

Nursing Agenda – Section 1 – Workforce

Issue 1.1: Retention of professional nurses requires a respectful, supportive workplace, with education, mentoring, & career development.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
1.1.1: Retention of new nurses requires that upper- & mid-level nursing managers receive education in leadership, mentorship, and modern management skills.¹ This is particularly important where there is high turnover in the Chief Nursing Officer role, and where role expectations may exceed preparation, degrees, & capacities.	CNE, Board, MCN, MHA, nurse employers, business & nursing schools/colleges, nursing organizations, business partners	Provide support and incentives for nursing leadership & management programs, workplace mentoring, and on-line resources to assist upper & mid-level nurse-leaders in improving their skills. <ul style="list-style-type: none"> ▪ Work with Nursing organizations, nursing schools/colleges and nurse employers to provide to diverse nurses: nurse leadership and executive/management education (interaction skills, finance, budgeting), worksite mentoring for nurse-leaders, and nursing team-building education. ▪ Provide incentives to individuals and institutions that take this path (i.e., promotion based on evidenced skills in leadership, team-building, & executive/management capacities). Work with Retired Nurses Corps (described in Section 5.4) to provide appropriate mentors.	By 2007	Nurses (representing diverse cultures and ethnicities) and nurse employers invest in education for nurse-leadership & management, executive skills, interaction skills, team-building, & worksite nurse-leader mentoring.
		By 2009	Nurse employers establish upper-level nurse leaders (i.e., Chief Nursing Officer) as part of top management team.	
	CNE, MCN, Board, nursing schools/colleges, MHA, nurse employers, nursing organizations, partners	Establish leadership competency standards and programs for educating in nursing leadership, management, and mentoring. <ul style="list-style-type: none"> ▪ Work with educational institutions and the Board of Nursing to identify certification standards and model education programs in nursing leadership, management, & mentoring. ▪ Emphasize the relationship among nursing leadership, management skills, and high-quality patient care². 	By 2007	Certification standards & education programs are in place.
		<ul style="list-style-type: none"> ▪ Offer education to a diverse group of nurses through a variety of channels, including on-line courses. 	By 2008	On-line courses are available.

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<p>1.1.2: Nursing retention requires that new graduates receive worksite education and mentoring.</p> <p>(See Nursing Agenda Section 4, Nursing Education for additional recommendations.)</p>	<p>CNE, Board, MCN, MHA, nurse employers, nursing organizations, nursing Schools, partners</p>	<p>Provide support and incentives for nurse-internship/residency and nurse-mentor programs in the workplace.</p> <ul style="list-style-type: none"> ▪ Work with nursing organizations, nursing schools/colleges and nurse employers to make the case for and provide: post-graduate internships/residencies in which new nurses rotate through units, learn collaboration with teams of nurses & multidisciplinary teams, and focus on patient-centered care³. ▪ Work with nursing organizations, nurse employers, and the Retired Nurses Corps (see Section 5.4) to create nurse-mentor programs in the workplace. ▪ Establish demonstration project grants to consortia of hospitals and educational institutions. Test models for nursing internships/residencies and mentoring⁴. Disseminate best practices. ▪ Provide incentives to individuals and institutions that establish nursing internships/residencies and nurse-mentor core-competency programs. Encourage Regional Alliances to support programs. <ul style="list-style-type: none"> ▪ Pay nursing interns/residents to provide care. ▪ Evaluate mentors on the success of their interns/residents. ▪ Evaluate institutions on decreased turnover and recruitment costs. 	<p>By 2007</p>	<p>Nurses and institutions invest in nursing internship/residency programs and staff nurse mentoring programs; retention rates improve; turnover and recruitment costs decrease.</p>

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	CNE, Board, MCN, MHA, nurse employers, nursing organizations, nursing schools/colleges, partners	<p>Provide support for role changes & specializations that may be related to experience and capacities, rather than education [i.e., direct-care career track, case/care manager, preceptor/mentor, home health manager, etc.]. Recognize, reward & retain experienced nurses in direct-care nursing by:</p> <ul style="list-style-type: none"> ▪ Creating a direct-care career track (i.e., progressive movement to less physically demanding variants of direct-care nursing, including mentoring, care/case management, & leadership⁷) that appropriately rewards experienced nurses who wish to remain in direct-care nursing. ▪ Increasing scholarships, stipends, & loan-forgiveness for nurses in these programs, so that direct-care career track nurses can work part-time while completing additional degrees and certifications. 	By 2007	Experienced direct-care nurses are retained in direct-care nursing through career development and education supports
1.1.4: Nursing retention requires support for maintenance & improvement of nurses’ physical & mental health status.	Nurses, CNE, MDCH, Surgeon General, nursing organizations, nurse employers, partners	<p>Expand nurses’ lifetime career planning to include proactive approaches (exercise facilities, EAPs, support groups) to the maintenance of physical & mental health throughout a stressful career. Educate & support nurses, nurse administrators, & nurse employers in following this path.</p> <ul style="list-style-type: none"> ▪ Expand nurses’ health initiatives by building upon the Michigan Surgeon General’s programs in collaboration with the Chief Nurse Executive. ▪ Link stress-reduction, tobacco control, and incentives; improve nurses’ health & retention. 	By 2008	Programs to maintain & improve nurses’ health status are in place and funded. Nursing retention is improved.

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1.1.5: Nursing retention requires support for maximizing use of the functional abilities of nurses with temporary/permanent disabilities or physical limitations.⁸	CNE, OFIS, MCN, MHA, nurse employers, public & private workers' compensation agencies, nursing schools/colleges	<ul style="list-style-type: none"> ▪ Explore possibility of increasing the percentage of injured/disabled nurses who return to work by changing employers'/insurers' approach to rehabilitation in nursing Workers' Compensation cases. <ul style="list-style-type: none"> ○ Collect, analyze, & report information on rehabilitation of nurses with disabilities or physical limitations. 	By 2007/8	Rehabilitation increase report disseminated. Nurses, nurse employers & their insurers are educated about rehabilitation approaches and costs.
		Educate nurses, nurse employers and their insurers on approaches that increase rehabilitation and return to work in appropriate work categories. Utilize on-line certificate programs and other education programs that create new skills to enable nursing workforce participation. Compare cost of rehabilitation to cost of recruitment.	By 2007	

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Issue 1.2: Retention of professional nurses requires investment in existing staff and compensation equity.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p>1.2.1: Retention of nurses requires investment in existing nursing staff to increase nurse satisfaction and nurse & patient health & safety⁹. Such investment should include support of staff education & advancement, plus equitable compensation and treatment.</p> <p>[See Section 1.4.1 for further discussion of investment.]</p>	<p>CNE, Board, MCN, MHA, nurse employers, nursing organizations, nursing schools/colleges, partners</p>	<p>Increase nurse employer investment in existing nursing staff through support for education, advancement, and compensation. Ensure that nurse employers maintain equity between compensation/benefits offered to existing nursing staff and new/contract nursing staff.</p> <ul style="list-style-type: none"> ▪ Work to ensure equitable & competitive levels of compensation and benefits for both new/contract and existing staff. <ul style="list-style-type: none"> ○ Reward both new/contract & current staff for educational attainment, credentials, years of service, and performance improvement. ○ Support ADN graduates in their efforts to attain BSN nursing degrees. ○ Compare equitable compensation and benefits to cost of increased turnover. ▪ Discontinue practices that are disincentives to existing nursing staff (new/contract staff signing bonuses or high hourly rates, career development benefits, and other benefits not offered to current nursing staff). ▪ Encourage use of recruitment & retention best practices (Magnet hospitals) and national models. 	<p>By 2008</p>	<p>Nurses & nurse employers see increasing investment in existing nursing staff and decreasing dependence on contract staff.</p> <p>Nurses see greater equity between new/contract and current nursing staff. Patient & nurse health & safety improve; retention rates improve; recruitment & turnover costs decrease.</p>

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Issue 1.3: Recruitment & retention of nurses require that the image of the field be improved and nurses be considered professionals.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p>1.3.1: Policy makers and the public do not have an accurate picture of nurses or nursing as a profession.</p>	<p>CNE, Board, COMON, MCN, MHC, MHA, nurse employers, nursing organizations, nursing schools/colleges, media & other partners</p>	<p>Improve the image of the nursing profession by:</p> <ul style="list-style-type: none"> ▪ Engaging in a statewide education campaign (targeting policy makers, the public, and practicing nurses) to: <ul style="list-style-type: none"> ○ Encourage nurses to think & speak positively about their profession. ○ Create Nurse Champions to educate others. ○ Encourage nurses to join professional organizations to increase professionalism, increase networking, and elevating the image of nursing. ○ Show nurses as professionals in a wide range of roles and venues with good salaries and benefits. ○ Show the diversity of nurses, including multiple ethnicities/races, males/females, and a range of education/work histories. ○ Show the roles and responsibilities that nurses currently have and are likely to have in the future. ○ Emphasize the educational background required for a successful nurse, including emphasis on science and mathematics. ▪ Presenting this information through a wide range of channels, including video, print, and web-based formats. 	<p>By 2007</p>	<p>Education campaign elements are in place.</p>

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Issue	Recommended Action			Action Indicator
	Who	Does What	When	
1.3.1 (cont.)	CNE, Board, MCN, MHC, MHA, nurse employers, Insurers, nursing organizations, nursing schools/colleges, Human Resources organizations, partners	Partner with others affected by nursing recruitment & retention -- health care purchasers, payers and providers, plus other organizations -- to leverage image improvement & recruitment efforts, including: <ul style="list-style-type: none"> ▪ Regional Skills Alliances to expand the range of recruiting resources and communications channels. ▪ Professional associations for other healthcare professions. ▪ Human resources professionals that recruit nurses. 	By 2007	Image improvement partnerships are in place.

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<p>1.3.2: Improve the image of nursing as a profession by changing the economic role of nurses with respect to their employers and consumers of health care.</p> <p>(Also see Nursing Agenda Section 2, Work Environment & Section 5, Economic Impact of Nursing.)</p>	<p>CNE, Board, MCN, MHA, nurse employers, MDCH, MMA, healthcare purchasers & payers, nursing organizations, nursing schools/colleges, other partners</p>	<p>Work with Medicaid, BCBSM, and other purchasers, payers, & providers to change nurse-employers' perception of nursing as a cost-center and healthcare consumers' perception of nursing as a free service provided by low-paid assistants by building the business case for nursing:</p> <ul style="list-style-type: none"> ▪ Ensure that nurse employers are aware of the systemic and monetary value of the professional nurses who are critical to the continued operation and reputation of healthcare facilities, agencies, and services. ▪ Ensure that consumers of healthcare services are aware of the value of the professional nurses in terms of quality of care, improved patient safety, outcomes, and decreased patient stays. ▪ Change the billing of nursing services to a professional hourly basis, so that nursing becomes calculated in "billable hours" (revenue), rather than as a bundled "cost of doing business"¹⁰. ▪ Provide demonstration project grants to test economic models of nursing services; disseminate results & best practices¹¹. ▪ Explore the professional and economic implications of the role of nurse-entrepreneur, in which nurses contract individually for nursing services. 	<p>By 2009</p>	<p>The business case for nursing is understood by nurse employers, healthcare consumers, nurses, and other healthcare professionals. Nursing services become a revenue center and nursing hours are billable hours. Nursing is perceived as a valued profession by employers, policy makers, and the public.</p>

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Issue 1:4: Education & retention of nurses in Michigan require that available resources be invested in Michigan’s nursing economy.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
1.4.1: Resources used to educate & recruit nurses from other countries are diverted from investment in Michigan nursing education & nurse retention programs to improve Michigan’s nursing economy.	CNE, Board, MCN, MHA, nurse employers, MDCH, MMA, BCBSM, nursing organizations, nursing schools/colleges, partners	While acknowledging the current, essential role of nurses recruited from other countries in filling the Michigan health care demand for nursing services ¹² , we must encourage investment of Michigan funds to expand a) the number of student slots available in Michigan nursing programs, and b) programs to retain current Michigan nurses. Michigan funds should be invested to create a healthy nursing economy in the state.	By 2007	Healthcare purchasers, payers, and providers invest in Michigan’s nurse preparation & nurse retention programs.
		<ul style="list-style-type: none"> ▪ Work with healthcare purchasers, providers, and nursing schools/colleges to leverage investment in Michigan’s nurse preparation resources (faculty, facilities, scholarships, stipends, mentoring). <ul style="list-style-type: none"> ○ Work with healthcare purchasers, providers, and nursing schools/colleges to provide short-timeline investment opportunities to increase the number & quality of Michigan nursing graduates. 	By 2007	
		<ul style="list-style-type: none"> ▪ Work with healthcare purchasers, payers, and providers to improve nurse retention programs, using national models and Magnet Hospital examples¹³. 	By 2007	
		<ul style="list-style-type: none"> ▪ Work with healthcare providers and nurse educators to improve retention of Michigan nurses through investment in “nursing ladder” programs. 	By 2007	

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- ¹ Baggot, D., Hensinger, B., Parry, J., Valdes, M., Zaim S. The new hire/preceptor experience: cost-benefit analysis of one retention strategy. *Journal of Nursing Administration* 35(3):138-45, 2005 Mar.
- ² *Transformational Nurse Leadership*, Ann Barker, 1990, & Tim Porter O'Grady, 1998.
- ³ Nelson, D., Godfrey, L., Purdy, J. Using a mentorship program to recruit and retain student nurses. *Journal of Nursing Administration* 34(12):551-3, 2004 Dec.
- ⁴ Models for nursing internships/residencies and mentoring have been developed by the University of Rochester School of Nursing, Washington State University (www.nursing.wsu.edu), and by the Centers for Nursing established in many states.
- ⁵ Health systems with multiple lines of business (home health, hospice, etc.) have excellent opportunities to offer such experiences to their nurse employees.
- ⁶ Interprofessional interaction skills are important for all health professionals if they are to productively participate in interdisciplinary teams, provide quality patient care, and develop in their careers. Roslyn Franklin Medical School in Chicago requires 3-4 hours of interprofessional interaction training per week of medical and nursing students. (Communication from G. Warden, September 2005).
- ⁷ Consider "Master" or "Maestro" job category emerging in skilled manufacturing systems to transfer highly technical knowledge & skills to a new generation of practitioners. (Lansing State Journal, June 15, 2005.)
- ⁸ Highly developed Return to Work programs may include a stepped approach: a Transitional Work program for 14 weeks for those with temporary restrictions; a shift in jobs to accommodate permanent restrictions (i.e., shift from bedside nursing to a research post or managed care coordinator); and Vocational Rehabilitation retraining for those who cannot be placed in appropriate work roles. See the Standards for Healthy Work Environments developed by the American Association of Critical Care Nurses (www.aacn.org).
- ⁹ L. Aiken (2004) dealing with negative effects of percentage of contract nurses on patient/nurse health & safety (needle-sticks).
- ¹⁰ Public health nursing is moving towards invoicing nursing services on an hourly basis for Medicaid Outreach. (Communication from Public Health Nurse Administrators, October 2005.)
- ¹¹ See the Robert Wood Johnson Foundation project *Partners in Caring*. Also see the work of a) Mary Wawrzysinski (Madonna University College of Nursing) and b) Linda Aiken (Univ. of Pennsylvania).
- ¹² Healthcare providers in southeast Michigan often employ large numbers of Canadian nurses. For example, the Henry Ford Health System employs about 1400 Canadian nurses, plus physicians and other health professionals from Canada. (Communication from G. Warden, September 2005).
- ¹³ In the Mercy Healthcare System, funds were reallocated to support retention of current nursing staff. (Communication from J. Klemczak, July 2005.)

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