Diversity in the Nursing Workforce
Deborah Washington, PhD, RN

Catalyst for Change
- Advancing Nursing Education
- Leveraging nursing leadership
- Removing barriers to practice and care
- Fostering interprofessional collaboration
- Bolstering workforce data
- Promoting diversity
Population Characteristics of the Newly Insured

Why We Need A Diverse Workforce

- Limited familiarity with the health care system.
- Unmanaged chronic conditions.
- Minimal education about preventive and elective care.
- Concerns about the value of care delivered.

Source: Advisory Board

National Diversity Steering Committee

The national Diversity Steering Committee supports the Campaign for Action in its work to emphasize the importance of a diverse nursing workforce and nurse faculty to help prepare the field to care for an increasingly diverse population and, ultimately, to help shape the transformation of the health care delivery system.

- Health Disparities
- Unequal Treatment
- Social Determinants of Health

Goals

- Advise the Campaign on strategies to promote nursing diversity.
- Review and approve state Action Coalition diversity action plans, and provide feedback on other grant applications, as appropriate.
- Provide technical assistance to state Action Coalitions via presenting on webinars, speaking at state-wide conferences, think tanks etc., and preparing written materials.
- Identify successful strategies to diversify the nursing profession.
MAAC Diversity Advisory Group

- MAAC convened the Diversity Advisory Group (DAG) in May 2014 with membership from employer, practice, and academic settings.

- The DAG will endeavor to meet the objectives of the MAAC agenda including data collection, identification of best practices, guidance in strategic planning and implementation.

MAAC Diversity Plan

Leadership Pillar
- MAAC leadership
- MAAC project teams
- Diversity leadership development

Practice Pillar
- Diversity and inclusion climate surveys
- Policies, practices, and plans to foster diversity and inclusion in all direct care delivery and supervisory roles.

Education Pillar
- Best Practices
  - Dotson Bridge and Mentoring Program
  - LPN/ADN→BSN accelerated pathways

Successful Strategies

- Pipeline programs
- Culture based mentoring
- Broad definitions of diversity
- Partnerships with minority nursing organizations & Men in Nursing
- Webinars & consultations
- Building a national diversity infrastructure through work of state action coalitions
Vision

Massachusetts will help lead the nation to increase the number of nurses with BSN or higher degrees and to increase the diversity of the nursing workforce.

Goals

• Disseminate and encourage replication of academic progression models throughout MA public & private higher education systems supporting a more diverse pipeline of new and incumbent nurses.

• Implement & codify the NETC in state education policy, facilitating credit transfer between two- and four-year public higher education nursing programs & influencing public to private credit transfer.

• Replicate & increase availability of flexible options that support student-centered learning environments & promote access for all nurses.
Foundation for Success

• Two- and four-year public and private colleges and universities engaged in numerous dialogues regarding best practices and barriers to student transfer and admissions.
• In collaboration, jointly developed and vetted the Nursing Education Transfer Compact (NETC).
• New and existing accelerated pathways were promoted in presentations, articles & brochures.
• Learned that LPN and ADN pathways positively impact the diversity of the workforce.

Accomplishments in Academia

• Broad distribution of academic progression brochure to over 1,000 student and working nurses
• Survey to identify accelerated pathways for LPN–BSN in progress
• Developed geographical alignments of LPN with BSN potential partners across the state
• LPN–BSN recruitment video developed
• A NETC Implementation Survey was conducted
• The Board of Higher Education approved the NETC as a “Policy” in March 2015 (NETP)
• Outreach to the two- and four-year private colleges and universities to promote adoption of the NETP concepts.

Accomplishments

TOWARD A MORE HIGHLY EDUCATED NURSING WORKFORCE
Accomplishments in Practice

- Broad dissemination of the “MA Action Coalition Report of Employer Practices” to promoting best practices
- Involving the Employer Engagement Advisory Group (EEAG) in ongoing plans
- Developed an “Diversity Toolkit: A Resource for Employers”
- Developed a In Brief “The Case for Increasing BSNs in Post Acute Settings”
- Outreach to post acute settings

On our way to 66% BSN by 2020


Early signs of progress on diversity

Source: IPEDS. Completions Survey by Race.
Ongoing Work

- LPN/ADN—BSN Progression
- Full implementation of the NETP 2015-2016
- Implementation of the revised MAAC Diversity Plan
- Increase employer initiatives to promote progression
- Update and release the LPN Video

Next Steps and Future Directions

- Practice Partners:
  - Leadership support of academic progression in the incumbent workforce
- Education Leaders:
  - Promote LPN/ADN accelerated progression
  - Evaluate “BSN Foundational Course” to standardize curriculum
- Education & Practice workforce:
  - Support academic progression at all levels

Faculty Challenges
Karen Manning, MS, RN, CCRN, CHPN
Goals

• Goal: Increase Faculty Pool Available to Educate Nurses from BSN through Doctoral Degree.

• Overview of charge: Increase faculty by identifying strategies that address challenges from the recruitment and retention lens, and the retirement perspective.

Foundation for Success

• The MA Action Coalition Report on “Nursing Faculty Workforce Challenges in Massachusetts” was released to over 300 nurse leaders from academic and practice settings
  o Identifies multifaceted issues of current and future faculty needs.
  o Identifies seven recommendations for recruitment, retention, and development of faculty.

• A Centralized Clinical Faculty Database has been developed and implemented
  o Maximizes communication between nursing programs and potential clinical faculty.
  o Fosters connections for employment opportunities.
  o Advertised to the nursing community via articles and poster presentations at a number of meetings and conferences.

• A Professional Development/Orientation Program for clinical faculty was identified and piloted
  o 2014-2015 piloted the program at 4 nursing programs.

Accomplishments

• MA Action Coalition Report on “Nursing Faculty Workforce Challenges in Massachusetts”
  o Collected feedback and recommendations from the report

• Centralized Clinical Faculty Database
  o Implemented and evaluated the communication plan

• Professional Development/Orientation Program for Clinical Faculty
  o Focused evaluation of the program
  o Regional program at 7 sites in Massachusetts with 357 participants

• Faculty Workload Survey
  o Purpose—gather data to identify roles and responsibilities of BSN, MSN, DNP & PhD faculty for further analysis and development of subsequent recommendations
Next Steps Future Directions I

Faculty Workload Survey highlights to develop future recommendations for action

• Respondents were primarily over the age of 50 and not very diverse, both in terms of gender and race/ethnicity. A source of concern as nursing faculty are becoming increasingly unlike the communities for which they are preparing nurses.

• One in five full-time respondents achieved full-time status through multiple positions which potentially indicates a demand for full-time positions that is not being met.

• 36% of part-time respondents reported holding two or more academic roles. This potentially indicates a demand for part-time positions with more hours.

• The percentage of joint appointments was lower than expected (13% of respondents) and it was unclear whether some of those were actual joint appointments or simply multiple separate jobs.

Next Steps Future Directions I cont.

Faculty Workload Survey highlights to develop future recommendations for action

• No standard calculation of workload exists and contracts vary from nine to 12 months, by courses versus credits, and by semester or year.

• 51% reported that their workload had increased as a result of the faculty shortage and 52% of respondents were 60 or older. This leads to a concern that workload will continue to increase unless an infusion of new faculty can be made.

• Satisfaction with different job aspects varied strongly by employment status (full- or part-time), race/ethnicity, and age. This could be an indication of a need for a variety of retention and recruitment approaches for different populations.

• The reasons for switching institutions, or leaving the profession, also vary strongly by age. 78% of respondents over 55 reported that retirement was a reason for which they are likely to leave their institution and 53% under 45 reported more career advancement opportunities were a reason for which they are likely to leave their institution.

Next Steps Future Directions II

Mentoring Guidelines for clinical nursing faculty—finalize draft and implement

Includes: Mentoring Program Process, Matching Mentors to Mentees, Conversation Standards, Checklist, Available Resources, and Evaluation forms

Professional Development /Orientation Program for Clinical Faculty—scheduled regionally for January 2016

• Pre- and post-test completed for quantitative data and will randomly select new clinical faculty participants for follow-up interviews after a semester for qualitative data

• Seek funding for Faculty Development website
Goals

To promote the integration of the NOFNCC in all academic and practice settings across the state.

- A defined set of competencies that enable nursing education and practice settings to facilitate nurses to move effectively through the education system
- Integrated practice/education competency model positively impacts patient safety and improves care
- Applicable across all care settings

Foundation for Success

The Massachusetts Model: Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice

Agreement on Priorities

- Creating a seamless progression through all levels of nursing education
- Developing sufficient consensus on competencies to serve as framework for educational curriculum redesign
- Agreement on a set of assumptions / common beliefs to guide the process
Accomplishments

- Ongoing promotion of the NOFNCC and the dissemination of the Toolkit via multiple presentations in academic and practice settings
- An article promoting the use of the toolkit as a resource was published in ANA of Massachusetts Summer Newsletter
- Targeted outreach to post acute settings
- Collaboration with Nurse of the Future Work Group (NOFWG) to develop LPN competences and contemparize the RN competencies

Next Steps and Future Directions

- Target outreach for consultation to residency programs in MA
- Develop a standardized NOFNCC educational PowerPoint presentation
- Develop a webinar promoting the value of integrating the competencies and providing resources/consultation
- Revise Competencies Usage Survey tool for distribution to measure outcomes of RN and LPN integration efforts
- Continuing promotion of the RN and LPN competencies and support for implementation
Goals

• Remove scope of practice barriers for Advanced Practice RNs

• Strengthen interprofessional collaboration within the health care community

Certified Nurse Midwife Legislation

HB 939: An Act to Increase Consumer Choice of Nurse-Midwifery Services

Bill would require insurers to recognize CMWs as providers of Primary Care and reimburse. Sponsor: Representative Khan

Hearing before the Finance Committee, sent to study. Re-filed as HB 3174: An Act to Increase Access to Primary Care Services for Women. Hearing before Finance Committee in July 2015 without movement, will refile for the 2017 legislative session.
Psychiatric Clinical Nurse Specialist Legislation

HB 1793: An Act to Increase Access to Mental Health Services
Removes requirement for physician supervision of Psychiatric Clinical Nurse Specialists prescriptive practice/ordering of tests and therapeutics.
Sponsor: Representative Khan
Hearing before the Joint Committee on Mental Health and Substance Abuse - bill sent to study
Re-filed as HB 1805/1047: An Act to Increase Access to Mental Health Services
Sponsor: Representative Khan and Senator Lovely
Referred to Mental Health and Substance Abuse, hearing date TBA

Nurse Practitioner and Certified Registered Nurse Anesthetist Legislation

HB 2009/SB 1079: An Act Improving the Quality of Health Care and Reducing Costs
Sponsors: Representatives Khan and Senator Moore
Hearing before the Joint Committees on Public Health, sent to conference committee, revised on the senate floor as part of the budget and ultimately did not come out of committee
Re-filed as HB 1996/SB 1207: An Act to Remove Restrictions on the Licenses of NPs and CRNAs as Recommended by the Institute of Medicine and the Federal Trade Commission. Sponsor: Representatives Khan and Donato, Senator Pacheco
Referred to the Joint Committees on Public Health – Hearing November 17, 2015

Massachusetts Medical Society Legislation

SB 1170: An Act to Promote Team Based Health Care
Convened “Inter-professional” Committees, January 2015
“This bill would ensure that evolving models of team-based healthcare will be led by physicians – the health care professionals best suited to guide other members of patient care teams – and would clarify the important role that advanced care nurses and physician assistants play as part of the teams.”
Sponsor: Senator Kennedy
Referred to Public Health, unlikely to progress
APRN Scope of Practice
Setting a Foundation for Change

Key Stakeholders and Legislators are asking for dialogue and engagement

Participation in the Center to Champion Nursing Across America’s “Removing Barriers to Practice and Care Call”

Testimony presented to the Institute of Medicine’s Impact Committee, July 2015

Health Policy Commission will be discussing APRN Scope of Practice at their October 5th and 6th meeting

MHA APRN Taskforce
Advancing the Dialogue

Goal: To advance an informed position regarding the ability of APRNs in the Commonwealth to practice to the full extent of their education, training and competence and assist MHA to develop formal positions on any particular APRN legislation that is proposed.

• Co-Chairs:
  — Jeanette G. Clough, President & CEO, Mount Auburn Hospital
  — Joanne M. Conroy, M.D., CEO Lahey Hospital & Medical Center

• Nineteen members representing perspectives from:
  — Anesthesia, OB/GYN, Primary Care, Psychiatry, Patients, Large Private Practice, Home Health, Health Plans, Nursing Leadership, Legal, Public Affairs
  — Outside Content Experts invited as indicated

Next Steps and Future Directions

Develop an APRN Scope of Practice Tool Box

• MAAC “Report on the APRN in Massachusetts”.
• APRN in Massachusetts “In Brief”.
• Educator Resources—develop an educational module around APRN professional issues for nursing students including objectives, slides and related readings.
• Employer Resources—develop an educational module on workplace barriers to the full optimization of the APRN workforce and inter-professional teamwork and collegiality.
• Consumer Resources—develop an educational initiative to engage the patient and create understanding of the diverse APRN roles, scope of care and quality.

Continue with a long term commitment to reach the goals!