

Greater Boston East Regional Executive Summary

Seventeen organizations were interviewed in the Greater Boston East Region. The complete list of survey participants is available in Regional Appendix 1. All list and ranked-list questions were totaled to develop regional frequencies. Responses are listed by institution type and comments are noted as reported with repetitive comments consolidated into singular statements. The following pages provide a detailed summary of this Region's current partnership efforts, identify gaps and the resources needed to improve programming efforts and strengthen existing partnerships or create new ones.

Partnership Parameters

The majority of partnership activities in the Greater Boston East Region focus on rapidly increasing the supply of nurses and meeting future demand, with only six activities focused on increasing nursing faculty. The total number of partnership activities identified by respondents was one hundred and eight (108). More partnership efforts are focused at BSN and MSN level than the ADN level. Most of the partnerships are characterized as "moderate" or "most successful". Regional Appendix 2 provides a summary of partnership parameters. Program examples include: grow your own partnership with a school of nursing providing faculty to teach onsite at health care facility; facility provides a faculty person with a joint appointment to work with 8 students in a 3-½ month assignment; and hospital partnered with local community college as part of NUCLI nurse career coach program.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this region are strong, trusting, relationships with individuals in the partnership; recruitment of students as employees into the health care facilities; recruitment of students into school programs; a strong orientation program for clinical faculty; a strong orientation program for students when they begin work on patient care units; flexible work schedules for employees attending school, clearly defined roles for faculty in practice settings, and advertisements that promote nursing in both organizations. Other important factors were an active student retention program, and institutional cultures that include education as part of their mission.

The Schools of Nursing identified two equally important contributions of the health care facility's nursing leaders to a most successful partnership: to seek and use faculty feedback about hospital policies and guidelines, and to recognize/reward nurses who support efforts to generate new knowledge through research or quality improvements. The health care facilities agreed on the need to recognize and reward nurses who support efforts to generate new knowledge through research or quality improvement and they also indicated that it was equally important for health care facilities to recognize and reward nurse who participate in the clinical education of nurses. Both the health care facilities and the schools of nursing agreed that the most important contribution of the nursing faculty to a most successful partnership is for faculty to maintain clinical knowledge and expertise to be effective partners in the clinical setting.

Partnerships were characterized as Least Successful because of poorly organized clinical experiences for students; competition among schools for clinical placements; and weak student experiences because of insufficient time between faculty and clinical leaders who are precepting the students.

Schools of Nursing Perspective

From the Schools' perspective, securing an adequate number and type of clinical sites is challenging. Presently, schools report having enough clinical rotation sites. Changes in accreditation requirements or increased demand, however, could create the need for more clinical rotation sites. This region reports a consistent need for pediatrics, obstetrics, and behavioral health. Lack of budgeted faculty positions is the most frequently reported reason for turning away students. Other important reasons include the lack of qualified faculty candidates; the lack of clinical placement sites; low faculty salary levels and the lack of classroom and lab space. Two of the four schools of nursing report having a student-retention plan. Plan components include a grant funded learning resource person whose focus is student retention; faculty lead study groups; peer-to-peer mentoring groups; and efforts to increase the number of minority faculty. Three schools of nursing report having a strategic plan for nursing faculty recruitment and development; one does not. Components of these plans include a strong marketing campaign to attract faculty and raising nursing faculty salaries; grant funding for students to work in labs on campus to encourage them to think about teaching as a career choice.

Health Care Facility Perspective

Greater Boston East Region health care facilities cited the need for well-organized clinical experiences for students; increased student time in the clinical setting; a greater connection between the nursing school curriculum, the transition to practice and the actual demands of practice; and nursing faculty who are clinically current and more aware of the demands of the clinical setting. There is a need for all programs to be coordinated, standardized, and unified so that students can progress through them efficiently. The trend in ideal nurse staffing percentages indicates a call for more BSN prepared staff.

Twelve of the thirteen health care facilities interviewed report having a strategic direction for nursing workforce development. These plans include increasing the numbers of BSN and MSN prepared nurses; increasing the number of positions that require advanced degrees; developing both onsite and distance RN-to-BSN and BSN-to-MSN programs; implementing clinical ladders; developing preceptor programs; an RN internship, and tuition reimbursement.

Barriers

Greater Boston East Region respondents identified several barriers to meeting their strategic nursing workforce needs. Schools of nursing barriers include a lack of nursing faculty, especially those who work with diverse populations. Health care facility-reported barriers include a lack of nursing faculty, insufficient capacity in the nursing programs, nursing students who lack a variety of clinical experiences, a lack of onsite MSN

programs. Additional barriers noted were legislated nurse- patient ratios, inadequate levels of reimbursement, and the inability of facilities to provide replacement support or create “space” in the nurses’ day for nursing professional development.

Regional Needs

Greater Boston East Region respondents identified the following nursing workforce development needs:

- More nursing faculty who are highly qualified and competitively paid.
- Partnerships on nursing curriculum whose aims are to create education programs that are more aligned with current and future nursing practice, and produce nursing students who are better prepared to transition to the RN role in the health care system.
- Increased student time in clinical area, with more faculty supervision of, and time with students when on clinical units.
- More flexibility in the scheduling of clinical rotations, with greater use of evenings and weekends.
- State support to continue creative programming such as childcare support for students.
- A seamless, unified, coordinated, standardized, and formalized curriculum pathway that facilitates and accelerates progression through LPN, ADN, BSN, MSN, and PhD education levels.
- Less restrictive college requirements for career changers.
- More collaboration and sharing of courses and faculty.
- More combined conferences/programs with faculty from practice and education presenting/discussion these issues.
- More flexibility in faculty-collective bargaining agreements on joint appointments.
- More support for, and funding of preceptorships and nurse internships.
- More LPN-to-RN, ADN-to-BSN, BSN, and MSN programs.
- More tuition reimbursement, scholarships, and loan forgiveness programs.
- High quality simulation environments in the lab setting.
- More consistent funding rather than episodic to improve planning.

Survey Respondents

17 organizations were interviewed and identified that they had partnerships. The complete list of participating organizations can be found in Regional Appendix 1. The types of institutions, facilities or agencies that participated in the Boston East region include:

- **Schools of Nursing - 4**
- **Acute Care Facilities – 12**
- **Long-term Care Facilities – None with partnerships**
- **Home Health Care Organizations – 1**

Responses

The following pages contain a summary of all responses for the Greater Boston East region, excluding any institutions, facilities or agencies that indicated that they had no partnerships. The actual questions are noted in *italics* with the summary of responses noted below the questions. Multiple item list questions are ranked by the frequency of responses. All comments are summarized with common themes noted.

Note:

- Questions 1-8 were asked of all participants.
- Questions 9-15 were asked of Schools of Nursing only.
- Questions 16-21 were asked of Health care facilities/agencies.
- Questions 22-26 were asked of all participants.

Questions 1 and 2 - Completed by all

Beyond clinical placements, what partnership relationships do you have that focus on rapidly increasing the supply of skilled nurses; increasing nursing faculty and/or focus on the future demands of the health care industry? Please define the levels of education accomplished.

See Regional Appendix 2 for full display of all responses to Questions 1 and 2. Listed below is a summary of information and comments provided for these two questions. Responses are listed by institution type. Program Examples highlight specific features mentioned by respondents when describing their **successful** partnerships.

Acute Care Responses

Number of Partnerships Range 1-15 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on meeting future demands and rapidly increasing the supply of nurses.
- Two (2) of the mentioned partnerships focused on increasing the supply of faculty.
- Partnerships mentioned included private schools of nursing, state schools of nursing, workforce development programs (NUCLI and ECCLI), high schools, and other community-based organizations.

Home Health Care Responses

Number of Partnerships Range 1 facility with one partnership

Type of partnerships

- The partnership identified by this facility was with a private School of Nursing and consisted of a didactic program on the Art and Science of home care and an internship program to support new graduates

Schools of Nursing Responses

Number of Partnership Range 1- 5 per school

Types of Partnerships

- Most partnerships are with acute care health care facilities, and focus on increasing the supply of nurses and staff development. These partnerships involve faculty development, mentorship programs, LPN-to-RN, ADN-to-BSN programs, and BSN-to-MSN programs.

Program Examples

- “Grow your own” Partnership - School of Nursing provides the faculty to teach courses on-site. The lab component is provided at the school. The health care facility’s staff serve as clinical faculty for the students. School hosted an Open House at the facility and offers nursing courses at the facility.

- School of Nursing partnered with a major funder. Participation in this grant initiative allowed the school to successfully admit more students into their nursing program.
- Hospital pays salary and benefits of one nurse who spends a semester at school of nursing as a faculty member. School of nursing pays hospital a portion of the salary cost. Partnership has allowed several nurses to have the experience and stimulated many to return to school.
- Hospital partnered with local community college as part of NUCLI nurse career coach program. Very successful program for their employees.
- Hospital partnered with local jobs for youth and Summer Jobs Program for students to expose high school students to careers in health care.
- Home health agency developed a new graduate internship program. It is a didactic program on the Art and Science of Home care. This internship is designed to fill the “gap” as the affiliated nursing program did not have a home care curriculum.
- Community placement capstone course - facility provides a faculty person with a joint appointment to work with 8 students in a 3-½ month assignment in which student groups go into community to participate in programs that focus on self-care strategies.

Question 3 – Completed by all

For your Most Successful Partnership, please indicate all the items that represent current or recent joint endeavors that occur because of the partnership.

N = 17

	YES
Strong, trusting relationships with individuals in partnership.	13
Flexible work schedules for employees attending school	11
Continuing Ed (workshops, conferences)	9
Onsite Classes	9
Cost effective (ROI)	9
Measurable Outcomes	9
New Grad Residency Program	8
Preceptor Development Program	8
Healthcare Facility provides/supports - clinical faculty	8
Flexible class scheduling (night weekend/other)	8
Student Nurse Intern Program	7
Shared Funding of initiatives (please define)	7
Healthcare Facility provides/supports – academic faculty	5
Student Nurse Aide Program	3
Other – See comments section	

Comments:

Acute Care:

Facility offers 1-year long new graduate program to students from school of nursing.

Nursing vacancy rates are low so have approximately 3 slots per year for this program.

Specialty hospital wants to increase interest and diversity of staff and plans to do so with collaboration and joint appointments. Facility offers Fellowship for senior students at this school of nursing. Facility also offers new mentorship program for school of nursing hires.

New graduate residency - all new grads have a “planned first work experience” – 1-2 years in length, depending on specialty i.e., OB is 2 years.

Student Nurse Intern program – students work as co-workers with RNs. Students work during the summer program and work part-time during school year.

Preceptor programs - Develop preceptors for students/ new staff, as part of the Boston Collaborative; have beginner and advanced Partnership with schools of nursing.

Faculty provides lectures to staff. Students invited to facility continuing education programs.

Facility provides a practice and enhancement program to faculty so that they can increase their clinical skills.

Measurable outcomes seen primarily in nurse recruitment and tracking new hires.

Center for Professional development started by facility. \$100,000 grant for professional development, caring partners, collaborating for stronger workforce. Have 2.6 FTEs that are unit teachers just for new graduates.

Home Health Care:

No additional comments.

Schools of Nursing:

No additional comments.

Question 4 - Completed by all

In your Most Successful Partnership, the health care facility participates in/or provides:

N = 17

	YES
Recruitment of students	12
Strong Orientation Programs for clinical faculty.	12
Strong orientation programs for students when begin work on patient care units.	11
Clearly defined roles for faculty in practice settings	10
Ads that promote nursing in both organizations	10
School Advisory Committee	9
Employees with positions in both organizations	6
Shared Funding Initiatives	6
Curriculum development and evaluation	3
Joint Leadership Development	2

Comments:

Acute Care:

Strong orientation programs for students when they begin work on patient care units – hospital orients faculty and faculty orients students.

Facility provides curriculum development with school of nursing.

School broadcasts affiliation with facility to enhance school recruitment.

The nursing school faculty orients students to the hospital for their clinical rotations. Facility sits on Advisory Committee to nursing programs at 2 schools of nursing.

Home Health Care:

No additional comments.

Schools of Nursing:

Grant partner responded quickly to issues related to shortage of nursing.

Question 5 – Completed by all

In your Most Successful Partnership, the school of nursing participates in/or provides:

N = 17

	YES
Recruitment of students as employees into health care facility	13
Active Student Retention Program	9
Research projects	8
Committees in health care facility	7
Clearly defined roles for clinicians who serve as adjunct faculty	7
Leadership development education	4

Comments:

Acute Care:

Tuition forgiveness, job readiness, on-site information sessions are provided by faculty from school.

Representatives of Schools of Nursing sit on committees in health care facility.

Home Health Care:

No additional comments.

Schools of Nursing:

Pre-nursing courses are offered onsite at facility.

School sits on the Quality Improvement committee at facility.

Question 6 – Completed by all

Beyond the above elements, what other contributing factors make the most successful partnerships successful?

Acute Care:

The relationship between the facility and the school of nursing.

Hospital is exploring BSN or MSN distance-learning partnership programs with school of nursing.

The workforce development manager makes greatest difference; the flexibility in integrating multiple small initiatives/grants into larger vision.

Annual meetings very beneficial to share mutual updates.

Need buy-in from hospital leadership.

Our culture is very supportive of students as it is part of our institutional mission statement.

Partnerships where students work at the facility as CNAs during school. This strengthens the relationship with the students and the facility.

Home Health Care:

New grads like the didactic program on the Art and Science of Home care provided by agency.

Schools of Nursing:

The NUCLI grant is the focal point for nursing in Massachusetts.

Question 7 – Completed by all

In those partnerships ranked as Least Successful, what are the major contributing factors?

Acute Care:

Least Successful Partnership is with a state school and lack of success is due to: school's management being disorganized; students not knowing their faculty advisors; and a lack of follow up.

Competition among Schools of Nursing for clinical sites is an issue.

Not enough time from faculty with the clinical leaders who are precepting students.

Long-term nature of program – takes 4-5 years for long-term ROI.

Home Health Care:

No additional comments

Schools of Nursing:

No additional comments

Question 8 – Completed by all

What's needed to improve the outcomes of the Least Successful partnerships?

Acute Care:

Improve communication between school of nursing and facility.

School of Nursing needs to be more flexible.

The faculty needs to bring students to hospital on off shifts.

More consistent funding, not episodic.

Better recognition of resources available at our facility.

Additional senior placements/practicum/co-op type learning experiences.

Home Health Care:

No additional comments

Schools of Nursing:

Have a formal agreement with stated expectations, stated goals and plans to go beyond one semester.

Question 9 – Completed by the Schools of Nursing

Do you have an adequate number and type of clinical sites?

Adequate Number

N = 4

Region	Yes	No
Greater Boston East	4	0

Comments:

May need to expand facilities if accreditation changes and if demand increases.

Adequate Type

N = 4

Region	Yes	No
Greater Boston East	3	1

Comments:

Always hard to find pediatric placements; Consolidation/loss of pediatric facilities/beds part of issue.

Facilities require smaller groups of students in clinical rotations.

Always need/looking for psych, obstetrics.

Question 10 – Completed by the Schools of Nursing

If you have had to turn qualified students away within the past 12 months, please prioritize the following reasons, with number one (#1) being the most frequent reason for turning students away.

N = 4

	Rank	Respondents
The lack of budgeted faculty positions.	1	3
The lack of available clinical sites.	2	1
Other	2	1
The lack of lab space.	3	1

Comments:

Lack of budgeted Administrative positions to help run the nursing program.

Lack of qualified candidates is the issue, not the lack of budgeted positions.

Don't have the faculty to teach the students we admitted (NUCLI increased the number of students we took).

Haven't turned any students away.

Lack of full-time faculty is the number one reason we have to turn students away.

Questions 11 - Does your School of Nursing have an active student retention plan?

N = 4

Region	Yes	No
Greater Boston East	2	2

Comments:

Have learning lab; our retention rate tends to be high.

Have an early alert system to refer students with academic issues.

Have student-to-student mentor program.

Have open lab where students can practice skills.

Faculty lead study groups; peer-to-peer mentor, second year to first year.

Increased the number of minority faculty; advisor relationships work to meet the social/cultural/socialization needs of students via luncheons.

Statewide grant funded learning resource person to help increase retention.

Questions 12 –Does your School of Nursing have a strategic plan for nursing faculty development?

N= 4

Region	Yes	No
Greater Boston East	3	1

Comments:

Have budgeted positions but cannot get qualified candidates.

We can't grow our own - have policy that won't let us hire own PhDs after graduation, as the school wants academic diversity. We are growing someone else's faculty.

Had faculty recruitment blitz and raised salaries.

Have a grant to hire students to work in labs on campus. Hope to encourage students to think about teaching, encourages them to go on to BSN and MSN.

No, recruitment is not an issue; (2) the requirement is a BSN; (3) this LPN program has low faculty turnover.

Question 13 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

N = 4

	Rank	Respondents
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	1	2
Faculty and SON administration seek and use clinician input/feedback.	2	1
Faculty enhances quality of pt care in the clinical setting.	3	1
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	4	1

Comments:

No additional comments.

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Question 14 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing agency leaders and staff:

N = 4

	Rank	Respondents
Seek & use faculty feedback about hospital policies & guidelines.	1	1
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	1	1
Involve faculty in patient care improvement projects.	2	1
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	3	1
Recognize/reward nurses who participate in clinical education of nursing students.	4	1

Comments:

No additional comments.

Question 15 – Completed by the Schools of Nursing

Please rank in order of importance, the impact collective bargaining has on the following elements. Please rank with number one (# 1) being the most important.

N = 4

	Rank	Respondents
Recruit full time faculty	1	1
Retaining faculty	2	1

Comments:

No impact- the union negotiates salary increases for faculty; feel school salaries are competitive for full-time faculty with other institutions (even privates). Data is anecdotal; hard to really find out what salaries are; believe are falling behind in part-time salaries. No effect.

Full-time faculty hardest to recruit. Collective bargaining limits the salary. Clinical/lab paid hourly rate, not impacted by collective bargaining.

To retain faculty need to develop joint administrative/faculty positions, but can't under current collective bargaining agreements.

Need more money to retain faculty.

Question 16 and 17- Completed by the health care facilities

Questions 16 - Within your budgeted nursing staff, what is the percentage of: LPNs; RNs with diploma; RNs with ADN; RNs with BSN; RNs with MSN and RNs with PhD?

Question 17 - What is the ideal percentage of each of these categories for your organization?

Complete record of all responses regarding nurse-staffing percentages given by health care facilities in the Greater Boston East Region.

Notes:

- 13 health care facilities – 12 acute care and 1 home health care - were interviewed.
- Data are reported exactly as reported by respondents.
- All numbers reported here are percentages.
- “0” equals zero
- “X” means no data value reported by respondent.
- “SC” means see comments
- “*” means nurse staffing percentage spread across multiple categories
- Several respondents provided comments either in addition to or in place of data values; all comments are included under the table in the Comments section.

Question 16 – Within your budgeted nursing staff, what is the percentage of:

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
GBEA 1	0	12.5	11	56.4	13.5	.8
GBEA 2	SC	60*	*60	40	SC	SC
GBEA 3	3	68*	*68	22	7	SC
GBEA 4	2	95*	*95*	*95	3	X
GBEA 5	X	X	X	70	X	X
GBEA 6	SC	X	X	90	X	SC
GBEA 7	1.8	16	44	53	1.8	X
GBEA 8	X	X	X	X	X	X
GBEA 9	X	39	39	52.1	7.8	.3
GBEA 10	X	X	X	X	X	X
GBEA 11	X	X	X	X	X	X
GBEA 12	5	25	60	10	X	X
GBE HH 1	10	60*	*60	20	10	0

Comments:

GBEA 2 – have a few LPNs; have 94% RN staffing, with 60% being RN/diploma and RN/ADN, and MSNs being in leadership positions and 2-3 nurses who hold PhDs.

GBEA 3 – 68% are either RN/diploma or RN/ADN; have 1 or 2 nurses with PhDs.

GBEA 4 – 95% of staff is RN either diploma, ADN or BSN.

GBEA 5 – 97% of nursing staff are RNs, BSN “preferred”,

GBEA 6 – have 1 LPN and 1 PhD, baccalaureate is 90% and above.

GBE HH1- 60% RNs are either RN/diploma or RN/ADN

Question 17 – *What is the ideal percentage of each of these categories for your organization?*

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
GBEA 1	SC	SC	SC	SC	SC	SC
GBEA 2	0	X	20-40	40-50	20-30	X
GBEA 3	X	X	X	X	X	X
GBEA 4	2	10	30	30	30	X
GBEA 5	X	X	X	X	X	X
GBEA 6	X	X	X	100*	*100	X
GBEA 7	SC	SC	SC	SC	SC	SC
GBEA 8	X	X	X	100	X	X
GBEA 9	0	0	0	90	8	2
GBEA 10	X	X	X	X	X	X
GBEA 11	X	X	X	X	X	X
GBEA 12	0	X	35	50	15	X
GBEHH 1	10	15*	*15	60	15	X

Comments:

GBEA1 – We want a strong base of BSN, and expect soon that that will be required for new graduate. Nurse Managers decide upon the educational level of the staff that they hire. Also, based on the goals of our hospital, we need nurses who hold Masters and PhDs.

GBEA2 – Just beginning to explore targets; 94% RN mix now – want to grow own BSN/MSN staff.

GBEA3 – Goal of the public hospital is to support staff and community to staff hospital, so they support ADN.

GBEA6 - Want 100% mix of BSN and MSN, recognizing today's environment – not possible. If professional/technical nursing was differentiated, percentages would be different.

GBEA7 – Don't differentiate by education, look at full-time FTEs, # of RNs per shift.

GBE HH1- Want to increase percentage of BSNs

Question 18- Completed by the health care facilities

Does your institution have a strategic direction for nursing workforce development?

N = 13

Region	Yes	No
Greater Boston East	12	1

Comments:

Acute Care:

Organization wants a rich base of masters/PhD; wants to increase the number of nursing positions that need advanced degrees – have many career options/positions that require advanced degrees.

Have tuition support for education, awards and recognition of advanced education; have strategic relationships with several schools of nursing; have plans for onsite and distance education RN-to-BSN, BSN-to-MSN, part of their magnet design.

Clinical ladder being explored; increase educational level in ranks of RNs a goal; Magnet recognition in process; re-structuring education model.

One FTE in HR is workforce development manager, significant percentage of his/her time spent on nursing. Organizational goal is to support staff into nursing careers.

Hospital is moving staff into patient care assistant roles and then on to ADN education.

Hospital offers forgivable loans- \$2,500/year, requires a 1-year repayment pre-graduation commitment, granted for up-to 4 years.

Hospital is also starting a \$5,000/over 3 years loan forgiveness program.

Hospital offers tuition reimbursement ADN>BSN, BSN>MSN.

Hospital offers Scholarship funds for bachelors and masters degrees.

Hospital offers \$500 scholarships to local high school student who have been accepted into nursing school.

Several collaborations with a school of nursing.

Partnership with Advisory Board of Nursing Leadership Academy that supports leadership development.

Needs-assessment driven continuing education programs for staff.

Tuition reimbursement and \$750 conference/professional development support annually.

Support for advanced degrees – flexible scheduling; Magnet application underway.

Chief nurse is the retention office. Have a Director Workforce Development; institutional goal is to be workplace of choice.

Recruit/retain is our main priority; offer CEUs, are building a clinical ladder, developing a preceptor program, and financial incentives for preceptor, developing a marketing plan for the whole hospital, and hiring a nurse recruiter.

Partnership with school of nursing to deliver an on-site baccalaureate degree; want to develop leadership from within with support of advanced education, leadership specific programs.

Meet regularly with HR; plan and target need for roles; new RN internship program.

Partnership with school of nursing, offer tuition reimbursement, flextime for students pursuing advanced degrees.

Have a system-wide strategic plan including nursing.

Home Health Care

In process, addressing future and current nursing education needs.

Question 19 - Completed by the health care facilities

What additional resources are needed in your region to ensure achievement of your strategic goals for your nursing workforce?

Acute Care:

More faculty, flexible classroom scheduling, strong baccalaureate programs with solid educational product, and variety of clinical experiences.

Master's level course work on campus (at hospital); BSN course work (affordable).

Online programs with face-to-face course work.

Partnerships that change school curriculum to be present and future oriented. Focus on transition to practice. Senior placements are good; helps them get the bigger picture.

Need state support to continue creative programming; funding for childcare would help considerably.

Need flexible class and clinical hours; additional slots for enrollment.

The schools need to help students with access to financial supports/programs; students not savvy enough to pursue.

Increased support for preceptors; offsets for costs of new grads; financial supports for Center for Nursing; more joint appointments should be required between service and academia.

Need increased nursing enrollment; need increased faculty supply; supplementing tuition reimbursement; increase faculty salaries; hospital could provide faculty; would like Longwood area focused onsite courses.

Preceptor program; tele-education;

Need additional resources internally for staff development through joint appointments/grants.

Need 1-year internship for new graduates as their clinical skills are lacking.

Home Health Care:

Good access to education resources

Question 20 – Completed by the health care facilities

In the partnership you ranked most successful, please prioritize the importance of the following elements. Please rank with number one (#1) being the most important.

N = 13

	Rank	Respondents
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	1	8
Faculty enhances quality of pt care in the clinical setting.	2	5
Faculty and SON administration seek and use clinician input/feedback.	3	6
Faculty and SON nurture clinic preceptors who model the competencies they want students to attain.	4	4

Comments:

No additional comments.

Question 21 – Completed by the health care facilities

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing leaders and staff:

N = 13

	Rank	Number of Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	6
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	1	6
Seek & use faculty feedback about hospital policies & guidelines. Involve faculty in patient care improvement projects.	2	4
Seek & use faculty feedback about hospital policies & guidelines.	3	5
Seek & use faculty feedback about hospital policies & guidelines.	4	6

Comments:

No additional comments

QUESTION 22 – Completed by all

What state statutes, regulations or policies present barriers to you as you try to enhance the nursing workforce?

Acute Care:

Legislated nurse to patient ratios will negatively impact patient care.

Reimbursement is inadequate.

Operations, staffing plans are a barrier to getting staff out to class.

BORN preceptor requirement for BSN preceptors – hospital feels they have excellent

ADNs who could precept.

Length of time to get MA license for travel and agency nurses.

None; sees value in all current regulations.

Shouldn't have lower standards to allow BSN for faculty.

State-to-state licensure barriers delay hiring; need for BSN with 2 years to precept – a lot of very good diploma and ADN grads could be preceptors; clinical preceptor on each unit to oversee and standardize students' clinical experience.

Home Health Care:

No, feels very flexible and proactive.

Schools of Nursing:

Poor state funding/budget for higher education – Massachusetts is # 49 in country.

BORN restrictions on who can teach in classrooms;

Question 23 - Completed by all

What suggestion/ideas or programs are needed to improve the quality of the nursing education in your area?

Acute Care:

Increase student time in clinical area; more faculty supervision of, and time with students when on clinical units.

Connect curriculum with real practice.

Long-term faculty experiences are out of date with real world (secondary to tenure); need to partner them with master's level clinicians in acute care to provide clinical.

Operating room instruction needs to be put back into the nursing curriculum.

Faculty needs increased awareness of clinical settings.

Enhance joint appointments, (almost require them).

All directors of nursing education should have joint appointments.

Many schools of nursing are eliminating pediatric clinical practicum;

Need Master program in nursing education; need accelerated way to get from diploma to BSN.

Nurses must be supported to present and publish.

More clinical; intensive senior practicum; senior practicum is essential; 2 year grads don't have option for senior practicum.

Home Health Care:

No additional comments

Schools of Nursing;

Need partnerships that introduce clinically competent expert nurses as faculty.

Need joint appointments, but they need to be redesigned; no one can do two jobs. Allow for fluid barriers between institutions identify the kinds of strengths each facility brings to table.

More employer willingness to have their nurses serve as part-time clinical preceptors; (more programs to develop clinical instructors) – nurses want to be clinical instructors, but don't have skills.

More nursing faculty who can work with diverse populations.

Increased state funding to focus on student retention, go beyond tuition to transportation, housing and/or childcare for students.

Question 24 – Completed by all

What is the greatest problem facing your facility/institution in providing nursing education support to your students/employees?

Acute Care:

Aggressive loan forgiveness and grants from government to support the increasing cost of BSN education.

Freeing of staff to attend educational programs, the busy lives of staff make accommodation of educational programs difficult.

The cost of education – need funding sources.

Financial resources; the majority of retention, recruitment, career ladder efforts are grant-supported and cannot be continued.

Give preceptors vouchers for courses from schools.

Need additional dedicated resources for staff development.

New nurses and experienced nurses need mentorship.

There are insufficient resources to build a strong education system aimed at the entry level.

Money, financial supports.

Home Health Care:

Trying to keep schedules flexible so staff can attend educational programs for continuing education.

Schools of Nursing

Faculty recruitment.

Good simulation environments in lab setting – need to replicate the practice setting; need to keep learning labs reflective of practice setting. Becoming more important as students don't learn in clinical setting because of acuity issues and the difficulty in teaching complicated technical issues at bedside.

Need space; want a health education virtual classroom; want a dedicated health care building with lab space, computer labs, create/simulate hospital environment on campus and clinic on site that could serve as teaching site for students.

Need more student financial aid: 90% students get financial aid.

Need to balance the number of students in a clinical area.

Question 25 – Completed by all

What suggestions do you have to enhance the relationship between your facility/institution and schools of nursing?

Acute Care:

Need increased collaboration and communication.

Joint planning would be ideal; schools are getting later and later with clinical placement coordination.

Schools need to have more evening and weekend clinical rotations.

Need better flexibility with the schools' demands on clinical sites.

Meetings with faculty and faculty orientation to units/facility.

Agencies should be invited to market their schools.

Build relationships, mutual partnerships in program development/committees.

Increased integration of hospitals and schools in developing curriculum and clinical experiences.

Home Health Care:

Be more closely involved with the school.

Schools of Nursing:

Develop and increase the number of faculty.

Nurse educator certificate programs.

Clarity on what each partner will bring. Reward/recognize faculty and students who work to develop the partnership.

Transfer compacts, transportable curricula; less restrictive college requirements career changers; more collaboration and sharing of courses and faculty.

Less competition with other nursing programs for clinical placements, partnerships would make more sense here.

Question 26 – Completed by all***Additional Comments*****Acute Care:**

Difficult to comment on Least successful partnership(state school); there are differences between state and private schools.

Need more combined conferences/programs with faculty from practice and education presenting/discussion these issues.

Home Health Care:

No additional comments

Schools of Nursing:

Resource Use - BHE should take time to look at some consolidation of programs; have 4 PhD programs in Mass.

BHE should make it easier for schools to make major changes.

Need to maximize RN to BSN.

Need to consolidate registration in a “single program” across the state. Share courses in variety of ways. Everyone teaches foundations; identify common ground then how to teach that to all. Need to develop a statewide unified curriculum

Need to evaluate how to use new technologies in teaching.

Would like to see a satellite program in Longwood Medical area.

Need more partnerships with diverse communities to match nurses’ and patients’ backgrounds.

Need more programs for foreign-trained nurses to pass NCLEX exam.

Need more grants, more money.

GREATER BOSTON EAST REGION SUMMARY

APPENDIX 1

List of Participating Organizations

Beth Israel Deaconess
Brigham and Women's Hospital
Bunker Hill Community College
Cambridge Health Alliance
Carney Hospital
Dana Farber Cancer Institute
Hallmark Health System
Hallmark Health VNA
Lawrence Quigley Memorial Hospital
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mt Auburn Hospital
Roxbury Community College
Shriner's Hospital
South Shore Hospital
Tuft's-New England Medical Center
UMass Boston

