

Greater Boston West Regional Executive Summary

Seven organizations were interviewed in the Greater Boston West 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.

Partner Parameters

The majority of partnership activities in the Greater Boston West Region are focused on meeting future demand. Those focused on rapidly increasing the supply of nurses were the next most prevalent with those focused on increasing nursing faculty being the least prevalent (8). The total number of partnership activities identified in Greater Boston West was thirty-five (35). A few partnership activities are focused at the LPN level, with the majority focused at the ADN, BSN, and MSN levels. Most of the partnerships are characterized as "moderate" or "most successful". Regional Appendix 2 provides a summary of partnership parameters. Program examples include: school of nursing partnering with other schools of nursing to offer a Nurse Educator Certificate; coordinating school of nursing provides the structure and classes while partnering schools offer faculty mentorship to the students; school pays hospital for clinical nurse specialists to oversee MSN students in clinical setting and hospital uses the money to pay for staff development; and a hospital and school have developed on-site Nurse Educator Certificate Program with a strong emphasis on students entering an MSN program upon completion of certificate program.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this region are flexible work schedules for employees attending school; shared funding of initiatives; strong orientation programs for students when they begin work on the patient care units; strong, trusting relationships with individuals in the partnership; measurable outcomes; a strong orientation program for clinical faculty; employees with positions in both organizations; and active student retention plans. Additionally, ongoing communications, openness and a willingness to make changes were reported as helping to ensure success.

In the Greater Boston West Region, schools of nursing and health care facilities differed in their opinion on the most important contributions to most successful partnerships. Schools of nursing identified faculty and school of nursing administration interest and use of clinician input/feedback, and faculty and school of nursing administration nurturing clinical preceptors who model the competencies they want students to attain as equally important contributions for nursing faculty in most successful partnerships. The health care facilities identified faculties' ability to maintain clinical knowledge and expertise to be effective partners in the clinical setting as faculty's most important contribution to most successful partnerships.

Schools of nursing identified two equally important contributions of the health care facility nursing leaders to most successful partnerships: interest in and use of faculty feedback about hospital policies and guidelines, and recognition and rewarding of nurses who participate in clinical education of nursing students. Health care facilities identified recognizing and rewarding nurses who support efforts to generate new knowledge through research or quality improvement projects as the most important contribution of nurse leaders to most successful partnerships.

Partnerships were characterized as Least Successful because of nursing school's unfamiliarity with and frequent changes in syllabus and requirements in online program methodology. Additionally, an insufficient number of students attending nursing school, a lack of funding and a lack of meetings between faculty and facility to discuss goals and objectives were factors contributing to least successful partnerships.

Schools of Nursing Perspective

From the Schools' perspective, securing an adequate number and type of clinical sites is difficult. At this moment, one school in this region felt it had enough clinical rotation sites, while the other did not. Generally, however, they report the need for more clinical sites. This region needs pediatrics, obstetrics, and community-based sites. Schools report the lack of budgeted faculty positions as the most frequent reason for turning students away. Other important factors include the lack of qualified faculty candidates with a school reporting cancellation of classes due to faculty shortages. The lack of classroom and lab space, and low faculty salary levels were identified as additional reasons. All schools of nursing report having a student-retention plan. Components include matching students with a faculty advisor for their entire time at the school, even if they become "inactive"; paid tutors in a tutoring center; and online nursing study groups that offer face-to-face review sessions prior to exams. No school of nursing in this region has a strategic plan for nursing faculty recruitment and development.

Health Care Facility Perspective

Greater Boston West Region health care facilities cite the need for more funding; more clinical sites; and more faculty as the resources needed to improve the quality of nursing education in the region. They also report the need for increased excellence at the faculty level; better incentives to attract faculty; decreased ratios of students to faculty; improved preparation of clinical faculty; students who are able to integrate simulated learning into the clinical world, and an expansion of the career coach program. Reported data in ideal nurse staffing percentages was insufficient to trend, but comments suggest the need for more BSN prepared staff.

All health care facilities interviewed report having a strategic direction for nursing workforce development. These plans were described as being focused on increasing opportunities for all staff to participate in higher education programs.

Barriers

Greater Boston West Region respondents identified several barriers to meeting their strategic nursing workforce needs. Across all organization types, there is a call for

additional funds in this Region. Schools of nursing barriers include a lack of nursing faculty, and long-term solutions to faculty retirement. Health care facility-reported barriers include a lack of nursing faculty, inadequate capacity in nursing programs; insufficient numbers of onsite BSN and MSN classes; and limitations and regulations on who can teach in nursing programs.

Regional Needs

Greater Boston West Region Respondents identified the following nursing workforce development needs:

- More nursing faculty who are highly qualified and competitively paid.
- Development of a faculty pipeline by attracting younger professionals into education.
- Decreasing the ratio of students to faculty.
- Improved preparation of clinical faculty including teaching strategies and methodologies.
- Long-term solutions to faculty retirement.
- Expansion of the career coach program.
- 1-year nurse internship programs.
- Reward and compensation for educational preparation.
- Improvement and development of the online methodology.
- Greater input from nursing leaders into curriculum.
- A seamless, unified, coordinated, standardized, and formalized curriculum pathway that facilitates and accelerates progression through LPN, ADN, BSN, MSN, and PhD education levels.
- More ADN-to-BSN, BSN, and MSN programs, some of which are onsite.
- More conferences/opportunities that focus on building regional consortiums for nursing higher education.

Survey Respondents

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

- **Schools of Nursing - 2**
- **Acute Care Facilities – 4**
- **Long-term Care Facilities –1**
- **Home Health Care Organizations – None with partnerships**

Responses

The following pages contain a summary of all responses for the Greater Boston West 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 3-5 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on meeting future demands and rapidly increasing the supply of nurses. Four (4) 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 ECLI) and community-based organizations (local charitable foundations/associations).

Long-term Care Responses

Number of Partnerships Range one facility with 3 partnerships

Types of Partnerships

- The partnerships are focused on CNA role, and involve workforce development programs, CNA-to-LPN coaching or LPN-to-RN coaching.

Schools of Nursing Responses

Number of Partnership Range 6-9 partnerships per school

Types of Partnerships

- Most partnerships are with other schools of nursing or health care facilities. Some partnerships were multiple-way partnerships involving 1-or more schools of nursing and health care facilities. The partnerships described involve high schools, workforce training programs, private schools of nursing, scholarship programs, faculty development, mentorship programs, CNA-to-LPN, or LPN-to-RN programs or ADN to BSN linkage programs.

Program Examples

- Hospital and school of nursing have developed a hybrid (online and traditional clinical) ADN nursing program. All lectures are online.
- Hospital and school have developed on-site Nurse Educator Certificate. Program has strong emphasis on students enrolling into MSN program upon completion of certificate program.
- School pays hospital for clinical nurse specialists to oversee MSN students. Hospital uses the money to pay for staff development.

- School of nursing partners with other schools of nursing to offer a Nurse Educator Certificate. Coordinating school of nursing provides the structure and classes while partnering schools offer faculty mentorship to the students.
- Local Aid Association offers ¼ tuition to students with specific GPAs; another local charitable foundation offers \$2000 to students based on need only.

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 = 7

	YES
Flexible work schedules for employees attending school.	7
Shared Funding Initiatives.	7
Strong, trusting relationships with individuals in partnership.	6
Measurable Outcomes	6
Continuing Ed (workshops, conferences)	5
Healthcare Facility provides/supports - clinical faculty.	5
Onsite Classes	4
Flexible class scheduling (night weekend/other).	4
Preceptor Development Program	3
Cost effective (ROI)	3
New Grad Residency Program.	2
Student Nurse Intern Program	1
Student Nurse Aide Program	1
Healthcare Facility provides/supports - Academic Faculty	1

Comments:

Acute Care:

Measurable outcomes are seen as student satisfaction ratings of clinical experience.

Long-term Care:

No additional comments.

Schools of Nursing:

Measurable Outcomes are seen as student evaluations; mentors evaluate the experiences; employment of students as faculty members.

The school pays for the clinical faculty.

Shared funding involves each of the partners investing and planning the program after the grant ends.

Measurable outcomes are seen as retention rates.

Question 4 - Completed by all

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

N = 7

	YES
Strong orientation programs for students when begin work on patient care units.	7
Strong Orientation Programs for clinical faculty.	6
Employees with positions in both organizations	5
Clearly defined roles for faculty in practice settings.	5
Joint Leadership Development.	5
Curriculum development and evaluation.	4
Recruitment of students	4
Shared Funding Initiatives.	4
Ads that promote nursing in both organizations.	2
School Advisory Committee	1

Comments:

Acute Care:

No additional comments

Long-term Care:

No additional comments

Schools of Nursing:

There are school of nursing employees in both organizations; clinical faculty paid by the school of nursing.

Have joint leadership; team developed the program, and has ongoing communication.

Shared funding – the health care facility paid for employee benefits and release time.

Strong orientation programs for clinical faculty; there is a tradition of constant support.

Question 5 –Completed by all

In your Most Successful Partnership, the school of nursing participates in/or provides:
N = 7

	YES
Active Student Retention Program	5
Recruitment of students as employees into health care facility	4
Clearly defined roles for clinicians who serve as adjunct faculty	4
Committees in health care facility	3
Leadership development education	3
Research projects	1

Comments:

No additional comments

Question 6 –Completed by all

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

Acute Care:

Ongoing communication; openness and willingness to make changes.

Collaboration with CNO and Dean of College, Director of Education; strong relationship with HR.

Nurse recruiter meets with all students.

Hospital has an agreement with a school of nursing, when hospital hires staff into education positions, requires school of nursing's certificate/education program and pays for 50% of cost of the certificate.

Loan forgiveness plan; must be on staff for 1-year to be eligible for the program.

Hospital staff worked hard to integrate students from different cultures into the clinical setting.

Long term Care:

No additional comments.

Schools of Nursing:

Cooperation among Deans of the participating programs.

Question 7 - Completed by all

In the Partnership ranked Least Successful, what are the major contributing factors?

Acute Care:

Online instruction presented numerous problems; instructor unfamiliar with writing lectures; students found frequent changes in requirements/syllabus difficult to adjust to. The barriers are money, time, childcare, and lack of self-confidence.

Long-term Care:

No additional comments.

Schools of Nursing:

More support needed from regulatory agencies to allow some flexibility with pilot programs.

Question 8 – Completed by all

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

Acute Care:

Improvement in online methodology.
 Increase numbers of students who can go through programs.
 Faculty need to meet with facility and set goals and objectives.

Long-term Care:

No additional comments.

Schools of Nursing:

Need a different model to accept undergrad credits at the graduate level to speed up Masters preparation.
 Need more seamless transitions between all programs, especially dual admission programs

Question 9 – Completed by the Schools of Nursing

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

Adequate Number

N = 2

Region	Yes	No
Greater Boston West	1	1

Comments:

Need more clinical sites overall.
 Need more community based clinical sites for 2nd year students; are difficult to find.

Adequate Type

N = 2

Region	Yes	No
Greater Boston West	1	1

Comments:

Need more pediatrics, and OB.
 Need clinical placement consortium – as in Arizona, San Diego – one coordinator used 7 day/week to schedule for many schools.

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 = 2

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

Comments:

School of nursing has had to cancel class secondary to faculty shortage.

Adjunct faculty are harder to find than budgeted faculty.

Space in non-nursing classes is another reason school has turned students away.

Lack of lab space impacts ability to admit students.

Question 11 – Does your School of Nursing have an active student retention plan?

N = 2

Region	Yes	No
Greater Boston West	2	

Comments:

When students apply, Chairperson matches with nursing faculty who stay with that student over course of program. Meet over the semester. Even if student changes status to “inactive” he/she is maintained by faculty advisor.

Starting a new college wide initiative – FT counselor.

Have many programs in place (academic achievement program); have had a tutoring center (staffed by paid students). Hard to get nursing tutors – students are so busy.

New nursing retention project – online nursing study group – pilot this year. Led by a nurse, not faculty; have face-to-face review sessions prior to exams.

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

N = 2

Region	Yes	No
Greater Boston West		2

Comments:

Has discussed with President of college, aware of need for plan.

Biggest problem is replacing current faculty.

No, not a strategic one. College has new faculty seminar, attend on release time.

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 = 2

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

Comments:

No additional comments

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 leaders and staff:

N = 2

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

	Rank	Respondents
Retaining faculty	1	1
Other see comments	1	1
Recruit full time faculty	2	1
Offer evening/weekend classes	3	1

Comments:

Unable to replace faculty who have retired.

Collective bargaining interferes with our ability to meet student's needs.

Collective bargaining limits our ability to offer programs.

Evening /weekend classes not allowed in the contract for full time 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 West Region.

Notes:

- 5 health care facilities – 4 acute care and 1 long-term care
- 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
GBWA 1	7	X	X	X	X	X
GBWA 2	SC	X	X	SC	X	X
GBWA 3	SC	SC	SC	SC	SC	SC
GBWA 4	0	X	X	X	X	X
GBWLTC 1	20	80*	*80*	*80*	*80	0

Comments:

GBWA2 – LPNs in clinics only; RN/BSN is 50 % or greater.

GBWA3 – Less than 25 LPNs; greatest number of RNs in the RN/diploma and/or RN/ADN; small number of RN/BSN; handful of MSN; 1 or 2 PhDs.

GBWLTC1 - 80% across RN/diploma, ADN and BSN.

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
GBWA 1	0	0	0	75	25	0
GBWA 2	X	X	X	X	X	X
GBWA 3	X	X	X	X	X	X
GBWA 4	X	X	X	X	X	X
GBWLTC 1	20	80*	*80*	*80*	*80	X

Comments:

GBWA1-These numbers are for staff at the bedside.

GBWA2 –Goal is to have BSN, need to provide nurses the opportunity to continue their education.

GBWA3 – Reality based – would love to say 80/20 BSN,

GBWLTC1 - OK with ADN, unable to distinguish a different role for BSN that would demand higher numbers.

Question 18- Completed by the health care facilities

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

N = 5

Region	Yes	No
Greater Boston West	5	

Comments:

Acute Care:

Hospital wants to continue to increase participation of employees in higher education, and look at ways to increase faculty.

Hospital has started a Center for Nursing Programs. Have new care model to make better use of resources.

Long-term Care:

Yes, want professionalism with a few higher degrees.

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:

Need increased money; more clinical sites; more faculty.

Need more faculty to teach, and to prevent loss of students from nursing programs.

Need more ADN programs; have wait lists, and not enough faculty.

Need flexibility for RNs to BSN programs.

Need more MSN programs.

Long-term Care:

Shortage of slots in schools – expand capacity.

More English as a second language programs needed.

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 = 5

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

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 = 5

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

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:

Money is a barrier. Need to increase grants, workforce development.

Limitations on who can teach; don't need MSN to teach paramedics, need to consider lifelong learning; why can't BSN teach LPN.

Long-term Care:

No additional comments.

Schools of Nursing:

Prescriptive nature of BORN and NLN regulations.

Early retirement program created a problem.

Career ladder mobility (moving from LPN to RN) is not easy.

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:

Need to increase excellence at faculty level.

Need better incentives to attract faculty; increase the salary; more clinical sites.

Decrease the ratio of students to faculty.

Improve orientation preparation of clinical faculty; teaching strategies and methods based on educational principles.

Need to sustain and expand career coach program.

Need internships for 1-year post graduation.

Need separate pharmacology course for ADN program.

Reward and compensate for educational preparation.

Long-term Care:

Expand enrollment.

Schools need to improve graduation rates.

Schools of Nursing:

Need long-term solutions to faculty retirement.

Need to enhance upward mobility from BSN to MSN.

Need to expand types of clinical opportunities.

Content in nursing curriculum (nutrition, growth and development) could be taught through other health program coursework.

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:

More physical space for classes.

On-site BSN/MSN classes.

Time, money, childcare, lack of self-confidence among potential nursing students.

Limited resources; when managing staff to volume very little time/priority given to educational career development.

Long-term Care:

Limited dollars, even as part of a national nursing home chain in private sector.

Schools of Nursing:

Need an adequate supply of faculty.

Need more budgeted positions.

Need incentives to attract young professionals into educational positions.

Question 25 – Completed by all

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

Acute Care:

Keep dialogue open.

Promote staff taking on role of faculty.

Nurse leaders in healthcare setting need more input into curriculum development.

Need students who can integrate simulated learning into clinical world.

ADN programs lack needed critical thinking skills.

Huge burden on hospitals to remediate students or new graduates.

Need internships.

Increasingly turning away schools of nursing for clinical practicum.

Need more CNS support for staff.

Need stronger education departments to support staff.

Staff love to have students in practice – stimulates their own learning and development.

Long-term Care:

Focus on English/math prep classes; strategies for improving basic skills to prepare for college.

Schools of Nursing:

Need a statewide program for upward mobility, linking ADN, BSN, MSN programs that now operate in isolation from one another.

Need more opportunities to dialogue on issues and build regional consortiums for nursing higher education.

Question 26 - Completed by all

Additional comments

Acute Care:

Participating in grants has been invaluable.

Long-term Care:

Coaching of ADN students before entering nursing, counselors should focus on basic education requirements. Focus on higher graduation rates in programs rather than just expansion of enrollment.

Schools of Nursing:

No additional comments.

GREATER BOSTON WEST REGION SUMMARY

APPENDIX 1

List of Participating Organizations

Caritas Norwood
Framingham State College
Lahey Clinic
Massachusetts Bay Community College
Metrowest Leonard Morse
Newton Wellesley Alzheimer's Center
Tenet – Metrowest

