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Nursing at the Crossroads: A Call to Action Video Transcript

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Presenter

NCSBN Nursing Regulation Department

- [Dr. Maryann] I'd like to begin by extending to each and everyone of you a very warm welcome from the National Council of State Boards of Nursing. It is indeed an honor to have such a distinguished group of healthcare leaders today here with us to attend this very important event and hear these data that we're going to be presenting to you.

My name is Maryann Alexander. I am the Chief Officer of Nursing Regulation at NCSBN. I provide oversight over the Division of Nursing Regulation, which includes all activities related to licensure practice, nursing education, discipline, our research department, and legislation and policy.

I will be moderating the panel today. Let me tell you a little bit about NCSBN. We are an independent not-for-profit organization and a global leader in regulatory excellence. Our mission is to empower, serve, and support the state boards of nursing across the U.S.

and the U.S. territories. We have an extensive research program. We are leaders in regulatory research and we are experts in nursing policy. We are also experts in exam development and we are known internationally for the NCLEX examinations, which are the preeminent licensure examinations for nursing.

Now, without further ado, I will pass the microphone to Dr. Martin, who is going to quickly present the research which provides the most complete and unparalleled snapshot of the state of today's nursing workforce. Brendan.

- [Dr. Martin] Thank you, Maryann. And good morning, everyone. As Maryann mentioned, I'm here today to briefly recap research that we recently completed on the U.S. nursing workforce and really in doing so to set the stage for a vital discussion on possible policy solutions to foster a more resilient and safer healthcare system now and in the future. Since 2013, NCSBN has partnered with the National Forum of State Nursing Workforce Centers to collect timely and accurate supply side U.S.

nursing workforce data. Our stratified random sampling approach allows us to derive population-weighted national estimates and to project observed trends to all levels of the nursing workforce, from licensed practical and vocational nurses to advanced practice registered nurses. The National Nursing Workforce Survey utilizes a multi-mode survey study design, leveraging both direct mail and email outreach, as well as data collected systematically through NCSBN Nursys e-Notify System.

Combined, as you will see in the slide in front of you, NCSBN researchers were able to analyze data submitted by more than 300,000 licensed nurses located across all 50 states, the District of Columbia, and select U.S. territories. As a result, the 2022 report stands as the largest, most comprehensive, and rigorous examination of the U.S.

nursing workforce since the onset of the COVID-19 pandemic in March 2020. In fact, as stewards of the only nursing workforce data bookending the pandemic, we assembled you all here today to ensure that the critical trends that we rigorously documented are at the forefront of policy discussions. To begin, I want to start with a closer examination of the more than a quarter million nurses who have left the workforce since 2020.

Our findings confirm that roughly half of that total, or approximately 100,000 registered nurses and 34,000 licensed practical and vocational nurses left the workforce over the past 2 years, specifically due to the COVID-19 pandemic. Alarming, 41% of the RN total is comprised of nurses with a mean age of 36 and fewer than 10 years experience.

Furthermore, increased workloads, stress, and burnout have strained the U.S. nursing workforce, compounding observed attrition over the past few years. In total, 62% of nurses across all levels reported an increase in their workload over the past 2 years. Similarly, half of all nurses reported feeling emotionally drained, used up, fatigued, and burned out at least a few times a week, if not every day.

Over a quarter of the workforce reported feeling at the end of the rope at similar intervals. Looking ahead, 800,000 registered nurses and an additional 184,000 licensed practical and vocational nurses indicated that they intend to leave the workforce by 2027. To put those numbers into perspective, that is equivalent to roughly 20% of the licensed RN and LPN, LVN workforces in the United States, respectively.

Again, a particular concern, younger early-career nurses account for roughly a quarter of the total. In addition, an imperiled to the workforce survey, we also recently completed a 2.5-year-long study of over 50 pre-licensure RN programs, including over 1,100 participants located across 27 states.

This cross-sectional study utilized a four-phased longitudinal design to assess academic learning, standardized examination, and early career outcomes for pre-licensure RN students entering the core of their nursing curriculum in fall 2020 and with an anticipated graduation in spring, 2022. Similar to the workforce survey and what that represents for the current nursing workforce, this study stands as the most comprehensive assessment of pre-licensure RN education in the United States since the onset of the pandemic.

Overall, our findings confirmed that the effects of the pandemic were obviously not limited to the current workforce. Rather, we documented significant declines in the clinical preparedness of pre-licensure RN students and similar drop-offs in the practice proficiency of early career nurses, specifically due to shifts to more remote and virtually simulated educational models required by the pandemic.

So, what does this all mean? Increased workloads, stress, and burnout have significantly strained the current U.S. nursing workforce, and the pandemic has disrupted traditional educational models. As a result, we project critical staffing shortfalls and reductions in the practice readiness of new nurse graduates at a time when more nurses than ever are needed to address the increase in inpatient demand from and related to COVID-19 and an aging population.

And here's the silver lining, there's always a silver lining. The projections that I've presented here this morning are not static, but rather manipulable outcomes based on the decisions that policymakers make today and in the near future. The presentation of these critical results in the panel discussion that will follow serve as an urgent call to action to tailor policy solutions aimed at fostering a more resilient, sustainable, and safer U.S.

nursing workforce. Not only now, but in the future. So, with that and without further ado, I will turn the microphone back over to Dr. Maryann Alexander and our distinguished panelists. Thank you so much.

- The panelists, please come forward. Thank you, Brendan, for your presentation. And I want to emphasize that one of the reasons and the reason, the most important reason we have gathered you here today is because these data telling us that 1 million nurses or more could leave the workforce in the next 5 years is reversible.

And so, we are here today to talk about solutions. And so, before we get started, I would like to introduce our very illustrious group of panelists beginning at my left.

- [Antonia] Hi, everybody. I'm Antonia Villarruel and I'm the Dean of Nursing at the University of Pennsylvania.

- [Gay] And I'm Gay Landstrom. I'm the System Chief Nursing Officer for Trinity Health.

- [Rayna] My name is Rayna Letourneau. I am on the board of directors for the National Forum of State Nursing Workforce Centers and the Executive Director of the Florida Center for Nursing.

- And to my right on screen is a congresswoman, please introduce yourself.

- [Lisa] Good morning, everyone. I'm Congresswoman Lisa Blunt Rochester from the state of Delaware, also a member of the Energy and Commerce Committee and specifically the health subcommittee. Glad to be with you.

- And Robyn.

- [Robyn] Good morning, everyone. I'm Robyn Begley, the CEO for the American Organization for Nursing Leadership. I also serve as chief nursing officer and senior vice president for workforce for the American Hospital Association. It's great to be with you.

- One thing we can thank COVID for is we got this Zoom deal down and we're able to have our other panelists with us. So, I want to begin with the first and most obvious question, 100,000 RNs have already left the workforce due to COVID in the past 2 years.

And another 800,000 intend to leave by 2027. One-third of them are younger than 40 years of age who we usually depend on to be the mentors and preceptors of the future. How are we going to address this and prevent a major crisis in our healthcare system in the very near future?

And let me begin with you, Gay.

- I'd be happy to answer that. It is something that I think about every day. We have an urgent call to action. Right now, our nurses are very stressed. And as that continues, they're making choices to leave the workforce and leave patient care. I really believe there are several things that we need to do.

They need to have a different environment. Those working nurses need a different environment today that is safer, that is more flexible, that is more supportive. I think of those early career nurses who need mentoring more than ever before, and they also believe that when you look at the math, we do not have enough registered nurses and LPNs to continue with the care delivery models that we have had in the past.

They just aren't enough. It calls for us to really look creatively at how can we provide excellent, high quality safe care in a different way.

- Thank you. And I'd like to open this up to the other panelists as well because this is such an important question to begin this discussion with.

- Sure. I'd like to add to Gay's comment here, is that as you are hopeful that this is an opportunity to really take a look at what we're doing in the care delivery system to address this particular issue. This is not just a nursing issue. This is as in the report a healthcare system issue. We're like the canaries in the coal mine here alerting the world that this is a particular issue here.

This also is a great time for innovation for us to take a look at what we've been doing, how we've been doing. But it's important for us to think about not just short-term solutions, but what are the long-term impacts of whatever we do here, and importantly, keeping the focus on patient care outcomes and also on the well-being of our staff.

So, I think lots of opportunities to innovate as long as we think not just about bodies in a place, but again, the care that they're able to deliver. I also think this is an opportunity to elevate the care system that we do. I think many times people devalue the work that nurses and other caregivers give.

We're so stuck on the procedures and the high-tech components. A lot of that has to do with the financing as well. But we're more than a cost center. We really are the oxygen of the healthcare system and we need investments in that area.

- Thank you. Rayna - I agree with everything that's been said already. And I would like to add and really emphasize what you're hearing is a call for systematic changes and what that really means, because I think people will hear us say we need systematic changes but not quite understand what that is.

And when you mention changing the environment, making sure that our nurses have a safe place to go to work is going to be extremely important. And making sure that we have a culture change within the nursing workforce. Since before the pandemic, we have research and evidence from the American Nurses Association and the Healthy Nurse Healthy Nation campaign that about two-thirds of nurses report they put the needs of others ahead of their own.

And that's something that nurses are known for doing. We care for our patients more than we take care of our own needs, and we cannot continue to pour from the empty cup, as the saying goes. So, really putting some culture changes and making environments changes that allow nurses to care for themselves so that we're healthiest to be able to care for our patients and our communities.

- And Robyn.

- Yes. I'd like to add a few things. First of all, my co-panel is so well said. Some of the work, you know, and before I start, actually, Dr. Martin, thank you for leading this really important study because these are, I think, for representing those in practice.

I mean, this is what our nursing leaders and our nurses have been, you know, have been experiencing for the past two years. So, the numbers that you shared really do validate what you know, anecdotally, we've been studying or what we've been hearing, rather, the AHA/AONL, we're not beginning our work right now. We've been working for several years.

In fact, there's wonderful resources. But the work for this year, 2023, I think if I just review the topic areas, it will really tie into what's been said. So, the priority areas for the AHA Workforce Task Force in collaboration with AONL is culture of work, including work environment, well-being, safety, mental health, work, and workflow changes, and how to lead transformation.

Second topic is care model exploration. And as Tony said, you know, it's really studying outcomes for the long-term quality safety, you know, patient experience, staff engagement, of course, as well as the economics of the model and scalability. The third topic is workforce planning.

And I think this study really adds to that body of knowledge. What data do we need for the future? I think it's easy to extrapolate if we think about the "old model of care." But when we have to redefine what we're going to be needing in the future with new models, it gets a little more complicated. And finally, messaging the healthcare career.

So, it's really important for our, you know, for our communities to understand that healthcare nursing is has been a lifelong profession for me that I am so proud of. And yes, we know we have, you know, I'm the eternal optimist, but we've got lots that we have to improve and transform.

But it is such a meaningful career, and not just nursing, really any healthcare career. Real quickly, I'd like to note that AONL is doing deep dives on the role of the nurse manager, the frontline nurse manager, and also inventorying and assessing those innovative care models that we know have been developed over the course of the pandemic.

What's good for the future? What was an innovation that really needs to evolve and change? And the use of technology is really key here as well. Thank you.

- Thank you. Representative Blunt Rochester.

- Yes. Well, first of all, I want to say thank you so much for having me at the table. I think one of the main issues that I hear when I think about even the record and the data that's shown is that nurses need to be seen. One of my concerns is that we already had these challenges before the pandemic, and the pandemic just exacerbated it and accelerated.

I've talked to nurses in my state. We've had nursing roundtables. My grandmother was a nurse. And when I think back, things are so different now compared to when she was in the profession. You know, the things that you're dealing with, everything from workplace violence and people coming in that are more aggressive to a pandemic where the stress levels are at epic proportions to just the everyday concerns for a living like what we saw from the pandemic was that issues such as childcare and being caregivers at home also you're sort of like you never turn it off.

And so, us as a society, as a country, recognizing that things like affordable housing, things like, you know, child care and elder care and caregiving are also important, as well as making sure that you have the tools that you need. I love some of the words that were said before safety, flexibility, the supportive environment, mentors.

But data is also so important, which is why the work that you have done and what you're showcasing helps me and other policymakers really do the work we need to do. I'm proud that we passed the Lorna Breen Act that allowed, you know, really focused on...here's a doctor who in the heat of the pandemic was so stressed, got COVID, came back to work, and was embarrassed to talk about her own stress and therefore committed suicide.

And so, we as policymakers, number one, need to see you. Number two, need to understand the data and the impacts. And as we talk about workforce planning, I was secretary of labor in Delaware and head of state personnel, as well as deputy secretary of health and social services. So, I think we already have an aging population as a country.

So, for me, this conversation is very important. I'm looking forward to us talking about some of the silver-lining strategies that we can employ. But I want you to know as a silver-lining piece, that even our work is bipartisan. And I think people need to have some hope that your work, what you're putting forward, is going to have real and lasting impact.

I'll turn it back over to you.

- Thank you so much. Well, some of you have spoken about new models of healthcare. What might that look like?

- I think when we look at, again, the numbers, we have to make sure that we are using this precious resource of registered nurses really well and looking at how can we relieve them of some of the work that they have been responsible for but really doesn't require the registered nurse.

That's part of the analysis, understanding that. Other, I think, other caregivers need to be a part of that team supporting the registered nurse. Our models in the past, often, the registered nurse was caring for a group of patients, for instance, in a hospital or an emergency room largely by themselves.

We really are going to have to use teams of people coming around the registered nurse. It was mentioned by one of the other panelists that we now have technology that can help bring together members of the team that previously it was more challenging. So, for instance, we know that we need more mentoring of a young workforce.

They're asking for it. They're needing it. They're showing by the numbers that they're leaving nursing at an alarming rate. We can bring experienced registered nurses who perhaps can no longer hike up and down the floors or lift patients or do some of the heavy physical work.

But we can bring them in through technology to be a part of the team, to help mentor early career nurses to be a part of decision-making, sharing their wisdom and their knowledge, and helping develop those who are early in their career. I think those are all pieces of this.

- Yeah. And just to let you know how important one of the things that you said about support care workers, this is a strategic initiative for NCSBN. We're going to be looking at that and how we

strengthen the support care worker, their competencies. And so, they are prepared to support registered nurses and the LPN as well.

- So, if I could just add to that, in addition to supporting our ends, we learned a lot in COVID. We had to make a lot of adjustments in terms of the responsibilities of care workers. And one of the things that's important is that nurses and all healthcare providers are able to work at the top of their license, and sometimes that's restricted within hospital systems.

Sometimes that's regulated by states. And again, that just causes a lot of bureaucracy and unneeded oversight. So, those are things that need...and I know Gay can talk other... that work in the health system and talk about that more tangibly. But that is an issue that we know that we're hearing from our health system partners.

- And we need policymakers to listen to that because we have legislation throughout all the states really to get advanced practice nurses working at the top of their license. And there's a lot of opposition to that. Rayna, do you have anything to add?

- I would. I would like to add from a workforce development point of view, looking at the pipeline coming in and as our evidence and research is showing the expertise leaving our workforce, whether that's early retirements or the stress that's causing people to leave the bedside or the profession, how can we bring that expertise back in and help us to rebuild the workforce?

So, when you're talking about mentorship, I think that's the perfect opportunity to look at strategies and innovative strategies to be able to utilize the expertise of those experienced nurses and bring them back into the clinical setting to help train or mentor the pre-licensure nurses, both at the PN and RN levels.

So, looking at innovative strategies to be able to do that and really to... I'm calling for academic practice partnerships as defined by the AACN.

- And could you tell us a little bit more about those just so everyone knows?

- Sure. Absolutely. Thank you. So, when I speak about academic practice partnerships, it's the two organizations coming together, academia and professional practice, or a clinical environment. And coming together not just for a clinical affiliation where I can send students to a hospital for an example, but really coming together with a shared goal and looking at how can we put our resources together to achieve that goal.

And so, when I speak about academic practice partnerships, we can utilize that model to make sure that we have education systems and practice systems coming together with our shared goal of a safe nursing workforce to provide quality care.

- And an example of us all working together related to that is during COVID-19 over 10 nursing organizations all came together to write a policy about that and the importance of that practice and academic relationship. Robyn and representative Blunt Rochester, do you have any thoughts?

- Sure. Relating to academic practice partnerships, you know, we did see during the pandemic that our normal structures and our silos immediately just dissipated, which was a wonderful thing. Also, many of our hospitals and health systems were able to utilize their educationally prepared clinical staff to

enhance the faculty or to be able to really do some precepting and some teaching for the nursing programs.

And this is something, you know, whether it's called formally joint appointments. I mean, these are the kinds of partnerships that we really need to continue as we're seeing the pandemic wane. You know, when we looked at the numbers of nurses that we need, I mean, it is a wise investment strictly from a financial perspective to be able to say, yes, we are going to either, "loan or subsidize our qualified nursing educators to be able to participate in the educational process and to be on loan, if you will, to some of our colleges and schools of nursing."

So, creative opportunities like that, I know in many of our states we also had pre-licensure students who were doing their clinical experiences but also had the opportunity to become part of staff, if you will, and also have some experience in the clinical setting before they became registered nurses, which was also very helpful.

So, trends like this and pilot programs like this need to continue.

- Representative Rochester.

- Yeah. I was just going to add that, you know, I think as members of Congress, many of us also understand and value the fact that this kind of almost gets to the flexibility issue that was talked about as well that we saw during the pandemic things that used to be very rigid. We had to shift and change and be flexible.

And I think one of my hopes and goals is that because of the things that we learned during the pandemic, some of those flexibilities that had to be put in place, that we don't go back to the rigid ways of doing things. And so, you know, for me, I know I've been supportive even at the University of Delaware, a letter of support in the same vein.

But to me, this is an opportunity for us to see how these flexibilities help to not just strengthen the workforce, but expand because ultimately the goal is quality of care. I mean, that's the bottom line.

And when we have shortages, we're going to have to be flexible. So, I think we're all on the same page here with this one.

- And so, Representative, I want to actually just change this conversation to policy. Is there anything that can be done at the federal level to help this crisis or avert the crisis?

- You know, Mary... And I think that's, again, sort of the foundational to this conversation is the fact that we need to intervene now. And I can say, as I think about some of the data that was shared, they're kind of like two main pillars that I think stand out to me for Congress.

One is this whole notion of cultivating a supportive environment for nurses so that they can, number one, join the profession, but also stay in the profession. And then the second pillar is really promoting federal-state collaboration in understanding the workforce and the landscape so that our efforts are both well-informed but also supportive.

On the first pillar, you know, as we think about the environment in Congress, we can do things such as supporting nursing education, retention, career development, scope of practice, and fair payment

policies, which was actually mentioned earlier as we did last year with the passing of the Lorna Breen Act.

Again, part of that was to focus on the mental health and the environment. But, you know, I'm going to run down a couple of things that I think specifically under this first pillar. First, you all know that the Title VIII Funding is a major source of federal support for fostering training and employment opportunities for nurses.

So, Congress must continue, first of all, robustly funding these programs. Secondly, we've got to ensure that there is a robust pipeline. So, a bill that I championed is called the TRAIN Act, which I worked on in partnership with Beebe Healthcare, one of our major hospitals in our state. This was passed into law in 2022, and the legislation really aimed to protect nursing schools from federal funding clawbacks so that we can continue to support the training of nurses and other allied health professionals in hospital-based nursing schools across the country.

Third, we've got to make sure that nurses can practice at the top of their license and get fairly paid for their services. So, for example, I've introduced legislation with Congressman Adrian Smith to enable nurses to order and supervise cardiac and pulmonary rehab.

And lastly in this pillar is, you know, a focus on National Health Service Corps. We need to support those who want to work in public health because this can be a tough field. And the National Health Service Corps provides scholarships and loan repayments, you know, for health providers.

It also helps, you know, to be specifically targeted to underserved areas. I've introduced legislation, and that's bipartisan, to extend this program with representatives Joyce, Fletcher, and Stefanik and working on legislation to make sure that we can sustain the gains in this program that we've already seen.

And then if you pivot to the workforce data that you released today, it's highly valuable in helping us to further understand, you know, what the national scope is. But we also know this is just the tip of the iceberg. We need to make sure that states can also understand what's happening to their workforce on the ground. And that brings me to the second pillar, which is to have Congress promote these federal-state collaborations and understanding the workplace landscape in order to address the shortages and retain nurses.

And I can tell you this is also bipartisan work that we're doing. I joined Representative Young Kim, a Republican from California, and Senators Jeff Merkley of Oregon, and Thom Tillis of North Carolina to introduce the Nursing Workforce Shortage Act in Congress. This bill complements existing efforts to address the shortage and including those like the National Council of State Boards of Nursing and Nurse Workforce working centers, our hubs, as many of you know, to advance nursing education, training, and leadership.

And so, this is one of the areas that we have focused on. And we believe that it will bring localized on the ground support for states like Delaware and establish new nursing workforce centers or support the current ones that already exist, and then also formalize a national one. Because, you know, again, for us, we're looking to reduce barriers to get understanding about these shortages and really to be able to make sure that we do something that deals with the whole landscape across the country.

I'm excited and I will announce that our bill will actually be in the health subcommittee hearing next week. And for me, that's a really incredible start and portion of what the work is that we have to do. But I'm glad and just check out next week. It'll be in the health subcommittee.

- Well, thank you so much. We'll be anxious to see that. I would be remiss if I did not turn this topic now to nursing education. Our nursing students were hit very hard and suffered consequences during the pandemic. Antonia, what can we do now moving forward to prepare our nursing students for the challenges that lie ahead and the workforce?

- Sure. First of all, I think from the survey results, it's not a surprise that students don't feel clinically ready to enter the healthcare system. Any graduating nurse from the beginning of time will tell you they don't feel that they have those clinical skills ready. Certainly, it was exacerbated during COVID when they didn't have the same opportunities, but they were provided with incredible opportunities.

I mean, to be able to practice population health in the middle of a pandemic and see the leadership and innovation of nurses was absolutely phenomenal. We had students placed in settings that we had never imagined before, working hand in hand with our healthcare system partners, I think specifically one condition is how do we support the nurses and healthcare providers that were on the frontlines of COVID.

One of the nurses and other folk decided to do a hotline for people that anybody could call during the pandemic to talk them through whatever happened. And this was a great training opportunity for our nurse practitioner students. So, again, opportunities that they had never had before. That being said, we've talked a lot about the academic practice partnerships.

Those are absolutely key. We're fortunate at Penn working with our academic health partners and others in the community that we have a robust partnership and we speak regularly about what is it that we need to do on the education side to make sure that our students are practice ready. On the other hand, we get feedback from our components, from our practice partners to ensure that we're providing the skills that are needed and also help students in the transition.

I think Robyn mentioned before that we are looking at nursing as well as other healthcare professions as this is lifelong learning and we have to be able to prepare and to be able to support nurses at whatever level they are at, to inform them of what other opportunities there are to both improve the practice that they have, as well as to be able to take a look at other components.

We also take a look at what we're doing in our education setting to make sure that we are, again, looking at practice-ready components. So, one of the things that we have done that causes our grads a lot of angst isn't necessarily in the assessment skills, but it's in the use of technology. The electronic health record is one.

We are one of the few schools that prepare students in the use of the electronic health record that's used in our health system. And so, when people know that our students know how to work in Epic, they are like, "What!" That cuts a number, at least two weeks of training time from that period. So, again, that's an example of an innovation and a partnership that serves both our students and also facilitates people being practice ready.

- I want to go back to something you said in the beginning about how the pandemic afforded students an opportunity to have some unique clinical experiences. One of the things we hear all the time from

educators is, there's just not enough clinical sites. Do educators need to start really thinking more innovatively about the clinical experiences they give to students?

- Absolutely. So, the strain on clinical sites and I was talking to someone before is not just in our healthcare systems or academic health centers, but it's also in the community as well. And so, we are already asking stressed nurses to undertake the education initiative. So, we have to figure out some way to alleviate that. In our state, our governor is looking at tax credits for precepting models, which again, I think is a great model that benefits folk who in their pockets, you know, really rewards them for the work that they need to do.

That's one strategy. The second strategy that we learned through the pandemic was the use of simulation, simulation and telehealth, all fabulous learning issues, learning opportunities. However, as the Representative alluded to, we're going after the pandemic has passed. We're going back to past practices that because they are regulated by some by state boards, some by who knows who, about how many clinical hours, how simulation can only count for a number of certain hours.

So, again, it prohibits us from using the evidence to make the policies that can again facilitate that work. So, use of simulation is high and again should be allowed to the full extent that it can be to ensure that we meet the competencies in education and then looking for a way to reward those that are actually providing that clinical education.

- Could I add a couple of thoughts to that?

- Sure.

- In our country, we fund the education of physicians in a very different way than the way we fund the education of nurses. And so, for instance, nurses who are practicing are asked to help develop and educate students, whether that's at the graduate level or the undergraduate level, without any additional compensation, just part of their professional practice that's very different in medicine.

And then with residencies, we know that it's a critical time period when a student has graduated and they are now a brand-new nurse, and that first year is absolutely critical to help them successfully transition, to practice, to learn some additional things and to feel confident enough to see a long career in front of them.

Residency programs transition to practice programs for nursing are not funded. It's very, very different. And I think we really as a country have to look at learning from some of what we've done with medicine that has been successful and look at supporting nursing in the same kind of way.

- So, Rayna, I know this is an area of expertise of yours.

- A lead-in for you.

- Let me ask you, transition to practice such an important time in a nurse's career.

- So, absolutely, everything that you just said, thank you. So, now I can build on. It's important to make sure that we focus on that critical time frame when new nurses are coming from academia into their professional practice and their clinical practice. We know evidence of supporting that.

They don't feel as prepared as they need to. We have objective evidence that also supports the competency level of new nurses has declined over the past 15 years as healthcare organizations are becoming more and more complex and our patients are becoming more sick, we have to look at innovative strategies to better prepare the nursing workforce, but then to support them once they're there.

The transition to practice programs or nurse residency programs are an innovative solution that can help to better prepare these new nurses for the complex healthcare organizations in which they will work. I think it's really important also to go back to and thank the representative for the work you're doing to bring state and federal collaboration together and making sure that we continue both the National Forum of State Nursing Workforce Centers and the NCSBN working together to say what's happening nationally and taking those deep dives into the state data to be able to look at the evidence and then be able to build our solutions based on the evidence.

So, when we're looking at our national levels of the new nurses and their turnover rates after year one or year two, is that the same in most states? Is it even the same within the states and geographical areas? And making sure that we're building all of this out based on our evidence.

- So, let's turn now to the state. Several of you have mentioned that, what is important at the state level, what do we need to do? What type of policies laws do we need to enact? What do you want to tell your policymakers, your legislators at the state level?

- I would say that I lead a health system that is across 26 states. And so, I regularly am dealing with needing to look at every single state's laws and regulations before I can explore, for instance, an innovative care delivery model and enacting that in different places.

I have to figure out how a nursing assistant is not allowed to work in the hospital in some states or an LPN is not allowed to do a whole set of patient care in this state and that state, but they can in another state. It's very complex. And the variation between the states and the regulation within the state will impede our ability to figure out new ways to provide care in this situation that we're in with not enough caregivers.

We have to do that work. But it's much more difficult when we have all of these varying regulations between the states and within the state. So, I urge flexibility, we had it to a much higher degree during the pandemic. We saw what we were able to do quickly to care for our population in the U.S., but it's because some of those restrictions were loosened just a bit safely, but loosened a bit to allow us to be creative and explore some new things.

We need that flexibility desperately.

- I would echo that. As I said before, full scope of practice, the ability to I say loosen regulations but to allow everyone to practice the full extent of their license would be important. I think looking at strategies, I think thinking about how nursing education is funded, excellent point.

I think thinking about creative strategies like tax credits to reward all of those who are involved in health professions education or in shortage areas is another. And I will just say one other concern that I have as there are many, I want to say creative opportunistic solutions that people are coming with to address the shortage. One that concerns me is the number of nursing schools at the AD, at the associate degree level and diploma level that are rising in different states.

And that causes...it may be a short-term solution, but without the right planning and the right articulation of these programs to ensure that there can be progression of these students into other healthcare careers is a concern of mine.

- May I build on that?

- Sure.

- Thank you. So, at the state level we definitely identify the nursing shortage and some people may think it's an easy fix. If you need more nurses, just produce more nurses. And I think that we all understand it's so much more complex than that. And so, if we are opening new programs to increase the capacity of nursing students so that qualified candidates aren't turned away from our programs, we have to also look at the contextual factors or the complexity surrounding that.

And so, how do we ensure that the new programs are of quality and meet maybe an accreditation standard is going to be very important. And then also looking at the number of faculty that are available to be able to train these new nurses as we're increasing the capacity of the pre-licensure students and the pre-licensure programs. We have a nursing shortage the evidence supports.

We also have a faculty shortage. And it is very, very difficult to be able to recruit faculty members into those vacant positions for several reasons. A lot of times we just don't have enough qualified candidates at the credentialing level that's needed to be able to teach in these programs. And also, the salary is not competitive for those nurses who have the increased credentials to allow them to teach, identified their expertise.

The salary is not competitive, especially in the public schools.

- They would have to take a pay cut in many cases. I have really talented nurses who would be excellent faculty, but they would have to take a significant pay cut in order to teach. And that's an impediment.

- And, you know, I want to talk about too, when we talk about at the state level licensure, 39 states, and we're on the verge of 40, have passed the nurse licensure compact. And surely that has to be of assistance to you with having facilities across 26 states. The Nurse Licensure Compact allows a nurse to care for patients.

Either telephonically, digitally, or physically on one license, one multistate license, instead of having to get multiple licenses in every one of those states. And in this day and age, more and more patients are seeking care across a state line.

Nurses are doing even a lot of telehealth, and we need to have the Nurse Licensure Compact passed in 50 states so that we can relieve this burden and this extra cost and time involvement of these multiple licenses and just allow them to work on one license, which is actually even safer than the waivers during the pandemic because those nurses that have a multistate license are very well vetted by the state board.

- Two quick points, the first is that, you know, as we look at more states that are passing the compact licensure, that's a wonderful thing. But it really begs the question of, are we looking at the Nurse Practice Acts in all the states and comparing them? Because when you think about a nurse, you know, perhaps, going over the bridge to Pennsylvania or from New Jersey or to Delaware, you know, to be knowledgeable of the differences is really can be burdensome, so that's number one.

And the second point I wanted to make on behalf of our colleagues in academia, the American Association of Colleges of Nursing, as I think most of us know, endorsed the new essentials model for curriculum for baccalaureate, actually for all levels of pre-licensure as well as graduate study.

And that will be helpful to the field as they are fully implemented because the expectations of a new graduate nurse, a newly licensed nurse, will be more consistent across the country. So, I just think that that's work that's been evolving over the past several years and will be very positive for the field.

- Representative Blunt Rochester, I know you have to leave at 10:30, so I want to give you an opportunity to make some closing remarks and final thoughts.

- Well, first of all, thank you so much for having me. I actually have been taking notes here and learned a lot even just from this conversation. I think as you think about sort of what are the actions moving forward, I talked about some of the legislative things that we're doing.

But I guess as a call to action to everyone listening, I think about the fact that as we were sitting here, on my phone an alert from CNN came over about the nursing shortage, and I think the call to action is to sound the alarm across the country. You know, you were just talking about the state level, and we're fortunate, I did a nursing roundtable in my state, and at the table was a state legislator who is a nurse.

And so, she could speak intimately about the issues. She could say, "Yeah, that's a great idea, but it's not going to work." She could tell the real lived experiences. So, what I would encourage as a step for everyone as a call to action is to sound that alarm and be that advocate.

Every one of us has a representative and a senator at state and local levels. They need to hear from you and depend and rely on you as the experts. Use your power. That's my message right now. People need to know, and I'm glad that you're doing what you're doing. And I wanted to let you know I will continue to be a champion with you.

And I'm looking forward to us not only finding those silver linings, but making sure that everyone in our country is healthy and has sunny days. Thank you so much for the opportunity.

- Thank you so much for being here. And now let me ask the same question to each of our panelists. What are your final thoughts and what can we do moving forward? Rayna.

- Oh, I can start. Thank you. So, I have a lot of final thoughts. And so, if I had to focus on that, absolutely, my final thoughts are when we're looking at innovative solutions. We've discussed a lot of strategies. We've spoken about the importance of making sure that policy and decisions are data-driven.

I'd also like to open up the thought of allowing the general population and our public to really understand who a nurse is and what nursing does. And I think that there's not enough education out there for those who are not involved in the healthcare industry or those who are not nurses or who have family members who are nurses, to understand really what it is and the value that we bring to healthcare and the health and wellness of the community.

So, I think that's going to be an important step in addition to everything that we've spoken about today and the specific strategies that we would like to see scaled across the nation, to really look at how do we educate our population to recognize the importance of nurses more than just a hero lives here or a hero

works here, but really to understand the value that we bring to quality and safety and the health and well-being of our nation.

- Okay.

- I do have a number of thoughts, but I'll try to be concise. I really agree with what you said about the general populace not really understanding what a nurse does unless they've had a very specific experience. And nurses are both the safety net and the glue for our health system. And I think there's little understanding of what a shortage of this magnitude could mean for the United States.

It is a crisis and we need to act. We cannot ignore this data that we have seen today. We need to address a number of things, at the same time. I mentioned we need to address the environment that nurses are working in right now. There are a number of issues there, but one of them is safety, and nurses, particularly those, not only but particularly those in the emergency room face danger every day.

They should not have to. And we need to do something about that. We know that we do not have enough RNs, enough LPNs, enough other supportive workers to provide care in the way we have done it in the past.

We have to develop and study really well new care delivery models and we need to not add additional regulation that makes that more challenging. We need to find ways to support that. And then we've talked about a number of areas where funding is still a challenge. Nursing education is still expensive for many people who would be wonderful nurses.

We need to help individuals with that funding, whether it's loan forgiveness or whatever mechanism. We have a barrier to nurses moving into faculty positions. We need to address that and we do not fund residency programs, those transition to practice programs. And so, every nurse who graduates does not get a residency program in this country.

Some organizations offer great ones and others cannot afford to do so. That should be a consistent element of healthcare within the United States. So, those are just a few of my highlights.

- Thank you very much. Antonia.

- I think I'm going to start where you started today to say that this is an alarm, but it also is a fabulous opportunity. And there is work that all of us need to do at every single level from the healthcare system to the educational level, to state boards of nursing, to federal and state policy. And we need to use this time to develop the innovative models, to develop innovative approaches, to get rid of the regulatory regulations that prohibit us from practicing to the top of license.

Again, addressing this as a system, not just as an educational issue, not just a nursing issue, but a healthcare system issue are critically important. The second thing, this afternoon I'm going back to Penn to talk to a group of incoming students. I'm not going to tell them about this, but I am going to tell them that this is your time.

This is a time for nursing, not because we need you at the bedside, which we do, but we need innovators and leaders. And that's what we do in baccalaureate programs. Nurses are well equipped because of the centrality that they have of patients and family and care and context to lead the changes that we need to have happen in our healthcare system.

That's why they need to come into nursing.

- Robyn.

- Wow, I don't know if I have much to add. Just great final thoughts. The one thing we did not get a chance to talk about this morning, probably because of time, is the slow progress that's being made around diversity of our workforce. I believe that you know, and I was encouraged to see that we are moving in the right direction.

You know, when I reviewed the numbers and I'm sure as everyone dives into the report, they'll be able to see that, but it's not enough and it's not fast enough. And that actually creates a wonderful opportunity to do all those things to expand our programs. We really need to reach into our communities and promote our profession, you know, we're nurses and believe in the power of nursing, but other healthcare careers as well.

So, it's a really wonderful opportunity and time for us to be talking about this. And it's not just, you know, those of us that work in healthcare, I was so encouraged to hear everyone talk about all the stakeholders and how we really need to reach out and pull them into this work.

Time to sound the alarm. Thank you.

- Thank you so much for bringing that up, because that was a question that we really didn't get to on the agenda. So, I'm so glad we were able to end with that. I will conclude the panel today, and I want to thank you all very much for your participation and your wonderful thoughts. This is the first step and a journey that we all have to take together, and in the end, hopefully, we will have maintained our nursing workforce.

It will be better for nurses. It will be just as safe for patients. And we will be able to say at the end of the day, we as healthcare leaders faced a huge crisis and diverted it from happening. So, thank you. And I want to thank our NCSBN research staff and those who participated today. Our staff worked tirelessly on these data and getting it out and the National Forum of Nursing Workforce Centers worked collaboratively with us on the workforce study, we thank them as well, and all of you for your attention, your time, and your interest in this very important subject.

So, thank you all.