

Appendix III.

New Hampshire Nursing Workforce Initiative **Findings from Focus Group #1** **September 5, 2001 - Portsmouth NH**

Introduction

The *New Hampshire Nursing Workforce Initiative* is eleven-month investigation into the nursing workforce shortage in New Hampshire. The project is being conducted by the Foundation for Healthy Communities (FHC) with state funding under the New Hampshire Community Grants Program and involves a collaborative approach between statewide nursing organizations and provider groups. The goal of this project is to ensure access to high-quality nursing care within New Hampshire health care organizations by providing information that will lead to new strategies to address the availability, recruitment and retention of registered nurses and licensed practical nurses. Specifically, the project will:

- Collect and analyze statewide information on the supply and demand for nurses in New Hampshire. This includes collecting primary data through surveys and analyzing secondary data to obtain a current understanding of the supply of nurses, health care system needs for nurses, the nursing work environment, and how educational issues influence current and future workforce needs;
- Identify model programs or “best practices” from within New Hampshire and out of state that may be adapted locally to improve recruitment and retention of nurses; and
- Prepare a report that synthesizes results from the first two activities for use by Nursing Summit leaders, the Workforce Opportunity Council and for use by others within the state to address nursing care shortages.

Focus Group Purpose and Procedures

The purpose of this first focus group was to (1) explore issues on the availability, recruitment and retention of nurses; (2) identify key issues and questions to include on the surveys; and (3) test some survey questions. Seven individuals were identified for participation by Stan Plodzick, Jr., RN, VP of Patient Services at Portsmouth Regional Hospital, a member of the Nurse Workforce Advisory Board and Nursing Summit. The group met at the Portsmouth Regional Hospital on September 5, 2001 from 6-8 pm. Food was provided, and each participant received \$50 for his/her participation.

Participants were asked to introduce themselves, speak briefly about their current job, indicate how long they had been in the nursing profession, and tell us what was most important to them about nursing. The group was then asked a series of questions about work conditions and opportunities, compensation, and personal and professional recognition. They were asked to vote on what they saw as the three most important issues for recruitment and retention of nurses in New Hampshire. This was followed by a discussion about strategies and practices to improve recruitment and retention. Participants were given time at the end of the session to express any final thoughts on the topics covered and or other issues related to the nursing shortage

(Attachment 1).¹ In addition, participants were asked to fill out a brief questionnaire containing demographic and employment information. Feedback by participants at the end of the session indicated that they enjoyed meeting each other found the opportunity to discuss the issues valuable.

Participant Information

All participants live in the New Hampshire (n=5) or Maine (n=2) seacoast area and work in Portsmouth, NH. Five of the seven participants were between the ages of 30 and 59. One was younger and one was older. All but one participant was female. Two participants held RN diploma degrees; 3 held Bachelor's Degrees and 2 had received Masters level training, one of which was in health administration. One person held a certificate specializing in women's health), and another had been trained in nursing in another country.

Participants worked in a variety of settings, including hospitals (in-patient acute care), long-term care facilities, a home health agency, a physician's office, and in a school setting. Not unexpectedly, participants were either involved in providing or supervising direct patient care, administration, or some combination of these activities. Only 1 participant worked less than 20 hours per week; the other six worked full time (36 hours/week or more).

All but one participant had been in the profession for 20 years or more, and more than half indicated that they would be remaining in the field less than 5 years. One participant was not sure of the duration in nursing. Five of the seven participants cited retirement as the primary reason they would be leaving the field. One person said that a career change would be the reason to leave nursing. One individual person said they would leave nursing (ostensibly working with patients, either directly or in a supervisory capacity) to become a nursing home administrator. This raises some question as to how people may interpret "leaving the profession" and should be clarified for the survey.

Nursing as a Career

As a starting point, participants were asked why they entered the nursing profession and to describe what was most important to them about nursing. Not surprisingly, there was great consistency in respondents' answers. All participants indicated that their career choice was based primarily on a desire to serve, to help people in need, and to make a difference in patients' lives. Several individuals were influenced by their families. For example, two people came from families in which a parent and/or siblings were in nursing. Several people indicated that at the time they were choosing a career, the options available to women were nursing and teaching and spoke about the differences in choices available to women today. However, there was no indication that they would have chosen differently had other options been available. This was validated by further comments on being in the nursing profession, as follows below.

Almost uniformly, participants said they enjoy working with patients and that nursing makes them feel good about themselves and what they do. There was a strong consensus that money was not a primary motive for entering the profession. Nonetheless, they discussed that nursing was a financially viable profession for women and in particular during the era when women had more limited choices for employment. This was especially true for women who

¹ Question #4 on education and training was not asked due to time constraints.

were single or divorced and children to support; or, for example, when their husbands went to war and they were left with a need to work. They also commented on what they called the “refrigerator (or acquisition) nurse” phenomenon – where a person will work as a nurse just long enough to make the money necessary to buy a refrigerator, then they quit until they need money for something else.

Participants revealed that in addition to serving people in need, other important aspects of nursing included (1) the flexibility of the profession, particularly in terms of raising a family; (2) helping people die with dignity; (3) sharing knowledge with people; and (4) making a difference in the profession itself. Participants also described that they enjoyed teaching students, working in teams with other nurses, physicians and other providers, and that they felt a sense of trust and respect from both physicians and administrators in terms of clinical decision making. At the same time, participants also said that one of the things they dislike about nursing is that medical decision-making is being done primarily by administration and insurance, rather than by nursing professionals. They indicated that medicine today revolves around money rather than on what is good for the patient, and that the “art” of nursing is being taken away from them.

Technological advances were seen as being both positive and negative. On the one hand, improved technology had led to many positive clinical procedures from which patients benefited. However, the computerization of medicine seemed to be taking away time spent directly with patients and it reduced clinical decision making to a computer program. Some participants said that the expansion of technology in health care made them feel like a computer technician rather than a health care provider. It also added to their paperwork burden, which they said was already a problem.

Nursing was experienced as a very stressful profession in many ways: there was never enough time to do everything and it was hard to put limits on time allotted for patient care; working with patients and families presented various stresses; the work could be physically very demanding; and rules and regulations (both state and federal) were rigid and too numerous to keep up with. One participant said she changed fields because the work was so stressful.

Staffing was also a critical issue, both in terms of the nurse/patient ratio being too low and in the quality and mix of nursing capabilities. One participant also indicated that in her role with clients was sometimes confusing, as it was not clear who was to have primary responsibility for the client or various aspects of a client’s needs. Finally, as is true for most work environments, participants said that people bring their personal problems into work.

Despite these issues, participants unanimously said that the nursing profession had met their expectations. One participant was “*enriched as a human being by sharing experiences with patients and families.*” Another said “*...it is a privilege to see and do what we do.*” Other participants indicated that nursing is far from boring because every day is different. It also teaches one to be flexible because the field is constantly changing. All participants said they would recommend nursing as a career choice. It offered a variety of work opportunities, it accommodates lifestyle flexibility, and overall it is very rewarding. Some qualified their recommendations by saying that it was important that people have a clear and realistic view of the profession and what it is about.

Issues for Recruitment and Retention of Nurses

Working Conditions and Opportunities: Issues about working conditions centered on physical, social/emotional and organizational aspects of work. Physical conditions varied among participants. In some cases, participants were pleased with the physical environment, they enjoyed new computers and technology. In other cases, participants said the environment needed to be updated and they were frustrated with the lack of equipment and resources, which could include everything from computers to linens, IV equipment, wheelchairs and other types of resources.

Much of the conversation focused on the social and emotional aspects of work. One participant indicated that people tended to bring in their private personal issues to work, and that *“a bad mood (by one person) can set off a sour mood for the whole staff.”* This person went on to say that this lowers morale, and once morale is gone it is very hard to get it back. One person said that they try to get individual nurses to work on their own issues and to suggest their own solutions to issues that come up. Other participants had the opposite perspective. *“Staff have worked well together for a long time, and everyone has worked out their relationships. We all know what to expect.”*

Another focus of this discussion was about CNAs and new entrants to nursing. There was a strong and consistent opinion voiced that CNAs don't respect nurses and that they don't have the same type of commitment to the job. They want the same salary as RNs but they do not have the same level of training, and their work habits are not as good. This sentiment was embodied in this statement: *“It's just a job, not a career. They (CNAs) don't respect the chain of command with management.”*

Stress-related burnout was raised as a very serious and prevalent issue in the nursing workplace. However, most believed that nursing offered enough variety that people could stay in the field and recover by moving around and changing disciplines (for example, pediatrics, orthopedics, or OB-GYN), by getting a promotion and/or moving into management or administration, or by simply working less or in a different setting. In addition, participants felt that it was important that those in charge have a better understanding of the frustration and burnout experienced by nurses.

Compensation: There was some consensus that monetary and non-monetary compensation are of equal importance. There were a variety of perspectives concerning salaries and pay. On the one hand, participants said that nursing wages are getting better over time compared to other types of jobs. In addition, there is shift differential (meaning swing and night shift work pay better) and incentive and holiday pay. However, participants also cited the lower pay scale in New Hampshire compared to Massachusetts and other states, and believed that nurses are moving to other states for better wages. Moreover, the pay scale for school nurses was also cited as being unfair -- not all school nurses get even the teachers salary -- and that there is substantial disparity between schools across the state. Finally, participants agreed that there was a large and unfair disparity between various levels of education and the pay scale. In particular, participants indicated that more education does not necessarily translate to more pay. Some agreed that the nursing profession has set itself up for problems by letting people with

different levels of education call themselves nurses. At the same time, one individual presented a situation in which nurses were asked how much they should receive on an hourly basis, and they were unable to articulate what they were worth. All agreed that self-advocacy was important in terms of fair compensation as evidenced by this comment: *“The squeaky wheel gets the grease..!”*

Participants felt strongly that monetary compensation is only half the picture. Non-monetary benefits included good health insurance and retirement benefits, although most agreed that health insurance is not as good as it used to be. Education was seen as an especially important benefit. Several participants indicated that although it varies, some employers will pay for the state license and/or continuing education classes. One hospital paid for a Master’s degree. Opportunities for shift work (which generally does come with enhanced monetary compensation) and flex time were also considered important by participants. There was consensus that compensation in all forms varied significantly depending upon the employer.

Personal and Professional Recognition: Interestingly, professional recognition seemed to take second place to personal recognition. These participants spoke mostly of what might be considered little things that really mattered to them -- a “thank you” at the end of the day, receiving direct and positive feedback during rounds, little comments of appreciation of a job well done by other staff, patients, and their families. Personal self-recognition in the form of seeing their patients getting better was also deemed to be very important. One participant who felt she works mostly in isolation said she had to rely on herself and her own sense of personal satisfaction. She and others stressed that positive feedback on a regular basis is critical. One participant indicated that employers show they trust you by giving you more work! It was noticeable that no one spoke of promotions, bonuses, professional awards or increased pay as important modes of professional and personal recognition.

Major Issue for Recruitment and Retention: Participants were asked to vote on what they thought the three most important issues were for recruitment and retention. On balance, it seems that the three issues are the same for both recruitment and retention and include compensation, the flexibility of the profession, and burnout. However, the order of the priorities was slightly different as shown below:

Priority	Recruitment	Retention
#1	Compensation	Respect and burnout
#2	Flexibility	Compensation/Flexibility (tied for second priority)
#3	Respect and burnout	

Despite the fact that money was not a primary motive for these participants to enter the nursing profession, compensation appeared to be the most important issue for recruitment and tied for the second most important issues for retention. Specifically, participants indicated the following as critical issues: (1) pay, relative to the cost of living; (2) the disparities between education and pay, and that more training did not automatically lead to higher compensation; and (3) that people could not place a dollar value on what they were worth. The high cost of education was also cited but not as frequently.

Job flexibility and in particular the ability of the nursing profession to accommodate a flexible lifestyle was voted as the second most important issue for recruitment and retention. Respect and burnout were seen as critical to both recruitment and retention, but of greater importance to the latter. More than half of the participants indicated that it was important that people understand the frustrations of nursing and that verbal recognition of their skills and contributions was crucial, especially for retaining qualified nurses.

Strategies to Attract and Retain Qualified Workers

Participants had many ideas about how to attract and retain qualified workers to nursing, which were generally clustered around (1) improved marketing strategies and promotion of the benefits and flexibility of nursing; (2) reducing the cost of licensure and re-entry into the profession; (3) providing social supports; and (4) dealing with burnout.

Most participants agreed that there was a need to improve marketing strategies, and in particular to target people interested in science and technology. One person echoed a group sentiment that “*Nursing is NOT for dummies!*” In addition, it was the group opinion that the flexibility of the profession should be talked up, and many people do not realize or understand this beneficial aspect of the profession. Also, the nursing profession has changed substantially over time, and people who have left the profession may not be fully aware of all the new opportunities.

The group also felt that it should be easier and less expensive to re-enter the profession. They cited the cost of study courses and licensure for the state exam as a potential barrier for many nurses, particularly those with less education and training. Along this line, it was suggested that setting a scholarship for re-entry might be a viable solution, although it was not indicated where funds should or might come from.²

In the area of social supports, participants said that the provision of 24-hour childcare would be very helpful for both recruitment and retention. A common complaint for many workers (in nursing and other fields) is the general lack of affordable childcare, but in particular, childcare for people who work swing and night shifts. In addition, childcare for sick children also creates shortages because workers need to stay home, as providers frequently do not accept sick children into their facilities. It was also suggested that mentor program might improve retention and recruitment of non-practicing nurses back into the field.

Finally, finding creative ways to deal with professional burnout was cited as an important strategy for retaining qualified workers. One suggestion was to promote moving around within the profession, in part aligned to showing the flexibility of the profession. In addition, the nursing profession needs to address lifestyle needs and the need for balance between work and family stresses. Most of the group agreed that more money was helpful *but “...it only goes so far.”*

² One possible source might be the State Health Care Transition Fund, which provides funding for the Community Grants Program. Due to a variety of factors, a sizable amount of money was remaining in the Community Grants Program after awards were made in the summer of 2001.

Final Comments

Participants were given time at the end of the session to add some final thoughts on the subject of recruitment and retaining qualified workers in nursing. All participants spoke of a deep love of nursing and gratitude for the opportunity to serve society through nursing. This was most aptly described by one participant:

“I love the profession. It allowed me to be a person that I didn’t know that I could become.”

However, they also said that while they are happy to nurses, that in general, the profession does not speak well of itself, nurses do not respect themselves as a group, and that nurses tended to hold up the differences among themselves rather than the profession as a cohesive group of people all working toward a common goal. One person voiced a wish that people could see how to bridge the difference between different settings and that cross training in different departments was an eye-opener. A few participants indicated that nurses should “sell it (the profession) to others” rather than criticizing it. They also said that they would like to see nurses become more politically involved and to raise the level of professionalism. All participants agreed that the opportunity to come together and discuss issues about recruitment and retention was valuable and that they enjoyed meeting each other.

New Hampshire Nursing Workforce Initiative Findings from Focus Group #2 Focus Group – September 21, 2001 – Concord NH (Human Resource Directors and Nurse Executives)

Eight directors of human resources and nurses executives from hospitals, nursing homes and home care agencies gathered to talk about the nursing shortage problems in New Hampshire. The focus group discussion centered on the following themes: recruitment, work environment and retention. For each of these themes, participants were asked a series of questions and then were asked to vote on their top three issues in each category.

Recruitment: The top three areas identified as issues for recruitment were:

- 7 votes – support scholarship programs for educational requirements
- 4 votes – offer practical experience for nursing students through coop programs
- 3 votes – nurses left their employer for higher compensation elsewhere

Work Environment: The top three issues for work environment were:

- 7 votes – departmental scheduling can make or break an organization (Nurses wanted 12 hour shifts, but found that turnover was high (physically challenging) and floating to other units – some can handle it, some hate it.)
- 4 votes – patient ratios / safety concerns
- 3 votes (tied) - Environmental / ergonomics of the physical surroundings are challenging
- 3 votes (tied) - Health insurance is a problem – having to keep it as a benefit and cheaper for employees.

3 votes (tied) - Physician / nurse relationships are getting better. Also, new grads are not taking the gruff from physicians.

Retention: The top three retention issues were:

6 votes – “soft” benefits were seen as ways in which to recruit nurses (such as uniforms, end of summer bonuses, education benefits).

6 votes – need to recognize good work and create professional recognition among nurses

4 votes – hospitals are going back to the Baylor Plan. It’s seen as a great incentive for nurses and is less costly than paying for contract nurses.

Final Thoughts:

A majority of the participants said that new nursing graduates are not ready to enter the workforce. New grads need mentors at the healthcare setting to work with them to increase their skill level. They also want a M-F 9-5 job with no nights or weekends which is not realistic given the 24 hour, 7 day a week nature of healthcare.

To improve the supply of nurses, you need to improve the supply of nurse educators – but pay, research, clinical experience all play into the supply of educators.

A few participants felt that getting into the high schools to get students interested early is important. (One person said that we need to get them in 4th or 5th grade!). In addition, the nursing profession needs to work on the image of nursing. We need to promote nursing as a profession!

Nurses on the front line need support and up to date tools (such as knowing how to manage skill levels, patient acuity and staffing levels) to convey their needs for staffing support. Administration needs to listen to the front liners.

New Hampshire Nursing Workforce Initiative
Findings from Focus Group #3
October 5, 2001 - Berlin NH

Introduction

The *New Hampshire Nursing Workforce Initiative* is eleven-month investigation into the nursing workforce shortage in New Hampshire. The project is being conducted by the Foundation for Healthy Communities (FHC) with state funding under the New Hampshire Community Grants Program and involves a collaborative approach between statewide nursing organizations and provider groups. The goal of this project is to ensure access to high-quality nursing care within New Hampshire health care organizations by providing information that will lead to new strategies to address the availability, recruitment and retention of registered nurses and licensed practical nurses. Specifically, the project will:

- Collect and analyze statewide information on the supply and demand for nurses in New Hampshire. This includes collecting primary data through surveys and analyzing secondary data to obtain a current understanding of the supply of nurses, health care system needs for nurses, the nursing work environment, and how educational issues influence current and future workforce needs;
- Identify model programs or “best practices” from within New Hampshire and out of state that may be adapted locally to improve recruitment and retention of nurses; and
- Prepare a report that synthesizes results from the first two activities for use by Nursing Summit leaders, the Workforce Opportunity Council and for use by others within the state to address nursing care shortages.

Focus Group Purpose and Procedures

The purpose of the third focus group was twofold. The first part of the focus group explored (1) why participants entered the nursing profession and what was most important about nursing for them; (2) how nursing did or did not meet their expectations; and (3) their educational preparation for working in the profession. In the second half of the group, participants were asked to pretest the draft survey for practicing nurses and provide feedback on the questions, format, length of the survey, and dissemination strategy. Seven individuals were identified for participation by Deb Bernsten, a member of the Nurse Workforce Advisory Board. The group met at the Androscoggin Valley Hospital in Berlin on October 5, 2001 from 5-7 pm. Dinner was provided, and each participant received \$50 for his/her participation.

Participant Information³

All participants live and work in the Berlin, New Hampshire area. The average participant age was 35 years of age, with a low of 24 years and a high of 43 years. All but one participant was female. One participant held a Diploma Degree; 2 held Associate Degrees, and one held a Bachelor’s Degree. Half of the participants were RNs and half were LPNs.

Participants worked in a variety of settings, including hospitals (in-patient acute care), long-term care facilities, a home health agency, and a physician’s office. All participants were involved in providing or supervising direct patient care. Only 1 participant worked 2 days/week while the other five worked 4 or more days/week.

Five of the six participants were relatively new to the field, with the average number of years in practice less than five years. One participant had been working about 10 years in the field, which skewed the average. As a result, most said they anticipated remaining in the field for 10 or more years. Burnout (n=2) and family considerations (n=4) were the primary reasons given for possibly leaving the field. However, given the short duration in the field, the validity of these reasons is questionable.

³ Seven people participated. However, data were available on only six of the seven participants.

Part I: Focus Group Questions

Nursing as a Career: Participants were asked why they entered the nursing profession and to describe what was most important to them about nursing. The participants' answers were both consistent with the first focus group and with each other. All participants indicated that their career choice was based primarily on a desire to serve, to help people in need, and to make a difference in patients' lives. Several individuals were influenced by either individuals from their families who were in the profession or by early experiences with family illnesses. The majority had wanted to go into nursing since childhood. Some liked the image of nursing. One person likened it to waitressing but with higher career potential. Similarly, participants unanimously indicated that helping patients and good patient care were the most important part of nursing.

Expectations: Overall, participants said that nursing had met their expectations. However, they were also quick to point out issues that were problematic. Some indicated that salaries were lower than expected. Most agreed that the work was more physically and emotionally demanding than they had realized. A few people selected different areas of practice – such as geriatrics and home health -- than they had originally intended. In addition, participants said there were much more paperwork than expected. Staffing also seemed to be a problem. Finally, training from older nurses was experienced as difficult. Participants reported that they often felt set-up for mistakes, “black-balled” by the older nurses and that the atmosphere was “cut-throat.” One comment in particular -- “nurses eat their young” -- sums up these participants' experiences with the older nurses.

Educational Preparation: When participants were asked if they felt their education had prepared them for the profession, their responses were a resounding “no.” While first year was sometimes experienced positively, the clinical rotations were seen as difficult and “hit or miss”. Nurses, they said, did not have time to really provide adequate training because of understaffing or they were simply too busy. Some participants felt it was too much too fast – that the training needed to be more extensive -- and that it was often difficult to balance school and family life. As practicing RNs and LPNs, participants said they see students as unprepared and do more teaching than they would expect to do, because of the students' lack of preparation.

Part II: Survey Pretest

In the second half of the focus group, participants were given the survey to complete. Most finished the survey within 15-20 minutes, as anticipated. One or two people took 20-25 minutes. All said it was simple and straightforward, easy to read, and that they liked the idea of the contest, particularly around the holidays. We went over each question in the survey and were able to clarify a number of minor issues. The most important aspect of the pretest was to learn that if they received it in their box at work or at home, they would be unlikely to fill it out. It was too long visually (even though it took most people only 15 minutes to complete) and people said they were generally too busy to stop what they were doing. Also, they would not take it home, or if they did, they would not be likely to complete it and send it in. We asked if they would fill it out if (1) asked to do so at a staff meeting; and/or (2) if called into the human resources office and asked to do so, and if either of those methods would pose a threat or problem with confidentiality. Either method was reported as acceptable. Confidentiality did not seem to be important to them.