New Hampshire Nursing Workforce Initiative
Final Report

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What is the Foundation for Healthy Communities?

The Foundation is a non-profit corporation that exists to improve health and health care. It was formed in 1968 by the New Hampshire Hospital Association as an education and research organization for hospitals. In 1996, it was re-organized with a new and broader mission to be an innovator with the potential to affect people’s health beyond the hospital. Today, the Foundation for Healthy Communities is a partnership involving northern New England acute care hospitals, health plans, clinicians, home care agencies and many other organizations supporting community health activities.
Executive Summary

The Foundation for Healthy Communities undertook a project to assess the increasing difficulty in recruiting and retaining registered nurses (RNs) and licensed practical nurses (LPNs) in New Hampshire. The project sought to (1) describe RNs and LPNs in the state, including those who currently practice and those whose licenses have lapsed; (2) examine turnover, vacancy, recruitment and retention issues; (3) identify critical concerns and attitudes of nurses; and (4) identify best practices for recruitment and retention in New Hampshire and elsewhere. The study contained the following components:

- Focus groups of nurses, nurse/human resource administrators;
- A random sample survey of practicing nurses;
- A random sample survey of lapsed license nurses (NH licenses lapsed); and
- Vacancy & turnover survey in hospitals, home care, long-term care.

Both the practicing nurse and lapsed license surveys included quantitative and qualitative questions in six major areas: practice characteristics; nursing as a career choice; daily work environment; compensation and recognition; job satisfaction and what factors of work and the working environment are important to nurses; and demographic characteristics.

The practicing nurse survey was administered October-December 2001 to a random sample of about 10% of practicing nurses in the state (n=1,987) using a stratified random sample by practice setting. Nurses in non-hospital settings were over-sampled to ensure adequate responses for data analysis. Surveys were distributed using the Foundation’s extensive network of providers and a process that facilitated buy-in from the leadership of participating organizations. Respondents mailed the survey directly back to the Foundation for Healthy Communities to maintain confidentiality. We received 798 completed valid surveys, giving a 40% overall response rate. This accounts for approximately 4% of practicing nurses in New Hampshire and represents a good distribution among provider groups. There are approximately 17,000 licensed RNs and 3,000 licensed LPNs in New Hampshire. Hospitals represent the largest employer of nurses in the state.

The survey of nurses whose New Hampshire nursing licenses lapsed was administered in collaboration with the NH Board of Nursing. All nurses whose license lapsed between July 1999 and June 2000 were included. There were 425 surveys distributed by mail in October –December 2001. Ninety surveys were returned with incorrect addresses. Addresses were all at least two years old since that is the length of time for the renewal period. The final n=335 surveys. There were 191 completed surveys returned for a 57% response rate.

The vacancy and turnover surveys were administered in October 2001 to all hospitals, home care agencies and long-term care facilities in New Hampshire. There are 22 hospitals (69% response
rate), 26 home care agencies (66% response rate) and 10 long-term care facilities (12% response rate) in the sample.

Key findings from the surveys include:

Who Are They?
- The average age of the respondents was 44.5 years; a third were aged 50 and older while only 9% were under the age of 30. The majority of respondents were female (96%), RN’s (88%), and had annual nursing incomes of less than $40,000 (64%). Most respondents worked direct patient care (77%), full-time (71%), and during the day (64%). Fifty-nine percent have less than a baccalaureate level education.

Practice Characteristics
- Nurses have been working in the profession from less than 6 months to 50 years, with a median of 19 years; however one third of nurses (33%) have been working for 25 years or more. Nurses new to the profession – defined as employed in the nursing profession for less than 5 years -- represent only 12% respondents.
- Thirty-five percent of the respondents maintain licenses in other states, with 4 out of 5 (28%) of those nurses holding licenses in the neighboring states of Massachusetts (18%), Maine (7%), and Vermont (5%). These data thus suggest that a substantial proportion of practicing RNs and LPNs in New Hampshire have the option to practice in neighboring states.

Compensation and Recognition
- Only one third (36%) felt they were being paid a fair wage. Sixty-two percent reported that their annual salary was less than $40,000. However, as would be expected, 88% of the nurses working part-time reported annual salaries under $40,000, while only 51% of nurses working full-time reported annual salaries under $40,000. Nurses who are the primary income earners in their household were significantly more likely to earn higher annual salaries. 45% of the study population reported being primary income earners, and 82% of those individuals reported working full-time. Salaries for nursing in New Hampshire were reported by many respondents as being lower than in the neighboring states.
- More than a third (35%) have not received professional recognition within the past 5 years. Nurses report that they were significantly more likely to receive recognition from their patients and the patients’ families than from their supervisors or physicians. Job satisfaction could be generally equated with better working conditions
- Nurses report that a raise in pay, health insurance benefits, helping patients and support and understanding about burnout are very important to continuing their nursing career and of value in their work environment.
Experience and Expectations
• Nurses consistently cited paperwork, staff shortages, and lack of respect as their primary workplace concerns. They uniformly cited helping patients and their families and feeling like they made a difference in people’s lives as positive attributes of their work.

• Most respondents (55%) reported that nursing met their expectations well or very well. Forty-three percent reported nursing somewhat met their expectations and only 3% reported that nursing did not meet their expectations.

• Fifty-three percent of the nurses reported that their education prepared them well or very well for their work. More than a third (39%) of the nurses felt their education somewhat prepared them and eight percent of the nurses reported that their education did not provide sufficient clinical or practical experience. Concerns expressed about education were that it was too much based in theory and that certain skills (e.g., telephone triage, dealing with insurance requirements and computer skills) were not taught at all or they were not adequately trained for these tasks in the workplace.

• The data suggest that educational and field experiences for nurses in training provide valuable insight into finding the right “niche” in nursing. Many nurses reported that once they found the right place, they were very satisfied with the profession and their jobs. The data also suggest that new entrants have a different set of values and attitudes towards nursing than other groups. It points to areas of the nursing profession that may need change if the profession is to be able to improve recruitment. These areas are predominantly interpersonal and organizational in nature – those issues that revolve around recognition, support and positive feedback by administrators and other workers in positions of authority, developing trust and respect with those in positions of authority and addressing differences in work expectations.

What Matters?
The survey data clearly demonstrate substantial differences among nurses by age and practice setting.
• Generational differences were identified. Older nurses, age 60 and older, were significantly more likely to choose nursing because it was the best option at the time, compared to nurses under age 30, who were more likely to say they entered nursing for its job flexibility and security. Nurses new to the profession are less likely to feel trust and respect with administration or valued.

• Nurses in hospitals tend to be younger, have higher salaries and are more likely to have received a raise in the past 3 years. Hospital nurses reported that trust and respect with administrators, physicians, other nurses and paraprofessionals all tend to be low. They also report acute staff shortages and high levels of stress.

• Nurses in long-term care facilities presented the most problematic situation of the major practice settings. These nurses are generally older, they have been working longer and they work longer hours. They are the least satisfied with their jobs and least likely to feel valued at work. They are also the least likely of all the groups to have trust and respect with others. They report having fewer resources for patient care as well as for themselves.
• Home health and visiting nurses care more about their autonomy, their ability to make decisions for patient care, job flexibility, and personal growth than the working environment or promotion opportunities. They feel the most valued for their work of any nursing group.

• Nurses working in physician offices receive the lowest salaries and there are fewer primary income earners working in physician offices than in other settings. A good work environment, opportunities for education and training, and opportunities for personal growth are important to them. They are fairly satisfied with their jobs and feel valued at work.

Comparing Practicing Nurses and Lapsed License Nurses

• Some demographic and practice characteristics of lapsed license nurses (LLN) were significantly different from those of practicing nurses: 51% of LLN were over the age of 60, compared to only 6% of practicing nurses; 30% of LLNs were Licensed Practical Nurses, compared to only 12% for the sample of practicing nurses; because of the higher proportion of LPNs, more LLN respondents reported lower levels of education and lower salaries.

• More than half (55%) of LLNs worked for 25 years or more in nursing while 20% worked for less than 15 years. Two out of five (43%) of LLNs are currently working and a majority of those working are full-time in the health care field.

• No differences were found between the two groups with respect to gender, primary activity while in nursing, reason for entering nursing, number of hours per week working (for those still working); how well their education had prepared them for the workplace, feeling valued on the job, the extent to which they would recommend nursing as a career; what they liked about nursing and what they found most stressful.

• With regard to what would keep them in nursing, the issues were the same, but their priorities were slightly different. The top three issues were raise in pay (#1 for practicing nurses, #3 for LLNs); more time for patient care (#2 for practicing nurses, #1 for LLNs); and more understanding from administrators and supervisors about burnout (#3 for practicing nurses, #1 for LLNs).

Vacancy and Turnover

• Vacancy and turnover rates are key indicators of workforce availability. The RN vacancy rate in New Hampshire for hospitals was 9.6%, compared to 6.7% in home care agencies and 12.5% in long term care facilities. For LPNs, the vacancy rates ranged from 4.2% for home care agencies to 6% in hospitals and 8% in long term care facilities. Hospitals experienced the highest vacancy rate for Licensed Nursing Assistants at 10.6%, compared to 3.4% for home care and 7.4% in long term care.

• Turnover rates in long term care facilities are much higher for RNs and LPNs than hospitals or home care agencies. The turnover rate for RNs in long term care facilities is 28.8% compared to 11.7% in hospitals and 16.1% in home care agencies. Similarly, the turnover rates for LPNs in long term care is 26.8%, 18.4% for hospitals and 13% for home care. Licensed Nursing Assistant turnover rates for long term care are far higher at 38.1% compared to 19.8% for hospitals and 20.1% for home care.
Conclusions

- Recruitment of new nurses is critical to meet the needs for patient care in diverse health care delivery organizations. Targeted recruitment policies and programs need to be developed to appeal to young people who have a wide range of career choices.

- New strategies to retain nurses are needed. Salary is an important issue but not the only issue. Work conditions, professional relationships and recognition by administrators and employer organizations are important.

Vacancy and Turnover Survey

Vacancy and turnover rates are key indicators of workforce availability. In New Hampshire we looked at the vacancy and turnover rates for RNs, LPNs, and LNAs. All hospitals, nursing homes and home health agencies were invited to participate in the vacancy and turnover survey in October 2001. LNAs were included in this data set based on their inclusion in prior surveys of the hospitals and home care agencies. The hospital survey instrument was modified to inquire about vacancy rates for specialty nursing positions in the emergency department, operating room and intensive/critical care unit.

The RN vacancy rate in New Hampshire for hospitals was 9.6%, compared to 6.7% in home care agencies and 12.5% in long term care facilities. For LPNs, the vacancy rates ranged from 4.2% for home care agencies to 6% in hospitals and 8% in long term care facilities. Hospitals experienced the highest vacancy rate for LNAs at 10.6%, compared to 3.4% for home care and 7.4% in long term care.

<table>
<thead>
<tr>
<th></th>
<th>RN</th>
<th>LPN</th>
<th>LNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>9.6%</td>
<td>6.0%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Home Care</td>
<td>6.7%</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>12.5%</td>
<td>8.0%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

Turnover rates in long term care facilities are much higher for RNs, LPNs and LNAs than hospitals or home care agencies. The turnover rate for RNs at long term care facilities is 28.8%
compared to 11.7% in hospitals and 16.1% in home care agencies. Similarly, the turnover rates for LPNs in long term care is 26.8%, 18.4% for hospitals and 13% for home care. LNA turnover rates for long term care are far higher at 38.1% compared to 19.8% for hospitals and 20.1% for home care.

<table>
<thead>
<tr>
<th></th>
<th>Hospitals (22)</th>
<th>Home Care (27)</th>
<th>Long Term Care (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>11.7%</td>
<td>16.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>LPN</td>
<td>18.4%</td>
<td>13.0%</td>
<td>26.8%</td>
</tr>
<tr>
<td>LNA</td>
<td>19.8%</td>
<td>20.1%</td>
<td>38.1%</td>
</tr>
</tbody>
</table>

**Introduction**

In September of 2001, the Foundation for Healthy Communities undertook a project to assess the increasing difficulty in recruiting and retaining registered nurses (RNs) and licensed practical nurses (LPNs) in New Hampshire. The project sought to (1) describe RNs and LPNs in the state, including those who currently practice and those whose licenses have lapsed; (2) examine turnover, vacancy, recruitment and retention issues; (3) identify critical concerns and attitudes of nurses; and (4) identify best practices for recruitment and retention in New Hampshire and elsewhere. The study contains the following components:

- Focus groups of nurses, nurse administrators and human resource personnel;
- A random sample survey of practicing nurses;
- A random sample survey of non-practicing nurses (those whose N.H. licenses have lapsed);
- A vacancy and turnover survey of nurses in hospitals, home care and long-term care; and
- A resource review of “best practices” to improve recruitment and retention of nurses.

An advisory board of representatives from key organizational sectors was convened to provide input on the project, review survey instruments and provide feedback on survey data and reports. (See Appendix 1 for list of project advisory board) This project was supported by a grant from the New Hampshire Health Care Fund Community Grant Program. This section discusses the survey of practicing nurses.

**Background**

Nurses are an essential component of the health care workforce, and they interact with patients on many levels—providing physical care and comfort, administering medications, patient education,
coordinating other care givers, etc. Nurses are critical to providing access to quality health care, and they represent the largest group of direct care health professionals in the United States. Many factors indicate that the nursing shortages being reported today are likely to increase if new strategies are not developed to recruit and retain more nurses.

The American Organization of Nurse Executives identified a growing consensus that national data on the supply and demand of nurses does not capture significant differences at the state level and calls for research to establish baseline level descriptive data. This study reinforces earlier reports by the Institute of Medicine (1996) and the President’s Commission on Consumer Protection in the Health Care Industry (1998) that called for efforts to collect and analyze data on the nurse workforce. The survey of practicing and lapsed-license nurses provide New Hampshire-specific baseline information for health provider organizations to use in measuring future implementation activities related to recruitment and retention.

**Methodology**

Three focus groups were held around the state to identify pertinent issues and variables for inclusion in a survey of currently employed registered nurses. Focus group participants were recruited from the diverse organizational settings and included nurses who have been in practice for varied lengths of service and in different types of nursing, those representing different educational programs (e.g., diploma, associate degree, baccalaureate and post-baccalaureate degree programs), nurse administrators, and human resource managers. Based on the focus group findings, a mail survey was developed and pre-tested in October 2001. A copy of the survey instrument is found in Appendix 2.

The instrument included both quantitative and qualitative questions in six major areas:

- Practice characteristics;
- Nursing as a career choice;
- Daily work environment;
- Compensation and recognition;
- Job satisfaction and what factors of work and the working environment are important to nurses; and
- Demographic characteristics.

The survey also included opportunities for respondents to discuss their educational preparedness, ways in which nursing did or did not meet their expectations, what they found to be most stressful, as well as what they liked best about nursing, and any other comments about nursing.

The survey was administered October-December 2001 to a random sample of about 10% of practicing nurses in the state (n=1,987) using a stratified random sample by practice setting. Nurses in

1 American Organization of Nurse Executives, October 2000 “Perspectives on the Nursing Shortage: A Blueprint for Action.”
2 Health Affairs, Vol. 18, p. 214-222.
3 Focus groups were held in Portsmouth, Berlin, and Laconia.
4 Participating organizations were stratified according to practice setting (hospital, physician office, long-term care, home health and visiting nurse (VNA), community health center or school). Random selection for individual respondents occurred for hospitals, long-term care facilities, and home health agencies and VNAs. All nurses in community health centers, schools and participating physician offices were surveyed.
non-hospital settings were over-sampled to ensure adequate responses for data analysis. Surveys were distributed using the Foundation’s extensive network of providers and a process that facilitated buy-in from the leadership of participating organizations. Respondents mailed the survey directly back to the Foundation for Healthy Communities to maintain confidentiality. We received 798 completed valid surveys, giving a 40% overall response rate (Exhibit 3). This accounts for approximately 4% of practicing nurses in New Hampshire and represents a good distribution among provider groups.

**Exhibit 3: Survey Distribution and Responses**

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th># Surveys Distributed</th>
<th># Valid Surveys Returned</th>
<th>Response Rate</th>
<th>Proportion in Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>670</td>
<td>356</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td>Physician Offices</td>
<td>400</td>
<td>109</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>Long-Term Care Facilities</td>
<td>292</td>
<td>74</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>Home Health/VNA</td>
<td>400</td>
<td>153</td>
<td>51%</td>
<td>19%</td>
</tr>
<tr>
<td>Other*</td>
<td>325</td>
<td>103</td>
<td>32%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1987</strong></td>
<td><strong>795</strong></td>
<td><strong>40%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* Includes Community Health Center Nurses (n=34), School Health Nurses (n=35) and Public Health Nurses (n=34).
** We received 798 completed valid surveys; 3 surveys either did not contain information on this variable or indicated more than one setting.

**Respondent Characteristics**

Similar to national findings, the average age of the respondents was 44.5 years; 33% were aged 50 and older while only 9% were under the age of 30 (Exhibit 4). The majority of respondents were female (96%), RN’s (88%), with annual nursing incomes of less than $40,000 (64%, Exhibit 5). With one exception, there was a fairly equal distribution of respondents across educational groups as follows: 29% had diplomas; 31% had associate degrees; and 35% had Bachelors degrees. Only 6% of the respondents had Masters’ level preparation, which was expected given the target group of this survey and the exclusion of Advanced Registered Nurse Practitioners (Exhibit 6). Almost half (45%) described themselves as the primary income earner for their households. These demographic characteristics appear to be representative of RNs and LPNs in the state.

**Exhibit 4: Age (n=780)**
Survey Findings

Practice Characteristics: Respondents have been working in the nursing profession from less than 6 months to 50 years, with an average of 19 years;\(^5\) However one in five nurses (20\%) has been working for 30 years or more. Nurses new to the profession – defined as employed in the nursing profession for less than 5 years -- represent only a small proportion of the workforce (12\%, Exhibit 7). These data support the notion of an aging workforce and that recruitment of new nurses into the field is a critical issue to be addressed.

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\(^5\) 19 years is both the median and mean average number of years worked.
The majority of respondents worked full time (71%), during the day (64%, Exhibit 8) and are involved in direct patient care (Exhibit 9). Thirty-five percent of the respondents maintain licenses in other states, with a 4 out of 5 of those nurses (28%) being in the neighboring states of Massachusetts (18%), Maine (7%), and Vermont (5%). These data thus suggest that a substantial proportion of practicing RNs and LPNs in the state are mobile and have the option to practice in neighboring states.

Exhibit 8: Work Schedule (n=788)

Exhibit 9: Primary Activity (n=792)

6 Defined as working 33 or more hours per week.
7 35% is an unduplicated count. Some respondents held licenses in more than one state; 12% of the respondents also held licenses in non-bordering states.
Nursing as a Career Choice: The majority of respondents reported that their primary reason for entering nursing was to help people (Exhibit 10). Not surprisingly, among additional reasons for entering nursing, older nurses (nurses in their 50s, 60s and 70s) were significantly more likely to choose nursing because it was the best option at the time, compared to nurses under age 30, who were more likely to say they entered nursing for its job flexibility and security ($p= <.0001$). This finding generally reflects the expansion of workforce opportunities available to women today. It also supports an obvious problem for the nursing profession in terms of both recruitment and retention: competition from other employment sectors.

**Exhibit 10: Primary Reason for Entering the Nursing Profession (n=785)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help People (n=537)</td>
<td>68%</td>
</tr>
<tr>
<td>Best Choice Available (n=88)</td>
<td>11%</td>
</tr>
<tr>
<td>Job Security (n=59)</td>
<td>7%</td>
</tr>
<tr>
<td>Other (n=46)</td>
<td>6%</td>
</tr>
<tr>
<td>Job Flexibility (n=42)</td>
<td>5%</td>
</tr>
<tr>
<td>Good Pay, Benefits (n=13)</td>
<td>2%</td>
</tr>
</tbody>
</table>

Over half (55%) of the respondents reported that their education had prepared them well (41%) or very well (14%) for the workplace (Exhibit 11) and that overall nursing had met their expectations (Exhibit 12). However, many respondents reported that their education had not provided sufficient clinical or practical experience, that it was too much based in theory and that certain skills – for example telephone triage, dealing with Medicare insurance reimbursement and computer literacy skills – were not taught at all or they were not adequately trained for their tasks in the workplace. Respondents frequently commented that much of nursing is learned on the job. Some of the issues that respondents attributed to nursing not meeting their expectations included:

- Lack of respect and appreciation;
- Staff shortages;
- Inadequate salary;
- Overwhelming paperwork;
- Educational barriers; and
- The business-like characteristics of the health care system.

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8 Scored as 5 on a 6-point Likert scale.
9 Scored as 6 on a 6-point Likert scale.
Some respondents (mostly those 40 and older) expressed how much the nursing world has changed since they entered it and that “Education in the 1970s would not prepare you for nursing today. Everything has changed.” This sentiment also seems to carry over in the extent to which respondents would recommend nursing as a career choice. About one in four (24%) said they would “highly recommend” nursing as a career choice; almost half (48%) said they would “somewhat recommend” nursing and 16% were neutral. Twelve percent said they would not recommend nursing as a career choice (Exhibit 13).
Despite a somewhat lukewarm sentiment towards nursing, over half (57%) said they anticipated staying in nursing for 10 years or more. Another 23% said they anticipated staying in nursing for 5-10 more years. As was expected, older nurses said they expected to leave nursing as a result of retiring, while younger nurses (under age 30) reported that stress, burnout or family considerations would be their reasons for leaving the profession ($p= <.0001$). Younger nurses and nurses who were less satisfied with their jobs were also significantly more likely to leave the profession sooner ($p= <.0001$).

The Daily Work Environment: Respondents were asked to assess the quality of different aspects of their daily work environment using a 6-point Likert Scale (Exhibit 14). At best, only 3 out of 5 respondents (60%) rated any aspect of work “good” or “excellent”, and the data tended to be somewhat skewed to higher end responses. The highest ratings were assigned to cultural sensitivity (60%), the level of trust and respect among nurses (58%), followed by patient resources, trust and respect between nurses and paraprofessionals and the physical working environment (54% each). Conversely, the lowest ratings were given to the level of daily stress (27%) and career advancement (29%). These findings can be interpreted to mean:

- The level of trust among nurses and between nurses and paraprofessionals, patient resources, and the physical working environment are good to fair -- not excellent and also not poor;
- The level of daily stress is high; and
- Opportunities for career advancement are low.

Exhibit 14: Aspects of Daily Work Environment Rated Very Good or Excellent (n=798)

![Exhibit 14: Aspects of Daily Work Environment Rated Very Good or Excellent (n=798)](image)

10 This corresponds to a rating of 5 or 6 on a 6-point Likert Scale. It is not clear what a high rating of cultural sensitivity in the workplace means, given the limited ethnic and racial diversity in the state.
Respondents also consistently reported that the staffing levels were about right (55%) or too low (44%) and the paperwork was too high (68%, Exhibit 15). When asked what they found most stressful about their jobs, respondents consistently cited paperwork, staff shortages, and lack of respect as the primary issues. Reported job stressors can be grouped into three general categories: (1) resource issues; (2) organizational issues; and (3) interpersonal issues; however many of the factors cited may belong in more than one category (Exhibit 16). When asked what they liked best about their job, respondents uniformly cited helping patients and their families and feeling like they made a difference in people’s lives. Other responses included:

- Patient education and advocacy;
- Variety of tasks and types of jobs available in the nursing profession;
- Flexible scheduling; and
- Intellectual challenges associated with their jobs.

**Exhibit 15: Perceptions of Staffing Levels and Amount of Paperwork (n=798)**

**Exhibit 16: Major Job Stressors**

<table>
<thead>
<tr>
<th>Category</th>
<th>Stressor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Issues</td>
<td>Paperwork</td>
</tr>
<tr>
<td></td>
<td>Staff shortages</td>
</tr>
<tr>
<td></td>
<td>Lack of time to take care of patients</td>
</tr>
<tr>
<td></td>
<td>Inadequate pay*</td>
</tr>
<tr>
<td></td>
<td>Unrealistic workloads*</td>
</tr>
<tr>
<td>Organizational Issues</td>
<td>Poor work environment*</td>
</tr>
<tr>
<td></td>
<td>Lack of promotion opportunities*</td>
</tr>
<tr>
<td></td>
<td>Increasing technology</td>
</tr>
<tr>
<td>Interpersonal Issues</td>
<td>Lack of understanding from administrators about demands of job</td>
</tr>
<tr>
<td></td>
<td>Lack of respect and appreciation from supervisors, leadership</td>
</tr>
<tr>
<td></td>
<td>Lack of support for dealing with burnout</td>
</tr>
<tr>
<td></td>
<td>Poor relationships with physicians and co-workers</td>
</tr>
</tbody>
</table>

*Can be in multiple categories, depending upon the facility.*
Compensation and Recognition: Salaries for nursing in New Hampshire were reported by many respondents as being lower than in the neighboring states, particularly with respect to Massachusetts, where almost one in five respondents holds an active license. Sixty-one percent reported that their annual salary was less than $40,000 (Exhibit 17). However, as would be expected, 88% of the nurses working part-time reported annual salaries under $40,000, while only 51% of nurses working full-time reported annual salaries under $40,000. While it is true that many of these respondents live in a household with more than one income, 45% of the study population reported being primary income earners, and 82% of those individuals reported working full-time.\(^{11}\) It is also true that primary income earners were significantly more likely to earn higher annual salaries \((p= <.0001)\): 50% of primary income earners reported annual salaries of $40,000 or more, compared to 29% of respondents who said they were not primary income earners (Exhibit 18). It should also be noted that primary income earners were significantly more likely to be either under the age of 30 and 60 years of age and older \((p=.0107)\), and that older nurses were also more likely to be in administrative position \((p=.0127)\), which also tend to be higher paid.

**Exhibit 17: Compensation**

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $20,000</td>
<td>8%</td>
<td>62</td>
</tr>
<tr>
<td>$20 - $39,999</td>
<td>54%</td>
<td>421</td>
</tr>
<tr>
<td>$40 - $59,999</td>
<td>33%</td>
<td>263</td>
</tr>
<tr>
<td>$60,000 +</td>
<td>5%</td>
<td>43</td>
</tr>
</tbody>
</table>

62% earn less than $40,000 per year, 45% are primary income earners, only 36% feel they are paid a fair wage (significantly different for primary income earners \(p= <.0001)\)

**Exhibit 18: Annual Salary by Primary Income Earner Status (n=781)**

- 50% of primary income earners have annual salaries of $40,000 or more.

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\(^{11}\) Note that primary income earners may also live in households with multiple incomes. We did not ask this question and it would be important information to gather in future research.
A significant portion of the study population (49%) felt they were not being paid a fair wage. Respondents identifying themselves as primary income earners were significantly more likely to feel this way ($p= <.0001$). It should also be noted that primary income earners were also more significantly likely to work in hospital settings ($p= .0008$), work full-time ($p= <.0001$), and have a greater number of benefits ($p= <.0001$ except retirement), including health insurance, employer-sponsored retirement ($p= .0008$), paid vacation, paid sick leave, life insurance, dental insurance and disability insurance.\(^\text{12}\)

Approximately 60% of respondents received benefits through work including paid vacation (62%), health (59%) and dental (60%) insurance, and employer sponsored retirement (58%). This is followed closely by paid sick leave (56%), life insurance (55%) and flex-time (55%, Exhibit 19). Nurses ages 40-60, those working full-time, and those working in a hospital setting are significantly more likely to receive benefits through work. Still, a significant number of respondents were without benefits.\(^\text{13}\) These individuals were more likely to be older, working in long-term care and, as expected, working part-time (see Sector Profiles, below for more details).

Exhibit 19: Benefits Received at Current Job (n=798)

\begin{table}

\begin{tabular}{l|c}

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid vacation (n=493)</td>
<td>62%</td>
</tr>
<tr>
<td>Dental insurance (n=478)</td>
<td>60%</td>
</tr>
<tr>
<td>Health Insurance (n=468)</td>
<td>59%</td>
</tr>
<tr>
<td>Retirement (n=463)</td>
<td>58%</td>
</tr>
<tr>
<td>Paid sick leave (n=445)</td>
<td>56%</td>
</tr>
<tr>
<td>Life insurance (n=442)</td>
<td>55%</td>
</tr>
<tr>
<td>Flex (earned) time (n=439)</td>
<td>55%</td>
</tr>
<tr>
<td>Disability insurance (n=406)</td>
<td>51%</td>
</tr>
<tr>
<td>Tuition reimbursement (n=383)</td>
<td>48%</td>
</tr>
<tr>
<td>Training opportunities (n=361)</td>
<td>45%</td>
</tr>
<tr>
<td>Other (n=64)</td>
<td>8%</td>
</tr>
<tr>
<td>Child care on site (n=46)</td>
<td>6%</td>
</tr>
</tbody>
</table>

\end{tabular}

\end{table}

\(^\text{12}\) Working in a hospital setting, working full-time, having higher salaries and having benefits exhibit strong co-linearity, meaning that these factors are strongly related to each other regardless of the dependent variable being examined.

\(^\text{13}\) Some respondents wrote in that they obtained benefits through their spouse. As we did not ask the source of benefits, we do not know how many respondents fall into this category. This would be important information to obtain in future research.
Forty-five percent of the study population reported receiving professional recognition within the last year, while 33% of the study population had either not received recognition for five years or more or had not received any recognition at all (Exhibit 20).\(^\text{14}\) It should be noted that some respondents indicated they were new to their current job or new to the profession and thus would not have expected to receive recognition at that point.

**Exhibit 20: Professional Recognition (n=788)**

Perhaps of greater importance, the data show that respondents were significantly more likely to receive recognition from their patients and the patients’ families than from their supervisors or physicians \((p= <.0001, \text{Exhibit 21})\). However, the majority of the respondents said that the most important source of recognition for their work comes from their patients and the patients’ families (56%) or themselves (20%, Exhibit 22). The data thus suggest some congruence between what is important to nurses and what they get.

**Exhibit 21: Source and Frequency of Recognition (n=798)**

\(^\text{14}\) We provided examples of professional recognition in the survey question that included service recognition award, their name in a newsletter or a merit raise but specifically NOT a cost of living raise.
Job Satisfaction: Respondents were asked to rate how satisfied they are with their current job (6-point Likert scale) and how valued they feel at work (a 4-point Likert). Consistent findings were reported. The majority of respondents said they feel very valued (39%) or somewhat valued (48%) at their work, and slightly over half (56%) reported being satisfied (34%) or very satisfied (19%, Exhibit 23). Of particular interest, job satisfaction could be generally equated with better working conditions. Statistically significant relationships were found between job satisfaction and the variables describing work conditions as shown in Exhibit 24. We use a two-part framework of resource/organizational variables and interpersonal variables, in Exhibit 24, to analyze job satisfaction and work conditions.

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15Scored as a “5” and “6” on a 6-point scale.
Exhibit 24: Job Satisfaction is Related to Better Working Conditions

<table>
<thead>
<tr>
<th>Category / Organizational Issues</th>
<th>Variable</th>
<th>Significance (p score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource</td>
<td>Higher ratings on the physical work environment</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More patient resources</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Higher salaries</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Having employer contributions to retirement</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Less physical activity</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Working during the day</td>
<td>.0043</td>
</tr>
<tr>
<td></td>
<td>More training and educational opportunities</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More promotion opportunities</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Staffing: number of nurses is too low</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Paperwork is too high</td>
<td>.0142</td>
</tr>
<tr>
<td></td>
<td>Receiving more professional recognition</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>More trust and respect with administrators, physicians, co-workers and paraprofessionals</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Issues</td>
<td>More cultural sensitivity</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More recognition from supervisors, physicians, patients</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Relationships with colleagues</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Lower stress level</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

What’s Important to Nurses: To identify potential areas of action to improve retention (and secondarily address recruitment), respondents were asked to provide information about what was important to them in a working environment, rank their preferences for benefits, and indicate their priorities for what would help them stay in the nursing profession. In developing these questions, we were particularly interested in gaining a better understanding of the role and importance of pay in retention. It is curious to observe the following apparent contradiction: When asked to rate the importance of various aspects of the work environment with respect to their “...desire to continue working in nursing,” salary ranks 5th on the list (41%) taking scores of “Very Important,” while helping patients ranked the most important (67%, Exhibit 25). However, when asked to prioritize what would keep them in the profession, “raise in pay” was by far the most important: 81% of the respondents listed raise in pay as their first, second or third choice, while other items, such as “more time to take care of patients” rated 30% for all three choices (Exhibit 26).
Exhibit 25: What Aspects of the Work Environment are Important?

- Help patients (n=531) - 67%
- Personal growth (n=345) - 44%
- Benefits (n=342) - 43%
- Flexible schedule (n=340) - 43%
- Make decisions in patient care (n=324) - 41%
- Salary (n=323) - 41%
- Education & training (n=312) - 39%
- Autonomy (n=301) - 38%
- Relationship with colleagues (n=303) - 38%
- Recognition (n=262) - 33%
- Care delivery model (n=231) - 29%
- Change nursing roles (n=232) - 29%
- Career advancement (n=202) - 26%
- Physical work environment (n=188) - 23%

Exhibit 26: “What Would Help You the Most to Continue Your Nursing Career?”

Top Three Choices

- Make decisions in patient care (n=324) - 41%
- Salary (n=323) - 41%
- Help patients (n=531) - 67%
There are several possible explanations for this finding. The first is that while pay is important, it is not the most important aspect of nursing; hence when asked to rate salary by itself without considering other factors, it rates lower than other items. A second explanation is that this is the more socially acceptable answer, particularly for a service profession – that to say money is the most important part of nursing goes against their primary reasons for choosing nursing for their profession. A third explanation is that the questions do not measure the same dimension of what is important. One set of questions measure the current status (respondents were asked to rate their current work environment) while the other measures a hypothetical situation. A fourth explanation is that while pay is not the factor of primary importance (and the data strongly support this), the level of stress and burnout is sufficiently high and other work opportunities are sufficiently available that pay may in fact be the deciding factor that would keep them in the profession.

We also asked about the relative importance of benefits regardless of whether respondents had them or not with respect to continuing in the nursing profession. Health insurance, employer-sponsored retirement, flex time and paid vacation were reported as being the most important in terms of continuing nursing (Exhibit 27).

**Exhibit 27: Preferred Benefits**
Sector Profiles

The nursing profession is widely known for its rich diversity of practice settings, work experiences, and opportunities. The data clearly indicate significant differences in age and its correlate – number of years worked in the profession -- and practice setting. In this section we examine specific groups of respondents to better understand nurses’ experiences, attitudes and choices, and the implications of these differences for recruitment and retention.

Differences in Age: Practicing nurses span several generations of workers, from age 20 to age 76. Just as our society has evolved over 50 years, so have our expectations and attitudes towards work, family, our healthcare organizations, and ourselves. Perhaps the most important changes for nursing have been the systemic changes in health care from a “service” orientation to a “business” orientation and the greatly expanded work opportunities available to women today. Exhibit 28 shows the statistically significant differences among nurses in various age groups. New Entrants, which also tend to be younger nurses, are discussed separately.

Exhibit 28: Differences in Age

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Characteristics</th>
<th>Significance (p score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and older</td>
<td>More likely to work part-time</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More likely to work per diem</td>
<td>.0004</td>
</tr>
<tr>
<td></td>
<td>More likely to work in long-term care facilities and home health agencies</td>
<td>.0165</td>
</tr>
<tr>
<td></td>
<td>Report more trust and respect with administrators</td>
<td>.0167</td>
</tr>
<tr>
<td></td>
<td>More likely to be satisfied with their job</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Have both the highest number of diploma degrees and highest number of Masters degrees</td>
<td>(Observed)</td>
</tr>
<tr>
<td></td>
<td>Are more likely to be primary income earners</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Have lower salaries</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Least likely to have benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health insurance</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Employer-sponsored retirement</td>
<td>.0072</td>
</tr>
<tr>
<td></td>
<td>Paid vacation</td>
<td>.0054</td>
</tr>
<tr>
<td></td>
<td>Life insurance</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Dental insurance</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Flex-time</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>40-59</td>
<td>More likely to have the highest incomes</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More likely to have (more) benefits</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More likely to work in administrative positions</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Least likely to be satisfied with their jobs</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Under 40</td>
<td>More likely to work nights and combination hours</td>
<td>.0004</td>
</tr>
<tr>
<td></td>
<td>More likely to work part-time</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>More likely to work in hospitals</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Go into nursing for job security and job flexibility</td>
<td>.0371</td>
</tr>
<tr>
<td></td>
<td>More highly value having a flexible work schedule</td>
<td>.0001</td>
</tr>
<tr>
<td></td>
<td>Slightly less likely to have their expectations met</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td></td>
<td>Less likely to feel their education prepared them for the</td>
<td>.0317</td>
</tr>
</tbody>
</table>

16 Specific to respondents under the age of 30.
workplace
More likely to highly value promotion opportunities .0113
More likely to highly value opportunities for personal growth <.0001
Have lower salaries 1 .0113
Have benefits 1 <.0001
Health insurance
Dental coverage
Flex-time .0142
More likely to have received more raises .0132
within the past three years .0022
Report the lowest amount of professional recognition, 1 .0195
particularly from physicians .0192
.0067

What emerges from these data is a profile that is not encouraging for the nursing profession or for society. Older nurses represent 6% of the workforce and are the ones who will be leaving the profession through retirement in the next 5-10 years. They are more likely to be working in facilities that deal with aging populations and unless younger nurses can be recruited into this area, their retirement will create a void. Older nurses are also the most satisfied with their jobs and report more trust and respect with administrators. It merely suggests that when this group leaves the profession, the overall level of dissatisfaction with nursing may increase if nothing is done to improve working conditions and relationships. Finally, older nurses have lower salaries, are primary income earners, and have fewer benefits, particularly health and retirement benefits. While many may be eligible for Medicare and Social Security, it is well known that these federal benefits do not necessarily permit a high standard of living in the retirement years. Additionally, their retirement would not be expected to generate large savings for health care facilities, given their part-time and per diem status and lack of benefits.

Nurses in the 40-59 age group represent over half of the practicing nurse workforce (57%) and appear to have the most financially and organizationally viable situation: they have higher salaries, are more likely to be in position of authority and have more benefits. However, they are also the least satisfied with their jobs. Qualitative data suggest that nurses in this age group are pulled in two directions. On the one hand, they resemble older nurses in their idealistic approach to a service profession. One the other hand, their expectations for themselves and their working lives have changed over time as attitudes towards and work opportunities for women in general have changed in our society. Many entered the profession based on societal expectations and opportunities available in the 1960s and 1970s. Social expectations and professional opportunities are now different and the health care environment is very different. Many nurses expressed feeling a strong lack of respect and appreciation for their choices and dedication. It may also be that as younger nurses enter with a different set of expectations and issues, there may be some cultural or generational tension in values and orientation towards the profession. This suggests that a possible avenue for improving the nursing profession be an internal dialogue among nurses to identify and resolve, or at least promote better understanding of, differences in values and beliefs about nursing, work and personal expectations and empowerment.

Nurses in their 20s and 30s – the future of the nursing profession – represent 30% of the workforce. They are more likely to work in hospitals and more likely to work evenings, nights, and
weekends. As would be expected, they tend to have lower salaries, but they are also most likely to have certain benefits, specifically health insurance, dental coverage and flex-time. As would also be expected, these nurses are actively developing their career; thus, they are more concerned than older nurses about access to education and training, opportunities for career advancement and personal growth. Values pertaining to job flexibility and job security are also noticeably different in this cohort compared to other age groups. It may also be related to the fact that most of the respondents are women and this age tends to drive one’s focus to having children and raising families.

New Entrants: New entrants are defined as nurses in the profession for less than five years and represent only 12% of the workforce. This fact in itself raises some concern about recruitment and points to the need for actively pursuing strategies that will promote new entrants into the profession.

This report does not specifically address educational needs or issues but quite clearly there is a need to examine the capacity and effectiveness of the nursing educational system.

There is obviously substantial overlap between new entrants and the younger cohort of nurses described above and a detailed profile is found in Appendix 3. Most of the characteristics are the same – working in hospitals; working full-time; working evenings nights, and combination hours; providing direct care ($p=0.009$); having lower salaries but health, dental and flex-time benefits; and entering the profession for its flexible hours and job security. They also are more likely to have educational and training opportunities ($p=<0.0001$), which the data show that younger nurses value.

But there are also some important distinctions. They are significantly less likely to feel they are paid a fair wage ($p=0.0264$); to have received 3 or more raises in the past 3 years ($p=0.0006$) or received professional recognition ($p=<0.0001$), particularly recognition from physicians on a regular basis ($p=0.001$). Finally, they are least likely to feel trust and respect with administrators ($p=<0.0001$) or to feel valued on the job ($p=<0.02$). Finally, despite the fact that they enter the profession for its flexibility and security, they are as a group significantly less likely to rate as “very important” flexible work hours ($p=<0.0001$), autonomy of practice ($p=<0.0001$); or flexibility to move among various nursing roles ($p=<0.0001$).

These data suggest that new entrants have a different set of values and attitudes towards nursing than other groups. It also points to areas of the nursing profession that may need change if the profession is to be able to improve recruitment. These areas are predominantly interpersonal and organizational in nature – those issues that revolve around recognition, support and positive feedback by administrators and other workers in positions of authority (including other nurses with more seniority), developing trust and respect with those in positions of authority and addressing differences in work expectations. Resource issues, particularly salary, also appear to be important for this cohort.
Differences in Practice Setting: The survey data clearly demonstrate substantial differences among nurses by practice setting. These differences are described below and more detailed information for individual sectors is found in Appendix 3. The main differences appear to revolve around age, salaries and benefits, interpersonal relationships, and job satisfaction. These findings have important implications for recruitment and retention policy. Because differences are strongly correlated with age, some of this material is covered above.

Nurses in hospital settings tend to be younger, have higher salaries and are more likely to have received a raise three or more times in the past 3 years. In addition, these nurses reported that trust and respect with administrators, physicians, other nurses and paraprofessionals tends to be low. They also report acute staff shortages and high levels of stress. Health insurance is their primary preferred benefit and a raise in pay is the main action that they report would help keep them in the nursing profession. Because hospital workers represent a significant proportion of the sample (45%), the data for this group tends to mirror the general data.

Nurses working in physician offices receive the lowest salaries and there are fewer primary income earners working in physician offices than in other settings. They also tend to have the lowest educational attainment compared to other three groups. A good work environment, opportunities for education and training, and opportunities for personal growth are important to them. Salary and benefits are also important, and they have more paid vacation than other groups. They experience higher levels of trust and respect with administrators, physician, paraprofessionals, and each other, and report lower levels of stress. They are more likely to look to physicians as a source of recognition than other groups. They are fairly satisfied with their jobs and feel valued at work.

Nurses in long-term care facilities presented the most problematic situation of the major practice settings. These nurses are generally older, they have been working longer and they work longer hours. They are the least satisfied with their jobs and least likely to feel valued at work. They are also the least likely of all the groups to have trust and respect with others. They report having fewer resources for patient care as well as for themselves – for example, the data indicated that they have fewer benefits and lower salaries compared to the general respondent population. They were also the most vocal group about having too much paperwork – due in part to Medicare regulations - and too few nurses. The positive finding here is that nurses in long-term care facilities receive more recognition from their supervisors and patients, relative to the respondent population as a whole. These data suggest that working conditions and morale in nursing homes could be improved.
Home health and visiting nurses tend to be slightly younger than nurses in long-term care and physician offices, but older than hospital nurses, and there are substantially more LPNs in this group: 17% compared to 12% in the general sample. These nurses care more about their autonomy, their ability to make decisions for patient care, job flexibility, and personal growth than the working environment or promotion opportunities. A higher proportion of home health nurses indicated that their education prepared them “well” or “very well” for their workplace experiences. They report high levels of trust and respect among nurses and paraprofessionals, and one gets a sense from the comments that good teamwork is both important and manifest in their jobs. They feel the most valued for their work of any nursing group. They share some similarities with nurses working in long-term care:

- They were more likely to report overwhelming amounts of paperwork;
- They have less access to particular benefits such as life insurance and disability insurance;
- They are more likely to work overtime (more than 40 hours/week); and
- They received more recognition from their supervisors and less from physicians than did nurses in hospitals and physician offices.

These profiles suggest both a strength and a challenge for the nursing profession. The nursing workplace is diverse, and its strength lies in it not being a singular profession, but rather that it provides wide range of experiences, settings and opportunities for nurses. The profiles of the various practice settings show in some measure these differences and can also provide useful information for people considering a career in nursing. The challenges for the profession lie in adequate education and clinical preparation to meet the diversity of the field. The data also suggest that educational and field experiences for nurses in training provide valuable insight into finding the right “niche” in nursing. We received many comments from respondents who reported that once they found the right place, they were very satisfied with the profession and their jobs. Finding the right nursing work environment to suit one’s interests, temperament and personality can potentially improve both retention and recruitment.

Conclusions

This survey provided the first-ever statewide measure of attitudes, beliefs and experiences of nurses in New Hampshire. These data support findings from national studies of an aging workforce and that recruitment of new nurses into the field remains a critical issue to be addressed. These data also suggest that at least a third of the practicing RN and LPN population in the state are mobile. These nurses have the option to practice in neighboring states and this finding provides evidence of the need for effective recruitment and retention programs.

Regardless of practice setting or age, the three most important issues for continuing nursing were salary, helping patients, and the ability to make decisions regarding patient care. Least important were promotion opportunities and flexibility to move among different nursing roles. The working environment was important inasmuch as it correlated strongly to job satisfaction. Salary and benefits show up in several places as being important issues for nurses in New Hampshire. The data demonstrated that they may also be particularly important for retention; however, other factors, such as respect, flexible working hours, practice autonomy and shared clinical decision-making power may be
more crucial in developing and sustaining a strong nursing workforce. Better compensation will help, but there are other strategies that organizations may consider to improve working conditions, job satisfaction and recruitment.

Variation among respondents in their reasons for entering the nursing profession generally reflect the prevailing social values at the time of entry as well as the expansion of workforce opportunities available to women today. It also provides evidence of an obvious problem for the nursing profession in terms of both recruitment and retention: competition from other employment sectors. Perhaps more important, it highlights the potential differences among nurses in their attitudes, beliefs and cultural expectations about the nursing profession and suggests that addressing those differences in the workplace may be useful for improving workplace relations.

Regardless of age or practice setting, nurses’ attitudes about their profession and their jobs were quite varied, and the data suggest a bifurcated sentiment about the profession. Some nurses really enjoy what they do, while others are incredibly frustrated and stressed. Most enjoy the patient care but experience major stresses because of the paperwork demands and staffing shortages. Many report feeling unappreciated and experience a lack of trust and respect from people in positions of authority, their colleagues, and paraprofessionals. However, the data also suggest some congruence between what is important to nurses and what they get, particularly with respect to recognition.

These findings also point to some areas for future research. For example, it would be helpful in evaluating the role of compensation to better understand the demographic and employment characteristics of primary income earners and those living in multiple income households. Household composition may also play an important factor in nurses’ decisions to enter or leave the profession. Better data on household composition would also be useful in assessing the affect of salary and wages on standard of living. Most workforce surveys do not probe these areas, but they are crucial to understanding the individual decision-making processes that affect nurse staffing in organizations. This type of information could also identify opportunities for effective interventions by the health care leadership. A second area that is ripe for exploration is differences in culture within the nursing profession. As outlined above, dialogues among nurses and between nurses and leadership with respect to their attitudes, beliefs and expectations about nursing might open some avenues for improved communication and strategic problem solving. It is also something organizations can do that takes minimal financial resources.

Nursing shortages in New Hampshire are significant and a major source of stress for nurses and other health providers, and it is clear that targeted policies will be needed to address nursing workforce needs. This information provides a snapshot of the respondent population and may not be true in all settings or for all settings or types of nurses. Rather, this report provides a framework for health care leaders to explore the strengths, needs and preferences with respect to resource issues, organizational issues and interpersonal issues in the workplace.
Survey of Nurses Not Renewing Their Licenses

**Introduction**

Nurses in New Hampshire are required to renew their license every 2 years. In order to maintain their license, they must complete 30 hours of education and specific time in active practice. According to additional data gathered as part of this project, vacancy and turnover rates are at an all time high, with the worse problems occurring in long-term care facilities and among LNAs. To better understand who is leaving the profession, why they are leaving, and to learn more about retention issues, the Foundation for Healthy Communities worked with the New Hampshire Board of Nursing to survey nurses who did not renew their New Hampshire licenses.
Methodology

A 3-page survey instrument was developed using an abbreviated version of the one sent to practicing nurses\textsuperscript{17} and contained a common set of questions concerning: (1) practice characteristics; (2) past and present career choices; (3) educational preparedness; (4) attitudes toward and feelings about the nursing profession; (5) what would have helped keep them in nursing; and (6) demographic characteristics. A copy of the survey instrument is found in Appendix 1.

The Foundation for Healthy Communities and NH Board of Nursing (NHBN) worked together to identify nurses who had not renewed their licenses within the past two years for this survey. The non-practicing nurse survey used a population sample and included all nurses who did not renew their license between July 1999-July 2000 (n=425). Ninety surveys were returned because the address was incorrect, giving a population sample of n=335.\textsuperscript{18} A letter of introduction from the NHBN and an FHC return mail envelope were included with the survey. One hundred and ninety-one (191) surveys were returned, giving an overall response rate of 57%.

Respondent Characteristics

Over half (51\%) of the respondents were ages 60 and older, while only 10\% were under the age of 40 (Exhibit 29). The majority of respondents were female (96\%), and 70\% were RN’s while 30\% were LPNs. Consistent with this finding, over half (52\%) had attained a Diploma Degree; about equal numbers had attained Associate Degrees (21\%) and a Bachelors Degree (19\%). Only 9\% had completed masters’ level training (Exhibit 30).

Almost 2 out of 3 respondents (65\%) earned under $40,000 while in nursing (Exhibit 31) and about half were primary income earners.\textsuperscript{19} Fifty-one percent answered both questions about being primary income earners. Exhibit 32 shows that the large majority of these people (84\%) did not change status between their last nursing job and now: 44\% were primary income earners both then and now; and 40\% were not primary income earners at either point in time. Sixteen percent changed status – 10\% became non-primary income earners and 6\% became primary income earners. The largest difference in average age is seen between the two groups that changed status. It is possible that marital status, household composition, and/or household income may play a factor. These questions would be interesting to explore in future research. It is also interesting to note that while there were no significant differences in age for whether a respondent was a primary income earner at the last nursing job, respondents in their 40s and 50s were significantly more likely to have said that they are currently the primary income earners ($p<$.0001).

Exhibit 29: Age (n=184)
N.H. Lapsed License Nurses

\textsuperscript{17} See Findings from a Survey of Practicing Nurses in New Hampshire, Appendix 1.
\textsuperscript{18} The addresses were more than two years old because that was the last time they had submitted their license application.
\textsuperscript{19} Percentages were identical for being primary income earners while at last nursing job (187) and now (n=101).
Exhibit 30: Highest Level of Education (n=188)
N.H. Lapsed License Nurses

Exhibit 31: Annual Salary in While Nursing (n=145)
N.H. Lapsed License Nurses
Survey Findings

Practice Characteristics: Over half of the non-practicing nurse respondents (55%) worked in nursing 25 years or more. Only 15% of this group had worked in nursing less than 15 years, and only 7% of non-practicing nurses were new entrants – defined as employed in the nursing profession for less than 5 years (Exhibit 33). The data indicate that these respondents generally left after a long career in nursing and suggest that most left due to retirement. About one in three respondents (32%) worked in a hospital setting, and another 26% worked in long-term care facilities (Exhibit 34), and the majority (73%) worked in providing direct patient care (Exhibit 35). Respondents who indicated that they are still working were significantly more likely to be working full-time (defined as working 33 hours per week or more); they are also significantly more likely to still be working in a health related field ($p<.0001$, Exhibit 36).

Exhibit 33: Years Worked in Nursing (n=164)
N.H. Lapsed License Nurses
Exhibit 34: Practice Setting (n=188)
N.H. Lapsed License Nurses

Exhibit 35: Primary Activity in Nursing (n=189)
N.H. Lapsed License Nurses

Exhibit 36: Relationship Between Working in a Health Related Field and Hours Worked Per Week (n=94)
N.H. Lapsed License Nurses
Nursing as a Career Choice: The majority of respondents (72%) reported that their primary reason for entering nursing was to help people. As with practicing nurses, older nurses (nurses in their 50s, 60s and 70s) were significantly more likely to choose nursing because it was the best option at the time, compared to nurses under age 30, who were more likely to say they entered nursing for its job flexibility and security ($p < .0001$). More than 3 of 5 respondents reported that their education had prepared them well or very well for the workplace (62%, Exhibit 37) and that overall nursing had met their expectations (61%, Exhibit 38). However, a number of respondents reported that staff shortages, lack of time to spend with patients, administrative burdens, a poor image, and poor relationships within the nursing profession (eg: both among nurses and between nurses and administrators) contributed to lower satisfaction, especially in latter years of practice as health care delivery systems changed. Respondents also commented that much of nursing is learned on the job. Nonetheless, the majority of respondents (73%, n=136) said they would “Recommend” or “Highly Recommend” nursing as a career (Exhibit 39). A similar proportion felt “Valued” (52%) or “Highly Valued” (29%) at work (Exhibit 40).

Exhibit 37: Educational Preparation for the Workplace (n=185)

N.H. Lapsed License Nurses

<table>
<thead>
<tr>
<th></th>
<th>Yes (n=65)</th>
<th>No (n=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;16 (n=6)</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>16-32 (n=15)</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>33-40 (n=31)</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>40+ (n=24)</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Not Working (n=18)</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

Exhibit 38: Nursing Met Expectations (n=188)

N.H. Lapsed License Nurses

- Well or Very Well (n=115): 62%
- Not Well or Not at All (n=12): 7%
- Neutral (n=58): 31%

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20 Scored as 5 or 6 on a 6-point Likert scale. Percentages were 29% for “Prepared Well” and 33% for “Prepared Very Well.”
What Respondents Liked and What They Found Most Stressful: As with nurses currently in practice, these respondents liked and were stressed by the same things. First and foremost, respondents
enjoyed patient care and feeling like they made a difference in people’s lives. They also liked the variety and flexibility offered by the profession and the intellectual challenge. The list of stressors is identical to practicing nurses:

- Paperwork;
- Staff shortages;
- Lack of time to take care of patients;
- Unrealistic workloads;
- Inadequate pay;
- Lack of promotion opportunities;
- Increasing technology;
- Lack of understanding from administrators about the demands of the job;
- Lack of respect;
- Poor relationships with physicians and co-workers; and
- Poor working conditions.

Reasons for Leaving and What Would Help Them Stay: More than half of the respondents (54%) said they left nursing as a result of retiring. These data are both internally consistent and consistent with findings from the survey of practicing nurses, which indicated that most respondents said retirement would be their primary reason for leaving the profession. Only 14% reported leaving the profession because of burnout or stress. This is a curious finding in light of comments from both nurses who are currently practicing and nurses who chose not to renew their licenses that nursing is a highly stressful occupation and that high stress is related to job dissatisfaction. Also consistent with findings from both surveys, about 2/3rds of the respondents indicated that what would help them stay in nursing was more time with patients. Increased pay was important but ranked third (52%) among the competing choices (Exhibit 41).

Exhibit 41: Reasons for Leaving Nursing (n=142)
N.H. Lapsed License Nurses

Comparison with Practicing Nurses
As shown in Exhibit 42, practicing nurses and lapsed-license nurses (LLN) in New Hampshire share some characteristics but also differed in important areas. LLNs were, on average, significantly older, had practiced longer and were significantly more likely to be LPNs rather than RNs. As a result, LLNs also had lower levels of educational attainment and lower salaries. LLNs were also slightly

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21 LLNs were asked about their salaries at their last nursing job.
more likely to say that their training prepared them for the workplace – a finding that might be accounted for by the difference in age between the two study groups. Finally, there were significantly more LLNs working in long-term care, compared to practicing nurses. Still, the majority of both respondent populations were female, working full-time in patient care, and working in hospitals. In addition, there were no significant differences between the two study populations with respect to:

- Reasons for entering nursing;
- The extent to which nursing had met their expectations;
- What they liked about nursing and what they found stressful;
- Whether they would recommend nursing as a career choice; or
- What would keep them in the profession.

### Exhibit 42
Comparison of Demographic and Practice Characteristics of Practicing and Lapsed-License Nurses in New Hampshire

<table>
<thead>
<tr>
<th>Category</th>
<th>Practicing Nurses</th>
<th>Non-Practicing Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Female</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Average Age</td>
<td>45 years</td>
<td>59 years</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma Degree</td>
<td>29%</td>
<td>52%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>35%</td>
<td>19%</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Annual Salary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $20,000</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>$20,000 - $39,999</td>
<td>53%</td>
<td>44%</td>
</tr>
<tr>
<td>$40,000 - $59,999</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>$60,000+</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Practice Characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td>88%</td>
<td>70%</td>
</tr>
<tr>
<td>LPN</td>
<td>12%</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>77%</td>
<td>73%</td>
</tr>
<tr>
<td>Administration</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Work Full Time</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>Practice Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Home Health-VNA</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Hospital</td>
<td>45%</td>
<td>32%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>9%</td>
<td>26%</td>
</tr>
</tbody>
</table>

With respect to the last point, their top three choices as to what would keep them in nursing were identical, but their priorities were slightly different (Exhibit 43). PNs indicated that increased pay was by far the most important issue, while LLNs listed pay as their third priority.
Exhibit 43: What Would Help Keep You in Nursing? Top Five Choices
N.H. Lapsed License Nurses

Conclusions
The data show substantial consistency between the two surveys. In particular, the underlying expectations, experiences and workplace issues appear to be the same for both nurses currently practicing and those not renewing their license in the past two years. In addition, the data suggest that nursing is not losing workers new to the profession. Rather, nurses are leaving primarily through retirement rather than because of burnout, family issues or changing careers. This was suggested by data from the practicing nurse survey and validated in the survey of lapsed license nurses. The data also point to the critical need for recruitment of new nurses, and by association, the need to develop an academic nurse workforce so that the demand for new nurses can be met. Data from both surveys indicated that nurse workforce shortages are the most prevalent now and will be most harshly felt in long-term care. This would suggest that targeted policies and programs are needed to reduce nurse shortages.

The issue of pay is a complicated if not compelling one. Clearly, pay is an important issue for both practicing nurses and LLNs and cannot be overlooked. However, the data also suggest that other issues, such as working conditions, professional recognition, respect, improved relationships among nurses and between nurses and physicians and administrators, and more support and understanding from administrators regarding the demands of nursing and burnout also need to be addressed. Finally, the data support a widely held view both within the nursing profession and from outside, that the image of nursing needs to be improved through educational and media campaigns.

This study provides strong validation of anecdotal information regarding the nurse workforce shortage facing New Hampshire today. It also identifies common experiences, attitudes and issues for practicing nurses and those who have left the profession. This study also provides some insight into specific areas of improvement that are necessary to address the nurse shortage in the state.

39
Recruitment and Retention Resources

Introduction
The issues raised by the data collected for this initiative present a challenge to nurses, health care executives and all those concerned about access to quality nursing care in New Hampshire. The information presented in this report was collected to better document the issues related to the nursing shortage and help guide those concerned about solutions. We encourage nursing and health care executives to use questions from the survey instruments appended to this report to assess specific concerns, among nurses in their organizations and compare results with the statewide responses. The survey results can also be a tool for discussion with the nurses in your organization.

Solving the nursing shortage will require multiple strategies within health care organizations and with external groups such as public policy officials and educators who guide the use of important resources such as funding and students that are essential to addressing the shortage. This section of the report is a brief reference guide to resources that can help inform those interested in exploring ideas and strategies to address the issues raised by the surveys.

Recruitment
Strategies to improve recruitment include new partnerships between health providers and educational institutions, advertising and outreach campaigns, scholarships and signing bonuses. One of the most common strategies is to offer more competitive salaries and benefits. While most sources agree that increased pay will not solve the shortage alone, competitive wages are needed to bring talented new people into the profession.

Northwestern Memorial Hospital in Chicago has found success in its recruiting efforts through its active participation in the Medical Explorers program. This program offers students health career information and experience through seminars, workshops, projects, tours, and summer jobs. Northwestern Memorial has employed several of its former Medical Explorers students. Other hospitals hope to use internship programs to build relationships with nursing recruits. Some Wichita Kansas medical centers have initiated “preceptor programs” for college students, new graduates and graduate students. These programs give interns an opportunity to step out of the classroom environment and experience nursing first hand. The medical centers are creating opportunities for the interns to develop professional relationships that will increase the student’s interest in the nursing field and in the hospital itself. They also have a five-week summer program that focuses on students who are interested in medical and surgical areas.

The Pre-Nursing Academy founded by the University of Maryland School of Nursing is an innovative effort to reach high school students who will be offered a sequence of college preparatory coursework and electives to prepare them for admission to the School of Nursing. This is expected to increase students’ knowledge and appreciation of basic nursing concepts, increase students’ knowledge of career opportunities available in nursing, and ultimately to provide qualified students who will enter the nursing profession. Other attempts that are being made to recruit students into nursing include a “Health Academy” that is being started by Rhode Island’s Health Partnership Council as a hospital based secondary school where students’ chosen career paths within the health care industry are addressed through curriculum and internships as a part of graduation requirements.

Outreach efforts for recruitment must be directed towards students, guidance counselors, and science and math teachers in elementary, middle and high schools. Support should be made available
to students who need assistance in math and science. Merit scholarships need to be used to attract high school seniors to nursing school. Fairfield University in Connecticut offers “bonus” financial aid for nursing students that is above what students in other majors receive. Access to affordable college programs is necessary for success in recruitment, through scholarships and increased government aid to nursing programs. Rhode Island is developing legislation that would provide a 0% student loan program for nursing students.

San Diego State University School of Nursing has more qualified applicants than their program can accommodate. As part of its new “Nurses Now” partnership, participating hospitals and health care systems will each provide a three-year commitment to fund one new faculty member. The six new faculty members will allow the school to nearly double enrollment—an estimated 120 additional students. The overall cost of the program is $1.3 million over three years. SDSU sees Nurses Now as a great example of how the university can be a force for identifying regional solutions while at the same time improving the quality of its own educational programs.

A national coalition of 17 nursing and health care organizations has joined together to conduct a national effort titled, “Nurses for a Healthier Tomorrow.” Television advertising will be used to increase the public awareness of the essential role of nurses in the health care system. The aim is to involve the public in recruiting nursing students and to appeal to varied audiences. The Baker University School of Nursing in Kansas is using a combination of radio and newspaper ads, and a year-long run of still slides shown at movie theaters before the start of films. After these efforts, the school saw its enrollment rise 21 percent in one year. The School reports “The strongest message we can radiate is the one students provide us—the reasons they give us for wanting to come into nursing. We’ve found many are drawn to the field because they are caring people who want to help others. So we try to portray nursing in its humanistic light. We use images showing a student nurse holding a baby, for example.” Other schools focus on minority and male recruits. They use males in all their advertising and photographs and male students all receive a complimentary membership to the American Assembly for Men in Nursing.

Some hospitals and schools are turning to professionals for help. Auburn University School of Nursing hired a full-time recruiter. The recruiter is a former nurse who now goes to career days, transfer days and high schools; does direct mail recruiting, forms relationships with counselors; and works with high school future nursing clubs. This option enabled the school to increase its enrollment from 11 to 50 in two years. The University of Maryland School of Nursing has signed a deal with Gilden Advertising to launch an integrated marketing plan to recruit more students into nursing. The public relations firm will donate $1.2 million in cash, services and in-kind gifts.

Signing bonuses have also become more common in today’s market. Hospitals in Phoenix and Tucson, Arizona have been offering potential candidates free trips to Hawaii and up to $6,000 signing bonuses. In general, bonuses have been found to range from $1,500 to $8,000 mainly on the east and west coasts. However, signing bonuses can produce a negative reaction among nurses who have been with the organization for a long period and have not received bonuses. Referral programs, which can offer as much as $1,000 for the referral of a nurse to fill a vacancy in a hospital, are also gaining in popularity. Covenant Healthcare Systems of Milwaukee sponsored an invitation-only recruitment event featuring one of the Green Bay Packers. The event drew 300 nurses and their guests and was used to pitch the system to potential candidates. Foreign recruiting has also been used as a temporary fix for the shortage. A recruitment attempt following this idea can be seen in a recent job fair that was held in Toronto, which filled the exhibit floor with U.S. based hospital and health care systems trying
to recruit Canadian nurses. One hospital brought along an immigration lawyer to begin proceedings once a nurse expressed interest.

For more information on recruiting practices, go to the following websites:

http://www.hrlive.com/reports/rnshortage.html

http://www.calnurse.com/can/new2/bsg291599.html

http://www.aone.org/news/press%20releases/03_17_00.htm

www.aacn.nche.edu/publications/issues/ib600wb.htm

http://www.ucsf.edu/pressrel/2001/03/032702.html


http://www.bestjobsrhodeisland.com/index-health.asp


http://www.aha.org/ar/Testimony/TestFindCureB0627.asp

http://tns.sdsu.edu/~unicom/Spring2000News/ReleasesONLY/nurses%20now.html

Public Image

Improving the image that the public holds of the nursing field is a essential to alleviate the nursing shortage. Peter Buerhaus, Ph.D., R.N., advises using massive public education campaigns to increase awareness of the current and forthcoming nursing shortage. “The issue needs very high visibility,” he says, “and that takes money.” Dr. Buerhaus recommends using billboards and television to get the message to the public. Other sources have found success through advertising in shopping malls and movie theaters about the opportunities found in nursing. The “The Nursing Shortage: Solutions for the Short and Long Term,” report by B. Nevidjon and J. Erickson states that nurses also shape the impression that others have about their profession. It is frequently reported that many nurses do not encourage their own children to consider nursing as a career—this is quite different than the message delivered by parents in other fields. If nurses complain about their work or diminish their actions, rather than bragging or promoting their contributions and field, this affects the way the public sees nursing. All nurses must be aware of how they discuss their work in public. The most effective recruiter may be a satisfied nurse.

For more information on improving public image go to the following websites:
Retention of Nurses

Retention of nurses currently employed is one of the biggest challenges facing health care organizations during this shortage. Retention of nurses begins with how the organization does or does not value its staff. Healthcare executives must learn new skills for valuing employees. Due to the number of nurses approaching retirement age and the lack of younger nurses to take their place, many health care organizations are trying out innovative ways to convince their nurses to stay. Washington D.C. Hospital Center offers nurses bonuses of $1000 if they remain on staff for one year, $2000 for two years, and $3000 for three years. One strategy to retain the older, experienced nurses is to shorten hours of work. Nurses who are over 45 can work 36 hours a week, but still are paid for 38 hours (a standard work week). Similarly, nurses at age 55 can work 32 hours a week and are paid for 38 hours. Other facilities provide subsidized day care for nurses’ children. Some are provided on-site and this service includes school holiday care and summer camp for children up to the age of 12. They cover almost half of the center’s costs, and tuition assistance is available based on an employee’s income. Community Hospitals of Indianapolis even offered maid or lawn service to experienced nurses in exchange for joining their growing cardiovascular unit (this strategy won them 12 nurses).

Other approaches to retain practicing nurses include: assure them that they can work with full-time personnel with whom they are familiar; manage the number of patients placed in their care; rely on continuing professional development; have access to mentoring and other support services for nursing; and be confident that their opinions will count in all decisions affecting their jobs and working conditions. An important survey finding was that nurses found satisfaction from direct patient care, yet their roles were changing to be the coordinators of care. This is more likely found to be the case for nurses with higher degrees. A way to reconcile this issue is to limit staff who assist RNs to licensed nursing assistants. This could help bring the RNs back into a position of direct care.

Another attempt at retention is the formation of internal career development paths for staff, in which nurses can take intensive training programs in specialty areas. Many believe that this would be very successful due to the abundance of nurse practitioners in the field today—that abundance shows that many nurses desire additional training and promotion. In fact, career progression has been identified as one of the “qualities” of a workplace that is valued by nurses.

For more information of retention of nurses, go to the following web sites:


Workplace Environment

The workplace is where many believe the most changes need to be made. Flexibility in the workplace, a seat at the policy and planning table, opportunities for career progression, sufficient pay, and recognition for the quality and importance of work done are the elements of a workplace environment that will promote nursing. “Strategies to Reverse the New Nursing Shortage,” by the Tri-Council members, suggest specific strategies that should be implemented to retain nurses and improve the workplace. These include: introducing greater flexibility into work environment structure and scheduling; rewarding experienced nurses for serving as mentors and/or/preceptors for new nurses; and implementing appropriate salary and benefit programs. They also recognize the need for a partnership environment that advances the practice of nursing by establishing appropriate management structures within the health care system; ensuring adequate nurse staffing; and providing nurses with sufficient autonomy over their practice in all settings. The Tri-Council also suggests investigating the potential for using technological advances to aid a reduced workforce, or to enable an aging workforce to stay active.

Strategies to resolve the immediate need for nurses must include improved working conditions. Eliminating practices such as short staffing and mandatory overtime could entice some nurses that have left direct care to return and keep others in nursing. Improvement of ergonomic standards could help to retain older nurses. As stated earlier in the section on nurse retention, while pay rates continue to be a problem, the care environment is the primary motivator for individual registered nurses making employment choices. In fact, studies have shown that one of the primary factors for the increasing nurse turnover rate is workload/staffing.

For more information on workplace environment, go to the following websites:

http://millionnursemarch.org/cgi-bin/issues/hyperseek.cgi?ID=995933742

http://www.nursingworld.org/ojin/ropic14/tpc14_1.htm

http://www.nursingworld.org/pressrel/2001/sta0205.htm

www.mnnurses.org/Front%20Page%20Links/legagenda.htm

http://www.nursingworld.org/ojin/topic14/tpc14_4.htm
Career Ladders
The Ladders in Nursing Career Program (L.I.N.C) was a national career advancement and health care work force education program supported by the Robert Wood Johnson Foundation. The components of L.I.N.C were: a rigorous selection process; a work-study format which allowed the students to attend school full-time and work part-time; financial support that provides full tuition and money for other education-related expenses; support services such as guidance, workshops and tutoring; tuition-repayment requirement (they had to work in their sponsoring institutions 18 months for each year they spent in the program). The emphasis of the program shifted in the mid-nineties from nursing career advancement to work force development. However this program could be used today to provide additional nurses with BSN level training by giving additional schooling to LPNs and RNs. The original program provided financial resources and support services to qualified, low income and minority, entry- and mid-level hospital and nursing home employees to help them advance into LPN and RN positions. These programs are a way of providing a continuous pipeline of people to work as nurses.

For more information on using career ladders, go to the following web sites:

www.iowanurses.org

http://www.aacn.nche.edu/publications/issues/ib600wb.htm
http://www.nursingworld.org/ojin/topic14/tpc14_4_Z.html
www.nursingsociety.org/media
http://www.ucsf.edu/pressrel/2001/03/032702.html

Public Policy & Legislation
The U.S. Department of Health and Human Services awarded $30 million to address the nursing shortage in June 2002. A series of grants totaling more than $30 million is designed to increase the number of qualified nurses and the quality of nursing services across the country. The awards will address the shortage of nurses available to provide essential health care services across the country. The Health Resources and Services Administration (HRSA) will award grants totaling more than $22 million to colleges, universities and other organizations to increase the number of nurses with advanced degrees and to help improve the quality of care for elderly patients. In addition, another $8 million will be designated to repay educational loans of clinical care nurses who agree to work for two or three years in designated public or nonprofit health facilities facing a critical shortage of nurses. HRSA estimates more than 400 new contracts will be made available under the Nursing Education Loan Repayment Program. Details are available at http://www.bphc.hrsa.gov/programs/NELRProgramInfo.htm.
The $22 million in grants include: 324 Advanced Education Nursing Traineeship grants, totaling more than $18.5 million, which support registered nurses in graduate programs who are studying to become nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators and public health nurses. 71 Advanced Education Nurse Anesthetist Traineeship grants, totaling more than $3 million, which support registered nurses enrolled full-time in a master's nurse anesthesia program. Nine Geriatric Nursing Knowledge and Experiences in Long Term Care Facilities grants, totaling nearly $225,000, which help schools of nursing provide hands-on clinical training for senior nursing students caring for elderly individuals. Three Nurse Faculty Development in Geriatrics grants, totaling nearly $760,000, which help nursing schools, nursing centers, academic health centers, and state or local governments develop effective geriatric nursing education programs.

The President's fiscal year 2003 budget proposes a total of $15 million, nearly a 50 percent increase above the current year's funding, to expand the Nursing Education Loan Repayment program to help address the nation's growing need for nursing professionals. The increase will support 800 new nursing education loan repayment agreements. The lists of grant recipients are available at http://newsroom.hrsa.gov/releases/2002releases/nursegrants.htm.

There is a good deal of legislation that is currently being introduced at the state and national level to provide relief from the nursing shortage. General legislative recommendations for 2001 include: connect funding enhancements to improved staffing; create a conditional scholarship program (conditional scholarships would require recipients to make a commitment to work in their sponsoring institution in return for assistance with tuition and other expenses); provide financial support for nursing schools; collect and disclose quality-related data; and require continuing education. Congressional proposals have been introduced in the Senate and House of Representatives to entice more people into nursing by providing more than $100 million in scholarships for nursing students and grants to hospitals that train nurses and an additional $20 million to promote nursing through public service announcements on TV and through school outreach programs. The measure would establish a $50 million per year National Nurse Service Corps that would provide scholarships to potential nurses in exchange for a commitment to work in a public or not-for-profit hospital deemed to have a critical shortage of nurses.

Strategies offered by Ada Sue Hinshaw, Ph.D., R.N., F.A.A.N, in her report, “A CONTINUING CHALLENGE: The Shortage of Educationally Prepared Nursing Faculty,” include negotiating with senior faculty for new or different experiences or challenges that they would enjoy developing at a later point in their career (such as international programs). She also suggests that retirement be phased in over several years for senior faculty who are master teachers and/or well-funded researchers. For example, if a new faculty member is working with a senior person as a mentor, the senior individual could be offered several years at part-time to continue to provide the needed mentorship and expertise for multiple faculty members. Hinshaw believes that schools of nursing should also look ahead to see how many of their faculty would be retiring within each year from 2001 to 2010. This way, the type of clinical and research expertise to be lost each year can be analyzed in advance, and planning can begin for finding a replacement for that niche in their program.

In her article, “NURSING SHORTAGE: Not a Simple Problem-No Easy Answers,” Cheryl Peterson, M.S.N., R.N., suggests moving nursing workforce planning to the state level through the creation of state-based nursing workforce centers that could track, analyze, and make recommendations
on the nursing workforce within the state. Each center could collect comparable data that could inform nursing workforce planning at the national level, so that the issues are addressed on a micro and on a macro level.

For more information on legislation, go to the following websites:

www.revolutionmag.com/engineering.html
http://www.kaisernetwork.org/Daily_reports/rep_index.cfm?DR_ID=4537
http://www.kaisernetwork.org/Daily_reports/rep_index.cfm?DR_ID=3751
http://www.nln.org/newsletter/newsle82.htm
http://futurehealth.ucsf.edu/CWI/nursingneeds2.htm
www.kaisernetwork.org
http://www.ltgov.state.ri.us/pressreleases/nursingtuitionfinal.html
http://www.nysna.org/PROGRAMS/LEG/points/solutions.htm

Foreign Recruiting

Foreign recruiting is a temporary solution to the nursing shortage because the problem is, in fact, global in nature, and this will not solve the shortage of nurses in the long-term. For example, while the United States is currently trying to recruit nurses from Canada, the Canadians are trying to convince their nurses already working in the United States to return home where there is less emphasis on costs of care. However, until other efforts to lessen the shortage have taken hold and are proven successful, foreign recruiting may act as a necessary short-term solution. Problems with foreign recruiting include difficulties getting the nurses licensed to practice in the United States, acclimation to a new country, adjustment in leaving their homes, and orientation in our nation’s health system. The language also provides a problem for some nurses. As a result, many hospitals are turning to Filipino nurses who are trained in English at nursing schools that use the same curriculum as U.S. universities. Other officials have considered changing the terms of, or increasing the number of granted H1-B visas, which allow foreign health care workers to come to the United States for a limited amount of time.

For more information on foreign recruiting, go to the following websites:

http://www.nurse-nursing.com/canada_nursing_shortage.htm
http://www.nursingworld.org/ojin/topic14/tpc14_4.htm
http://millionnursemarch.org/cgi-bin/issues/hyperseek.cgi?ID=995933742