Florida Department of Health

Nursing Workforce Ad Hoc Advisory Committee Report

February 2009

Florida Department of Health • 4052 Bald Cypress Way, Bin C15 • Tallahassee, FL 32399-1735
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Preface

The Nursing Workforce Ad Hoc Advisory Committee has generated a report with recommendations for the State Surgeon General to utilize in advising the Executive Office of the Governor on matters concerning current and future nursing workforce: supply, demand, recruitment, retention, and utilization; generating a strategic plan and recommendations for implementation, including but not limited to expansion of educational support, utilization of bridge programs, incentives, and a review of the scope of practice of nurse practitioners in the state.
Nursing Workforce Ad Hoc Advisory Committee Membership

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Florida Nursing Workforce Shortage Overview

Florida is the fourth largest populated state in the country with a wide range of diversity. People of various ages, races, and ethnicity make up Florida’s population. By 2020, Florida will be faced with a convergence of an aging general population and an aging nursing workforce. The results of the aging of these two population groups are the growing demands on our healthcare system and a decreased supply of nurses.

In Florida, approximately 40% of the nurses are 51 years or older with about 14% over 62 years old. If most nurses retire by age 60, Florida can expect to lose more than 40% of its currently licensed registered nurse population by 2015. Based on 2007 data, the demand for registered nurses in the state is expected to grow by 36,428 new jobs through 2014. The vacancy in registered nursing full-time employment (FTE) positions across all settings was 6,000 in 2005; this amount almost doubled in 2007, and is expected to grow to more than 52,000 FTEs in just 13 years.

To have an accessible and complete health care system, Florida is challenged to evaluate the state’s nursing workforce supply and demand. We are fortunate to have a significant amount of data available to us from public and private entities related to the nursing workforce. There are still some gaps related to data generated through the regulatory processes, geographic distribution, and demographic characteristics throughout the state.\(^1\)

\(^1\) Florida Center for Nursing. (January 2007). The Florida Nursing Shortage
Establishment of the Nursing Workforce Ad Hoc Advisory Committee

In order to have the essential conversations needed to address the barriers facing our state, it was essential to bring together stakeholders, address gaps in data, and identify specific strategies. The State Surgeon General established the Nursing Workforce Ad Hoc Advisory Committee on December 18, 2007 to identify and develop a sustainable discussion encompassing the nursing professional shortage being experienced in the state and to identify potential strategies and solutions.

The Nursing Workforce Ad Hoc Advisory Committee was established for the purpose of acting as the advisory body for the nursing workforce initiative as dictated by Section 20.43(6), Florida Statutes. The mission of the Nursing Workforce Ad Hoc Advisory Committee is to facilitate policy discussion and delineate strategies to address the growing demand for an educated and qualified nursing workforce statewide. The duties of the committee include, but are not limited to:

- Identify and make recommendations to the State Surgeon General through the development of collaborative strategies.
- Provide technical support to the department in areas related to nursing workforce and health practitioner development, outreach, education, strategic planning, and expansion.
- Act as a clearinghouse for information specific to addressing the Florida nursing workforce shortage.

Appointments to the Nursing Workforce Ad Hoc Advisory Committee were made by the State Surgeon General, except state agency representatives shall be appointed by the respective agency head. Membership was confirmed on March 4, 2008 and representations include a designee from the following:

- Florida Center for Nursing
- Florida Department of Health
- Florida Nurses Association
- Florida Hospital Association
- Florida Council of Nursing Education Administrators (AD)
- Florida Association of Colleges of Nursing (BSN/+)
- Florida Association of Practical Nurse Educators (LPN)
- Florida Home Health Nursing; Florida Long Term Care Association
- Commissioner of Education or his or her designee
- Secretary of the Agency for Health Care Administration or his or her designee
- Secretary of the Department of Elder Affairs or his or her designee
- President of the Senate or his or her designee
- Speaker of the House or his or her designee
- The Chancellor of the State University System or his or her designee from the Board of Governors of the State University System and
- An at large member as determined by the State Surgeon General.
COMMITTEE MEETINGS
The Nursing Workforce Ad Hoc Advisory Committee held meetings via conference calls at the call of the Chair or Vice Chair, upon the written request of five members of the committee, or at the call of the staff director of the Nursing Workforce Ad Hoc Advisory Committee. A majority of the members of the committee constituted a quorum. Minutes were recorded for all meetings of the workgroup and are maintained on file in the Deputy Secretary for Advocacy and Policy’s office.

Nursing Workforce Ad Hoc Advisory Committee meetings discussions were based on substantiative data that is furnished through the Florida Department of Health, Florida Center for Nursing, and other stakeholders seeking a resolution for the challenges facing the nursing workforce. The purpose and the desired outcomes of the meetings were the following:

PURPOSE:
To delineate major issues related to the Florida nursing workforce shortage and to identify potential solutions and strategies to address the shortage.

DESIRED OUTCOMES:
- Identify and prioritize nursing shortage workforce issues
- Recommend potential strategies and solutions
- Determine next steps to address the shortage

SURVEY: KEY FINDINGS AND RESULTS
The “Nursing Workforce Ad Hoc Advisory Committee Survey” was developed and deployed based on the common category themes and corresponding issues that were identified by the workgroup. The identified common categories are education, retention, and recruitment. The category issues were listed and each member was asked to rank the issues in order of priority.

Thirteen of the fifteen members responded to the survey for an 87% response rate. A summary of the results were discussed with committee members during a conference call to generate group discussion and to determine if additional clarifications were needed. The results are as follows:

I. Under the Education Category, of the five issues listed the highest priority was “Admissions/Capacity.” The second highest priority was “Completion” with “Advanced Level” ranked third.

II. Under the Retention Category, of the six issues listed the highest priority was “Improve the Work Environment,” followed by “Novice Risk Group” in second and “Leadership Development” ranked third.

III. The highest priority of the two areas listed under the Recruitment Category was “Develop Marketing Strategies to Educate/Attract Targeted Groups.”
Next Steps/Strategies to Address the Nursing Shortage in Florida

The results of the Nursing Workforce Ad Hoc Advisory Committee survey attributed the nursing shortage in Florida to three major categories: Education, Retention, and Recruitment. The three primary categories listed below and the strategies identified to address each specific issue are recommended to be considered for implementation on a limited or pilot basis to determine if they are feasible, replicable, and to take into account the cost-benefit analysis.

I. EDUCATION CATEGORY: ISSUES A–D

A. Financial support for faculty. Current data indicates that nursing faculty salaries are not market driven and competitive. Salary increases to faculty in selected educational settings such as associate degree, baccalaureate degree, and graduate level programs could be evaluated for impact (Appendix A).

Strategies:
- Seek additional resources from non-traditional funding venues for salary increases; bonuses i.e. adjust nursing faculty program budgets to be market competitive.
- Private Industry—Provide funding to universities or colleges to be used to supplement faculty salary based on the number of nurses, former students, referred and hired by the company.

B. Financial support to prepare individuals to become faculty in undergraduate and graduate level nursing programs due to the growing lack of qualified faculty (Appendix B).

Strategies:
- Legislative—Provide funding for scholarships, loans, tuition assistance, and incentives i.e. cost of living stipends for individuals pursuing graduate nursing education for faculty positions.
- Private Industry—Provide loan reimbursement or tuition assistance, to qualified staff seeking an advanced nursing degree to become faculty at a college or university or work as a hospital faculty person.

C. Financial support for qualified students (criteria based on financial needs, academic requirements, and internship at a facility serving underserved populations) in associate, baccalaureate, and graduate programs (Appendix C).

Strategies:
- Legislative—Loans, tuition assistance to qualified students enrolled in associate, baccalaureate, and graduate programs, and career tracts.

D. Innovative educational programs such bridge programs. Bridge programs are designed to meet the changing health care needs of our society for competent health care providers and the varied learning needs of nursing students. The programs also provide flexible options to nurses of diverse learning and lifestyles. Other innovative approaches include online courses, accelerated programs and programs that award credit based on life experiences (Appendix D).
II. RETENTION CATEGORY: ISSUES A–E

A. Pilot best practices and innovative programs (Appendix E).

Strategies:
- Legislative—Increase funding to innovative and best practices in settings such as academic institutions and patient/client care facilities; and, support resource allocations to other partner entities. Examples of such practices include the American Association of Retired Persons/American Academy of Nursing Joint Fellowship Program, the Independence Blue Cross Nurse Scholars Program, and the Nursing Consortium of South Florida Centralized Clinical Placement Program.

B. Provide flexible work schedules.

C. Offer shared positions.

D. Support internship/preceptor post-graduate programs at clinics and hospital sites.

E. Support mentoring/leadership training to prepare nurses for advanced roles.

Strategies:
- Legislative—Fund incentives to institutions where employees have mentors, preceptors, or programs to assist with the transition from student to staff.

III. RECRUITMENT CATEGORY

A. Global or broad spectrum recruitment may not be indicated. Data reveals that each year a high number of qualified applicants are not admitted due to the lack of clinical space and faculty. However, directed recruitment to fill identified positions and specialized areas of practice could address these specific areas of shortage. Directed recruitment for positions requiring advanced experience or advanced education includes but are not limited to acute care settings, hospice, home health, and public health settings.

In addition to the strategies listed under the Education, Retention, and Recruitment Categories above, other options for addressing the nursing shortage in Florida have been identified and are outlined in the Americans for Nursing Shortage Relief document (Appendix F). Another option under consideration is the Nurse Licensure Compact that has been tried in other states. After examination of the Office of Program Policy Analysis and Government Accountability report (Report No. 06–02), this would require major changes to Florida Statutes, and may not resolve the nurse shortage. A summary report of suggested strategies for addressing the nursing shortage in Florida has been compiled by the Florida Center for Nursing (Appendix G).
Acknowledgements

STAFF

The Florida Department of Health provided staff to support the Committee and Committee meetings. Staff included:

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Registered Nursing Consultant
Office of Public Health Nursing

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Executive Community Health Nursing Director
Office of Public Health Nursing
## Appendix A—Nursing Faculty Salary Information for Florida Universities

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<th>Rank</th>
<th>Average Salary</th>
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Appendix B—Graduate Nursing Education in Florida

### Program Capacity Measures for Post-licensure Programs, AY 2006–2007

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<td><strong>Number of applicants turned away</strong></td>
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<td><strong>Percentage of applicants turned away</strong></td>
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<td>5.5%</td>
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<tr>
<td><strong>Number of students GRADUATED</strong></td>
<td>965</td>
<td>453</td>
<td>103</td>
<td>28</td>
<td>16</td>
<td>8</td>
<td>32</td>
<td>9</td>
</tr>
</tbody>
</table>

Notes: MSN curriculum options include students entering with a Bachelors degree as well as RN-MSN students entering without a Bachelors degree. The number of RN-MSN students is very small.

*One program was unable to report the number of qualified applicants to the RN-BSN Curriculum. As a result, the reported number of applicants turned away may underestimate the true number.

Given the demand for faculty reported by program administrators, the number of graduates from Educator tracks (MSN programs) and Ph.D. curricula (doctoral programs) is troubling. Only 103 MSN students specializing in education and 32 Ph.D. students were graduated during AY 2006–2007. More faculty vacancies than this existed on September 30, 2007, and programs planned to add another 527 positions over the next two academic years. The low percentages of students turned away in Educator tracks (5.5%) and Ph.D. curricula (1.5%) suggest that interest in education roles is insufficient among prospective graduate students. Importantly, most schools offering MSN degrees also offer an Educator track—so it is unlikely that interest appears low because the track is unavailable.

### Percent of Pre-licensure Programs Reporting Barriers to Program Expansion

![Chart showing percent of programs reporting barriers to program expansion](chart.png)
Appendix C—Florida Association of Colleges of Nursing

Proposed Policy Solutions to Address the Impact of Nursing Education on the Nursing Shortage in Florida

I. DIFFERENTIAL TUITION FOR UNDERGRADUATE NURSE STUDENTS

Short-Term Policy Solution *Beginning in 2009-2010*

- Establish in statute and rule a tuition differential not to exceed 5% per credit hour to be levied on undergraduate nursing students. This professional program-specific tuition differential will be above Bright Futures and in addition to the 15% undergraduate tuition differential allowed under Florida Statutes section 1009.23 for community colleges and section 1009.24 for state universities.

Resources Needed
- No state resources needed.
- Corresponding rule promulgation by respective university and community college boards.

Expected Outcome
- Maintain current volume of nursing student admission in state degree programs.
- Closer approximation of actual nursing program costs with nursing tuition differential revenue.
- Improve faculty retention rate

Rationale
- State budget cuts in 2008 caused some undergraduate nursing degree programs in the state to decrease student admissions in order to reduce costs and balance budgets. More budget reductions are anticipated in 2009 with the expected continuing state budget deficit. Given the Florida Center for Nursing’s predicted shortage of 52,000 registered nurses in the state by 2020, nursing programs need to at least maintain current capacity in spite of further anticipated budget cuts. Doing so can only be achieved by allowing nursing programs to charge a 5% nursing differential tuition in order to capture the higher costs of nursing education and to prevent programs from decreasing student slots because of diminishing budgets.
- Currently, nursing degree programs provide faculty-supervised clinical hours at a ratio of 3 clock hours: 1 credit hour. Therefore, a loss of $160.64/undergraduate student/clinical hour is incurred that is not captured through the tuition per credit. Increasing the volume of students that a faculty member supervises is not an option because of patient safety restrictions enforced by clinical agencies. At present, many hospitals and clinical agencies limit the size of a clinical group to 8-10 students supervised by one faculty member.
- In Florida, less than 11% of employed registered nurses hold a graduate degree, which is required to teach nursing. State and federal funding in the past 5 years have enabled university-based nursing graduate programs to increase their number of graduates. However, faculty salaries are not competitive with the clinical workplace, such that faculty members often earn less than their new graduates or those they are teaching. A nursing-specific tuition differential would provide funding that would allow more competitive salaries, thus increasing the likelihood that current faculty members would be retained in the academic workforce.
2. NURSING EDUCATION FACULTY ENHANCEMENT PROGRAM

Long-Term Policy Solution “Beginning in 2011-2012

• Implement a three-year across-the-board faculty enhancement incentive not to exceed $5,000 for every master’s degree prepared and $10,000 for every doctorally prepared nursing faculty member in approved not-for-profit nursing programs in Florida.

• This incentive is intended to bring nursing faculty salaries at a more competitive level and thus promote retention of nursing faculty in the state. Faculty enhancement incentives shall be allocated to full-time nursing faculty members at the beginning of the academic year provided they have been employed in the program at a minimum of three years previously.

Resources Needed

• Legislative allocation to cover the costs of faculty enhancement incentive for all eligible nursing faculty members in Florida.

• The Florida Center for Nursing Report (2007) indicates there are 572 faculty members in ADN programs and 482 faculty members in BSN programs in the state.

Expected Outcome

• Improved retention of nursing faculty members in Florida

• Decreased attrition of faculty members as a result of relocation to other states or transfer to clinical nursing positions where salaries are more competitive

Rationale

• A 2008 Florida Center for Nursing report cited the lack of faculty as one of the major barriers to increasing capacity in nursing education programs. In 2007, nursing programs in Florida reported a total of 177 vacant positions. Of great concern as well is that programs in Florida reported they needed more budgeted positions than they were able to afford in order to meet the demands of their current students. The faculty shortage is exacerbated by the continuing retirement of aging nursing faculty. The faculty enhancement incentive is important for retention since anecdotal reports indicate faculty are being recruited with more attractive salary offers outside the state, or are lured to positions in hospitals and clinical institutions because of more competitive salaries.

• Legislation to increase faculty salaries and promote recruitment and retention has been passed recently in Virginia and Illinois. Similar proposals in Massachusetts, Mississippi, North Carolina, and South Carolina have been proposed.
2. CREATION OF A NURSING EDUCATION MATCHING TRUST FUND

Long-Term Policy Solution *Beginning in 2011–2012*

• Establish a Nursing Education Foundation in Florida to provide matching funds for non-endowment donations or gifts committed by hospitals or philanthropic organizations to support scholarships for nursing students, nursing faculty positions, simulation labs or facilities, and nursing programs or innovations.
  
• This program would provide a dollar for dollar match for resources emanating from hospitals or other donors to publicly funded nursing programs.

Resources Needed

• Legislative matching funds for all non-endowment gifts or donations from hospitals or philanthropic organizations awarded to publicly funded nursing programs

Expected Outcome

• Doubling of funds donated by hospitals or philanthropic organizations to support nursing programs
  
• Increased motivation of hospitals and philanthropic organizations to donate to nursing programs because of matching funds from the Nursing Education Foundation

Rationale

• At present, only endowment gifts to state university nursing programs are matched through the University Major Gifts Program created under statute 1011.94. The state match ranges from 50% for gifts of $100,000 to $599,000 to 100% for gifts at $2,000,001 or more. This proposed policy calls for matching funds for non-endowment gifts for the purpose of supporting nursing scholarships, faculty, labs or facilities, or new nursing programs or innovations.
Appendix D—Innovative Nursing Education Programs in Florida

Bridge programs are designed to meet the changing health care needs of our society for competent health care providers and the varied learning needs of nursing students. The programs also provide flexible options to nurses of diverse learning and lifestyles.

Other innovative approaches include online courses, accelerated programs and programs that award credit based on life experiences.

A complete Florida Nursing Program List can be downloaded from the Florida Board of Nursing at:
http://www.doh.state.fl.us/mqa/nursing/lst_trainingprograms.pdf
Appendix E—Best Practices and Innovative Programs

I. FLORIDA INTERNATIONAL UNIVERSITY (FIU)

A. New Americans in Nursing Program (NANP):
   (1) An accelerated Bachelor of Science in Nursing program for foreign-educated physicians who are either unemployed or underemployed and desire to become Registered Nurses
   (2) Program in 5 semesters
   (3) Classes scheduled on weekday evenings and clinicals on weekends.

B. Eligibility Requirements for NANP:
   (1) TOEFL score of 550 or above
   (2) Validated transcript from foreign medical school
   (3) Completed FIU and School of Nursing application with essay
   (4) NET Test
   (5) Successful interview

C. NANP Curriculum:
   (1) Credits given for general education and science prerequisites completed in Medical School
   (2) Three courses can be waived if students pass validation or challenge exam:
      (a) Client Assessment
      (b) Pharmacology
      (c) Pathophysiology
   (3) Total of 63 credits of upper division Nursing courses

II. APHA WHITE PAPER IDENTIFIES 12 STRATEGIES TO RETAIN EXPERIENCED NURSES

July 26, 2007
A research team of Robert Wood Johnson Foundation Executive Nurse Fellows at the American Public Health Association (APHA) prepared a white paper that identifies promising strategies for retaining experienced nurses in the workforce.

Key Findings
The 74-page white paper, Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace, identifies 12 best practices that would contribute most to the retention of older nurses, among them:
• Flexible work options.
• Care giving and grief resources.
• Mentoring programs.
• Phased retirement.
• Workplace redesign and ergonomic improvements.

Funding
Oct. 15, 2004

Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development was a national program to streamline the nursing education system and increase the capacity and attractiveness of the nursing profession.

In October 1994, the Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized a total of up to $4 million for the program; it made an additional authorization of up to $3 million in 1998. The program concluded in June 2003.

The program supported 23 statewide and multi-county consortiums or collaboratives that worked on a regional basis to: (1) give nurses greater educational and career mobility; (2) align the supply of nurses more closely with marketplace demand; (3) develop programs to recruit and retain nurses; and (4) affect public policy on nursing education and workforce issues.

**Key Results**
- Project collaboratives developed programs and strategies to recruit new nurses and retain veterans.
- Collaboratives implemented data collection and analysis systems that clarify the dimensions and ramifications of the nation’s nursing shortage and help the profession and policymakers prepare for the future.
- Collaboratives developed and implemented plans that remove barriers to educational mobility and make it easier for nurses to enhance their skills and care giving expertise.
- Previously fragmented segments of the nursing community joined forces to address nursing education and workforce issues and to advocate for public policy.

**Program Administration**
To oversee the projects, RWJF established the Colleagues in Caring national program office at the American Association of Colleges of Nursing in Washington and selected Mary F. Rapson, Ph.D., R.N.—a recognized expert in strategies for expanding access to nursing education—to direct the program. Report retrieved from the Robert Wood Johnson Foundation at http://www.rwjf.org.
AMERICANS FOR NURSING SHORTAGE RELIEF

Americans for Nursing Shortage Relief
Assuring Quality Health Care for the United States:
Building and Sustaining an Infrastructure of Qualified Nurses for the Nation
Consensus Document

The Americans for Nursing Shortage Relief (ANSR) Alliance represents a diverse cross-section of health care and professional organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage. Our country continues to be challenged by a chronic nursing shortage of registered nurses that was first noted in 1998 and is currently showing no signs of abating. It will have a negative impact on health care delivery in the foreseeable future.

Nursing is one of the largest health care professions with an estimated 2.9 licensed registered nurses (RNs) in the United States.¹ Nurses work in a variety of settings, including public health, long-term care, and the hospitals. Advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists) practice in numerous settings, including primary care, hospitals and surgical care facilities. Approximately, three out of five jobs are in hospitals.² A federal report published in 2004 estimates that by 2020 the national nurse shortage will increase to more than 1 million full time nurse positions. These projections are based on the current rate of nurses entering the profession and find that only 64 percent of projected demand will be met.³ A recent study that uses different assumptions published in Health Affairs has adjusted the demand projection to 340,000 nurses by 2020.⁴ In either scenario, the shortage presents an extremely serious challenge to health care access and quality patient care. Even considering only the smaller projection of vacancies, this shortage still results in a frightening gap in nursing service, essentially three times the 2001 nursing shortage.

The ANSR Alliance believes Congress must enact and fund a comprehensive set of initiatives to address these challenges and ensure that the nation has an adequate infrastructure of well-qualified nurses. This Consensus Document outlines programs and evidence-based, cost-effective best practices across the federal agencies that the ANSR Alliance believes hold the most promise for the federal government to take to adequately address and mitigate the complex factors contributing to the current and expected nurse and nursing faculty shortages. These best practices will help establish a foundation of available nurses to respond to public health emergencies and provide quality acute and long-term care to patients in need.

To meet the basic nurse workforce demands, the ANSR Alliance recommends that Congress:

- Build capacity of nursing education programs and enhance nursing research;
- Strengthen the capacity of the national nursing public health infrastructure;
- Help retain nurses, with special emphasis on the older nurse; and
- Expand recruitment of new nurses with emphasis on those with diverse backgrounds.

The remainder of this document will discuss in greater depth each of these 4 policy areas and proposed strategies. In addition, ANSR identifies 1 critical action needed to mitigate the immediate effect of the nursing shortage and to address all of these policy areas. ANSR requests at least $200 million in funding for Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA) in FY 2008. As part of this funding, the Advanced Education Nursing training program (Sec. 811) should be funded at an increased level on par with the other Title VIII programs.

Build Capacity of Nursing Education Programs and Enhance Nursing Research

Nursing vacancies exist throughout the entire health care system, including long-term care, home care and public health. Even the Department of Veterans Affairs, the largest sole employer of registered nurses in the U.S. has a nursing vacancy rate of 10 percent. In 2005, the American Hospital Association reports that hospitals needed 118,000 more RNs to fill immediate vacancies. Hospitals report that this 8.5% vacancy rate is hampering the ability to provide emergency care.1 Government estimates indicate that this situation only promises to worsen. There is an insufficient supply of individuals matriculating in nursing schools, an aging existing workforce, and inadequate availability of nursing faculty to educate and train the next generation of nurses. At the exact same time that the nursing shortage is expected to worsen, the baby boom generation is aging and the number of individuals with serious, life-threatening, and chronic conditions requiring nursing care will increase. As such, more must be done today by the government to help ensure an adequate nursing workforce for the patients of today and tomorrow.

A particular focus on securing and retaining adequate numbers of faculty is essential to ensure that all individuals interested in - and qualified for - nursing school can matriculate in the year they are accepted. In 2005, research reported by the National League for Nursing found that schools of nursing rejected more than 147,000 qualified applications because of shortages of faculty, classroom space, and clinical placement for students.6 Aside from having a limited number of faculty, nursing programs struggle to provide space for clinical laboratories as well as to secure a sufficient number of clinical training sites at health care facilities.

ANSR supports the need for sustained attention on the efficacy and performance of existing and proposed programs to improve nursing practices and strengthen the nursing workforce. The support of research and evaluation studies that test models of nursing practice and workforce development is integral to advancing health care for all in America. Investments in research and evaluation studies have a direct effect on the caliber of nursing care. Our collective goal of improving the quality of patient care, reducing costs, and efficiently delivering appropriate health care to those in need is served best by aggressive nursing research and performance evaluation at the program level.

ANSR Recommendations:

A. Expand the funding of the Nurse Faculty Loan Program Grants (Title VIII of the Public Health Service Act, Sec. 846A) and Nurse Loan Repayment and Scholarship Programs (Sec. Title VIII of the Public Health Service Act 846).

B. Boost appropriations for the advanced practice nurse education programs (Title VIII of the Public Health Service Act, Sec. 811) to have an available pool of nurses who can serve as faculty for schools of nursing.


 Appendix F—Americans for Nursing Shortage Relief

C. Raise budget allocations to expand the Veteran's Administration faculty/clinical service model.

D. Fund and modify the Nurse Faculty Loan Program (NFLP) (Section 846A) to eliminate the matching fund requirements from the schools of nursing.

E. Increase funding of the Department of Labor's High Growth Job Training Initiative to enhance capacity of nursing education programs.

F. Grow the investments across federal departments (e.g., Departments of Defense, Education, Health and Human Services, Labor, Veteran's Affairs) to enhance nursing research and evaluation studies that test models of nursing practice and of nursing workforce development.

Strengthen the Capacity of the National Nursing Public Health Infrastructure

The National Center for Health Workforce Analysis at the Bureau of Health Professions housed within the Health Resources and Services Administration (HRSA) reports that the nursing shortage makes it challenging for the health care sector to meet current service needs. Our nation may soon face a pandemic or another natural or man-made disaster of significant proportions highlighting the nursing shortage as a major concern and an essential part of national preparedness dialogue and action. This threat is exacerbated by the reality of today's health care facilities capacity problems. Given that current health care staff levels are insufficient on a day-to-day basis; this problem would be compounded during a regional or national emergency that results in an influx of patients to hospitals. The current public health infrastructure will be further stretched by the health issues of the aging baby boom generation. Conditions such as obesity, heart disease, Alzheimer's and cancer will further stretch the nation's limited health care resources.

A December 2006 report published by the Trust for America's Health called "Ready or Not?" contains state-by-state health preparedness scores based on ten key indicators to assess health emergency preparedness capabilities. One of the key indicators in this assessment was state nurse workforce capacity; forty states were found to have a shortage. These nurse workforce shortages have a significant adverse impact on the ability of a state or locality to respond to a regional disaster. It clearly indicates that in the event of a national health emergency, such as pandemic flu, the shortage of nursing services will pose a serious threat to public health in some areas of the country.

The Robert Wood Johnson Foundation recently noted that the President's FY 2008 budget proposes $185 million in cuts to programs that would support upgrading state and local capabilities and hospital readiness. This represents a more than 25 percent cut from FY 2005 levels of public health preparedness funding. This decrease in funding for public health agencies has a significant impact on their ability to respond to daily public health issues, let alone respond effectively and efficiently in a crisis. Nurses are an important aspect of the public health system, and are among the first responders in public health emergencies.

ANSR Recommendations:

A. Provide adequate funding for federal programs to increase the size of the public health nursing workforce capable of responding to bioterrorism and other public health emergencies.

B. Increase funding for recruitment and retention efforts to increase the U.S. Public Health Service and Armed Services nursing workforce.

C. Support efforts to expand scope of practice and expand the utilization of advanced practice registered nurse providers to contribute to the public health and primary health care infrastructure.

D. Expand the use of Nurse-Managed Health Centers (NMHC). Fund federal demonstration projects through the Center for Medicare Services and DHHS to increase the use of these safety net providers for the provision of care to the under and uninsured.

Help Retain Nurses, With Special Emphasis on the Older Nurse

Some of the recent forecasts of the nursing shortage indicate that nursing workforce will continue to grow older. Interest in nursing among individuals in their early to mid-twenties is at its lowest point in forty years. One study reports that the average age of RNs in the workforce would increase from 42.0 years in 2000 to 44.7 years in 2012. It is important to note that RNs in their 50s may comprise a large part of this workforce and a number of nurses may work into their 60s. Retaining these experienced, older nurses in the workforce will make a critical contribution to curbing the effect of the nursing shortage. Nursing is a physically demanding career. Strategies will be needed to encourage and accommodate these nurses to stay in the workforce.

ANSR Recommendations:

A. The Occupational Safety and Health Administration (OSHA) should establish appropriate patient handling approaches and develop criteria for healthier work environments for nursing professionals.

B. HRSA should fund demonstration projects with facilities to identify and encourage best strategies for retention and recruitment of older nurses.

Expand Recruitment of New Nurses With Emphasis on Those With Diverse Backgrounds

Registered nurses, advanced practice nurses, and nursing faculty are all critically necessary to sustain an adequate supply of nurses available to deliver quality health care. The U.S. nursing shortage is part of a larger world-wide nursing shortage. The international scope of this problem makes it critical that our nation develop additional strategies to appeal to men and women to pursue nursing and teaching nursing as a profession. Congress specifies the mission of Title VIII is to ensure a sufficient national supply of nurses; Title VIII programs must be adequately funded to fulfill their important mission.

At a March 2007 Senate hearing, officials discussed a serious shortage of military nurses. It was reported that the Army, Navy and Air Force have a ten percent shortage of nurses; these shortages rise up to as great as forty percent for some areas of nursing specialty practice. This growing shortage poses a threat to the health and well-being of American military members at home and abroad.

Between 1994 and 2002, the total percentage of minority nursing students grew to more than twenty percent of the overall nursing student population. This period of growth appears to have ended. In 2004-

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2005, the overall percentage of minority nursing students declined by almost two percent. The percentage of blacks, Hispanics, and American Indians all have slipped downward each year since 2002. While the distribution of black, Asian, and American Indian students enrolled in pre-licensure nursing programs closely mirrors that of the student bodies of U.S. colleges and universities, there is one glaring exception: Hispanic students represent only 5.3 percent of nursing students compared with more than 10 percent of the undergraduate population at large i.e., one in ten US college students is of Hispanic origin, compared with one in twenty pre-licensure nursing students.

Cultural competent health care providers are essential to the provision of high quality health care in this nation. Ideally, the health care workforce should reflect the cultural diversity of the general population. Studies have shown that people are most comfortable receiving care from someone of their own cultural and ethnic background. Studies provide evidence that minority practitioners are more likely than their white counterparts to serve in minority and medically underserved communities. It is critical that we invest in strategies to encourage this diversity in nursing and work to enhance cultural competence among nurses of all ethnic backgrounds.

Recommendations:

A. Provide at least $200 million in FY 2008 to the Public Health Service Act (42 U.S.C. 296 et seq.) Title VIII Nursing Workforce Development Programs. In addition, the Advanced Education Nursing training program (Sec. 811) should be funded at an increased level on par with the other Title VIII programs.

B. Fund the Nursing Education Loan Repayment Program (NELRP) (Sec. 846) and the Nursing Scholarship Program (NSL) Program (Sec. 835) to increase the number of students who can complete their nursing education and enter clinical practice.

C. Fund demonstration programs that would allow HRSA to coordinate with the U.S. Public Health Service to offer NELRP and NSL recipients incentives to join the U.S. Public Health Service nurse corps.

D. Focus on recruitment and retention of nursing candidates from a variety of racial and ethnic backgrounds. Fund Workforce Diversity Grants (Sec. 821) to prepare disadvantaged students to become nurses.

E. Provide adequate funding for evidence-based, capacity-building intervention strategies used across the federal departments and agencies (e.g., Department of Education, Department of Health and Human Services, and the National Science Foundation) that expand pre-college science and math curricula in order to better prepare and encourage more students to select nursing as a career.

The following ANSR Alliance organizations support this Consensus Document. If you have any questions, please contact:

Organizations:
Academy of Medical-Surgical Nurses (AMSN)
American Academy of Ambulatory Care Nursing (AAACN)
American Academy of Nurse Practitioners (AANP)
American Association of Critical-Care Nurses (AACN)
American Association of Nurse Anesthetists (AANA)

American Association of Nurse Assessment Coordinators (AANAC)
American Association of Occupational Health Nurses, Inc. (AAOHN)
American College of Nurse-Midwives (ACNM)
American College of Nurse Practitioners (ACNP)
American Organization of Nurse Executives (AONE)
American Radiological Nurses Association (ARNA)
American Society for Pain Management Nursing (ASPMN)
American Society of PeriAnesthesia Nurses (ASPA)
American Society of Plastic Surgical Nurses (ASPSN)
Association of periOperative Registered Nurses (AORN)
Association of Rehabilitation Nurses (ARN)
Association of State and Territorial Directors of Nursing (ASTDN)
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Emergency Nurses Association (ENA)
Infusion Nurses Society (INS)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Neonatal Nurses (NANN)
National Association of Nurse Massage Therapists (NANMT)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Orthopaedic Nurses (NAON)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Black Nurses Association, Inc. (NBNA)
National Conference of Gerontological Nurse Practitioners (NCGNP)
National Council of State Boards of Nursing (NCSBN)
National Gerontological Nursing Association (NGNA)
National League for Nursing (NLN)
National Nursing Centers Consortium (NNCC)
National Organization for Associate Degree Nursing (NOADN)
National Organization of Nurse Practitioner Faculties (NONPF)
Nurses Organization of Veterans Affairs (NOVA)
National Student Nurses' Association, Inc. (NSNA)
Oncology Nursing Society (ONS)
RN First Assistants Policy & Advocacy Coalition (RNFA PAC)
Appendix G—Florida Center for Nursing

VISION

Florida shall have a qualified nursing workforce that is sufficient to meet the changing demands of the health care environment and the needs of its people.

By 2020, Florida will be faced with a convergence of an aging nurse population, resulting in decreased supply; and an aging general population, resulting in increased demand. Combined with the unresolved existing shortage, the result will be a critical deficiency of qualified, experienced nurse workforce. Continued commitment and purposeful interventions on the part of key stakeholders are essential to assure that the needs of all Floridians are met.

The Florida Center for Nursing Board has identified three critical issues as essential to successfully resolve the nursing shortage. Presented with each are the key stakeholder activities recommended to address the issue.

RETENTION OF NURSES CURRENTLY IN THE WORKFORCE

Successful resolution of the nursing shortage must involve parallel strategies: retention of the current workforce and increased production of the future workforce. Acceptance of the need to make significant improvements in the work environment and a global approach to increased retention of the existing workforce has, to date, remained limited. Individual nurse employers are implementing programs to address this issue. As of November 2007, 17 of the state's 228 acute care facilities have achieved national recognition for nursing excellence through the American Nurses Credentialing Center's Magnet Recognition Program®. Yet, we continue to have problems in our work environments. National estimates suggest that 50% of new nurses leave direct care within the first two years of practice. As nurses age the physical demands of practice can be daunting and the interest in working 12 (or more) hour days wanes. The movement of experienced, senior nurses out of direct care roles results in a critical loss of knowledge and skills. With this loss of experiential knowledge there is no one to orient and develop the large influx of new nurses resulting from the focused effort to increase capacity in our nursing education programs. Thus, the cycle continues.

Who should address the issue?

Florida Legislature:
- Establish incentives for nurse employers, primarily acute care hospitals and skilled nursing facilities, to effectively decrease nurse turnover rates and increase retention of experienced nurses.
- Establish a grants program to fund projects directed to improve the work environment.
- Assure funding for the Center to conduct biennial nurse employer surveys and complete data analysis.

Nurse Employers: Administrators/Chief Executives, Directors of Nursing/Chief Nurses, and/or Boards of Directors/Trustees
- Change the work culture in nurse employment settings based on input from nurses and analysis of issues specific to a given environment.
- Implement known strategies to improve the work environment (e.g., shared governance; flexible scheduling; ergonomic designs).
- Develop consortiums for problem identification, intervention development, and sharing of successful practices.

Florida Center for Nursing
- Provide information on strategies to increase nurse retention and promote successful practices.
- Conduct nurse employer surveys and provide data on nurse vacancy and turnover rates.
- With available funding, award small grants for retention and recruitment initiatives.
MAXIMIZING CAPACITY OF NURSE EDUCATION PROGRAMS IN FLORIDA

Increasing the production of new nurses, in and of itself, will not achieve the goal of assuring Floridians a sufficient and qualified nursing workforce. Simply adding new programs, increasing funding for existing programs, and/or conducting clinical training on nights and weekends does not guarantee student success. To increase production of new nurses there must be increased admissions, increased graduations and increased successful passage of the National Council Licensure Examination for Registered Nurses (NCLEX). Spreading resources too thin in our academic settings (i.e.: faculty; clinical experience; qualified preceptors) by over-emphasizing admissions through unconstrained approval of new programs and expansion of capacity in existing programs has resulted in decreasing NCLEX pass rates for nursing graduates in Florida. We must make the best use of our existing nursing education programs by providing the resources that can increase the end product—a licensed registered nurse (RN). This means addressing the nurse faculty shortage, assuring appropriate clinical experiences, and acknowledging the cost of nursing programs.

Who should address the issue?

Florida Legislature:
• Give authority to the Florida Board of Nursing (BON) to develop criteria for 1) approving proposals to introduce new or expand current programs and 2) evaluating successful outcomes of nurse education programs in Florida.
• Give authority and funding to the state universities and community colleges to 1) establish market driven pay structures for nurse faculty and 2) adjust nursing program budgets to reflect the unique needs of practice-based education.
• Establish incentives for education programs to decrease student attrition and increase NCLEX pass rates for first time test takers.
• Fund scholarship and incentive programs to encourage pursuit of graduate nursing degrees that prepare individuals to become faculty at universities and community colleges.

Florida Board of Nursing:
• With legislative authority, develop and implement criteria for approval and evaluation of nursing education programs.

Education System:
• With legislative authority, implement market driven pay structures and appropriate budget for nurse education programs. Nurse education program administrators must evaluate current curricula and implement changes to maximize outcomes including consideration of new technology and the needs of employers.
• Develop regional consortiums of nursing education programs to share critical faculty (e.g., clinical specialties) and advanced technology (e.g., simulation equipment; distance learning).

Florida Center for Nursing
• Conduct nurse education program surveys, complete analysis, and report results. Minimally, provide data on program capacity, graduation rates, and faculty vacancies.
STATEWIDE STRATEGIC PLANNING

Efforts initiated with the intent to address the nursing shortage in Florida must be fiscally sound with predictable outcomes that will achieve the desired goal(s). As a state, Florida is highly diverse with variances in population demographics and needs from the southern tip to the panhandle. The supply of and demand for nurses is also varied throughout the regions of our state. What is constant is that there is a shortage of qualified nurses. How to approach resolving that shortage must reflect the available resources (human and fiscal) and identified needs of each region. Decisions must be based on valid information regarding trends in the supply of nurses (i.e.: current, active licensees; graduates from area education programs) and demand for nurses with consideration of nurse employing industries (i.e.: acute care hospitals; home health agencies; skilled nursing facilities; public health departments; hospice).

For example, nursing education program expansion decisions should be based on an identified need for additional new graduate RNs in the school's region and validation of access to needed resources such as qualified faculty and clinical space. However, if there is a greater need in the given region for experienced critical care nurses, funds should be directed to certification programs and training to transition already licensed RNs to work in critical care settings.

Who should address this issue?

Florida Legislature; Public and Private Education Programs; State Agencies; Nurse Employers:

• Utilize state and regional information provided by the Center in identifying strategies and determining funding for programs and initiatives to resolve the nursing shortage in Florida.
• Continue to support and participate in data collection for analysis to evaluate outcomes.

Florida Center for Nursing:

• Serve as the definitive source for information, trends, research and forecasting about nurses and the dynamic nursing needs in Florida.
• Publish biennially a “state of the state” report identifying positive outcomes of strategies employed and current problem areas with recommended strategies for resolution.
• Conduct statewide biennial nurse employer surveys, analyze data and report results on a regional and statewide basis including vacancy and turnover rates by industry.
• Publish trend analysis and projections of nurse supply and demand in Florida.
• Participate in relevant national efforts to address nurse manpower issues and identify successful strategies for implementation in Florida.
• In partnership with the Department of Health, on a regional and statewide basis:
  —Receive BON licensure data for analysis and report results.
  —Collect nurse workforce data for analysis and report results.
  —Conduct annual survey of nurse education programs in Florida and report results.