

## STATEWIDE SUMMARY

### Overview

The following descriptive, qualitative analysis is framed as a statewide perspective based on regional summaries. Responses for list and ranked-list questions were totaled by frequency on a regional basis, and then summarized statewide. Narrative responses were reviewed by two reviewers to identify reoccurring themes which were then used to create thematic categories, where possible, in the statewide summary. Repetitive responses were consolidated into singular statements.

All questions are noted in *italics* and indicate if they were asked of all respondents or only schools of nursing or health care facilities/agencies. The thematic categories and data tables provide a methodology to quantify the qualitative, interactive and personal elements and characteristics of partnership relationships.

### Response Rate

Respondents volunteered to participate in the survey after receiving descriptive information about the process from their member organization for the acute care healthcare 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. The overall survey response rate was 89 %.

#### Initial Volunteers = 116

- Health Care facilities/agencies - 91
- Schools of Nursing - 25

#### Completed Interviews = 103

- **Health Care facilities/agencies = 78**
  - Acute Care – 50
  - Long-term Care – 14
  - Home Health Care – 14
- **Schools of Nursing = 25**
  - Universities- 5
  - State Colleges- 4
  - Community Colleges- 15
  - LPN- 1

**Response rate of 89 %**

**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 healthcare industry? Please define the levels of education accomplished.*

**Table 1** illustrates the focus of partnership activities by institution type. The majority of partnership activities are focused on rapidly increasing the supply of nurses (43%) and meeting future demands of the health industry (42%). There is a significant difference between the number of these activities and the activities focused on increasing faculty (15%). Respondents identified 358 partnership activities statewide. Because some of the partnerships are multi-dimensional and multi-focused, there is a slight risk of overstating the actual number of distinctive partnerships.

**Table 1.****Summary of Partnership Parameters by Institution Type**

<b>Institution Type</b>	<b>Responses</b>	<b>Rapidly Increase Nurses</b>	<b>Increase Faculty</b>	<b>Future Demand</b>
<b>SON</b>	<b>25</b>	<b>40</b>	<b>21</b>	<b>55</b>
<b>Acute</b>	<b>46*</b>	<b>101</b>	<b>30</b>	<b>82</b>
<b>LTC</b>	<b>13*</b>	<b>9</b>	<b>1</b>	<b>14</b>
<b>HH</b>	<b>3*</b>	<b>4</b>	<b>0</b>	<b>1</b>
<b>Total</b>	<b>87*</b>	<b>154</b>	<b>52</b>	<b>152</b>

\* Remaining participants ]in Non-Partnership Group

**Grand Total of partnership activity parameters statewide: 358 activities**

Rapidly Increase Nurses - 154/358 (43%)

Increase Faculty - 52/358 (15%)

Future Demand - 152/358 (42%)

See Statewide Summary Appendix 1 for additional display of partnership activities by facility/agency/institution types

**Questions 1 and 2**

**Table 2** demonstrates the focus of partnership activities and educational parameters by region. While there is slight variation by region, the major activities remain focused on rapidly increasing the supply of nurses and meeting future demands. The education focus of partnership activities statewide as reported is on BSN with two regions (Central and Berkshire) noting more partnership activities focused at the ADN level.

**Table 2.**  
**Summary of Partnership Activity Parameters by Region**

Region	Responses	Focus			Education Level				
		Rapidly Increase Nurses	Increase Faculty	Future Demand	LPN	ADN	BSN	MSN	PhD
<b>Berkshire</b>	4	6	1	1	3	4	2	1	0
<b>Central</b>	18	20	5	22	12	13	7	8	3
<b>GBE</b>	17	51	6	51	1	13	45	22	1
<b>GBW</b>	7	10	8	17	2	6	11	10	0
<b>Northeast</b>	14	13	5	16	4	11	13	5	1
<b>PV</b>	14	21	10	26	11	12	14	3	0
<b>Southeast</b>	13	33	17	19	9	18	24	4	1
<b>Total</b>	<b>87*</b>	<b>154</b>	<b>52</b>	<b>152</b>	<b>42</b>	<b>77</b>	<b>116</b>	<b>53</b>	<b>6</b>

\* Remaining participants in Non-Partnership Group

**Questions 1 and 2**

**Table 3** demonstrates the focus of partnership activities from the perspective of facilities and educational institutions across the state. Statewide, the acute care respondents identified rapidly increasing the supply of nurses as their primary focus; long-term care respondents identified the future demand as their primary focus. Schools of Nursing respondents identified future demand as their primary focus of activities with rapidly increasing the supply of nurses as a close second. The gap between these activities and the activities focused on faculty development is seen across the facilities, schools and regional perspectives.

Table 3.

## Breakdown of Partnership Activity Parameters by Institution Types and Region

Institution Type	Region	Responses	Rapidly Increase Nurses	Increase Faculty	Future Demand
<b>School of Nursing</b>	Berkshire	1	3	0	1
	Central	5	9	4	14
	GBE	4	4	2	5
	GBW	2	2	4	7
	Northeast	5	6	4	10
	Pioneer Valley	4	5	1	5
	Southeast	4	11	6	13
	<b>Sub total</b>		<b>25</b>	<b>40</b>	<b>21</b>
<b>Acute Care</b>	Berkshire	2	1	1	0
	Central	7	7	1	7
	GBE	12	47	4	45
	GBW	4	7	4	8
	Northeast	7	5	1	4
	Pioneer Valley	6	13	8	12
	Southeast	8	21	11	6
	<b>Sub total</b>		<b>46*</b>	<b>101</b>	<b>30</b>
<b>Long-term Care</b>	Berkshire	0	0	0	0
	Central	5	2	0	1
	GBE	0	0	0	0
	GBW	1	1	0	2
	Northeast	2	2	0	2
	Pioneer Valley	4	3	1	9
	Southeast	1	1	0	0
	<b>Sub total</b>		<b>13*</b>	<b>9</b>	<b>1</b>
<b>Home Health Care</b>	Berkshire	1	2	0	0
	Central	1	2	0	0
	GBE	1	0	0	1
	GBW	0	0	0	0
	Northeast	0	0	0	0
	Pioneer Valley	0	0	0	0
	Southeast	0	0	0	0
	<b>Sub Total</b>		<b>3*</b>	<b>4</b>	<b>0</b>
<b>Grand Total</b>		<b>87*</b>	<b>154</b>	<b>52</b>	<b>152</b>

\* Remaining facilities in Non-Partnership Group

**Question 1 and 2**

**Table 4** displays the partnership educational parameters across the state from the institution and regional perspectives.

**Table 4**  
**Breakdown of Educational Level Accomplished in Partnerships by Institution Types and Regions**

<b>Institution Type</b>	<b>Region</b>	<b>LPN</b>	<b>AD</b>	<b>BSN</b>	<b>MSN</b>	<b>PhD</b>
<b>School of Nursing</b>	Berkshire	2	2	2	0	0
	Central	4	8	2	6	2
	GBE	1	2	4	0	0
	GBW	1	1	5	3	0
	Northeast	1	3	4	2	1
	Pioneer Valley	2	3	4	1	0
	Southeast	3	6	13	1	1
	<b>Sub total</b>		<b>14</b>	<b>25</b>	<b>34</b>	<b>13</b>
<b>Acute Care</b>	Berkshire	1	1	1	1	0
	Central	2	3	1	1	1
	GBE	0	11	41	22	1
	GBW	0	5	5	7	0
	Northeast	0	7	8	2	0
	Pioneer Valley	4	7	6	2	0
	Southeast	5	12	11	3	0
	<b>Sub total</b>		<b>12</b>	<b>46</b>	<b>73</b>	<b>38</b>
<b>Long-term Care</b>	Berkshire	0	0	0	0	0
	Central	6	2	0	0	0
	GBE	0	0	0	0	0
	GBW	1	0	1	0	0
	Northeast	3	1	1	1	0
	Pioneer Valley	5	2	4	0	0
	Southeast	1	0	0	0	0
	<b>Sub total</b>		<b>16</b>	<b>5</b>	<b>6</b>	<b>1</b>
<b>Home Health Care</b>	Berkshire	0	1	1	0	0
	Central	0	0	2	1	0
	GBE	0	0	0	0	0
	GBW	0	0	0	0	0
	Northeast	0	0	0	0	0
	Pioneer Valley	0	0	0	0	0
	Southeast	0	0	0	0	0
	<b>Sub Total</b>		<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>
<b>Grand Total</b>		<b>42</b>	<b>77</b>	<b>116</b>	<b>53</b>	<b>6</b>

**Questions 1 and 2.**

**Table 5** summarizes the respondents' ratings for the partnership activities statewide by institution type and region. The majority of partnership activities described by respondents were rated most successful.

**Table 5**  
**Partnership Ratings by Institution Types and Region**

<b>Institution Type</b>	<b>Region</b>	<b>Least Successful</b>	<b>Moderately Successful</b>	<b>Most Successful</b>
<b>School of Nursing</b>	Berkshire	1	0	1
	Central	2	5	9
	GBE	0	1	4
	GBW	1	2	6
	Northeast	0	4	6
	Pioneer Valley	2	5	5
	Southeast	2	3	17
	<b>Sub total</b>	<b>8</b>	<b>20</b>	<b>48</b>
<b>Acute Care</b>	Berkshire	1	0	2
	Central	0	2	2
	GBE	0	17	16
	GBW	2	3	3
	Northeast	0	1	7
	Pioneer Valley	3	5	4
	Southeast	7	8	6
	<b>Sub total</b>	<b>13</b>	<b>36</b>	<b>40</b>
<b>Long-term Care</b>	Berkshire	0	0	0
	Central	0	1	0
	GBE	0	0	0
	GBW	0	1	2
	Northeast	0	0	3
	Pioneer Valley	1	2	3
	Southeast	0	0	1
	<b>Sub total</b>	<b>1</b>	<b>4</b>	<b>9</b>
<b>Home Health Care</b>	Berkshire	1	0	1
	Central	1	0	1
	GBE	0	1	0
	GB W	0	0	0
	Northeast	0	0	0
	Pioneer Valley	0	0	0
	Southeast	0	0	0
	<b>Sub Total</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Grand Total</b>		<b>24</b>	<b>61</b>	<b>99</b>

**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.*

**Question 3. Table 1**

Statewide summary of the most frequently occurring elements of successful partnerships. See regional summaries for regional breakdowns.

<b>Elements</b>	<b>Total responses</b>
Strong, trusting relationships with individuals in partnership.	68
Flexible work schedules for employees attending school.	65
Shared Funding of initiatives (please define)	52
Measurable Outcomes (please describe)	52
Flexible class scheduling (night weekend/other)	48
Preceptor Development Program	45
Healthcare Facility provides/supports – clinical faculty.	43
Cost effective (ROI)	37
Onsite Classes	36
Continuing Ed (workshops, conferences)	34
Student Nurse Intern Program	33
New Grad Residency Program.	30
Healthcare Facility provides/supports – academic faculty	17
Student Nurse Aide Program	17

**Comments:****Shared funding:**

The respondents described a variety of approaches to shared funding occurring within their partnerships. These approaches were noted as:

- \$30,000 for adjunct faculty salaries.
- Tuition reimbursement
- Each of the partners invested and planned for the program after the grant ends
- Program start up funding of \$30-50,000
- Scholarships to fund RNs in BSN program
- NUCLI in-kind contributions.
- College providing free tuition
- College providing discounted tuition to partner's employees
- The Agency invests \$7500 per student.
- A new graduate residency program with:
  - \$100,000 for faculty salary;
  - \$30-40,000 for equipment for nursing labs;
  - \$30-50,000 for preceptor salary.

**Question 3: Measurable Outcomes**

When asked to define the outcomes measures that are used to evaluate the success of partnership activities, the respondents identified a wide range of outcome measures, data collection and approaches. These included:

**Health Care Facilities**

- Increase in the number of new graduates ready to assume positions as RNs.
- Increase in the number of graduates who complete the academic program.
- Increase in the number of graduates who stay at our facility.
- Increase in the number of RNs who return to school for a degree (BSN).
- Survey student's satisfaction with clinical experience.
- Assess interest/participation in hospital's mentor program.
- Assess student retention rates at partner schools.
- Student graduation rates at partner schools.
- The ability to attract and retain new grads from partnership schools.
- Hospital uses the percentage of graduates who take jobs.
- The students evaluate nurses; the nurses evaluate students, look at evaluations to make plans.
- The agency's nurses evaluate the students and discuss students' experiences with the faculty.
- Increase retention and recruitment rates from partner schools.
- Tracking of data:
  - Source of nursing recruits
  - Source of new hires, especially from partner schools
  - Number of student interns who become employees
  - Nursing Board Licensure Exam results of students
  - New graduate/new hire retention rates
  - The number of students placed in positions in healthcare
  - The number of our staff who go to partner school to become nurses
  - Rate of agency nurses usage
  - Number of our partner school graduates recruited to work at our facility
  - Class/course grades

**Schools of Nursing**

- Graduate more nurses into the workforce.
- Decrease faculty vacancy rate annually by predetermined percentage
- Retain predetermined percentage of those accepted into the program;
- Increase overall graduation rate by predetermined percentage
- Increase the number of students admitted into a specific program within a specific timeframe
- Tracking of data:
  - The positive way nurse managers and educators treat students.
  - Student evaluations of their clinical and/or mentor experience
  - Faculty/mentor evaluations of clinical/mentor experience.
  - The number of people who follow through to the MSN program.
  - Clinical faculty's mentorship with senior students.

**Question 4 - Completed by all**

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

**Question 4. Table 1**

Statewide Summary of the most frequently occurring activities of healthcare facilities involved in successful partnerships. See regional summaries for regional breakdowns.

<b>Health Care Facility Activities</b>	<b>Total Responses</b>
Strong orientation program for students when begin work on pt care units.	61
Recruitment of Students	58
Strong orientation programs for clinical faculty	55
School Advisory Committee	53
Clearly defined roles for faculty in practice settings.	52
Employees with positions in both organizations	44
Shared Funding Initiatives.	44
Ads that promote nursing in both organizations	38
Curriculum development and evaluation	24
Joint Leadership Development	21

**Comments:**

See regional summaries for specific comments. No general trends seen in comments

**Question 5 - Completed by all**

*In your Most Successful Partnership, the school of nursing participates in/or provides:*  
**Question 5. Table 1**

Statewide summary of most frequently occurring activities of Schools of Nursing involved in successful partnerships. See regional summaries for regional breakdowns.

<b>School of Nursing Activities</b>	<b>Total Responses</b>
Recruitment of students as employees into health care facility	52
Clearly defined roles for clinicians who serve as adjunct faculty	45
Active Student Retention Program	45
Committees in health care facility	32
Leadership development education	24
Research projects	20

**Comments:**

- Hospitals and schools of nursing forming consortiums which involve multiple partners and varying activities focused on regional goals.
- Schools of Nursing expedite admissions of partner facilities employees to school programs

**Question 6 – Completed by all**

*Beyond the above elements, what other contributing factors make the Most Successful Partnership successful?*

Trends in comments indicate that success in partnerships is very much the direct result of the team of individuals in the partnership, the trust among those in the partnership, their spirit of collaboration, their shared belief in common goals, a willingness to solve problems and some practical realities of life. Comments are categorized by facility/agency/institution type.

**Health Care Facilities/Agencies**

- Strong relationship between hospital president, college president, the program director, VP of nursing and HR.
- Specific slots for our employees in needed courses. Flexible scheduling on part of facility and school (classes available – w/e & eves)
- The culture in the facility embraces the philosophy that each employee is a part of the teaching and coaching team, supporting students as they learn; employees mentor one another as they work in the facility.
- There is a Partnership Committee and it functions very well.
- The people and leadership within our program really make the difference - we have good collaboration, and communication is open. There is a genuine commitment by this group that is palpable. Several people have gone above and beyond, doing the work to assure success.
- Close connection to local neighborhood. Students come from within our service areas. We are closer to home for students to obtain their clinical rotation for community nursing.
- Location, they are the only nursing education program in our area. This element of isolation is a challenge for all in our area.

**Schools of Nursing**

- This Partnership allows us access to more qualified faculty, which then allows more students to graduate.
- Our most successful partner is interested. They have made a financial commitment to program. The person they put in charge is good on follow through and has strong organizational skills.
- Relationship building, we have excellent working relationships. Our college is supporting the agencies in their goals. Programs are at cost to agencies. CNAs were part of the LPN classes - demonstrated the career ladder to others.
- Collaborative working relationship and positive dynamics.
- The ability of the School of Nursing to sit on the Governance Board of the healthcare facility and medical school.

**Question 7 – Completed by all**

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

Statewide trends in comments indicate that the major factors contributing to a lack of success in partnerships can be categorized into seven thematic areas

**Skills**

- Lack of strong organizational skills and follow through. It takes time to do the job right.
- School's management seen as disorganized
- Students don't know their faculty advisors
- Poor recruitment of students to work in hospital upon graduation.
- Poor results on state nursing licensure exams
- Students are unprepared
- Students receive too little clinical time
- Clinical instructors, especially new ones, need more structure from the school.
- New faculty lack skills in how to prioritize, how to deal with patients and family, how to deal with and mentor students.
- Instructors not accustomed to the on-line methodology.
- School offers online programs (BSN & MSN), but students don't feel any college associations. Students want to go to classes, not do program online.

**Commitment**

- We need a partnership that develops pathways for AD-to-BSN.
- Lack of support for staff release time to support clinical experience for students.
- Hospital did not provide MSN level staff to act as adjunct faculty.
- Limited number of hospital staff enrollees in the education program.
- School of Nursing has developed an evening/weekend program to increase the numbers of nursing students. In many of the hospitals, the day programs are given priority over the evening program for clinical placements
- Many agencies really don't want students. Say that their staff are too tired and over worked.
- Inability of partners to work out logistics and hold commitment; need to be willing to listen and sustain partnership and governance structures.
- Long-term nature of program – takes 4-5 years for long-term ROI.

**Collaboration**

- This program lacks flexibility in scheduling student nurses to maximize clinical experience.
- Nursing curriculum needs more focus on long-term care.

**Communication**

- Lack of communication at agency and at the school of nursing, lack of shared decision making
- There is poor follow through in communication expressed by both partners
- We needed one person as point of contact

**Competition**

- The hospitals have not been able to foster co-relationships with schools – there is too much competition between hospitals. So, each hospital developed a program with each school individually.
- Competition among schools of nursing for clinical placements is very intense. We are all competing for the same resource/same agencies.

**Funding**

- Attempted partnership with AD program, not enough hospital resources to drive the process.
- Tried appointment with hospital. Hospital paid for part-time faculty (release time), gave their clinical staff to school of nursing for 16 hours/week. But it is not enough time. Not reflective of time it takes to do what is needed.
- The match requirement of some grants. Health care facilities in this area are strapped for cash so match is an issue for them.
- Hospitals need support with backfill as they free staff up for education programs.
- Finances are a major factor –there isn't a sufficient amount of money to sustain and continue the projects into the future.
- Can't always build on creative programming of grants due to limited resources

**And other practical realities of life**

- Distance/geography matters – seems that if there is considerable distance between the partners, travel time and amount of solid, face-to-face contact will be a stumbling block.
- Our agency is small and so could not provide as much clinical experience for students as needed.

**Question 8 – Completed by all**

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

Trends in the comments indicate that improvement in partnership outcomes require:

- Solid public commitment to nursing education and faculty development
- Increases in the number of nursing faculty
- More faculty development

- Funding sources that are flexible, ongoing and specific to nursing career development.
- Collective bargaining agreements that are flexible and supportive including:
  - Allowing evening and/or weekend teaching
  - Annualizing faculty positions
  - Agreements with facilities so that nursing faculty can work in summer and keep up clinical skills
  - Support for involvement in partnership activities
- Formal partnership agreements that contain:
  - Expectations
  - Goals
  - The organizational infrastructure – money, staff, and office capacity to support program and partnership development.
  - Meetings between nurse managers and instructors prior to their working in facility with students and after to evaluate the experience.
  - Multi-year plans so that partnerships have a sense of permanence,
  - Explicitly shared decision-making processes
  - Jointly developed evaluation plans.
- Revised curriculum to reflect the needs of the more complex patient population seen in the hospital
- Seamless transitions from one school (degree program) to another.
- Satellite program so students do not have to commute over 1 hour to go to classes.
- Examination of online education
- Partnerships that enroll people into the next career step upon employment (LPN to AD, or AD to BSN)

**Question 9 – Completed by Schools of Nursing**

*Do you have an adequate number and type of clinical sites? If no, what do you need to increase them?*

**Question 9. Table 1****Adequate Number**

Statewide total of most frequently occurring responses regarding adequate number and type of clinical sites.

See regional summaries for specific regional data.

N=25

<b>Adequate Number</b>	<b>Total Responses</b>
Yes	14
No	11

Trends in comments indicate that while 56% (14) of the schools report having an adequate number of clinical sites, this number is deceiving. Seven (7) of the 14 respondents who answered with a “yes” said “yes, but....”:

- Their program is at its maximum capacity and cannot expand because of the paucity of clinical placement sites.
- Next year when they need to find additional clinical placements for their expanded freshmen and sophomore classes, they anticipate being short on placements.
- There is concern about the competition for even one clinical placement due to neighboring or bigger nursing programs.
- Some schools are already doing weekend clinical rotations and will soon need to move to evenings as well.
- The schools need more health care facilities making clinical experiences available to students.

**Question 9. Table 2**

*Do you have adequate types of clinical sites?*

Three Schools of Nursing did not respond to this portion of question 9.

N=22

<b>Adequate Types</b>	<b>Total Responses</b>
Yes	12
No	10

Statewide, schools consistently report the need for pediatric, obstetrical, and behavioral health(psych-mental health) clinical placements. The loss and/or consolidation of pediatric beds, the requirement of smaller groups of students in the clinical setting at one

time (BORN and facility standards) make pediatrics the most difficult rotation for nursing schools to find.

**Question 10 – Completed by 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.*

**Question 10. Table 1**

Statewide total of most frequently occurring responses regarding reasons for turning students away. See regional summaries for specific regional data.

N=25

	Rank	Respondents
The lack of budgeted faculty positions	1	14
The lack of available clinical sites	2	11
The lack of clinical lab space	3	7
Other	4	2

**Comments**

Trends in comments indicate that for many nursing schools, the increasing lack of nursing faculty, the lack of qualified nursing faculty candidates and the ever-shrinking availability of clinical placement sites are the major reasons for turning students away. Lack of laboratory space is not as prevalent a reason. See regional summaries for specific regional comments.

**Questions 11 – Does your School of Nursing have an active program for student retention?**

**Question 11. Table 1**

Statewide total of most frequently occurring responses regarding active student retention programs. See regional summaries for specific regional data.

N=25

	Total Responses
<b>Yes</b>	21
<b>No</b>	4

Trends in comments indicate that a majority, twenty-one (21) of 25 (84%) schools of nursing report having an active student retention program. Components of the student retention programs include:

- NUCLI grant specifically for student retention.
- Faculty Advisors

- Learning labs
- Writing coaches
- Test taking skills programs
- Early alert system for students with academic needs
- Student-to-student peer-mentoring programs
- Johnson & Johnson remedial pre-nursing program. It includes time management, life style management, skill development, and math and English reviews
- Computerized programs with tutoring lessons geared to NCLEX test plan.
- Database on students able to calculate the number of hours a student can work before they become at risk for academic failure

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

**Question 12. Table 1**

Statewide total of most frequently occurring responses regarding strategic plans for faculty development. See regional summaries for specific regional data.

N=25

	<b>Total responses</b>	<b>Percent</b>
<b>Yes</b>	11	44%
<b>No</b>	13	52%
<b>In Process</b>	1	4%

Trends in comments indicate that there is an almost even split between schools that have strategic plans for faculty development (11) and those that do not (13). One school reported that their strategic plan for nursing faculty development is under development. Those who do not have one acknowledged the need for one. The following is a range of program types and stages of development:

- PhD program under development – it is a flexible program, with summer breaks designed for working as master’s educator. Key to growing own faculty:
- Have a teaching center for new faculty and hold annual faculty development programs.
- Work to attract, retain, and promote our graduates and part-time faculty who show potential; mentor, develop, and move into full-time positions as they open up.
- Faculty take flyers and pass out at all national meetings; (2) court people who have completed post doctoral training; (3) solicit candidates via phone or letter; (4) be sure they fit into culture of this school of nursing.
- Weekly breakfast meeting for new faculty and monthly dinner meetings – topics include how to teach large classes; how to teach in research institution and the use of information technology in education.
- Offer nursing scholarship money to improve teaching.
- School has a policy that won’t let them hire own PhDs after graduation.

**Question 13 – Completed 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.*

**Question 13. Table 1**

Statewide summary of schools' of nursing ranking of most important contribution for schools of nursing in successful partnerships. See regional summaries for specific regional data.

**The School of Nursing:**

	<b>Rank</b>	<b>Respondents</b>
Faculty maintain clinical knowledge & expertise required to be effective partners with nurses in the clinical setting	<b>1</b>	9
Faculty and SON administration seek and use clinician input/feedback	<b>2</b>	6
Faculty enhances quality of pt care in the clinical setting.	<b>3</b>	6
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	<b>4</b>	6

**Question 14 – Completed by 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.*

**Question 14. Table1**

Statewide total of schools' of nursing ranking of most important contribution for healthcare facilities /agencies in successful partnerships. See regional summaries for specific regional data.

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

	<b>Rank</b>	<b>Respondents</b>
Recognize/reward nurses who participate in clinical education of nursing students.	<b>1</b>	12
Seek & use faculty feedback about hospital policies & guidelines	<b>2</b>	5
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	<b>2</b>	5
Involve faculty in patient care improvement projects	<b>3</b>	6
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	<b>3</b>	6
Involve faculty in patient care improvement projects	<b>4</b>	5
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	<b>4</b>	5

**Question 15 – Completed by 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.*

**Question 15. Table 1**

Statewide total of most frequently occurring responses regarding the impact of collective bargaining.

See regional summaries for specific regional data.

	<b>Rank</b>	<b>Respondents</b>
Recruit full-time faculty	<b>1</b>	11
Retaining faculty	<b>2</b>	7
Offer evening/weekend classes	<b>3</b>	4
Offering evening/weekend classes	<b>4</b>	2

**Comments:**

Trends in comments indicate that collective bargaining is seen as having both a positive and negative impact on nursing education programs. While some respondents described the overall impact of collective bargaining as positive, the majority saw collective bargaining **as inhibiting**:

- Effective hiring, utilization and retention of MSN prepared faculty
- Salaries and incentives for faculty
- The development of innovative and flexible programs (weekends, nights, etc)
- Classifying clinical faculty
- Joint appointments that fully meet program needs

**Question 16 and 17- Completed by health care facilities/agencies**

**16. *Within your budgeted positions, what is the percentage of:***

*LPNs*

*RNs with ADNs*

*RNs with BSNs*

*RNs with MSNs*

*RNs with Ph.D*

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

There was no consistent numerical data provided across all regions for this question. Some respondents provided percentages; some provided simple numbers and many shared general comments. See the regional summaries for regional data tables.

In reviewing both data and comments provided across all regions, the consistent theme expressed was the need for all levels of nursing staff to advance in their educational preparation.

While there was an indication that all levels of nurses are needed, the majority of respondents expressed the need to move CNAs to LPNs; LPNs to ADNs; ADNs to BSNs and BSNs to MSNs. The complexity of patient care and the need for critical thinking skills appear to be the driving forces behind this trend.

There is a statewide indication of the need for more BSN prepared nursing staff across all acute care and home health care facilities' responses. There was also an identified need for increased availability/capacity and flexibility of BSN programs. Many acute care facilities also indicated the need for increased MSN prepared nurses to address both the faculty shortage and the clinical leadership needs within their facilities.

**Question 18 - Completed by health care facilities/agencies***Does your institution have a strategic direction for nursing workforce development?***Question 18. Table 1**

Statewide total of most frequently occurring responses regarding strategic plans for healthcare facilities nursing workforce development.

See regional summaries for specific regional data.

N=78

	<b>Total Responses</b>	<b>Percent</b>
<b>Yes</b>	64	82%
<b>No</b>	14	18%

Trends in comments indicate that a majority of the health care facilities (82%) have a strategic direction for nursing workforce development. Eighteen percent (18%) of facilities do not have a strategic direction for nursing workforce development.

**Question 19 - Completed by health care facilities/agencies***What additional resources are needed in your region to ensure achievement of your strategic goals for your nursing workforce?*

Trends in comments indicate that the resources needed to ensure the achievement of nursing workforce strategic goals across regions of the state include:

- More qualified faculty
- More models to improve transition into practice
- Curriculum that connects to current nursing practice
- More clinical placements with less competition
- More graduate intern/residency programs
- More funding for nurses pursuing nursing education
- Increased faculty salaries
- More flexible scheduling of classes for BSN/MSN programs
- More onsite classes
- More collaborative efforts to provide precepting and mentoring programs
- Unified curriculum and smoother transitions among educational programs

**Question 20 – Completed by the health care facilities/agencies**

*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.*

**Question 20. Table 1**

Statewide summary of the health care facilities/agencies ranking of the most important contribution for schools of nursing in successful partnerships. See regional summaries for specific regional data.

	<b>Rank</b>	<b>Respondents</b>
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	<b>1</b>	32
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	<b>2</b>	18
Faculty and SON administration seek and use clinician input/feedback.	<b>3</b>	21
Faculty enhance quality of pt care in the clinical setting	<b>4</b>	20

**Question 21 – Completed by the health care facilities/agencies**

*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.*

**Question 21. Table 1**

Statewide summary the healthcare facilities/ agencies' ranking of the most important contribution for healthcare facilities / agencies in successful partnerships. See regional summaries for specific regional data.

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

	<b>Rank</b>	<b>Respondents</b>
Recognize/reward nurses who participate in clinical education of nursing students.	<b>1</b>	33
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	<b>2</b>	20
Involve faculty in patient care improvement projects.	<b>3</b>	25
Seek & use faculty feedback about hospital policies & guidelines.	<b>4</b>	28

**Question 22 - Completed by all**

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

Trends in comments indicate that the statutes, regulations, or policies that create barriers to nursing workforce development include:

- The BORN regulations governing faculty qualifications. Seen as limiting.
- The passage of a staffing ratio bill. Seen as detrimental and distracting to focus on workforce development
- Cost of nursing education

**Question 23 - Completed by all**

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

Trends in comments indicate that the following issues need to be addressed to improve the quality of nursing education:

- **Clinical and educational excellence of nursing faculty including:**
  - Strong, clinically current skills
  - Strong teaching skills
  - Awareness of service demands on nurses
  - Familiarity with clinical setting
  - 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
  - Clinical instructor training programs
- **Preparedness of students**
  - Improved critical thinking knowledge and skills
  - More focus/training in long-term care
  - Programs to assist in transition into work/clinical setting
  - Use of simulation to prepare for entry into practice
  - Increased accessibility to BSN programs
  - Strengthening retention programs
- **New approaches to Nursing curriculum**
  - Curriculum that is aligned with today's demanding nursing practice
  - Unified, standardized, seamless, coordinated across nursing programs
  - Accelerated nursing pathways that support nurses as they move from RN-to-BSN, BSN-to-MSN, MSN to PhD
- **More funding to:**
  - Support program development
  - Increase faculty salaries
  - Expand faculty development
  - Increase funding to support all levels of nursing education

**Question 24 – Completed by all**

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

Trends in comments indicate that the following are the greatest problems that faculty and nursing leaders face in providing nursing education support to their students/employees:

- Lack of faculty and faculty recruitment
- Lack of space at school
- Lack of clinical space in hospital
- Limited resources
- Limited time for employees to attend professional development programs
- Ability of students to balance work/school issues
- The majority of retention, recruitment, and career ladder efforts are grant-supported and cannot be continued
- Lack of accessibility and flexibility in BSN programs

**Question 25 – Completed by all**

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

Trends in comments indicate that the following suggestions would enhance the relationship between health care facilities and schools of nursing.

- More access to BSN programs
- Joint faculty and service committees
- Improved communication and relationship building efforts between school and facility leadership including: regular meetings between CNO and Directors and faculty; focus on joint problem solving
- Better coordination of clinical placements to decrease competition
- More focus and funding for programs to assist new graduates to transition into practice
- Knowing whom to contact at school of nursing to discuss partnerships (one contact person)
- Preceptor/mentor classes given by nursing faculty
- Aggressive loan forgiveness and grants from government to support the increasing cost of BSN education.
- Statewide program for upward mobility, linking the ADN, BSN, and MSN programs that now operate in isolation.
- More flexibility in school programs especially BSN, MSN and PhD programs
- Strengthening of retention program including availability of career coaches.

**Question 26 - Completed by all*****Additional comments***

Summary of trends in additional comments made by respondents

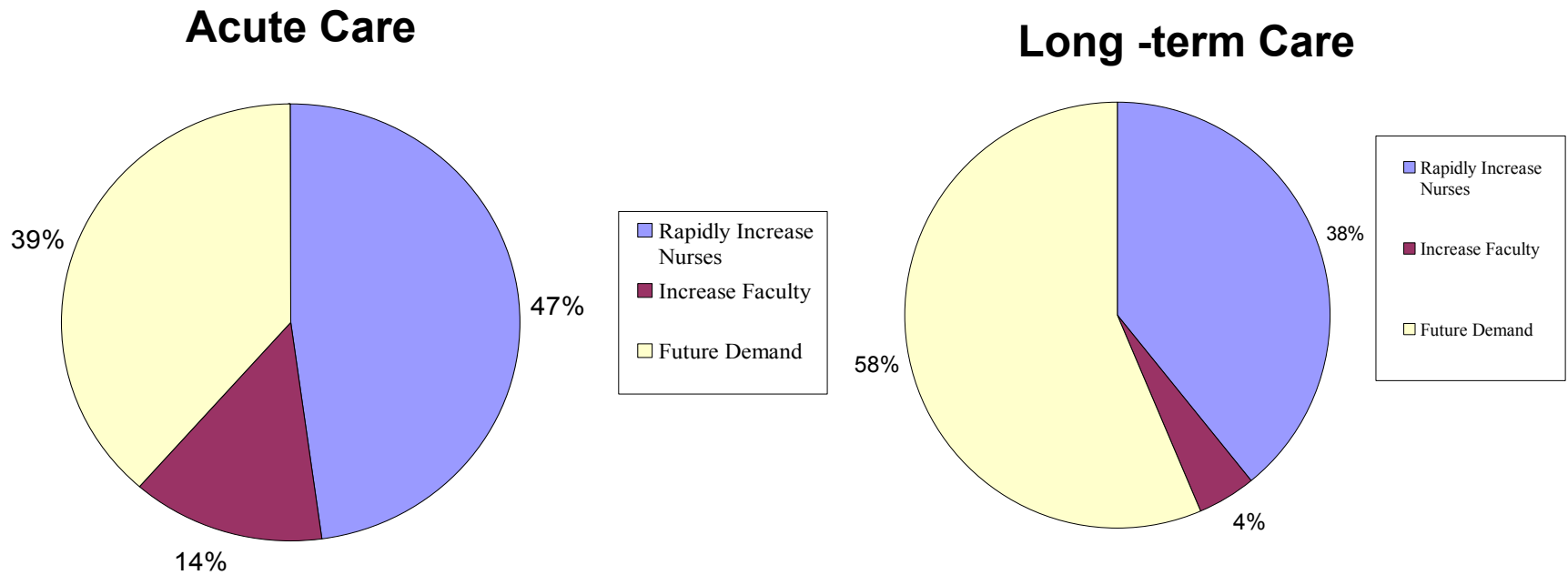
- NUCLI grant is a good example of people working together to focus on retention and faculty development. Has brought the nursing issues into greater focus statewide.
- Would like to see students gain a better understanding of home health care
- Need more combined conferences/programs with faculty from practice and education
- Everyone needs to devote time and energy to make the programs work.
- This survey was a good process, helps to reflect on how to proceed. Looking forward to the results and ideas for future. Hope results will be shared statewide
- Looking forward to follow up on survey results
- Thanks for the opportunity to participate

# STATEWIDE SUMMARY

## Appendix 1

### Figure #1

#### Statewide Partnership Activities By Institution Type



**Key:** Areas of Focus of Partnership Activities by percentage

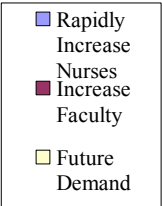
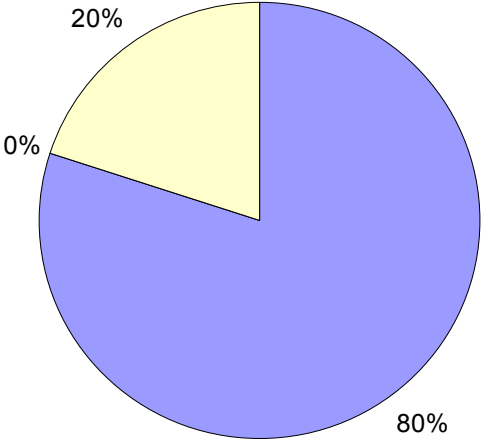


# STATEWIDE SUMMARY

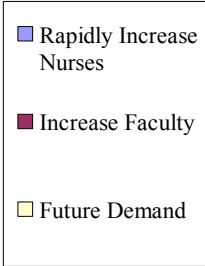
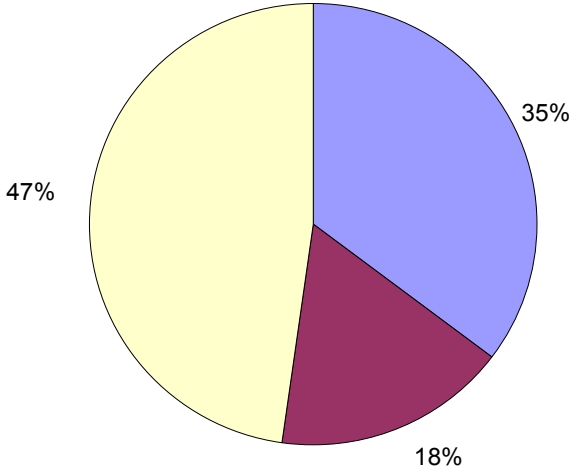
## Appendix 1

### Figure #2 Statewide Partnership Activities By Institution Type

#### Home Health Care



#### Schools of Nursing



**Key:** Areas of Focus of Partnership Activities by percentage

