Navigating Turbulence: Steering Towards Nursing's Future

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Speaker

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Outcome

- At the conclusion of this session, the majority of the attendees will be able to discuss how nurse leaders in practice, education and in our nursing societies can position themselves to steer the nursing profession forward in the new reality of healthcare.

Objectives

After attending this session, the participant will be able to:

1. Discuss the state of healthcare and the nursing profession prior to the pandemic and post-pandemic.

2. Identify the reasons for the nursing care shortage and the current state of the nursing workforce and nursing education.

3. Discuss innovative solutions that focus on how nurse educators, practice partners, and nurse leaders can collaborate to address current and future issues in the profession and in healthcare.

Discussion

Pre-turbulence: Snapshot of healthcare, nursing practice and education

Here comes the turbulence: COVID and the post-pandemic healthcare and nursing issues

Using innovative solutions to navigate the turbulence for future success in nursing and healthcare
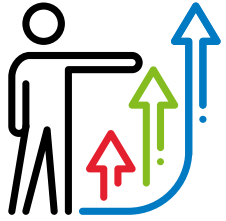
Let's discuss turbulence…
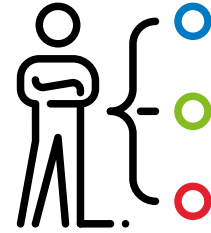
Let's look at the nursing profession prior to 2020...

A snapshot of healthcare pre-pandemic

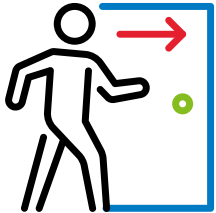**Increasing use of technology**

Shift to value-based care puts emphasis on quality and outcomes

Focus on reducing variability of care

Shift away from acute care settings

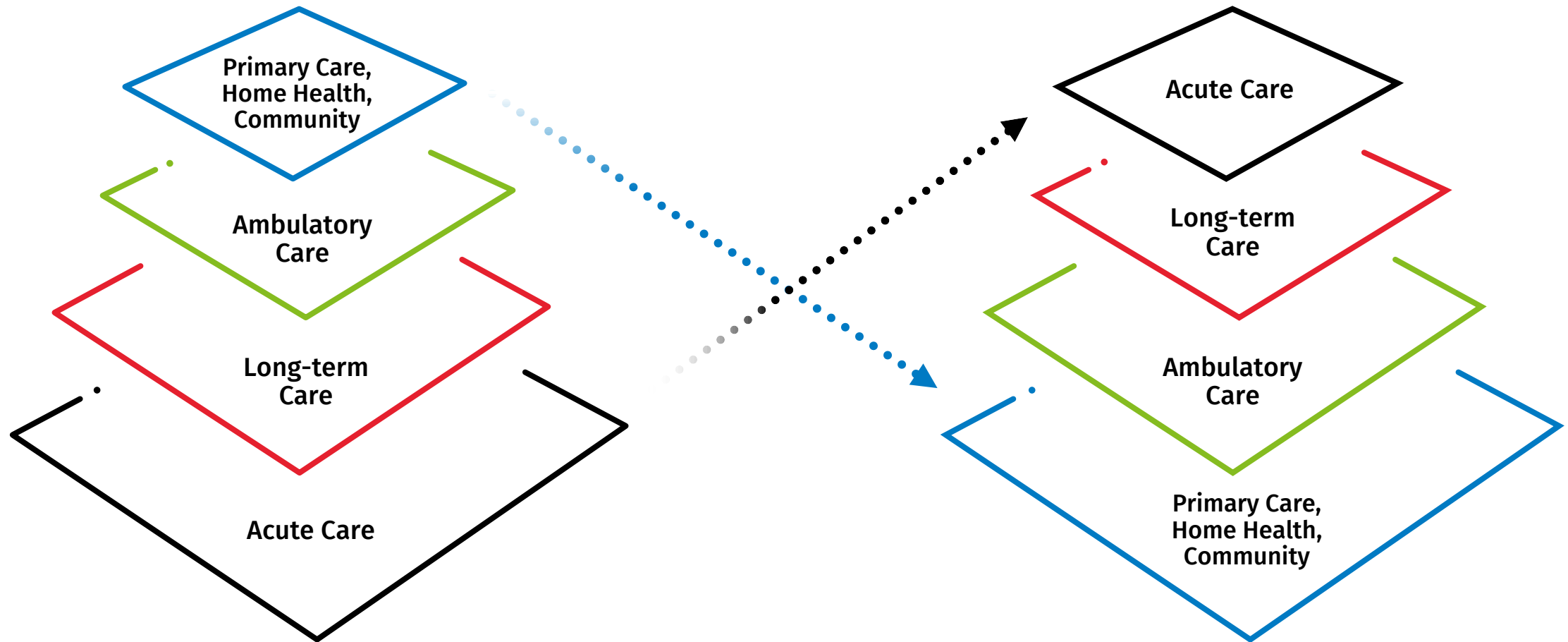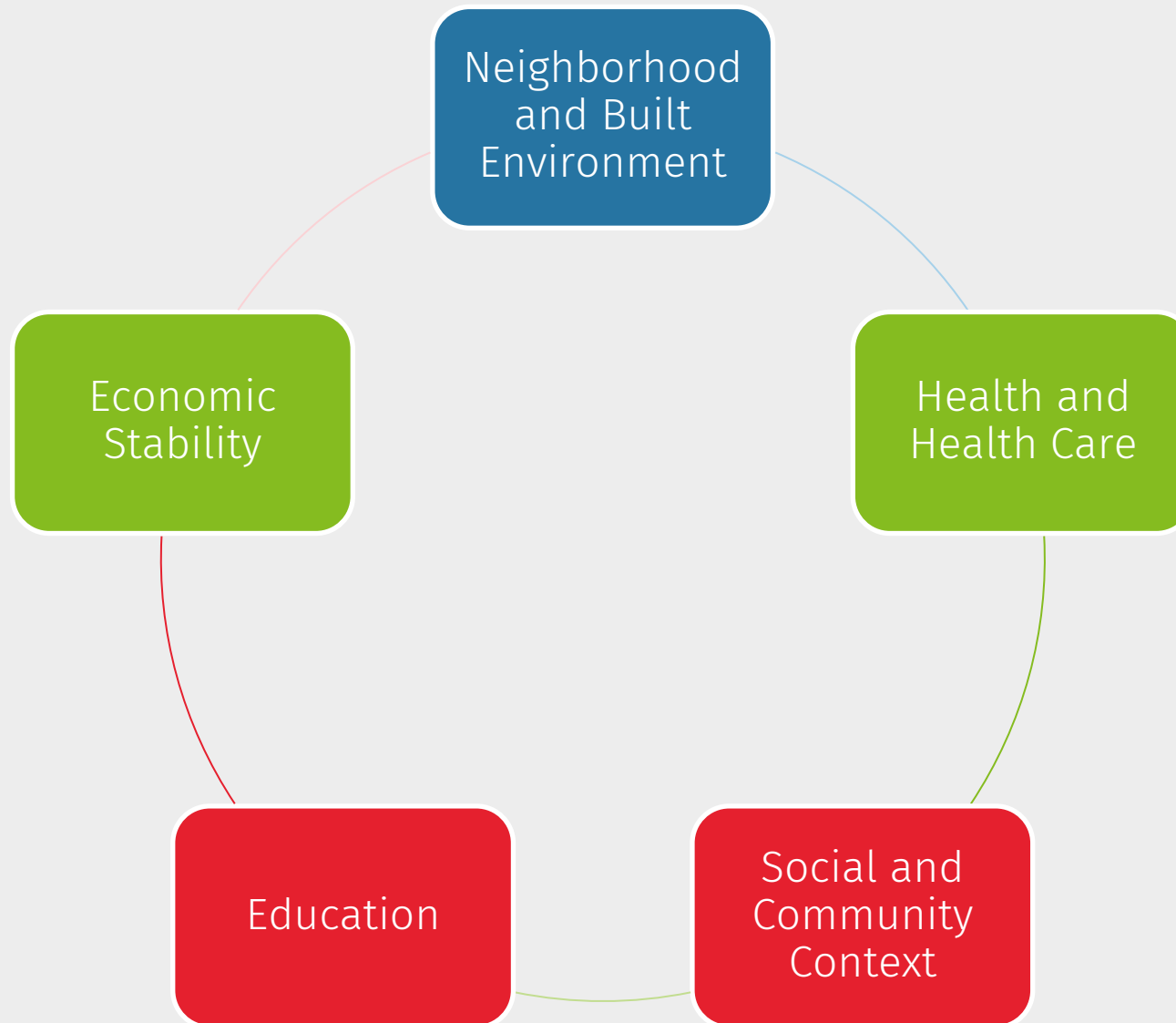**A growing nursing workforce shortage crisis**

We were already in trouble…

Beginning the transition: Disease Model to Wellness Model of Care

Social determinants of health domains

The workforce shortage had been looming for decades

- Aging nursing workforce
  - In 2020, the average age of the nurse was 52 years in U.S.; younger in other countries
  - 1/5 of those over 52 years old planned to retire over next 5 years

- Advanced practice nurses pulling 25,000 nurses from the bedside annually

- Need 1.1 million nurses by 2030 in the U.S.

- U.S. physician shortage – need 37,000 to 124,000 by 2035

- Global workforce shortage
  - By 2035, there will be a 12.9 million deficit of physicians, nurses, and midwives
    - Greatest need is in Asia, Sub-Sahara Africa

(US Bureau of Labor Statistics, 2020; NCSBN, 2020)

Pre-pandemic undergraduate education models

Challenges

- Turning away 80,000 qualified applicants annually for undergraduate and graduate nursing school

- Aging of the faculty and retirement

- Inadequate number of faculty – both full-time and adjunct

- Inadequate compensation

- Inadequate nursing school resources and clinical sites

Percent

- In-person (65%)
- Hybrid (20%)
- Online (11%)
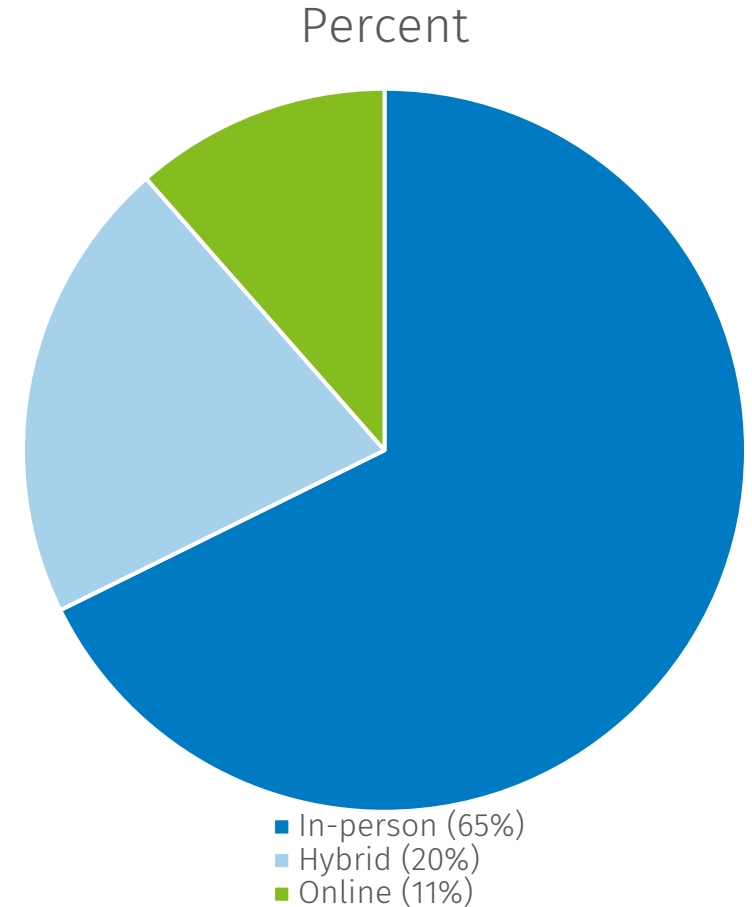
Then came the turbulence...

The radar reveals the truth…

COVID-19 exposed cracks in an already broken healthcare system

Increase in Patient Load

Need for Additional Resources

Alternative Care Models Implemented

6 Pain Points

Resiliency

Improve Workforce Agility And Efficiency

Rapidly Train /Onboard Staff
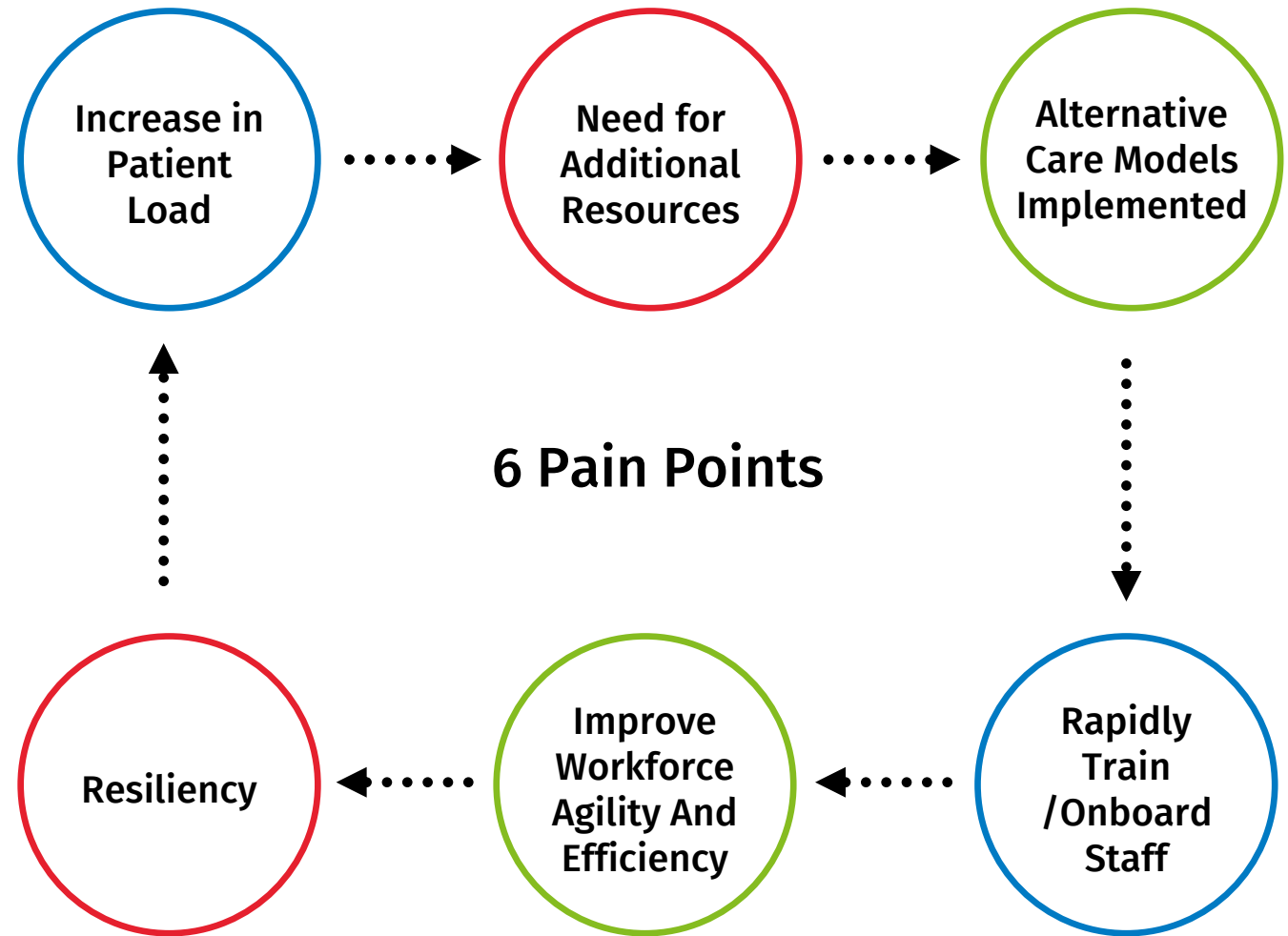
Global healthcare spend 2024...

GDP and Country Income

Income	Percentage
High	12.5%
Middle	5.3%
Low	4.9%
U.S.	17.3%
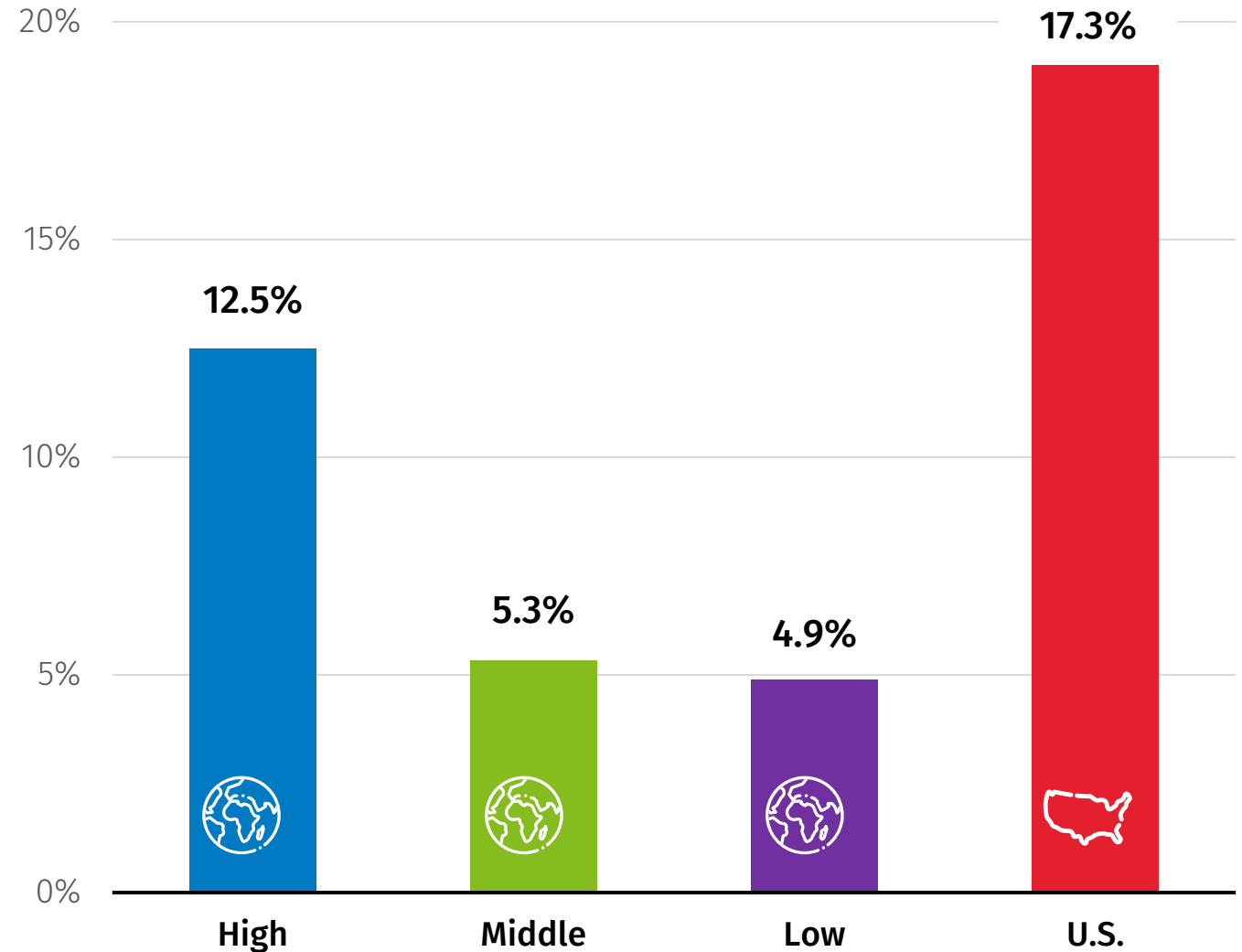
Global patient outcomes... Life expectancy

Globally post COVID:
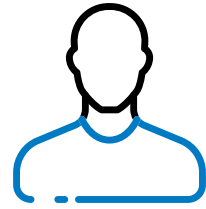
Males: **71 years**

Females: **76 years**

U.S. life-expectancy decline

78.8 years (2019)

77.5 years (2023)

Affected by COVID-19, comorbid conditions, drug overdoses

Global patient outcomes... Life expectancy

Globally in 2024:

Overall:
73.3 years

US:
79.25 years

U.S. life-expectancy increasing
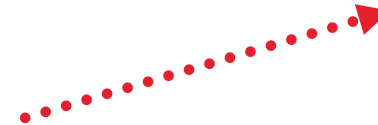
78.8 years (2019)   **79.25 years** (2024)

How does the US compare to other countries?

- Commonwealth Fund Report 2024
  - Comparing 10 countries: U.S., Canada, Australia, new Zealand, France, Germany, Netherlands, Sweden, Switzerland, United Kingdom

- 5 Outcome measures
  - Access to care
  - Care process
  - Administrative efficiency
  - Health equity
  - Health outcomes

Commonwealth Fund Report Findings…

Americans live the shortest lives and have the highest percentage of preventable deaths!

- Top countries for healthcare outcomes:
  - Australia (#1)
    - GDP spend for healthcare: 9.8%
  - The Netherlands (#2)
    - GDP spend for healthcare: 10.1%
  - United Kingdom (#3)
    - GDP spend for healthcare: 10.9%

- United States is the worst (#10)
  - GDP spend for healthcare: 16.5% (2023) – highest
  - Access to care – #10
  - Healthcare outcomes – #10
  - Health equity – #9
  - Administrative efficiency – # 9
  - Care process – #2

Healthcare organizations are struggling to stay in the black…

Healthcare organizations are struggling due to high-cost care and lower reimbursements

Workforce is 50% of their budget

Consultants are making workforce/ staffing recommendations

Elective services are being discontinued to save costs

Medication, diagnostics, and treatment costs continue to increase

Increase in patient acuity and severity of illness…

- Pandemic deferred care has increased patient acuity and length of stay by over 10%

- Previous elective procedures are often not elective anymore

- Increased comorbidities
  - Cardiovascular disease
  - Pulmonary disease
  - Chronic kidney disease
  - Diabetes
    - 60% risk increase in patients who have had COVID-19

The landscape of healthcare has changed since COVID…

- Increase in hospital closures
- Increase in system consolidation
- Staffing issues (nursing and medicine)
- Inadequate staffing leads to more HAI's and falls
- Access to care issues, less overall revenue
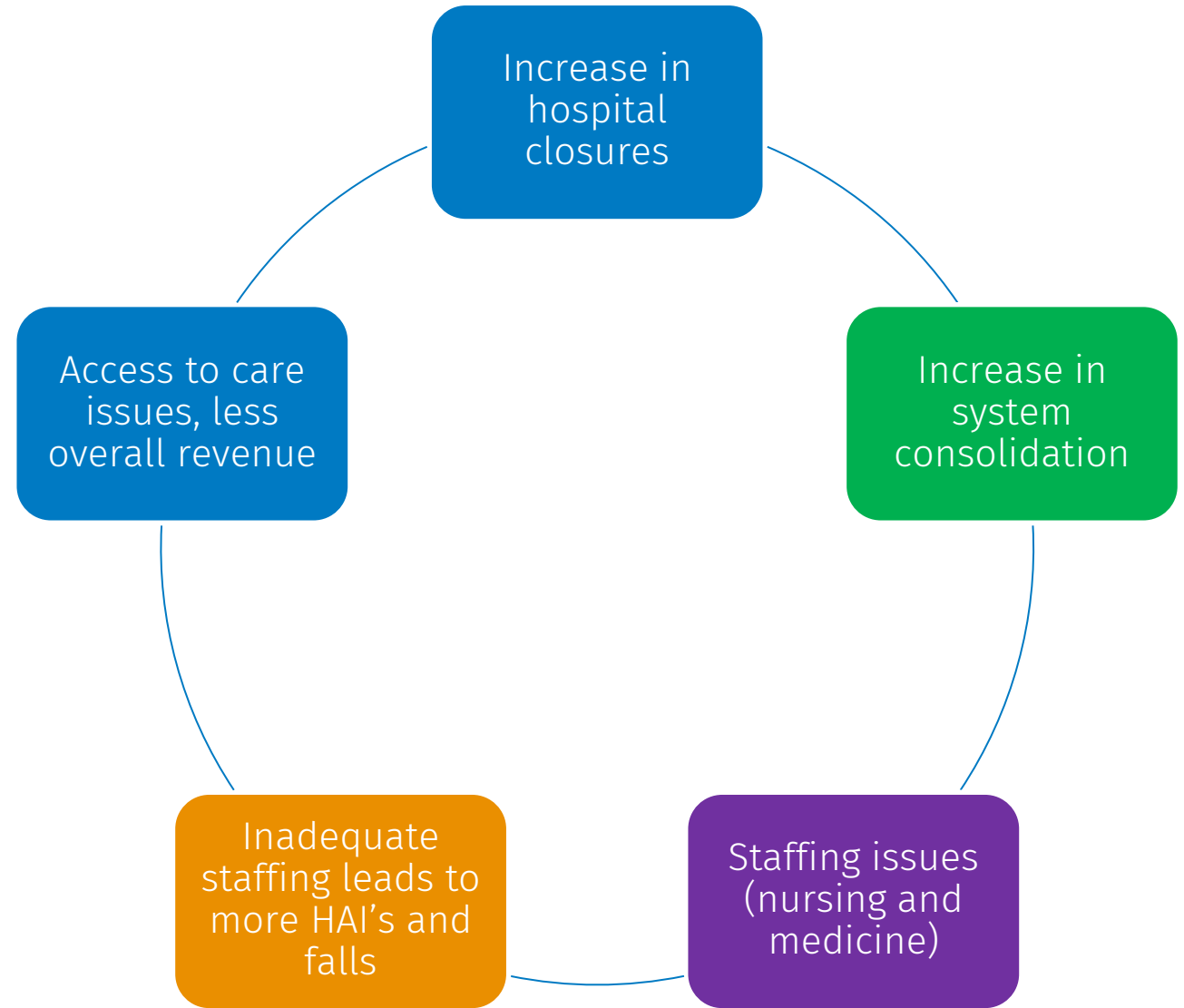
We have a nursing care shortage…Not a nursing shortage!

Our nursing workforce past and present…

There are two types of workforce shortages...

Type 1: Background nursing shortage

- Temporary increase in the demand or decrease in the supply of nurses
- They can disrupt healthcare operations
  - Healthcare organizations may need to employ agency/travel nurses, provide sign-on bonuses or retention bonuses
- These shortages resolve overtime

Examples:

- Maternity leave for several nurses on a unit at the same time
- New hospital opens and there is competition for nursing wo

(Buerhaus, 2021; Buerhaus, et. al., 2022; Seegert, 2022)

Type 2: National nursing shortage

- Higher severity and longer lasting
  - Shortage of 50k to 150k unfilled positions
- Affects operational services
- Last national nursing shortage was 2000 to 2001
  - Hospitals reported 126,000 open positions
  - Johnson & Johnson Campaign for Nursing's Future (2002) facilitated an increase in undergraduate student enrollments and curtailed the shortage
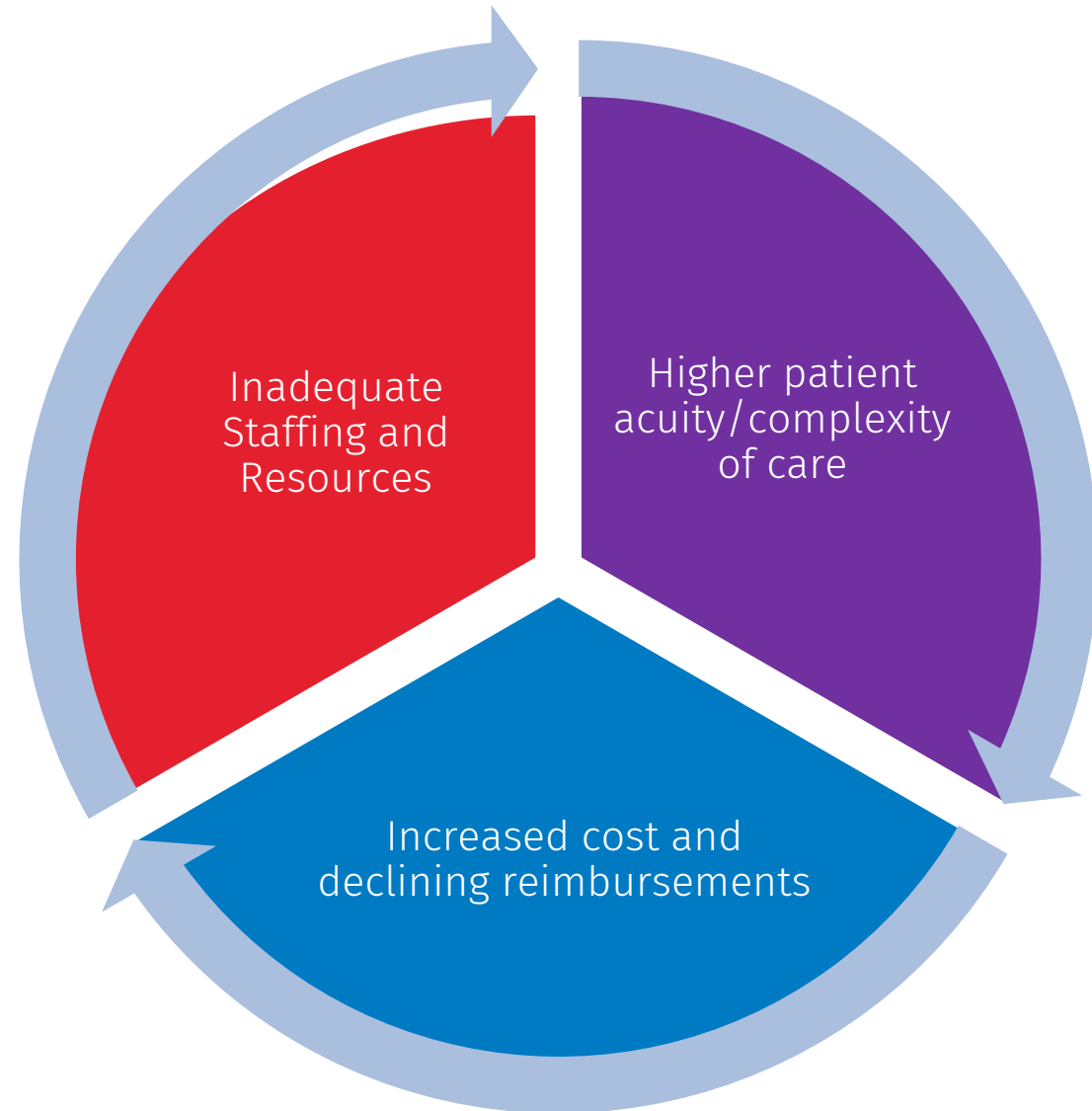
(Buerhaus, 2021)

Nursing care shortage…

Nurse numbers are increasing but, nurses are still leaving the bedside

- In 2021, 100,000 nurses left the bedside in one year during COVID

- Nursing numbers are increasing
  - Increase by 1.2 million FTEs to 4.56 million by 2035
  - Growth driven by nurses aged 35 to 49 years
  - Average age of nurse: 43.6 years (down from 52 prepandemic)
  - Nurses aged 35 to 49 years will compose nearly half of the RN workforce by 2035

- Nurses still leaving the bedside!
  - Burnout
  - Early retirement
  - Workplace dissatisfaction and inadequate staffing

Culture matters… The vicious cycle of healthcare practice today…

Inadequate Staffing and Resources

Higher patient acuity/complexity of care

Increased cost and declining reimbursements

McKinsey & Co. Report:

Nurses only spend 54% of their time (7 hours) in direct patient care…

- Where do nurses spend their time?
  - Documentation – 26% to 41%
  - Hunting or gathering
    - Equipment
    - Supplies
    - Medications
    - Information
  - Support activities
    - Transporting patients
    - Reaching out to other healthcare professionals

(Berlin, et., al., 2023).

Turnover rates are declining except for support personnel...

(NSI, 2024)
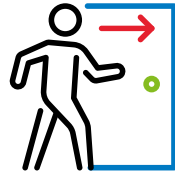
RN turnover rate 18.4% (down from 27.1% in 2021)

Areas most impacted: Stepdown, Telemetry, Emergency, Critical Care, Behavioral Health
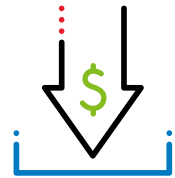
Economic impact of RN turnover

- $56,300 to replace one RN

- Hospitals losing $4.82M per year on turnover

Support personnel turnover impact rising

- Certified Nursing Assistants 41.8% (up from 33.7%)

- Patient Care Tech 36.3% (up from 32.3%)

Younger nurses are choosing to leave their bedside positions and the profession…

Auerbach, et. al., (2024); Buerhaus et. al., 2022; Seegert, 2022)

RN's leaving their positions

50 years and older declined **1%**
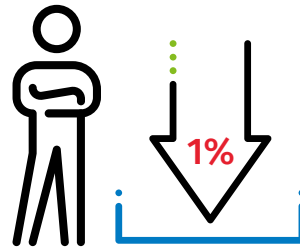
35 to 49 years declined **.5%**
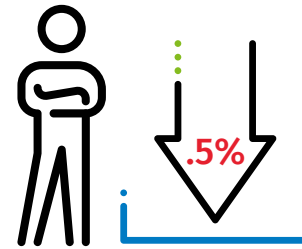
25-35 years declined **4%**

1%

.5%

4%
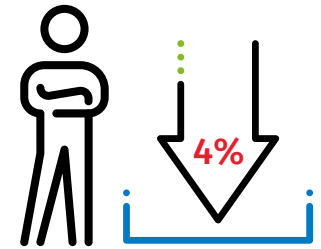
Nurses leaving the bedside
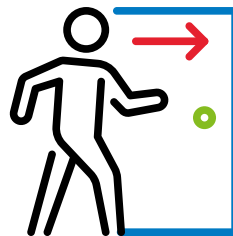
Nurses are opting to leave the bedside for non-direct care roles

Nurses leaving hospital setting

Let's talk about violence and mental health…

- Lateral violence (bullying, incivility)
    - 40% to 70% of nurses experience lateral violence in their career
    - 27% experience lateral violence in past 6 months (Hoh, Hosier, & Zhong, 2022).

- Physical violence
    - 38% of nurses suffer from healthcare violence during their career
    - Healthcare workers have a six times greater risk of workplace violence compared to other industries (WHO, 2022).
    - 1 in 4 nurses are assaulted at work (OSHA, 2023).
        - Emergency department, psychiatric units, long-term care facilities, and waiting areas see the most violence because they are high stress areas (Lim et al., 2022).
- Suicide
    - Healthcare support workers and nurses have the highest incidence of suicide of all healthcare workers

Healthcare catalysts for burnout…

Inadequate staffing – unsafe working environment

- Too many patients, not enough competently trained nurses/nurse practitioners

- Failure to consider patient acuity/severity of illness/comorbidities

Lack of respect

- From administration, employers, staff and patients

Lack of support

Compensation and benefits

Not investing equally in recruitment and retention

(AACN,2022; Robbins, 2022)

Safe staffing matters!

Number of patients and acuity of patients

Competency of nurse and staff
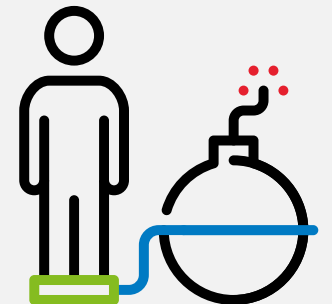
Safe staffing levels
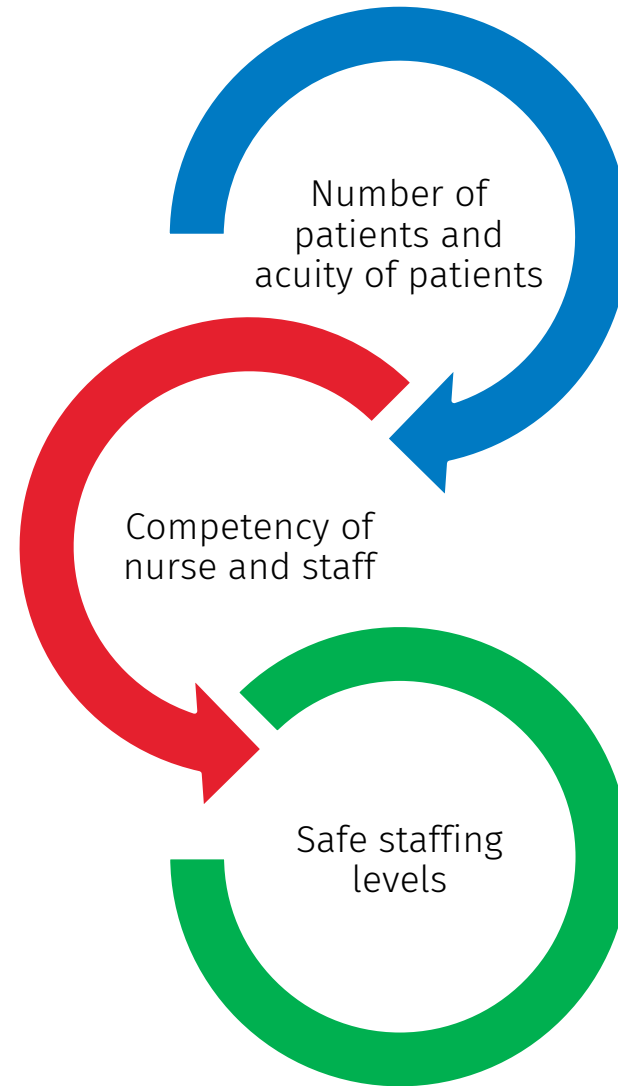
Experience-complexity gap

Novice and
beginner nurses
outnumber
the proficient
and expert nurses

Preceptor gap

The "experience-complexity gap"

Care complexity

Nursing workforce
experience
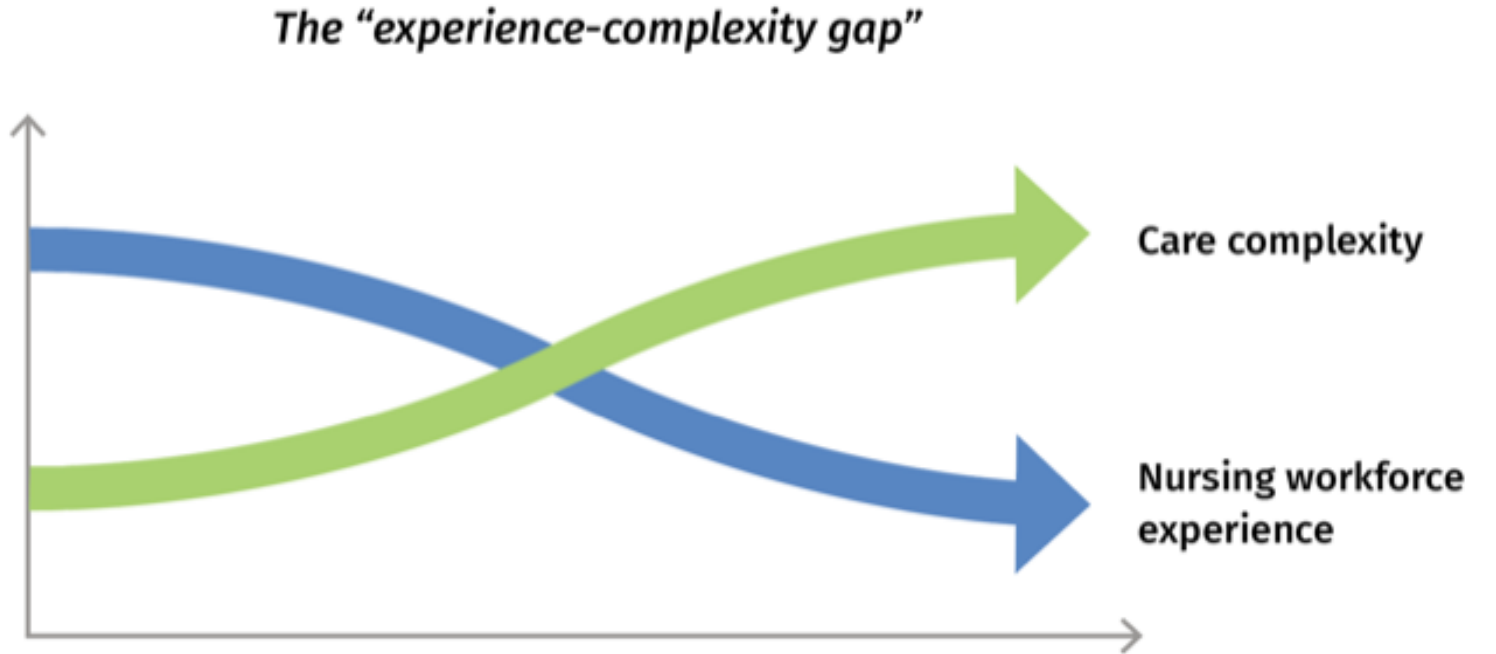
Source: Advisory Board, 2023

Patient acuity/severity of illness matters…

- Patients are sicker than they were pre-pandemic

- Patients on medical/surgical units are the one's that were on progressive care/telemetry units pre-pandemic

- Patients on progressive care units are the one's that were in intensive care/critical care units pre-pandemic

Proposed mandatory minimum safe staffing ratios…

- Operating Room: 1:1
- Medical/Surgical: 1:4
- Emergency Room: 1:3; 1:1 with trauma
- Intensive Care: 1:1 or 1:2
- Psychiatric: 1:4
- Rehabilitation: 1:4
- Labor and Delivery: 1:1 or 1:2
- Pediatrics: 1:3

(National Nurses United).

Let's talk about the current state of nursing education...

Nursing education…
Student issues

- Decline in enrollment in 2022 with slight rebound in 2023

- 2023 turned away 65,766 qualified applications overall (55,000 in BSN entry level)

  - Burnout
  - Lack of motivation
  - Academic assignments
  - Clinical experience
    - Inadequacy
    - Stress
  - Exhaustion

(AACN, 2024; NCSBN, 2024)

We need to address faculty issues…

(AACN, 2024)

- Inadequate number of nurse educators
  - Average age: 55 years
  - Faculty retiring
  - Turnover rate 7.2%

- Inadequate pay
  - Average faculty salary: $87k/year
  - Average APN salary: $120k/year

- Inadequate resources and funding including classroom space

- Lack of clinical sites and clinical preceptors

We need to ask the question… Are new nurses "practice ready" when they graduate?

NCLEX Pass Rates…

- 2024 Pass rates are improving
  - RN
    - US based first time: 93.55%
    - RN International: 56.35%
    - Total US + International: 78.35%
  - LPN
    - US based first time: 89.82%
    - PN International: 51.37%
    - PN US + International: 80.27%

(NCSBN, 2024)

New graduate nurses are not practice ready…

The Novice Nurse Preparedness Gap

- **23%** new grads were able to identify and manage a clinical change of status.

- **54%** new grads not able to manage the problem once it was identified.

- **23%** new grads not able to recognize the problem and have a sense of urgency to do something about it.

(Source: Kavanaugh & Szweda, 2017; NCSBN, 2023)

Are graduate nurses practice ready?

- Only 23% of graduate nurses have entry level competencies.

- Graduate nurses are only comfortable taking care of 2 to 3 patients with minimal comorbidities
  - The reality is 4-6 patients or more with multiple comorbidities.

- 49% to 53% of new nurses are involved in practice errors.

(Source: Kavanaugh & Szweda, 2017; NCSBN, 2023)

It's time to turn off the autopilot and start flying the plane ourselves....

Changes needed in academia…

Adjust the nursing education curriculum to support the reality of practice

- AACN Essentials
- Clinical Judgement Model
- Curriculum should prepare a graduate nurse for the reality of practice
- Teach students alternative care models and delegation
- The multigenerational workforce learns and works differently
- Need more clinical sites
- Need addition funding for resources
- Need funding for faculty
  - Hiring additional faculty
  - Hiring adjunct faculty
  - Salary adjustment

Academic faculty must understand the realities of practice today!

- **Go to practice sites and see the reality of practice today**
  - Talk to those at the bedside, nursing professional development practitioners, and nurse managers

- Work with practice partners to improve clinical experiences for students
- Alternative practice sites
- Ensure simulation activities are congruent with the reality of practice
- Realistic patient loads (2 patients is not adequate)
- Patients with multiple comorbidities
- Prioritization of care - triage
- Utilization of adjunct faculty
- Teach them how to facilitate learning
- Leverage their knowledge of the practice environment

We need to rethink what's expected of graduate nurses…

Partnership between Academia and Practice!

Redefining the transition from novice to expert

Let's not forget – Up to 33% of RN's leave their place of employment within the first year

- 19.7% in year 2
- 22.5% between year 2 and 5

Establish practice/academic partnerships

Time to reimagine nursing orientation and preceptor programs

- Move to self-paced programs in conjunction with clinical experiences

Invest in nurse residency programs

- Increased knowledge of organization and the profession

- Increased engagement and commitment to the organization

Ensuring competency across the continuum from novice to expert

The multigenerational workforce learns and works differently

The truth about competency…

Based on Benner's Model, it takes 2 to 3 years for a nurse to become truly competent

Expert

Proficient

Competent

Beginner

Novice
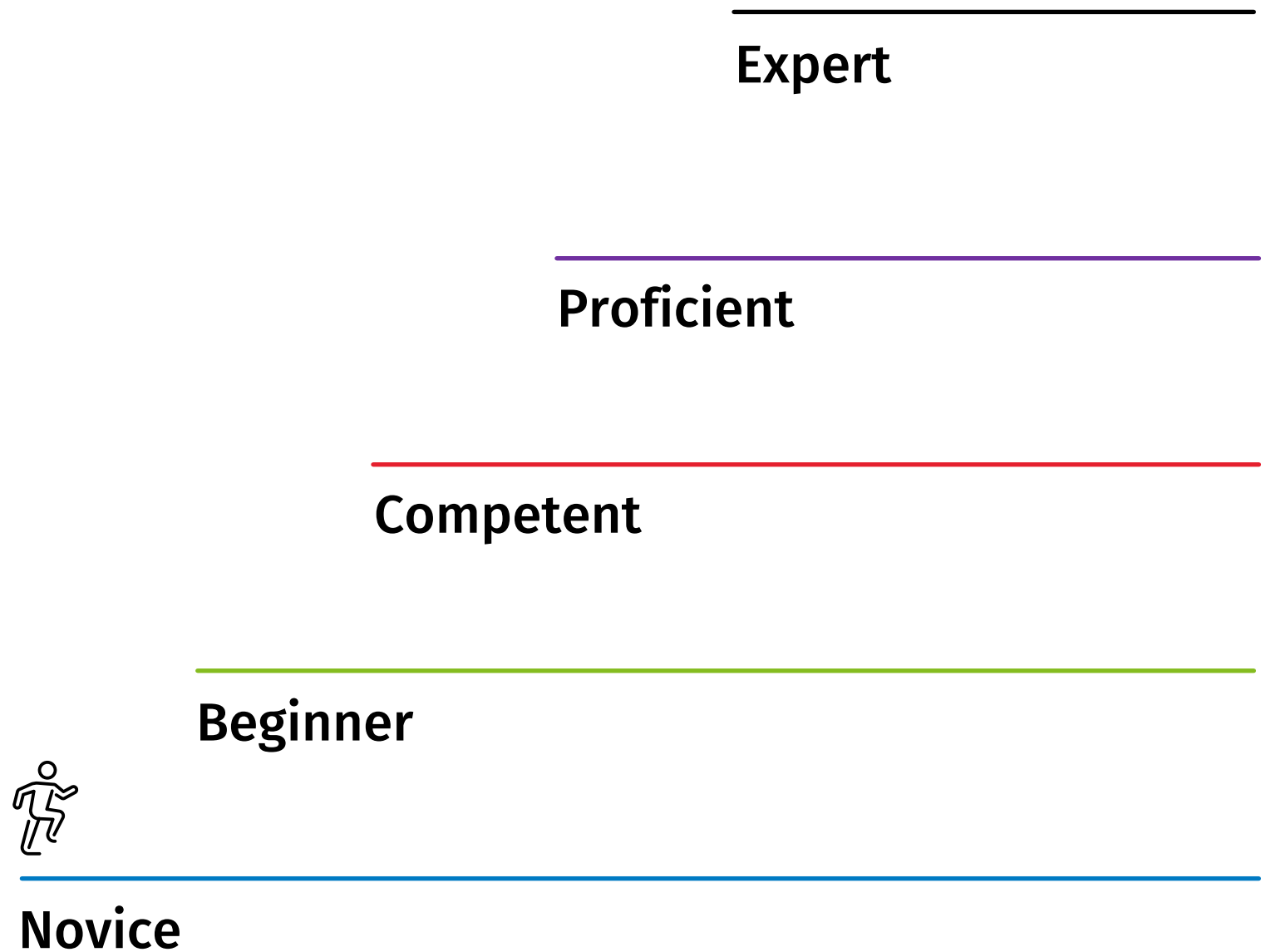
What does it mean to be competent?

- Being fully able to care for a patient in any situation by integrating
  - Knowledge
  - Clinical judgement
  - Skills
  - Values
  - Clinical judgement is a component of competency; it does not mean one is competent.

  (ANA, 2018)

Nurse competency measurement must include…

1 Assessment of knowledge

2 Application of knowledge to a specific situation

3 Ability to perform specific skills

4 Use of critical thinking and reasoning to make an evidence-based, legal/ethical informed clinical judgment in a given situation.

(ANA, 2018)

We need to work together on transition to practice...

- It's time for unified competencies across nursing education and beginning practice
- Nursing competency across the continuum from student novice to practice expert
- **Don't expect a novice nurse to function at an expert level!**

Reimaging orientation and nurse residency programs...

- Orientation must be sufficient
  - Need to provide support from day 1
  - Difficult to take nurses off the units once they're there
  - Move to self-paced programs in conjunction with clinical experiences
  - Consider orientation units
  - Minimum of 3-6 months needed
  - New nurses need a safety net!

- Invest in nurse residency programs
  - Increased knowledge of organization and the profession
  - Increased engagement and commitment to the organization
  - Minimum of 6 to 12 months

Changes needed in practice...

Healthcare organizations need solutions that support improving practice and patient care…

Standardize safe, evidence-based care

Access guidance for evidence-based nursing procedures and skills

Make informed bedside clinical decisions

Provide instant, evidence-based, online clinical decision support at the bedside

Address knowledge gaps

Identify and address staff's knowledge needs with courses, nurse competency tests, and nurse continuing education

Quickly onboard and deploy new knowledge

Create, deploy, and track materials for in-person, virtual, or asynchronous training.

Nurture staff's professional growth

Empower staff's self-directed professional development with evidence-based articles, webinars, and certification review courses.

It's time to institute innovative models of care…

- Redefine the role of the RN in healthcare organizations

- Implement innovative care models
  - Utilization of UAPs, LPNs, medical assistants
  - Team model without sufficient RN oversight worsens outcomes

- Hospital at home programs

- Virtual nursing
  - Re-engage experienced nurses

- Safety net programs for novice and beginners
  - Resource nurses (onsite and virtual)

Engage nurses in quality improvement and evidence-based practice programs

- Healthcare professionals at the bedside know what the care issues are – Ask them!

- **If you don't engage the nurses at the bedside and implement change in the workflow – change will not happen!**

- Foster collaboration between EBP and QI teams

- ANCC Magnet and Pathways to Excellence Programs

Foster a nurses' ability to be a patient advocate…

- Patient-centered care
- Family-centered care
- Quality of life over quantity of life
- Earlier introduction of palliative and hospice care
- Above all, do no harm
- Foster ethical care

"We are the voice of those who cannot speak for themselves."

Change the culture and working conditions!

It's the only way to get bring nurses back to the bedside!

- Address working conditions
- Ensure safe, competent staffing
- Assess for burnout and intervene before it occurs
- Demonstrate the nursing workforce is valued
- Look at return on investment – if we pay people equitably, they will stay within our organizations

It's time to invest in workforce well being…

It's time we attract talent and keep it!

- Competitive compensation

- Benefits that the workforce wants

- Time off and sick time allotment

- Self scheduling

- Recruitment bonuses are a quick solution for a much larger problem – Pay people what they're worth!

Focus on retention…

- Provide a safe work environment
- Flexible staffing and scheduling options
- Competitive pay strategies
- Benefits that are truly beneficial
- Employee Assistance Programs
- Child and Elder Care Programs
- Financial planning
- Nurses need a voice at the table and decision-making authority
- Teach leadership skills

Invest in the people…

- Continuing professional development to maintain licensure and board certifications
- Education to develop unlicensed assistive personnel
- Education loan forgiveness
- Career opportunities for lateral and vertical movement
- Monitor for stress, exhaustion, burn-out, and moral distress
- Leadership needs to be seen to evaluate the tone and culture of the work environment
- Staff and leadership need to work together to create a work environment that is safe and focused on well-being

The right technology investment can improve the work environment

- Practice
  - Electronic Healthcare Record/Clinical decision support
  - Surveillance and alerts
  - Augmented reality / Virtual reality
  - Documentation burden reduction
  - Staffing / Scheduling solutions
  - Simulation / Just in time / Microlearning / Engaging learning activities

- Education
  - Learning management systems that are intuitive
  - Teach students to use EHR's
  - Augmented reality / Virtual reality
  - Simulation / Microlearning / Engaging learning activities
  - Stop "death by PowerPoint"

Show the healthcare team they are valued…

Talk the walk and walk the talk!

- Support the workforce with the basics – food, breaks, family/childcare, financial advice
- Monitor and provide support for nurses with moral distress and burnout through employee assistance programs
- Lavender aromatherapy
- Deep breathing exercises
- Relaxation through guided meditation
- Relaxation (Serenity) and recharge rooms – massage chairs, yoga
- Gaming activities
- Mind relaxing activities – crossword puzzles, word search

(Mintz-Binder & Andersen, 2021; Schlak, et. al., 2022)

Nurses need a seat at the table where decisions are being made…

If you're not at the table, you're on the menu!

We must fix the U.S. Healthcare System

- Access to care
  - Nurses practicing to their full scope of practice
  - APN unrestricted practice
- Care process
  - Streamline the preapproval process
  - Fix insurance/reimbursement system
    - Nurses billing for their services
- Administrative efficiency – Cut the red tape
- Health equity
  - Breakdown the barriers to equity of care
- Health outcomes
  - All care needs to be based on latest evidence
  - Healthcare for all at minimal cost
  - Cap on prescription drug prices and resource costs

How do we lead innovative change…

You need to be vulnerable to be courageous!

Be courageous and explore possibilities…

"If you can dream it, you can do it!" (Walt Disney)

"Nothing is impossible. The word itself says I'm Possible." (Audrey Hepburn)

"When people are determined, they can overcome anything. It always seems impossible until it's done." (Nelson Mandela)

"Education is the most powerful weapon which you can use to change the world!" (Nelson Mandela)

"Dream up the kind of world you want to live in. Dream out loud." (Bono)

Who do you see when you look in the mirror…

Authentic leadership: Key to professional success

"Authentic leaders act in alignment with their personal values, building credibility, respect, hope, and trust."

"Authentic leaders have a sense of purpose, distinct values, relationship building, goals and self discipline, a genuine heart."

"Authentic leadership is a trait for all professional nurses because we're all leaders."

(Raso, 2021; George, 2020; Dabrow Woods, 2022)

We need to facilitate a healthy workplace…
What does that mean?

Healthy Workplaces

AACN
Six components

-Skilled communication
-True collaboration
-Effective decision making
-Appropriate staffing
-Meaningful recognition
-Authentic leadership

CDC

Using programs and policies that reduce health risks and improve the quality of life

Workplace tools available

Michael C. Bush: Great Place to Work

"A Great Place to Work for All"

- When the workplace works for everyone, the organization is more successful as a whole
- Survey the workforce to identify gaps
- Develop and employ solutions
- Improve workplace culture
- Take care of employees, they will take care of your clients
  - Compensation
  - Education
  - Mobility
  - Leadership

(Bush, M. (2018). Great place to work for all. Great Place to Work Institute Inc. Berrett-Koehler Publishers, Inc.)
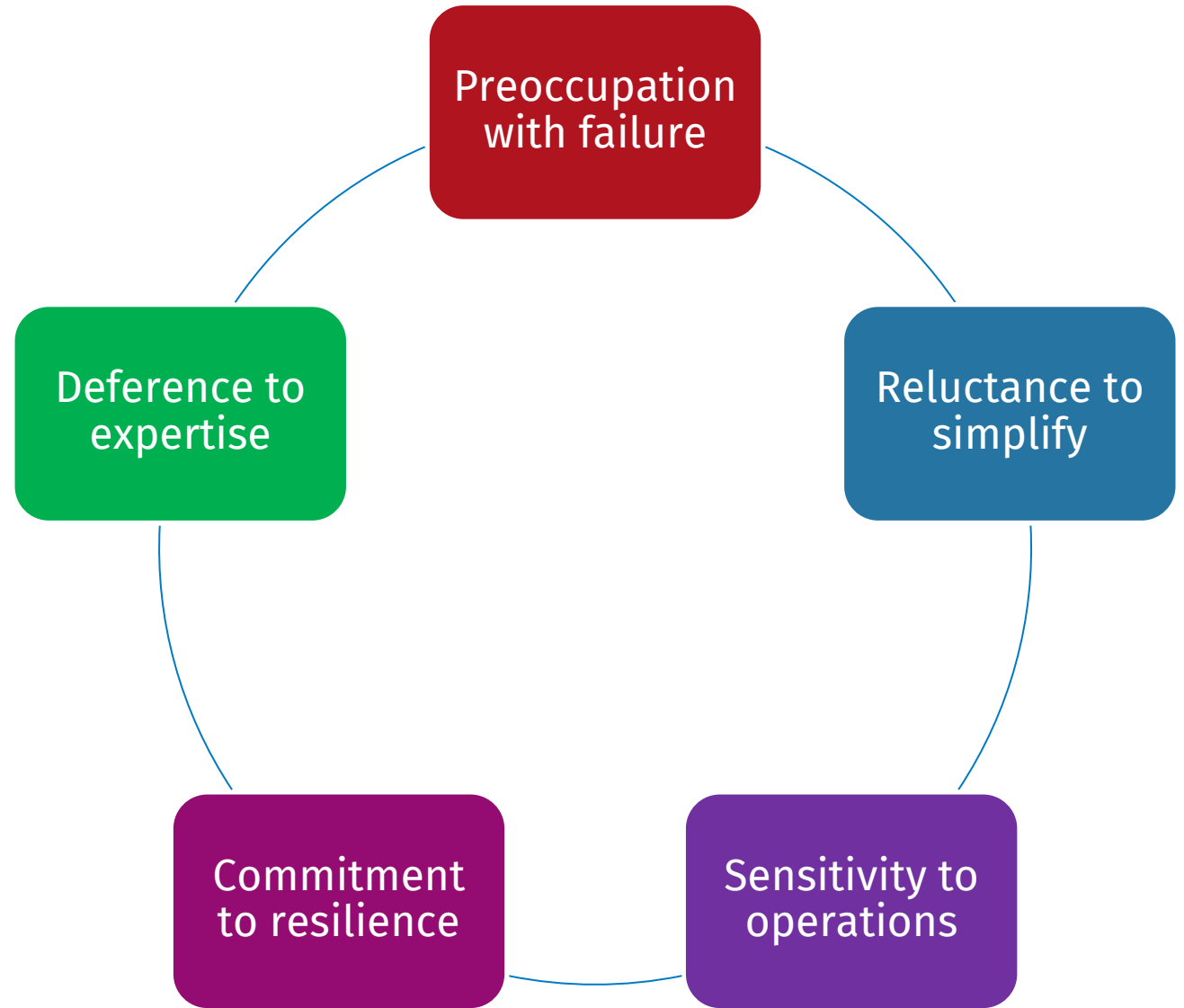
Nursing practices in high-reliability organizations...

What is a high-reliability workplace?

- Those that operate in complex, high-hazard situations for extended periods while managing to avoid serious failures. These organizations continually evolve their operations to maintain this high standard, and technology is an essential part of that.
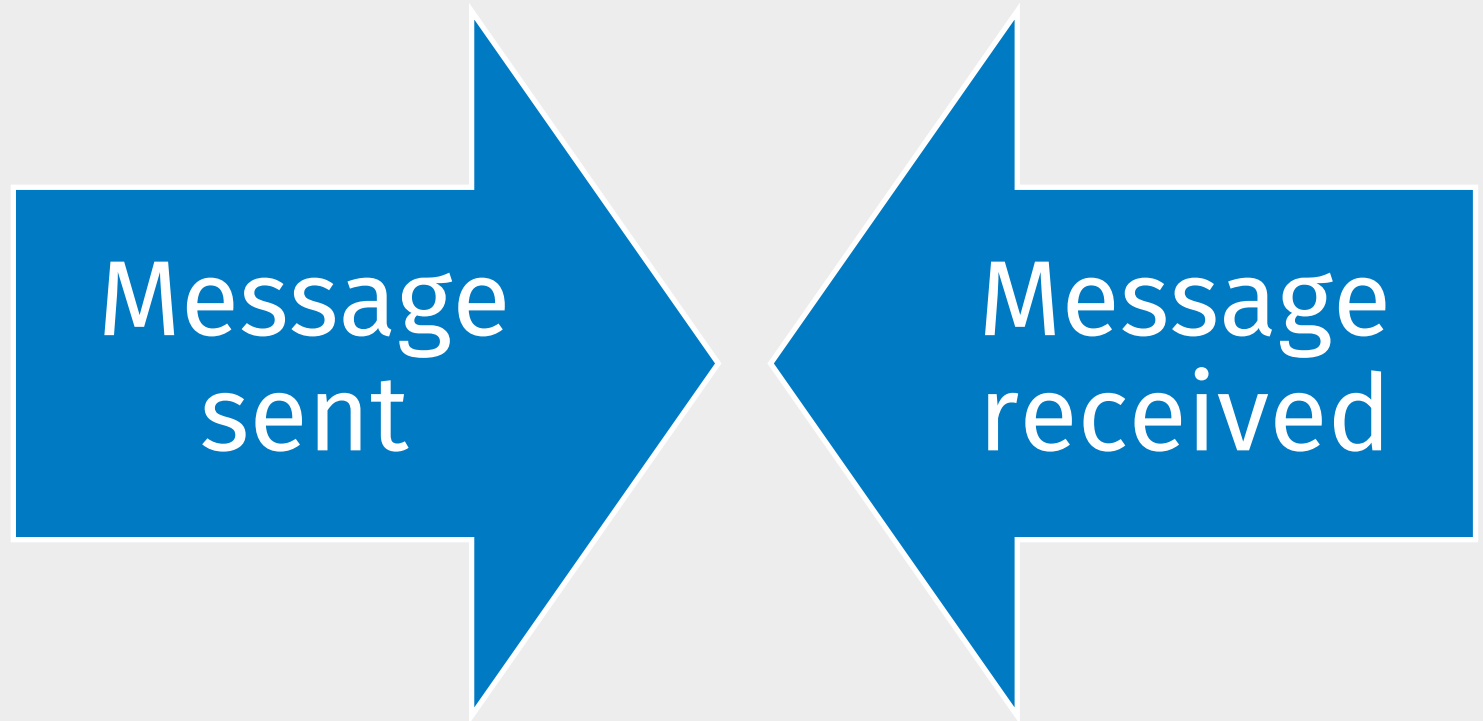
(Patient Safety Network, 2023)

Characteristics of a high-reliability workplace

Preoccupation with failure

Reluctance to simplify
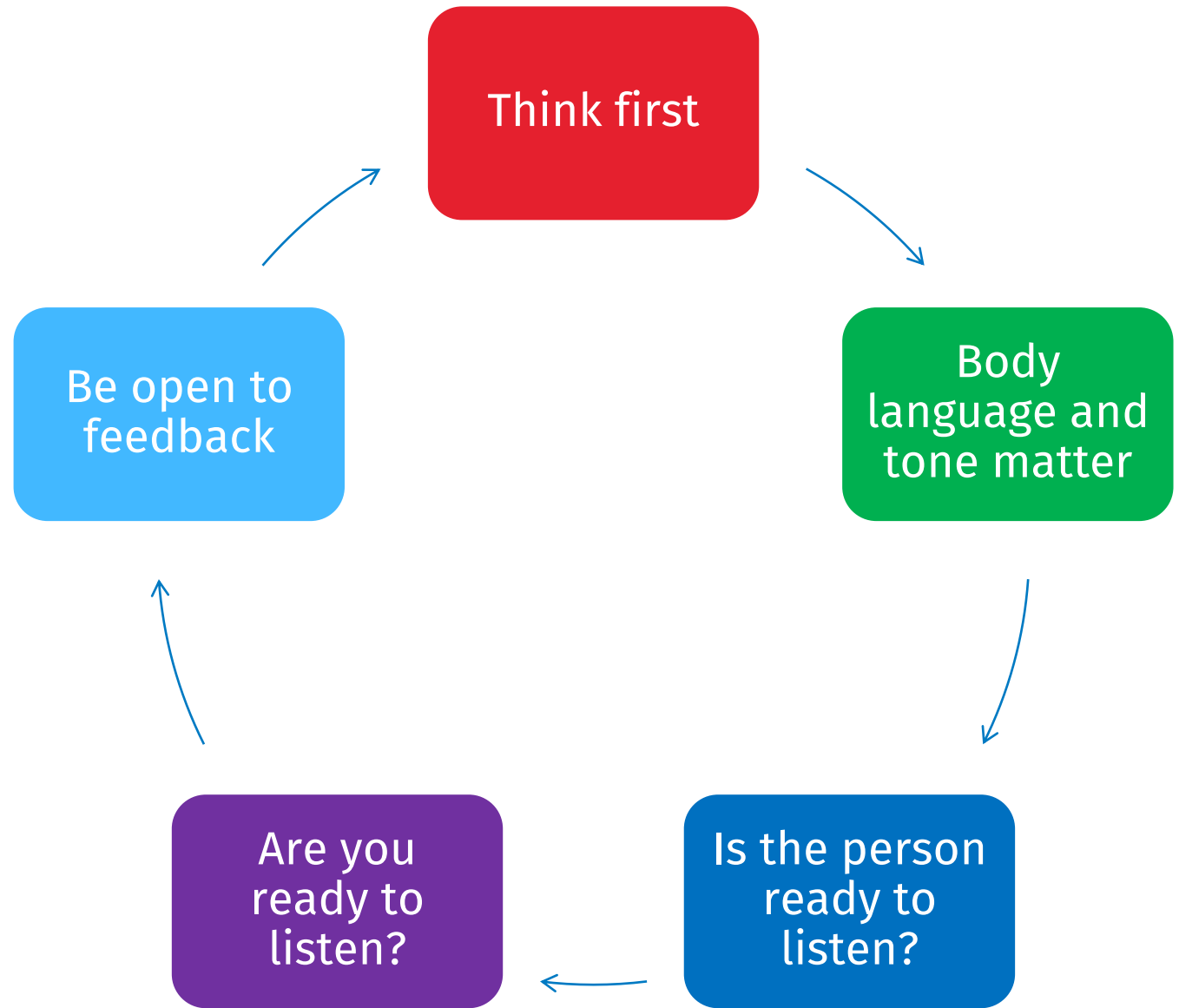
Sensitivity to operations

Commitment to resilience

Deference to expertise

We need to facilitate effective communication

- Linear communication does not work!

Message sent

Message received

Communication…

It's often not what we say, it's how we say it…

Think first

Body language and tone matter

Is the person ready to listen?

Are you ready to listen?

Be open to feedback

The airlines have it right… SBAR communication

- Situation
- Background
- Assessment
- Recommendation/Request

Respect is at the core of communication!

We need to practice the art of de-escalation… Learn to make sense of the chaos!
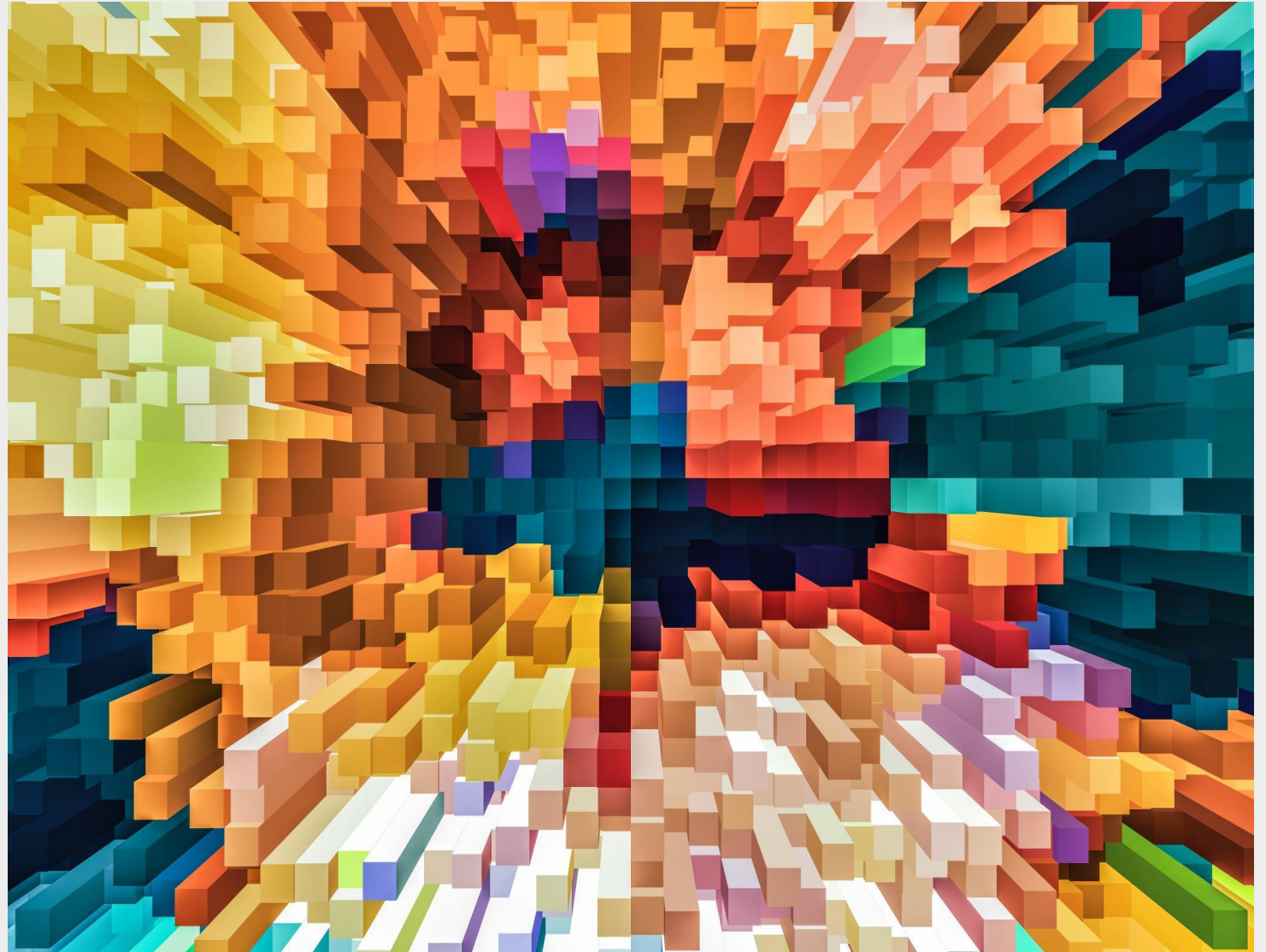
It's time to invest in yourself and grow your own resilience and well-being...

Take the first step to building your own well-being…

- **Just say no!**
- Create your own limits
- Quiet quitting
- Mental health matters - Get the help you need
- Figure out your 1-, 3- and 5-year career plan
- Find your voice and use it!
  - Join professional organizations
  - Get involved in policy decisions
- Have courage to "stay and grow" **or** "go and grow"

We have a PR problem…

It's time to redefine the work of nursing

- What does it mean to be a professional nurse?
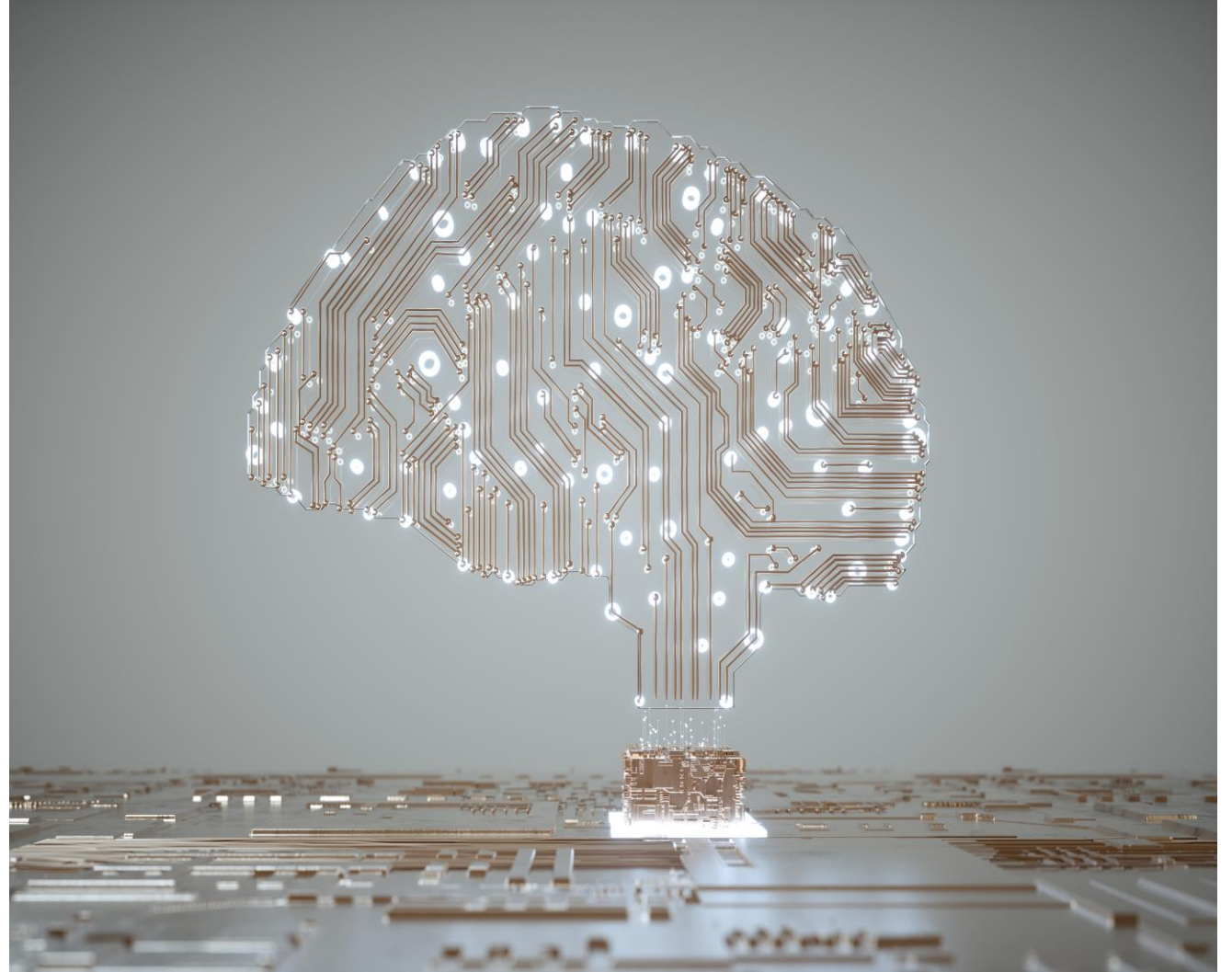- Develop your 30 second elevator pitch…
- We need to be our own PR firm…

Let's address diversity, equity, inclusion and belonging...

Let's address misinformation with science and evidence....

It's time to find your joy...

Joy is found within you…

- Work on yourself first!

- It's not your job to fix others.

- The FAA gets this right, "Put on your own oxygen mask before helping others."

- Decide on your most important and impactful roles and focus on those.
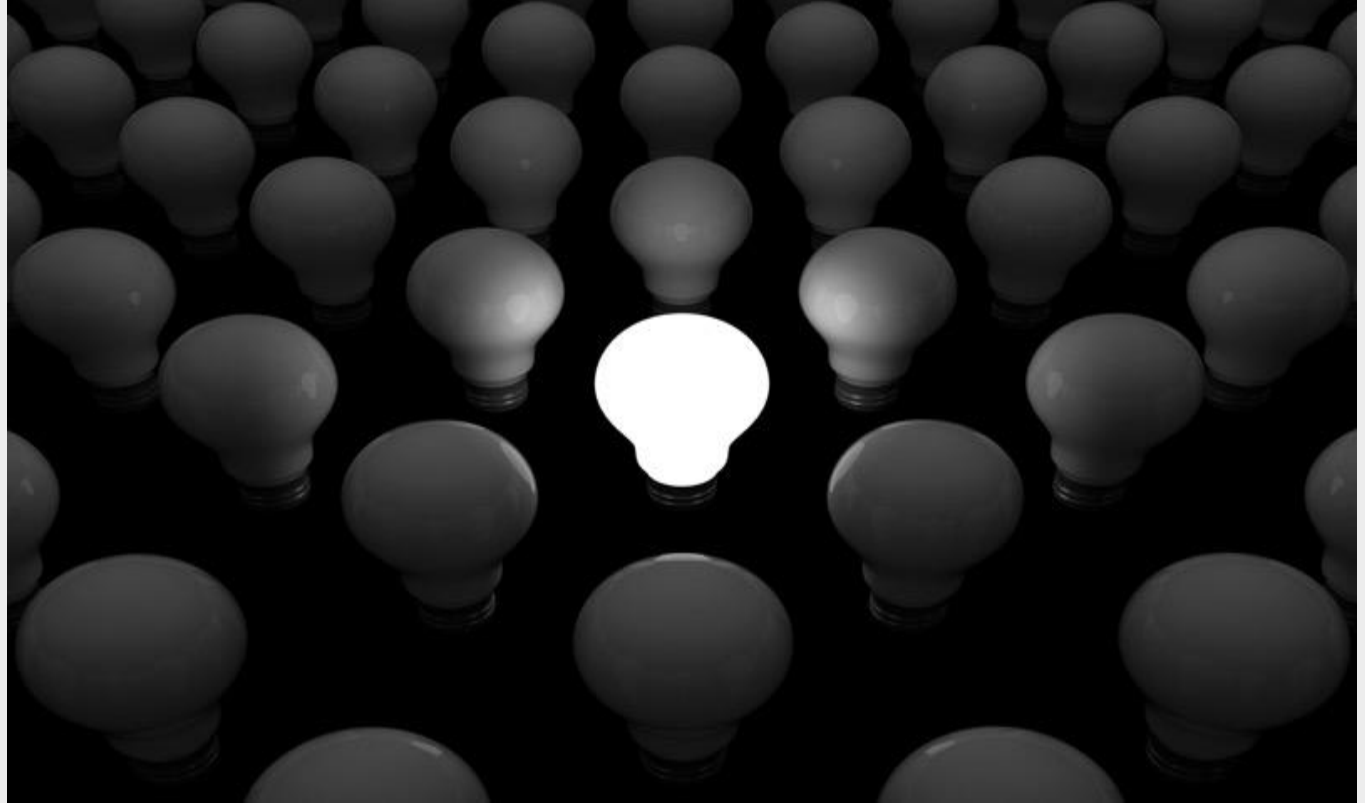
- Show gratitude.

Find your passion...Ignite your spark!

Find your purpose…

It's time to calm the turbulence and navigate to our new reality…

Let's land that plane!

Thank you!

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