loss of experience forces health care facilities to spend thousands more in recruiting and training than they would spend in retaining current nurses. It is important to note that the Commission did not view any data which indicated Rhode Island was following national trends as it pertains to nurse employment satisfaction. Furthermore, others contend that, while safe staffing is always an important priority; it is not necessarily a nurses work environment, but rather the stress of having to rapidly adapt to the practice environment that leads to nurse 'burnout' and fatigue.

In the absence of sufficient data and proper discussion of the Rhode Island situation, the Commission will monitor instances of unsafe staffing environments, and invite all relevant parties to discuss the best means of addressing the matter. More than 20 states¹⁹, including Washington's '2008 Safe Nurse Staffing Act' and Illinois' '2007 Patient Acuity Staffing Plan Act', have introduced legislation which would require safe staffing systems that are based on patient acuity, patient number, unit resources, caregiver experience, and other safety and health standards. Other states have worked with their regional providers to ensure safe staffing practices are followed without the need for legislation.

By providing for a safer, more balanced, work environment, the Commission believes Rhode Island can increase the retention of current nurses, slowing the loss of institutional talent which contributes to the growing nursing shortage.

¹⁷ ANA Safe Staffing Poll. www.safestaffinsaveslives.org

¹⁸ Ibid.

¹⁹ Improving the Quality of Care for Millions of Americans. American Nurses Association. 2008

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2008

SENATE RESOLUTION

CREATING A SPECIAL SENATE COMMISSION TO UNDERTAKE A COMPREHENSIVE STUDY OF THE PROJECTED NURSING SHORTAGE IN THE STATE OF RHODE ISLAND

Introduced By: Senators Doyle, Issa, Tassoni, Connors, and Bates

Date Introduced: April 10, 2008

Referred To: Senate Constitutional & Regulatory Issues

1-1 WHEREAS, Hospitals, long-term care facilities, home health providers, and physician's
1-2 offices around the state of Rhode Island report having serious difficulties recruiting, hiring, and
1-3 retaining qualified nurses; and

1-4 WHEREAS, Both nationwide and within the state of Rhode Island there is already a
1-5 severe shortage of qualified nurses, and this shortage is projected to worsen over the next decade;

1-6 And

1-7 WHEREAS, Studies have indicated that Rhode Island could face a shortage of up to
1-8 1,400 registered nurses in the year 2010 and almost 6,500 registered nurses by the year 2020; and

1-9 WHEREAS, There are several factors believed to be driving the current and projected

1-10 shortages, including: (i) insufficient enrollment capacity at institutions offering nursing education
1-11 programs; (ii) faculty shortages at institutions offering nursing education programs; (iii) financial
1-12 disincentives for nursing professionals to become educators; and (iv) increasing demands for
1-13 personnel within the health care industry; and

1-14 WHEREAS, It is critical to increase the number of qualified persons graduating from
1-15 Rhode Island's nursing education programs, and remaining to practice the profession in the state,
1-16 in order to avert a critical shortage of nurses in the future; and

1-17 WHEREAS, In 2004, the Rhode Island General Assembly appropriated funds to the three
1-18 state schools of nursing to hire faculty members and expand enrollment; and

1-19 WHEREAS, While these appropriations successfully resulted in the hiring of several new
2-1 faculty members and the expansion of nursing school enrollment capacity, a critical shortage of
2-2 qualified nurses still remains, and is projected to increase, in the state of Rhode Island; and

2-3 WHEREAS, Further study is still needed to determine what actions must be taken to
2-4 ensure that Rhode Island's nursing education programs have the necessary capacity to enroll and
2-5 graduate a sufficient number of nurses to meet increasing demand and provide said nurses with
2-6 the skills and training necessary to meet the increasingly complex level of care required by
2-7 patients; now, therefore, be it

2-8 RESOLVED, That a special Senate commission be and the same is hereby created
2-9 consisting of fifteen (15) members: four (4) of whom shall be from the Senate, not more than
2-10 three (3) from the same political party to be appointed by the President of the Senate; one of
2-11 whom shall be the Dean of the School of Nursing at Rhode Island College, or designee; one of
2-12 whom shall be the Dean of the College of Nursing at the University of Rhode Island, or designee;
2-13 one of whom shall be the Chair of the Department of Nursing at the Community College of
2-14 Rhode Island, or designee; one of whom shall be the Director of the St. Joseph School of Nursing,
2-15 or designee; one of whom shall be the Chair of the Department of Nursing at Salve Regina
2-16 University, or designee; one of whom shall be the Commissioner of the Office Higher Education,

2-17 or designee; one of whom shall be the Executive Director of the Rhode Island State Nurses
2-18 Association, or designee; one of whom shall be a representative of a long term health care
2-19 provider in this state, to be appointed by the Senate President; one of whom shall be a
2-20 representative of the United Nursing and Allied Professionals, to be appointed by the Senate
2-21 President; one of whom shall be the Director of Rhode Island Department of Health, or designee;
2-22 and one of whom shall be a representative of the Hospital Association of Rhode Island, to be
2-23 appointed by the Senate President.

2-24 In lieu of any appointment of a member of the legislature to a permanent advisory
2-25 commission, a legislative study commission, or any commission created by a General Assembly
2-26 resolution, the appointing authority may appoint a member of the general public to serve in lieu
2-27 of a legislator, provided that the Majority Leader or the Minority Leader of the political party
2-28 which is entitled to the appointment consents to the appointment of the member of the general
2-29 public.

2-30 The purpose of said commission shall be to study all aspects and implications related to
2-31 the remediation of the projected nursing shortage in the state of Rhode Island including but not
2-32 limited to: strategies to increase the number of qualified faculty within Rhode Island nursing
2-33 education programs, methods to increase the maximum enrollment capacity within the state
2-34 nursing programs, and incentives for individuals to enroll in nursing programs and remain in the
3-1 state of Rhode Island upon graduation.

3-2 Forthwith upon passage of this resolution, the members of the commission shall meet at
3-3 the call of the President of the Senate and organize, and shall select two co-chairpersons; one of
3-4 whom shall be a legislator appointed to the Commission and one of whom shall be a
3-5 representative appointed to the Commission from a public institution of higher education.

3-6 The membership of said commission shall receive no compensation for their services.

3-7 All departments and agencies of the state shall furnish such advice and information,
3-8 documentary and otherwise, to said commission and its agents as is deemed necessary or

3-9 desirable by the commission to facilitate the purposes of this resolution.

3-10 The office of the President of the Senate is hereby authorized and directed to provide

3-11 suitable quarters for said commission; and be it further

3-12 RESOLVED, That the commission shall report its findings and recommendations to the

3-13 Senate no later than December 31, 2008 and said commission shall expire on January 31, 2009.