

Table of Contents

Executive Summary SECTION I

- Overview and Summary
- Appendix 1: Nursing Education/Practice Survey Working Group
- Appendix 2: List of Participating Organizations
- Appendix 3: Survey Tool
- Citations

Statewide Analysis SECTION II

- Overview and Summary Data
- Appendix

This report and discrete regional data with summaries are available on the web:
www.mass.edu/nursing *Partnership Survey*

Board of Higher Education Nursing Initiative

Nursing Education/ Practice Survey

Executive Summary

Overview

The Scope of the Problem: The Nursing Shortage

An adequate supply of nurses is essential to the health and welfare of the entire population of the Commonwealth and vital to the quality of healthcare that is delivered within our state. Nurses constitute an essential component of the Massachusetts health care industry, which is the state's second largest employer, accounting for over 400,000 jobs or 14 percent of employment.¹ An unacceptably dangerous shortage of skilled nurses will exist in Massachusetts by 2010, unless determined steps are taken now to avoid this happening. In 2003, there were 7000 unfilled nursing positions. By 2010, the Massachusetts Department of Employment and Training (DET) projects an expansion of 12,000 new nursing positions². Added to the exiting vacancies, this brings the projected gap to 19,000, if we cannot fill the currently existing vacancies. The 2004 Massachusetts Hospital Association and Massachusetts Organization of Nurse Executives "*Survey of Hospital Nurse Staffing Issues*" reports the overall vacancy rate for Registered Nurses (RNs) as 6.8 percent. While this vacancy rate has declined for the second consecutive year, it still stands at a high level relative to rates over the 15-year history of the survey. The Massachusetts Extended Care Federation's "*2004 Report on Employment Trends in Nursing Facilities*" indicates a RN vacancy rate of 14.8% and a Licensed Practical (LPN) vacancy rate of 12.3%. The current nursing shortage impacts all levels of health care in every region of the state from the major teaching hospitals in Boston to the rural and community hospitals in the Berkshires and encompasses long-term care facilities and home health care agencies.

The combination of increasing demand for nursing services, the decreasing availability of nurses and the disincentives for nurses to advance their education have also created a shortage of nurse educators. Schools of nursing report large numbers of vacancies and inabilities to fill them. The Board of Registration in Nursing (BORN) reports that between 671 to 1,118 clinical instructors will be needed at RN programs statewide during the academic year 2005-2006.³ While the economic downturn and major recruitment efforts have encouraged more individuals to apply for nursing programs within the past couple of years, the schools of nursing are unable to accommodate them. The American

¹ Why Care? Massachusetts Health Care on the Brink developed by the Why Care Leaderships Forum, 2003.

² As cited in "*But Who Will Teach Them*" prepared by Lisa Young for the Nursing Career Ladder Initiative (NUCLI), Spring 2003

³ Massachusetts Board of Registration in Nursing. (2004) Faculty Vacancies Among Board-Approved Nursing Education Programs in Massachusetts Spring 2004 Survey.

Association of Colleges of Nursing (AACN) findings show that 26,340 qualified applications to entry-level baccalaureate programs were not accepted in 2004 based on responses from 377 schools. The primary barriers to accepting all qualified students at nursing colleges and universities continue to be insufficient faculty, clinical placement sites, and classroom space.⁴

The issues that create the current nursing shortage are complex, interrelated, and long term. There is a consensus that solutions will only be generated through a multi-stakeholder approach that addresses the relationships between multiple variables and the systemic issues in education, health care delivery systems, workforce development and public policy. There is no one solution, one group of individuals or any organization that will be able to furnish solutions, provide the resources or make the lasting changes required.

The Partnership Model: A Strategy for Success

The concept of partnerships between healthcare facilities and schools of nursing is increasingly being recognized as an essential component of nursing workforce development. To overcome the obstacles facing the nursing workforce, nursing education institutions, healthcare facilities and other stakeholders across the country are creating partnerships in an effort to build student capacity and develop solutions that meet the mutual needs of education and practice settings. Current efforts across Massachusetts appear focused on the immediate need for clinical instructors and vary in their approaches⁵. There is no current source of data on the overall number, parameters and successes of these partnerships. To move toward longer-term solutions to the nursing shortage, the characteristics, components, and best practices of successful partnerships need to be identified, strengthened, and institutionalized to provide a comprehensive sustainable framework for success.

The Massachusetts Public Higher Education Nursing Initiative

The Board of Higher Education has formed partnerships with health care and workforce development organizations; the presidents of the state and community colleges and the president and board chair of the University of Massachusetts to develop a programmatic approach to greatly accelerate the rate at which skilled nurses enter the health care industry and maintain the quality of care. With support from public and private partners, this Initiative seeks, within four years, to significantly increase the number of associate and bachelor degree nurses; to strengthen the long-term capacity in public higher education; to increase the number and skills of nursing faculty and meet the future demands for health care personnel.

The Initiative has entered its introductory phase by commissioning a statewide assessment of the existing health care /higher education partnerships to determine the

⁴ As cited in AACN Press Release “*Enrollment Increases at US Nursing Schools*” @ AACN.nche.edu 1/2005

⁵ As cited in “*But Who Will Teach Them*” prepared by Lisa Young for the Nursing Career Ladder Initiative (NUCLI), Spring 2003

characteristics and elements for success and the factors that may contribute to failures. In this process, the expectation is to identify best practices that can serve as a framework for future Initiative activities and funding. Farley Associates, Inc., a nurse-owned consulting firm with extensive experience in healthcare and nursing workforce development was selected as the vendor responsible for survey development, implementation, and analysis.

Nursing Education/Practice Survey Framework

Purpose

The purpose of the Nursing Education Practice survey was to identify and analyze the existing partnerships between publicly funded schools of nursing and health care facilities throughout the state. The survey focused on those partnership relationships that extend beyond clinical placements and are related to rapidly increasing the supply of skilled nurses, increasing the supply of nursing faculty and meeting the future demands for healthcare personnel. In addition to identifying types of partnerships, the survey was designed to pinpoint the characteristics and elements of successful partnerships and factors contributing to failures in these relationships. Other factors, including student retention, strategic planning and faculty development activities, as well as ideas for improvements in nursing education, resources and programs were also included in the survey process.

Methodology

Survey tool

The survey tool was developed from information noted in the AACN Issues Bulletin October 2002, “*Using Strategic Partnerships to Expand Nursing Education Programs*”, and a partnership research model utilized by the American Organization of Nurse Executives.⁶ The development process included review and input from a multi-stakeholder group including representatives from the healthcare industry, community and state colleges; the University of Massachusetts system; professional nursing organizations; the workforce development community; the Board of Registration in Nursing and the Chancellor’s office. See Executive Summary Appendix 1 for a complete listing of the members of this working group. In addition to participating in the survey design, this working group was involved in soliciting volunteer participants from the healthcare facilities and schools of nursing. The survey tool was tested with one healthcare facility and one school of nursing.

Survey Process

The survey was conducted by telephone interview. The tool was designed as a qualitative measure and was comprised of twenty-six (26) questions that included both forced-choice responses including selection lists and ranking questions and a series of open-ended questions. Some sections of the tool were designed for all participants’ responses and other sections were for schools only or healthcare facilities only. This was done to identify site-specific perspectives. See Executive Summary Appendix 3 for a copy of the survey tool.

⁶ *Nursing Practice/Education Assessment Guide*, developed for the American Organization of Nurse Executives by Linda Cronenwett, RN, PhD, and Mary C. Tonges, RN, PhD. 2003.

Respondents volunteered to participate in the survey after receiving descriptive information about the process from their member organization for the acute-care facilities or from the Chancellor's office for the schools of Nursing. The long-term care facilities and home health care facilities were specifically identified by their industry associations. All participants received the survey tool prior to the scheduling of the telephone interview.

Survey Analysis

The Board of Higher Education (BHE) Regions List served as the grouping framework for the survey. The healthcare facilities were grouped into these seven regions after consultation with the industry organizations. Following initial analysis of the data, an additional group was developed to include those healthcare facilities that indicated no partnership activities beyond clinical placements. These facilities were added to the analysis as they provided suggestions and ideas about the resources needed to build partnerships.

Surveyors recorded all responses as conveyed by survey participants. Some participants were unable or chose not to answer some questions. A descriptive, qualitative analysis was done from a statewide perspective based on regional summaries. Responses for list questions were totaled by frequency on a regional basis, and then summarized statewide. Ranked-list responses were summarized on a regional basis and then aggregated into the statewide summary. Narrative responses were reviewed by two reviewers to identify reoccurring themes which were then used to create thematic categories in the statewide summary. The thematic categories and data tables provide a methodology to quantify the qualitative, interactive and personal elements and characteristics of partnership relationships.

Survey Findings

Response Rate

103 interviews were completed by the telephone surveyors from the initial email invitations to 116 volunteers. The 103 interviews included in the survey were comprised of 50 acute care facilities (hospitals); 14 long-term care facilities; 14 home care agencies and 25 publicly funded schools of nursing. This represents a response rate of 89%. See Executive Summary Appendix 2 for a complete listing of all survey participants.

Partnership Parameters

Respondents identified 358 partnership activities (beyond clinical placements) statewide. The majority of these activities focused on rapidly increasing the supply of nurses (43%) and meeting future demand (42%). Only 15% of statewide partnership activities were focused on increasing faculty. This trend in the focus of activities is consistent across the state. Sixteen (16) of the respondents indicated that they had no partnerships beyond clinical placements. Trends in the comments of the Non-partnership (NPG) group mirrored the comments and trends in the other regions.

The majority of the partnerships activities involved BSN education. Because some of the partnerships are multi-dimensional and multi-focused, there is a slight risk of overstating the actual number of distinctive partnerships. As these partnership activities involve the time and resources of the individual partners, the number of partnership activities is indicative of the commitment of the respondents to nursing workforce development across the state.

Characteristics of Successful Partnerships

There was commonality, with some slight regional variations, for the characteristics and components of successful partnerships across the state. The most frequently occurring characteristics of successful partnerships were:

- **Strong trusting relationships** with individuals within the partnership
- **Flexible work schedules** for employees attending school
- **Strong orientation programs** for students when they begin work on patient care units
- **Shared funding initiatives** were also noted to be of importance. The shared funding initiatives varied in their type and amounts ranging from \$7,500 to over \$100,000.

Other contributing factors to successful partnerships were identified as:

- **Flexible scheduling of classes**
- **Onsite programs and classes**
- **Reserving of specific slots for employees in needed courses**
- **Good follow through and communication between partners**
- **A willingness to jointly solve problems.**

Measurable outcomes were defined differently across the state and range from students' satisfaction with clinical experiences to specifically defined percentages for graduation rates.

Statewide, schools of nursing and healthcare facilities agreed on the most important contributions of each other to the success of the partnership. The contribution ranked most important for schools of nursing in a successful partnership was for:

- **Faculty to maintain the clinical knowledge and expertise** required to be effective partners with nurses in the clinical setting.

The contribution ranked most important for healthcare facility's nursing leaders was to:

- **Recognize and reward nurses** who participate in clinical education of nursing students.

Factors Contributing to Less Successful Partnerships

The factors noted as contributing to the lack of success in partnerships can be grouped into five (5) thematic categories. These categories, with some slight regional variations, are consistent throughout the state and include:

- **Insufficient Skills**
 - current clinical skills for faculty
 - preparedness of students
 - organization and management within programs

- technical/online skills of faculty
- **Insufficient Commitment**
 - support for faculty
 - facilities not wanting to accept students
 - limited number of employees as students
 - limited number of students who become employees
 - inability of partners to work out logistics and hold to commitments
- **Insufficient Collaboration and Communication**
 - lack of flexibility between partners
 - lack of follow through
 - lack of flexibility in scheduling student nurses to maximize clinical experience
- **Competition**
 - intense among schools for clinical placements
 - competition between health care facilities interferes with efforts to build regional collaborative actions between multiple partners
- **Insufficient funding**
 - facilities lack resources
 - facilities need backfill to free up staff
 - programmatic funding for schools of nursing
 - faculty salary increases

Health Care Facilities Perspective

Health Care facilities across the state have focused their nursing workforce development activities on building relationships with schools of nursing. Eight-two percent (82%) of the facilities surveyed indicated that they had strategic plans for nursing workforce development. Trends in the data and comments on ideal nurse staffing levels indicate a statewide focus on increasing the educational level of all nursing staff and the need for more BSN prepared nurses. Health Care facilities respondents cite the need for more qualified faculty; the need for improved models to assist graduates to transition into the practice settings and more flexible scheduling of classes, including more onsite programs as some of the issues that must be addressed to improve the quality of nursing education.

School of Nursing Perspective

Throughout the state, schools of nursing find the process of securing an adequate number and type of clinical sites and the need for more qualified faculty as their major challenges. Both of these issues have led to schools turning away students within the past year. Clinical sites for pediatrics, obstetrics and behavioral health are the most difficult to find and have led to significant competition for the limited sites across all regions. While eighty-two percent (82%) of the schools of nursing interviewed indicated that they had an active student retention program, only forty-four percent (44%) noted that they had a strategic plan for nursing faculty development.

Resources Needed

Survey respondents identified four main categories of resources needed to improve the quality of nursing education across the state. These categories include:

- **Clinical and educational excellence of nursing faculty including:**
 - strong, clinically current skills
 - strong teaching skills
 - awareness of service demands on nurses
 - willingness to work in the clinical setting on a routine basis
 - collaboration with nurse preceptors
 - joint appointments beneficial to both schools of nursing and health care facilities
 - technical /online skills and use of simulation
 - clinical instructor training programs
- **Preparedness of students**
 - improved critical thinking knowledge and skills
 - more focus/training in long-term care and home care
 - programs to assist in transition into work/clinical setting(mentor/intern programs)
 - increased accessibility to BSN programs
 - strengthening retention programs including availability of career coaches
- **New approaches to Nursing curriculum**
 - curriculum that is aligned with today's demanding nursing practice
 - unified, standardized, seamless, coordinated curriculum across nursing programs
 - accelerated nursing pathways at all levels
 - better coordination of clinical placements to decrease competition
- **More funding to:**
 - support program development
 - support nursing students in all programs
 - increase faculty salaries
 - expand faculty development

Conclusions and Next Steps

The response rate and the enthusiasm exhibited during the survey process by all the participants demonstrates the statewide commitment and willingness to take a proactive approach to strengthening the relationships between healthcare facilities and publicly funded schools of nursing throughout the state. The richness of the data from this survey can provide a platform for further research to explore specific regional issues, successes and the interrelationships of the contributions from the partners.

There are a significant number of promising practices occurring in every region of the state and these activities need to be replicated and expanded in a unified effort to build long term solutions to the nursing shortage. There is no one “silver bullet” or perfect solution. Regional needs, resources and relationships are at the core of developing successful outcomes. Building on the important characteristics and elements captured within this survey, recognizing the factors that lead to failure and utilizing the energy that

exists within the stakeholder group, there is now a roadmap to operationalize the framework for successful partnerships statewide and build a comprehensive strategic plan for nursing education and workforce development.

**EXECUTIVE SUMMARY
APPENDIX 1**

**BOARD OF HIGHER EDUCATION
NURSING EDUCATION/PRACTICE SURVEY
WORKING GROUP**

Chancellor Gill	Board of Higher Education
David McCauley	Board of Higher Education
Doris Ferullo	Massachusetts Hospital Association
Eleni Papadakis	Commonwealth Corporation
Mishy Lesser	Commonwealth Corporation
Jennifer James	Department of Workforce Development
Maureen Sroczynski	Farley Associates, Inc.
Eileen Breslin	University of Massachusetts Amherst
Andrea Wallen	Fitchburg State College
Pam Eddinger	Mass Bay Community College
Lisa Young	Mass Community Colleges Executive Office
Marie Tobin	Massachusetts Center for Nursing
Karen Moore	Massachusetts Organization of Nurse Executives
Carol Silveira	Board of Registration in Nursing

EXECUTIVE SUMMARY
APPENDIX 2

List of Participating Organizations

Acute Care Facilities	Total = 50
Home Health Facilities	Total = 14
Long-term Care Facilities	Total = 14
<u>School of Nursing</u>	<u>Total = 25</u>
Total Participants	103

Baldwinville Nursing Home
Baystate Medical Center
Berkshire Community College
Berkshire Medical Center
Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Bristol Community College
Bunker Hill Community College
Cambridge Health Alliance
Cape Cod Community College
Cape Cod Health Care, Inc.
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family Hospital
Caritas Norwood Hospital
Center for Extended Care (Amherst)
Chicopee VNA
Clinton Hospital
Community Nurse and Hospice Care
Community VNA of Attleboro
Cooley Dickinson Hospital
Dana Farber Cancer Institute
Emerson Hospital
Fairlawn Rehabilitation Hospital
Fitchburg State College
Framingham State College
Franklin Medical Center
Goddard House in Brookline
Greenfield Community College
Hallmark Health System (Lawrence Memorial)
Hallmark Health VNA
Health Alliance Hospitals, Inc. (Leominster)
Henry Heywood Hospital
Heritage Hall East
Holy Trinity Nursing and Rehabilitation Center
Holyoke Community College

EXECUTIVE SUMMARY

APPENDIX 2

Holyoke Medical Center
Jewish Geriatric Services/Julian Leavitt Family Jewish Nursing Home
Jordan Hospital, Inc.
Kindred Hospital North
Lahey Clinic
Lawrence General Hospital
Ledgewood Rehabilitation and Skilled Nursing
Lee Regional VNA
Liberty Commons
Life Care Center of North Shore
Loomis House Nursing Center
Lowell General Hospital
Mary Lane Hospital
Massachusetts Bay Community College
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Massasoit Community College
Medway Manor
Mercy Medical Center
Merrimack Valley Hospital
MetroWest Medical Center (Framingham)
MetroWest Medical Center (Natick)
Middlesex Community College
Morton Hospital and Medical Center, Inc.
Mount Wachusett Community College
Mt Auburn Hospital
Nashoba Valley Medical Center
Natick VNA
New England Home Health Services, Inc
New England Sinai Hospital and Rehab
Newton Wellesley Alzheimer's Center
Noble Hospital
North Adams Regional Hospital
North Hill Home Health
North Shore Community College
North Shore Medical Center (Salem Hospital)
Northern Essex Community College
Notre Dame Long-Term Care Center
Partners Home Care
Quabog Valley VNA and Hospice
Quigley Memorial Hospital (Lawrence F.)
Quinsigamond Community College
Roxbury Community College
Salem State College
Shriners Hospital for Children (Boston)
Shriners Hospital for Children (Springfield)

EXECUTIVE SUMMARY

APPENDIX 2

South Shore Hospital
South Shore VNA
Southcoast Health System (St. Luke's)
Southcoast Home Care Services
Southcoast Hospitals Group (Charlton-Toby)
Springfield Technical Community College
St. Anne's Hospital
The Willows
TLC Home Health Care
Tuft's-New England Medical Center
UMass Amherst
UMass Boston
UMass Dartmouth
UMass Lowell
UMass Memorial Medical Center
UMass Worcester (Graduate School of Nursing)
VNACare Network
Winchester Hospital
Wing Medical Center
Worcester Medical Center
Worcester State College

**EXECUTIVE SUMMARY
APPENDIX 3**

**Board of Higher Education Nursing Initiative
Nursing Practice/Education Assessment**

Date: _____ **Interviewer:** _____

Name and title of respondent _____
 Email: _____
 Telephone: _____

Identifying Data

Name of Practice Setting: _____ <input type="checkbox"/> Acute Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Home Health <input type="checkbox"/> Other <input type="checkbox"/> Union <input type="checkbox"/> Y <input type="checkbox"/> N	Name of education setting: _____ (Check all that apply) <input type="checkbox"/> LPN program <input type="checkbox"/> ADN program <input type="checkbox"/> BSN program <input type="checkbox"/> MSN program <input type="checkbox"/> Ph.D.or DnSc. program
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Section One: Partnership Descriptions (Education and Service to complete)

1. Beyond clinical placements, what partnership relationships do you have that are focused on rapidly increasing the supply of skilled nurses, increasing nursing faculty, and focused on meeting the future demands of the healthcare industry.

Name of partnership/name of facility, or name of SON	Rapid increase nurses	Increasing faculty	Focused on Future demand	Level of education accomplished.				
				LPN	ADN	BSN	MSN	PhD

2. Please rank each of your partnerships according to the following definitions.
Most Successful Partnerships are those formalized, established partnerships with Schools of Nursing/ Health care facilities/agencies that are most productive in helping this institution meet its nursing workforce/ nursing education needs. We can document

EXECUTIVE SUMMARY

APPENDIX 3

the impact of the partnership on our ability to recruit, retain nurses/students/faculty, and improve the quality of nursing care/education.

Moderately Successful Partnerships are those partnerships with Schools of Nursing /Health care facilities/agencies that have provided some measure of improvement in meeting this institution's nursing workforce/education needs. We can document a beginning change in behavior or trend because of a Moderately Successful Partnership. Factors such as formalization of the program and roles of each partner, financial support, and resources, or age of partnership may need more development for this partnership to become a Most Successful Partnership.

Least Successful Partnerships are those partnerships with Schools of Nursing (health care facilities) that have proved least able to help this institution meet its nursing workforce/education needs. We cannot see change in behavior or trend in the right direction. We recognize the reasons for this partnership not working as planned.

3. For your *Most Successful Partnership*, please indicate all the items that represent current or recent joint endeavors/initiatives that occur because of the partnership. (Choose your most successful partnership from all listed)

- New graduate residency programs
- Student nurse intern program
- Student nurse aide program
- Preceptor development programs
- Continuing education (workshops, conferences)
- Faculty provided/sponsored by healthcare facility
 - Clinical faculty
 - Academic faculty
- Onsite classes
- Flexible work schedules for employees attending school
- Flexible class scheduling (night, weekend, other)
- Shared funding of initiatives (Please define)_____
- Cost effective (ROI)
- Strong, trusting relationships with individuals in the partnership
- Measurable outcomes (Please define)_____
- Other

4. In your *Most Successful Partnership*, the healthcare facility participates in/or provides:

- School Advisory Committee
- Curriculum development and evaluation
- Recruitment of students
- Employees with positions/titles in both organizations
- Joint leadership development
- Shared funding initiatives

EXECUTIVE SUMMARY

APPENDIX 3

- Strong orientation programs for clinical faculty
 - Advertisements that promote nursing in both organizations
 - Strong orientation programs for students as they begin work on patient care units
 - Clearly defined roles for faculty in practice setting
 - Other _____
-

5. In your *Most Successful Partnership*, the school of nursing participates in or provides:

- Recruitment of students as employees into healthcare facility
- Committees in healthcare facility
- Research projects
- Clearly defined roles for clinicians who serve as adjunct faculty
- Leadership development education
- Active Student Retention Program
- Other

6. Beyond the above elements, what are the other major contributing factors of the *Most Successful Partnership*? _____

7. In the partnership ranked as *Least Successful*, what are the major contributing factors?

8. What is needed to improve the outcomes within the least successful partnership?

Section Two: Schools of nursing (Education to complete)

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

- Yes
- No
- If no, what do you need to increase them? _____

EXECUTIVE SUMMARY
APPENDIX 3

10. If you have had to turn away qualified students within the past twelve months, please prioritize the reasons, with # 1 being the most frequent reason for turning students away

- The lack of budgeted faculty positions _____
- The lack of lab space _____
- The lack of clinical site availability _____
- Other _____

11. Does your school have an active program for student retention? If yes, please define. _____

12. Does your SON have a strategic plan for nursing faculty recruitment and development? Please describe. _____

13. In the partnership that you ranked most successful, please prioritize the importance of the following elements. Please rank in order of importance with # 1 being the most important.

- Faculty maintain the clinical knowledge and expertise required to be effective partner with nurses in the clinical setting _____
- Faculty and SON administration seek and use clinician input/feedback _____
- Faculty enhance the quality of patient care in the clinical setting _____
- Faculty and SON administration nurture clinical preceptors who role model the competencies they want students to attain _____

14. In the partnership that you ranked most successful, please prioritize the importance of the following items. Please rank in order of importance with #1 being the most important:

- Healthcare facility/agency nursing leaders and staff seek and use faculty feedback about hospital policies and guidelines _____
- Healthcare facility/agency nursing leaders and staff involve faculty in patient care improvement projects _____
- Healthcare facility/agency nursing leaders and staff recognize/reward nurses who participate in clinical education of nursing students _____
- Healthcare facility/agency nursing leaders and staff recognize and reward nurses who support efforts to generate new knowledge through research or quality improvement projects _____

EXECUTIVE SUMMARY

APPENDIX 3

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

- Recruit faculty _____
 Full time _____
 Part time _____
- Offering evening or week-end classes _____
- Retaining faculty _____
- Other _____

Section Three: Healthcare facility/agency (Service to complete)

16. Within your budgeted nursing staff, what is the percentage of;

- LPNs _____
- RNs with diplomas _____
- RNs with ADN _____
- RNs with BSN _____
- RNs with MSN _____
- RNs with Ph.Ds _____

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

- LPNs _____
- RNs with diplomas _____
- RNs with ADN _____
- RNs with BSN _____
- RNs with MSN _____
- RNs with PhDs _____

18. Does your institution have a strategic direction for nursing workforce development? Please describe _____

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

EXECUTIVE SUMMARY

APPENDIX 3

20. In the partnership that you ranked most successful, please prioritize the importance of the following elements. Please rank in order of importance with # 1 being the most important.

Faculty maintain the clinical knowledge and expertise required to be effective partner with nurses in the clinical setting _____

Faculty and SON administration seek and use clinician input/feedback _____

Faculty enhance the quality of patient care in the clinical setting _____

Faculty and SON administration nurture clinical preceptors who role model the competencies they want students to attain _____

21. In the partnership that you ranked most successful, please prioritize the importance of the following items. Please rank in order of importance with #1 being the most important:

Healthcare facility/agency nursing leaders and staff seek and use faculty feedback about hospital policies and guidelines _____

Healthcare facility/agency nursing leaders and staff involve faculty in patient care improvement projects _____

Healthcare facility/agency nursing leaders and staff recognize/reward nurses who participate in clinical education of nursing students _____

Healthcare facility/agency nursing leaders and staff recognize and reward nurses who support efforts to generate new knowledge through research or quality improvement projects _____

Section Four: Summary Questions (Education and Service to complete)

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

23. What suggestions/ideas or programs are needed to improve the quality of nursing education in your area? _____

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

25.. What suggestions do you have to enhance the relationship between your facility/agency and schools of nursing? (or schools of nursing and healthcare facilities/agencies)? _____

EXECUTIVE SUMMARY
APPENDIX 3

26. Additional comments _____

CITATIONS

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