Tennessee Center for Nursing Advancement

DRAFT 2022 Statewide Listening Sessions Summary

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- Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.
- Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

Regional/Special Listening Session Findings

Executive Summary

In the fall of 2022, Listening Sessions were held across Tennessee in order to inform the strategic direction of the Tennessee Center for Nursing Advancement (TCNA). Eighteen different sessions including 47 different small groups and approximately 461 attendees participated. The rapid organization of these listening sessions across regions in TN in the short-time period since the start of the TCNA is truly impressive and reflects the dedication of the TCNA.

During the listening session, participants were asked to provide their thoughts for a SWOT analysis with the following questions:

1. What is Good and Strong about nursing in Tennessee?
2. What are the Weaknesses of today's nursing in Tennessee?
3. What are the Opportunities for today's nursing in Tennessee?
4. What are the Threats for today's nursing in Tennessee?

Flip charts were utilized to record answers and participants had the option to provide written feedback. Information from all sessions have been aggregated and summarized in this report using the primary focus areas of TCNA and thematically coded. These findings reached saturation, indicating that enough data was collected in order to develop robust findings (Hennink & Kaiser, 2019) across the primary focus areas of the TCNA.

Primary Focus Areas

- Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.
- Develop and implement innovative clinical and academic models to attract and retain nurses.
- Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.
- Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

The Tennessee nursing community has many strengths emerging from the COVID-19 pandemic. However, the findings indicate that the nursing shortage in Tennessee is complex and requires a multi-prong statewide approach with some tailored strategies to address regional differences. Effective future strategic planning should include the roles of the TCNA, K-12 public and private education, higher education, health care employers across all sectors, nursing associations and other special interest groups and state government including the Tennessee Board of Nursing.

Key Findings and Recommendations

- Tennessee nurses emphasized the need to have greater communication with each other and amongst organization, reduce silo work and work together on shared strategies. Participants greatly appreciated the opportunity to share information, were highly engaged and want to become more involved with planning for the future. More opportunities for sharing across the state has begun with a Best-Practices Learning session hosted by TCNA that was held in November with over 70 attendees. The TCNA is also designing a website, social media and utilizing collaborative technology in order to increase communication.

- Stronger communication and collaboration is needed between nursing education and nursing employers including hospitals, ambulatory care, long-term care, home health, hospice, and public health. Collaborations including expanded clinical sites, leveraging the strengths of nurses (education and employers) to increase expertise, share simulation facilities, share faculty through the development of joint appointments and transitioning new graduates to the workplace.

   To foster this collaboration this report will be shared with the TN Nurses Association, TN Nursing Student Association, Nursing Education Deans and Directors group, TN Long Term DONs, TN Long Term Association, Tennessee Hospital Association, local/TONL when re-activated, local nurse leader associations, major employers, TN Home Care Association, and nursing leaders involved in the listening sessions. The TCN will help facilitate these conversations through Best-Practice Learning sessions.

- Improvements are needed to improve the workplace including examining workload with greater acuity of patients, especially Med-Surg unit. Fostering work life balance, ensuring the mental health and wellness of nurses should also be a priority of employers. Work to improve overall workplace culture, compensation and benefits, staffing and scheduling and providing for the overall safety of nurses are also important.

- The TN Board of Nursing licensure database includes only 2% of the licensed nurse population for the questions regarding employer and employer address. All of the variables in the National Forum of State Nursing Workforce Centers Supply Minimum Data Set (2020) should be required during re-licensure in order to provide critical workforce data. Additional resources are needed at the TNBOD and the TN Health Department in order to better collect CNA and nurse licensure data.

- The development of a shared voice across all nursing groups will help to ensure that nursing practice is defined and led by nursing and not other entities. This work has started through a collaborative that is working to address the 85% NCLEX First Time Pass Rate for TN.

- Evidence of lateral violence/incivility in TN includes comments regarding "rating the young" and eating the young. References to "baby" and "toddler" nurses cultivate an environment of incivility towards younger nurses. Many comments from nursing students indicated that they feel they are a burden, are not valued and that new graduates are not welcomed in the workplace.

  This is paired with the need to provide greater support to seasoned nurses as many have left the workplace resulting in a loss of expertise. Seasoned nurses talked about wage compression with newer nurses being paid more and there is a need to develop additional ways to leverage seasoned nurse expertise through mentoring and alternative positions. One participant summed this up as "Should leverage multi-generational nurses to support one another".

- The "weed out" culture of nursing education programs is counterproductive to the future of nursing in TN. If a nursing student does not have the ability to be successful in their current program or could excel in a higher-level program, mechanisms should be developed to help transition that nursing student to new programs. The no "second chances" in academia needs to end. Policies allowing for readmittance and transition between programs need to be developed.

- Grow-your own programs in communities without nursing education programs can help increase the nursing workforce through greater tuition support and resources including stipends, books and should be utilized to provide wrap-around support to foster career development in the academic and clinical setting.

- Support to students in clinical placements can be achieved through the development of apprenticeship programs where nursing students could provide services that they have been trained on and passed a check-off. The TNBON could explore the feasibility and interest in an apprenticeship type clinical with nursing employers.

- Preceptor workload should be adjusted to provide the time needed to work with nursing students. Preceptors also need training to better assist nursing students to learn critical judgement skills The TCNA is developing a Preceptor Fellow program that will provide preceptors with educational principles to help guide nursing students learn critical judgement skills.

In addition to this Listening Session report, further data analysis will summarize available nursing education, supply and demand data in order to provide a comprehensive picture of the Tennessee nursing workforce.

Future direction for the Tennessee Center for Nursing Excellence include:
- Dissemination of Listening Session report to all participants and statewide stakeholders
- Review and prioritization of findings in the strategic plan and share with the Board of Advisors following input across multiple stakeholder groups.
- Continued input through implementation of strategic plan and realignment of strategies dependent on outcomes.

Tennessee Nursing Strengths

Scholarships
Innovative
Growth-Opportunity
Teamwork
Patient-centered Selfless Well-Prepared-Students
Regional-Identity Caring Connected Financial
Innovators Competitive
Anchor-institutions
Opportunities
Resilience Patience Trust Integrity
Kindness Funding others Jobs Leadership Ethical
Empowered Focus Honesty Change Versatile
Committed Honest Positive Empathy Accessibility
Growth Public-Image Compassion Opportunity
Difference Passion Variety
Satisfaction Support Compensation
Community Diversity Respect Professionalism
NCLEX-Pass-Rates Mobility Professional Easy-Licensure
Adaptability Leaders Flexibility Collaboration
Dedicated Strong-Healthcare-Hub
Communication High-Standards
Great-Nursing-Education
Affordable-Education Advanced-Education-Opportunities
Longevity Resourceful
Empowered-Nurse-Voice
Includes-all-Socioeconomic-Levels
Make-a-Difference

Highlight Tables

HIGHLIGHTS Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.		
	Workforce Recruitment in Middle and High Schools	**Increased Marketing of Nursing**	**Educational Program Recruitment**
West TN	Develop programs to become CNAs and their initial nursing degree before high school graduation through a greater connection between primary-secondary and higher education. Stronger connection with outlying areas.	Marketing should also focus on the difference between nurses and MDs.	Offer more **part-time options** for entry to practice degrees-maybe someone could pursue LPN/RN if they could better balance work/life. Offer credit for CNA/CMA experience.
Middle TN	Develop a common curriculum for e-camps and offering a pyramid tour of professions. Offer magnet schools like the Florida model where students learn early on whether healthcare is for them.	**Increase use of social media** such as a TN Center for Nursing Advancement Instagram page to promote the profession to new people and inspire nurses to join the movement.	**Examine length of time and bedside patient care time** before enrolling in an APRN program.
East TN	Increased **workforce recruitment in middle and high schools** could start even earlier with kindergarten career days.	Marketing should focus on nursing as leaders, thinkers and scientists. The public does not understand what nurses do	**Recruit more diversity** in nursing along with recruiting second career nurses.
Appalachia- NE TN	Connect with boy and girl scouts to **increase nursing awareness of young students.** Stronger connection with all care sites. Help channel employees into nursing.	**Increase marketing of nursing** is needed to improve public image of the nursing profession with less emphasis on devastated/burnout nurses and other negative media stories.	Establishing a **clear career pathway** from CNA to LPN to RN to BSN and standardize entry to programs through an easier application process.
LTC	Use long term care for med-surg clinical sites.	Increase marketing effort as to the value of the nurse and the image.	Long Term care RNs should be included as educators across the pipeline.
UG Students	Obtain CNA License	"We are told to not go into nursing as it is a terrible profession."	Nursing school is viewed as a "weeding out" and students are worried if they are good enough even when they are in the program.

HIGHLIGHTS Develop and implement innovative clinical and academic models to attract and retain nurses.			
	Clinical/Organizational	**Academic**	**Nurse Attraction and Retention**
West TN	Employers should work to provide a safe work environment. Lateral violence/incivility includes "rating the young" and eating the young. Concerns about scope of practice include the need for increased understanding and differentiation of the role of the nurse at the LPN vs. RN level and APRN vs. PA.	Examine strategies to ensure student success. "Nursing programs- we need to consider some of our "sacred cow" policies- such as the (students with 2 D's can't be readmitted) policy etc. There is a need to change the "No second chances in academia".	The need to increase focus on new graduates as they transition to professional nursing. This includes credentialing for diverse jobs such as nurses working for insurance companies. Stronger relationships, collaborative programs clinical sites and education. Continued learning (classes) for leaders and nurses.
Middle TN	Generational differences with different values and priorities. "Should leverage multi-generational nurses to support one another". Employers should examine workload and scheduling. "Allow nurses to set hours- not all nurses are healthy working 12+ hours".	Develop a standardized curriculum across all schools of nursing and examine ways to share faculty. "Growth of stimulation - maybe centralized space for use trained facilitators to achieve quality education and experience" Increase clinical site and education program collaboration. "Creating a statewide clinical site tracker/portal"	" Nurse residency programs provide opportunity for variety, mentoring, matching, desire with need of unit". Providing hiring incentives such as round the clock childcare that is low-cost or free, statewide professional development, student loan repayment assistance education, state-funded stipends for RNs to stay in state and free continuing education. This continuing education is for RNs and leaders.
East TN	Work to **improve workplace culture** by providing a reason for nurses to stay" Create environments that people want to work in". Employers should work to **provide competitive salary**	Examine the **selection process of nursing students.** "Where do applicants go due to capacity? Can they be referred to schools with capacity? Can we have an East	Special incentives could also be provided to **increase nurse attraction to rural areas, especially in primary care.** The need to increase **focus on new graduates as they transition to RN life**. This includes providing more

	and benefits. This includes examining market pay scales for different levels of nurses from LPN to APRNs to reflect education and duties. "Decreased pay not equal to stress, responsibility, zero equity compared to other states". Support for **leadership training to increase nurse interest** in leadership roles and to provide managerial training "Great clinicians don't always make great charge nurses".	Tennessee health consortium where we can get candidates connected to schools & employers?" **Barriers to passing the NCLEX** and entering the workforce should be addressed. There is increase pressure to teach the test because of a decreased focus on practice and the option of taking the NCLEX during their Senior year.	orientation and investing in human resources to obtain orientating certifications. Continuing education for nurses and also the leaders
Appalachia-NE TN	Work to improve workplace culture and the need to address an "Overwhelming number of problems. Don't know where to start." The increased workload of nurses, increase patient acuity especially in Med-Surg and increased complexity without enough support staff. This results in nurses doing all jobs and decreased quality. Address the loss of experienced nurses including bringing back older RNs back as coaches/mentors. "Nurses don't need more parties/cookies/Facebook recognition. They need decreased patient ratios to be able to do their job." "When you assessment demonstrates the patient's needs and you have to leave at the end of the shift knowing you did not meet those needs, that builds up to a load to heavy to bear. You have to leave."	The need to provide support to low-income students. This could include work/study programs that would provide an opportunity to help with skills for nursing students and provide income. Ensure the development of critical thinking skills and clinical judgement and not just checking off a checklist. Virtual clinical time has resulted in a decrease in quality. Need to prepare students for professional settings and expectations inside the hospitals. There are lots of adjunct faculty and preceptors who are not experienced in how to teach. Faculty need more confidence in current clinical skill.	The need to increase focus on new graduates as they transition to RN life. This starts during orientation as they rotate through units to determine which unit that works best for them. Increased support such as coaching/mentoring/precepting skill for new grads as they emerge from orientation will help retention. Nurses indicated the need to provide support for senior nurses and for those that have left care. This could include different jobs such as a sitter and serving as mentors/preceptor, shorter hours, flexibility but use their knowledge. Continuing education for all levels of nurses in the organization.

LTC	Employers should examine workload and scheduling. "The staffing shortage is a major stress to all our staff. Most staff want to serve and care. In our facilities, we are often the family of the resident. Not having adequate staff takes away our ability to do the personal caring things and you cannot go home day after day, knowing the residents needed more and deserve more."	Ensure the development of critical thinking skills and clinical judgement. There is a major gap in the knowledge and experience of the RN and LPN for understanding the senior population. "We are often left out of the planning and solutions for the education of the RN, LPN or the CNA. We also don't have any handoffs or referrals to work with us while students are in school from any programs."	**Special incentives** can help increase licensure and certifications for LPNS and CNAs. Incentives could also help increase RNs certified in Geriatrics. There is a gap in the understanding of the care and assessment of the needs of the senior population.
UG Students	Work to improve workplace culture including increased communication in the chain of command and the need for clinical facilities to take ownership for nurses. Employers should work to provide a safe work environment. Lateral violence/incivility was mentioned several times "eat our young". Students feel like they are a burden, treated by nurses as they should already know and little respect that they are trying to learn. The "goal in clinical is to stay out of the way".	Increase clinical site and education program collaboration. Nursing programs can work with nursing staff to help facilitate clinicals. Some staff nurses do not work well with students and nurses who are precepting should be compensated. Students in clinicals should also be paid for their work. Preceptors are not sure what nursing students can do which results in too much observation and too little skills practice.	The need to increase focus on new graduates as they transition to RN life. "New graduates are not welcomed". Nurse residency programs should provide extended support including mentors for all new nurses.

	HIGHLIGHTS Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.		
	Nurse Well-being	**Voice of Frontline Nurses and Faculty**	**Joy of the Work of Nursing**
West TN	Basic wellness needs included employers offering to have meals delivered to work area. "If you get a 30-minute lunch break and it takes 10-15 minutes to get to the place for food- the break is over before you eat. This is a common issue in large facilities. It's small thing, but a lot of us don't eat at work." Address the workload	Active networking across organizations to provide a way to help bring nursing voice to the table. Professional organizations and continuing education together can help to provide a sense of community, grow leaders and reduce negativity in the profession	
Middle TN	Basic wellness needs includes education for students on how to practice self-care and providing environments for students, faculty and practice that emphasize self-care. Address the workload for nurses.	Increased nursing voice within health care facilities including shared governance, rethinking/redesigning policy to promote critical thinking of nurses, defining the value of nurses and "Having managers actually be your voice with concerns instead of saying "no" and putting it off in not being concerns."	Nurses indicated a need for more respect of nursing, the promotion of kindness and joy and monthly appreciation events with time for networking.
East TN	Nurses indicated the need to provide more support after stressful events. This includes debriefing after a crisis. Mental health support including starting in nursing schools as they discuss what real world nursing looks like and resiliency training, greater mental health resources and resiliency training in all settings including a chaplain on unit and quiet time. The emotional needs of staff	Increased nursing voice within health care facilities ensuring nurses are on councils and committees, and a voice at the bedside. "Nurses must be@ the table with a voice when discussions are being made." Major nursing organizations need to work together to provide a voice and to increase advocacy with legislators. Continuing Education needed at all levels.	Develop a "a wall of nurses" to highlight the value of what nurses do.

	need to be considered by nurse leadership. The stigma of using Employee Assistance programs (EAP) need to be decreased. Address the workload. Especially in the Medical and Surgical areas.		
Appalachia- NE TN	Nurses indicated the need to provide more support after stressful events. This includes debriefing, acknowledging emotions, utilizing time-outs and mental health days and building resilience. There is low morale and a "culture of blah in nursing". One nurse indicated that they "we are trying to survive the shift- used to have fun". Burnout is felt across nursing students and nurses. Address the workload	Increased nursing voice within health care facilities including increasing self-governance and increased nurse participation in committees on units. This would result in greater buy-in and nurse empowerment. Nurses also need visible support from non-nurse administrators to express their voice. Things get filtered down and we want the top to know what we are actually experiencing. Continuing education and knowledge recognition is needed.	To bring joy to the forefront of the profession, nurses indicated a need for more appreciation of nursing staff, positive nurse leaders and more positive recognition.
LTC	Burnout prevention including stress reduction training that will help to provide support and education to motivate healthcare workers to find their way back into long-term care settings. Give attention to the workload and the lack of knowledge and skill of those providing it.	Greater participation across the state by including the Nursing Homes and Assisted Living and Rehab facilities in your discussions and planning. We have a severe shortage of CNAs and LPNs and if we can't keep our beds open, then Hospitals cannot discharge to us.	
UG Students	Nursing students indicated the need to provide more support after stressful events. This includes debriefing after difficult situations as nurses are the 2nd victim.	Increased nursing voice within health care facilities included advocating at the bedside. Greater participation across the state includes more unity and	

	Basic wellness needs including the need to adjust staffing rations so that nurses can "eat-rest-pee etc.".	networking relationships and the need to prevent others who think they know what nursing is from controlling the profession.	

HIGHLIGHTS Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.			
West TN	More research was requested, and participants recommended a software system for nursing licenses. How many nurses actually work in Tennessee, some say we are an exporter of nurses, how do they measure that if we only have 2% of the nurses completing the information questionnaire completely at the biannual license renewal event. Participants indicated that legislator knowledge is not sufficient for decision making.		
Middle TN	Why are nurses leaving? Determine the root cause Serious lack of data in much of what nursing is built upon We need research, data and studies of different health care models and settings Become Data and information rich through (the center) Enhance data for student enrollment Must have more data Collaborative/sharing of data and ideas Determine why nurses are licensed and not practicing Determine if nurses living in TN actually work in TN How many are actively practicing? And actively practicing in TN Need salary data including faculty Need data on how to fill gap in academia/practice Suggest adoption of unique nurse identifier Lack of date, evidence - what are the real problems? (Data is powerful) Data very siloed (education and service data) & not reliable as in the RN, LPN and C N A data reflects living in the state only, not if they work in TN and not harmonized for results and execution		
East TN	Why do nurses leave the bedside? What are the real reasons? What do nurses need to be successful in leadership? Research EBP ➔ nursing research Survey recent graduates - 2 years post-graduation		

	Unknown what we know Survey high school students about their expectations Survey experienced nurses - why leaving? Understanding the newer generation of nurses
Appalachia- NE TN	
LTC	There is too little attention to the shortage of the LPN. The Tennessee licensure data does not really tell us if the LPN is working in Tennessee, even though they live here. We never see any data on CNAs. Need this data too.
UG Students	

West Tennessee Listening Session Summary

Five listening sessions were held in Memphis and Jackson. Participants included a total of 102 nurses which included clinical nurse leaders and nursing faculty representing 23% of all participants statewide.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

K-12 discussion included:

- Increased **workforce recruitment in middle and high schools** to create opportunities for students to job shadow at hospitals/clinics and develop programs to become CNAs and their initial nursing degree before high school graduation through a greater connection between primary-secondary and higher education. Building of soft skills which have become weaker in K-12 students.

- Participants indicated that there was not a **Health Occupation Student Organization (HOSA)** in some schools.

Marketing/Awareness discussion included:

- **Increased marketing of nursing** including the media portrayal of the nursing profession, description of the nursing profession, qualifications for different levels of nurses including APRN. Marketing should also focus on the difference between nurses and MDs.

Reasons to be a Nurse in West Tennessee

Jobs are available   Geographic mobility = job availability = job stability
Diversity of opportunities   Entry opportunities
Compassion.   Growth opportunities -work and education   Support
High standards   **Opportunities**   Leadership - lead the team
Public knows nursing   Variety in profession   True recognized profession
Various entry portals   All socioeconomic levels drawn to nursing
Options for specialty   **Respect & trust of the general public** Broad pipeline
Great universities   Education= affordable= almost free   Cost of living
Zero income tax   Strong nursing education in state
Anchor institutions (St. Jude, THA)   Students are well prepared on entry

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Educational program recruitment discussion included:

- **Examine length of time and bedside patient care time before moving into a enrolling in an APRN program**. Nurses are moving into higher level positions without practical experience.

- **Increasing awareness of financial support** for students including scholarships

- Establishing a **clear career pathway** to provide for seamless career progression. This should include CNA,LPN, RN, BSN, MSN, and DNP.

- **Recruit more diversity** (gender, race, religion etc.) in nursing through offering programs such as the HOPE program.

- Offer more **part-time options** for entry to practice degrees-maybe someone could pursue LPN/RN if they could better balance work/life. Offer credit for CNA/CMA experience.

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Work to **improve workplace culture**, organizations should work to improve:
  - The **increased workload of nurses** and unhealthy work environment and the loss of the focus on basic care (change model).
  - **Generational differences** with different expectations of new graduates
  - Examine **alternative care models** such as leveraging the use of technology to extend and enhance care.
  - Examine the **impact of travel nurses** in the work environment.

- Employers should work to **provide competitive salary and benefits**. This includes examining wage compression as new RNs have higher salaries than experienced RNs and this results in experience RNS not wanting to train in new RNs. There are also pay inequalities between states, disciplines and within nursing. Reimbursement for nursing care should be separated from the hospital charge.

- Employers should **examine workload and scheduling**. This includes providing flexible schedules, 12-hour shifts and addressing nurse to patient ratios. Ensuring sufficient staffing is important including support, "when ancillary staff leave - nursing inherits those duties". In particular the workload of the APRNs is an issue.

- **Employers should work to provide a safe work environment.** Discussion included the need to address violence, liability and criminal prosecution for errors. Mental and physical safety leads to fear and also extends to the community around the health care setting "not safe in Memphis". There is a fear of retaliation if nurses speak up and a just culture. Lateral violence/incivility includes "rating the young" and eating the young. Comments included that nursing is seen as a subservient profession and are not viewed as equals with other healthcare providers.

- **Concerns about scope of practice** include the need for increased understanding and differentiation of the role of the nurse at the LPN vs. RN level and APRN vs. PA. There is a dissonance between bedside nurses and APRNs. There is also a need to develop a definition of full practice authority related to APRN roles.

Academic discussion included:

- Examine **strategies to ensure student success.** "Nursing programs- we need to consider some of our "sacred cow" policies-such as the (X2 D's can't be readmitted) policy etc." Strategies could include providing extended time, partnering between RN-LPN-CNA programs to provide transition between programs for students that are not successful. There is a need to change the "No second chances in academia".

- Ensure the **development of critical thinking skills and clinical judgement** this include physical hands-on replications of systems & how disease processes affect them. Students need to be able to visualize the whole patient or presentations to connect the dots. There are gaps of learning including general education and skills from COVID and online education. Courses in school for specialties would be helpful if there are enough hours. There is a need to increase simulation quality and to have more licensed professionals in the classroom. One comment indicated that "7% are ready for practice".

- **Increase clinical site and education program collaboration**. This includes the developing of DEUs (with compensation for preceptors), developing an adjunct pool for clinicals and working to create additional clinical opportunities. "Hospitals hire our students as interns/externs-why can't we use this as clinical hours? With faculty coming to check in on them". Facilities could also be utilized during the summer and weekends. Immersive clinical experiences such as those in North Dakota, South Dakota and Oklahoma can also provide funding for nursing students. Clinical sites can be developed beyond hospitals in hospice and community health.

- Nursing education needs **more funding and greater resources.** Especially funding to meet community needs and increase accessibility to rural areas.

- **Barriers to passing the NCLEX** and entering the workforce should be addressed. This includes examining first-time pass rates and the new NextGen NCLEX. Recommendations also included that students should be able to take the NCLEX test before graduation after their competencies have been met; then after graduation receive their nursing license. Healthcare facilities could also provide assistance for graduating students including their NCLEX and initial license.

Nurse Attraction/Nurse Retention discussion included:

- Providing **hiring incentives** such as childcare opportunity for nurses in the hospital setting that is auto deducted from paycheck and located in or near the hospital.

- **Special incentives** such as loan forgiveness could also be provided to increase nurse attraction to rural areas, acute care, primary health care, mental-health and long-term care. Lottery money could help fund new programs.

- The need to increase **focus on new graduates as they transition to professional nursing**. This includes credentialing for diverse jobs such as nurses working for insurance companies.

- **Nurse residency programs** should provide extended support and could be started in the last term of school. This can also include mentorships for new nurses with experienced nurses.

- **Re-entry into practice programs** can help bring back nurses with lapsed licenses into the workforce.

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being was emphasized in four primary areas:
- **Mental health support** Mental health support is needed to assist nurses that are burned out, morally conflicted by the lack of caring and overwhelmed from the pandemic.

- **Basic wellness needs** included employers offering to have meals delivered to work area. "If you get a 30-minute lunch break and it takes 10-15 minutes to get to the place for food- the break is over before you eat. This is a common issue in large facilities. It's small thing, but a lot of us don't eat at work." Offering onsite health exams in larger facilities for preventative care and providing to families of workers. Smaller businesses could partner with clinics. "Work life balance is a huge consideration".

- **Burnout** and Post-traumatic stress disorder due to the pandemic was mentioned along with a comment about "feeling alone". Nurses are exhausted and feel undervalued "the care you have been dealt".

The need to **increase clinical nursing and faculty voice** included:

- **Greater participation across the state** includes a greater unified voice, increased action, that there is strength in numbers and that there is a strong nursing association. Active networking across organizations to provide a collective voice will help bring nursing to the table. Professional organizations can help to provide a sense of community, grow leaders and reduce negativity in the profession

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

o   More research was requested, and participants recommended a software system for nursing licenses. Participants indicated that legislator knowledge is not sufficient for decision making.

Middle Tennessee Listening Session Summary

Six listening sessions were held in Clarksville and Nashville. Participants included a total of 141 nurses including faculty.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

K-12 discussion included:

- Start building the pipeline early in elementary school to **increase nursing awareness of young students.**

- Increased **workforce recruitment in middle and high schools** including working with middle and high school counselors, developing healthcare tracks with middle and high schools, allowing students in all high schools to get their CNA in high school and potentially LPN (with qualified instructors. American Red Cross has a 40-hour program), summer boot camps including CPR training and simulation, early career role models for freshman including school nurses, a common curriculum for e-camps and offering a pyramid tour of professions. Offer magnet schools like the Florida model where students learn early on whether healthcare is for them.

Marketing/Awareness discussion included:

- **Increase marketing of nursing** is needed to improve public image of the nursing profession. Marketing should focus on the value of nursing roles and the science behind nursing. Many examples of this were provided and are listed in the box.

> **Reasons to be a Nurse in Middle Tennessee**
> **NCLEX pass rates**   Passion for our career and patients
> Strong voice of practice, willing to do more than expected
> Opportunities for advanced education   Good Communication with nurses
> Nurses are good influences   **Gained a voice - more empowered**
> Strengthened relationships between bedside nurse + leaders
> Collaboration   **Caring, kindness, empathy**   Willingness to educate/precept
> TN Hope program and TN Promise and TN achieves   **Recent increase in salary**
> **Nashville is hub - healthcare capital - spreads to other communities**
> **Increased education opportunities for advanced degrees**   Military is a draw
> **Good schools**   Educators have weathered the storm   **Innovative**
> Students accepted challenge during COVID bedside nurses/leaders
> **Legislators are listening**   Strong desire to make things better
> Funding for the center   Growth is incredible - role of nurses!

- **Increased use of social media** such as a TN Center for Nursing Advancement Instagram page to promote the profession to new people and inspire nurses to join the movement. Emphasize the positive aspects of nursing- there are unhappy nurses posting on social media.

Educational program recruitment discussion included:

- **Examine length of time and bedside patient care time** before enrolling in an APRN program.

- **Increasing awareness of financial support** and bundling of financial resources for students. Employees of Amazon and Macy's have scholarships available. Provide tuition and incentives for paramedics, CNAs, MAs to obtain nursing degrees. "Academic practice partnership new to be developed-scholarship opportunities for students-leading to a pipeline for hospitals (then with an agreement) new graduates work X3 years (a win, win)!!"

- Establishing a **clear career pathway** through the levels of nursing education. Also, examine the needs of single moms and others that need part time programs where they are. Recruit medics from the military into nursing careers. Examine offering BSN programs at community colleges.

- **Recruit more diversity** in nursing (race, gender, religion) to better reflect the population and work on the cultural atmosphere towards LGBQT.

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Work to **improve workplace culture** including "Can we articulate what nurses bring to the table and how we impact patient outcomes?"

  - The **increased workload of nurses**, increased patient acuity and increased complexity without enough support staff including utilizing LPNS to their full scope within a team, increasing UAPs for non-nursing tasks, expand practice opportunities for CNAs beyond long-term care. The increased intensity is also seen in home care. Suggestions included adapting safe staffing in return for increased reimbursement for care, better communication with staff, linking mobility and mortality with patient care hours and administrative support on site. "Students see understaffed units." Employers should work to reduce the documentation burden and the loss of nursing identity due to documentation.

- **Generational differences** with different values and priorities. "Should leverage multi-generational nurses to support one another".

  - Examine **alternative care models** such as leveraging technology to improve patient care, telehealth and remote monitoring, alternative roles outside of direct care, interprofessional MD and nurse training, research on multiple models of clinical care and limiting barriers in practice to create new models and healthcare design such as decreasing steps, better workflow and quiet spaces. Increase nurse-managed clinics which allows nurses to create their own clinic environment

    - Examine the **impact of travel nurses** in the work environment. Concerns including that travel nurses have decreased investment and there is a lack of accountability.

    - Address the **loss of experienced nurses**. Older nurses are leaving with their knowledge. Develop strategies to pull seasoned nurses out of retirement.

- Employers should work to **provide competitive salary and benefits**. This includes providing higher pay for less hours (i.e. 30 hours is full time), dedicated time and paid professional development, change pay ranks between LPN, ADN, BSN etc. to ensure there is a difference through professional compensation models, examine the bundling of nursing care with the hospital room charge- talk about return on investment with administration, examine wage compression between entry and exit, pay inequity with former employees and experienced staff underpaid, bonuses and incentives to nurses that stay at the bedside.

- Employers should **examine workload and scheduling**. This includes providing creative, flexible schedules, updating staffing templates, self-scheduling, summer off, 12-hour versus 8-hour schedules and job sharing between states. "Allow nurses to set hours-not all nurses are healthy working 12+ hours".

- **Employers should work to provide a safe work environment.** Discussion included the need to address physical and mental safety, violence, liability and criminal prosecution and lawsuits for errors and other complaints, fear of retaliation, risk of exposure to viruses and lateral violence/incivility, micro-aggression in meetings. Suggestions included developing civility teams and work to increase respect for nursing. Nurses eat our own/queen bee syndrome and the shame/blame model are key issues.

- **Examine restrictions in Tennessee Nurse Practices act** including restricted scope of practice for APRN and expanding places of practice for CNAs. The Tennessee Board of Nursing also needs more support for board submissions so that nurses can start work on-time.

- Provide **leadership training for nurses** moving into charge nurse positions and into administration. Examine models such as the military model with five-year increments for clinical, management and then administration and leveraging telehealth for leadership training.

Academic discussion included:

- The need to provide **support to low-income students in high need areas.** This could include a Nurse Faculty Loan type program for undergraduate students, stipend and additional course modules, extern programs, bundle books, gas, food and stipend, work-study opportunities and scholarships from hospitals with work payback.

- Examine the **selection process of nursing students**. There is high criteria to get into nursing programs, but at times it is NOT about the student. Some students that are admitted are not completing even though they met the standards. Should examine the possibility of a 2-year degree for students who cannot meet BSN requirements.

- Develop a **standardized curriculum** across all schools of nursing and examine ways to share faculty. Standardized nursing education across the United States would increase the ability to transfer across state-lines.

- Ensure the **development of critical thinking skills and clinical judgement** including better evidence-based education strategies, increased hands-on patient care time, requiring students to have a CNA before fundamentals so that critical thinking can be emphasized. "Growth of stimulation - maybe centralized space for use trained facilitators to achieve quality education and experience"

- **Increase clinical site and education program collaboration**. This could include providing support for preceptors including training, workload adjustments, lower faculty to clinical student ratios, lunch and payment for students in clinicals, developing clinical learning centers like the HC Antioch center, development of dedicated education units, "Creating a statewide clinical site tracker/portal" and examining the impact of out-of-state students

utilization of clinical sites.

- Nursing education need **more funding and greater resources.** Partnerships could be developed to provide innovation nursing grants.

- **Barriers to passing the NCLEX** and entering the workforce including providing additional support to those students that do not pass the NCLEX, potentially taking the NCLEX prior to graduation, and examining the outcome of programs with the high 85% Tennessee first time pass rate.

- **Increase availability of academically qualified faculty** by increasing salaries, examining workload and resources, recruiting more experienced faculty, making nursing education as a nursing specialty, develop partnerships for joint appointments between academic institutions and health care facilities so split salaries and share responsibilities, developing a nurse exchange for "travel" faculty, develop statewide models for faculty professional development (pool resources to develop)

Nurse Attraction/Nurse Retention discussion included:

- Providing **hiring incentives** such as round the clock childcare that is low-cost or free, statewide professional development, student loan repayment assistance education, state-funded stipends for RNs to stay in state and free continuing education.

- Special incentives could also be provided to **increase nurse attraction to rural areas and to bedside nursing.**

- The need to increase **focus on new graduates as they transition to RN life**. This includes increased orientation through activities/gifts, dedicated, experienced preceptors and mentors for new nurses as new graduates are not ready for practice and have not had the hands-on experience. There are three transition to practice programs in state.

- **Nurse residency programs** should provide formal mentoring and " Nurse residency programs provide opportunity for variety, mentoring, matching, desire with need of unit".

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being was emphasized in three primary areas:

- **Mental health support** includes free counseling for health care providers due to anxiety or depression, a state leader such as holistic nurse, more behavior resources for staff including resilience training, the development of a mental health safety net, mental health challenges, asking for help,

- **Basic wellness needs** includes education for students on how to practice self-care and providing environments for students, faculty and practice that emphasize self-care. Emphasizing healthy work/life balance, more emphasis on wellness, sleep deprivation and wear and tear on body, health promotion and addressing post-covid trauma.

- **Burnout** from stress, moral destress, pressure and lack of experience should be addressed.

The need to **increase clinical nursing and faculty voice** in Tennessee was emphasized in two primary areas:

- **Increased nursing voice within health care facilities** including shared governance, rethinking/redesigning policy to promote critical thinking of nurses, defining the value of nurses and "Having managers actually be your voice with concerns instead of saying "no" and putting it off in not being concerns."

- **Greater participation across the state** including within nursing organizations and a stronger voice with nursing organizations working together. Greater collaboration is needed to mobilize a collective voice to protect RNs through legislation, increase nurses in office, nurses on boards and to ensure that nurses are "At the Table". Closer relationships with legislators should be built including invitations to statewide strategic planning meetings. The Medical Association and other professional groups are strong lobbyists. Greater partnerships with these groups and the nursing community should be built. Involvement in professional organizations and in policy should start in nursing programs. Tennessee has a strong nursing student association presence. Students can help inform policy through letters and social media.

To bring **joy to the forefront of the profession**, nurses indicated a need for more respect of nursing, the promotion of kindness and joy and monthly appreciation events with time for networking.

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

- Why are nurses leaving? Determine the root cause
- Serious lack of data in much of what nursing is built upon
- We need research, data and studies of different health care models and settings
- Data and information rich (the center)
- Enhance data for student enrollment
- Must have more data
- Collaborative/sharing of data
- Determine why nurses are licensed and not practicing
- Date - measures of professional organizations
- How many are actively practicing?
- Need salary data including faculty
- Need data on how to fill gap in academia/practice
- Suggest adoption of unique nurse identifier
- Lack of date, evidence - what are the real problems? (Data is powerful…)
- Data very siloed (education and service data) & not harmonized for results and execution

East Tennessee Listening Session Summary

Three listening sessions were held in Chattanooga and Knoxville. Participants included a total of 71 nurses.

Results are organized by the focus areas of the Tennessee Center for Nursing Advancement and the Appalachian Highlands Center for Nursing Advancement.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

K-12 discussion included:

- Increased **workforce recruitment in middle and high schools** could start even earlier with kindergarten career days, working with guidance counselors and advisors and high school opportunities such as CNA certifications.

Marketing/Awareness discussion included:

- **Increase marketing of nursing** is needed to improve public image of the nursing profession. Marketing should focus on nursing as leaders, thinkers and scientists. The public does not understand what nurses do. Many examples of marketing images are provided and are listed in the box below.

Reasons to be a Nurse in East Tennessee

Openness, giving education kindness   **Compassion**   Make a difference
Diversity - age, background, ethnicity   **Flexibility**   Beautiful area
Gratifying positive satisfaction for nurse   **Large Number of Schools**
Passionate about being a nurse   Compensation

Easy to earn state licensure
Trustworthy   **Strong regional identity- servant leadership**
Support for addiction issues - hiring folks in the "program"   Integrity
Support and patience of nurses with patients' new nurses; students
Resilience   **Job security**   **Social connected**
Value of nursing has increased
Respected profession   **Multiple opportunities**

Educational program recruitment discussion included:

- Examine **length of time and bedside patient care time** before moving into an APRN program.

- Increase awareness of **financial support** for students.

- Establishing a **clear career pathway** from CNA to LPN to RN to BSN through APRN.

- **Recruit more diversity** in nursing along with recruiting second career nurses.

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Work to **improve workplace culture** by providing a reason for nurses to stay" Create environments that people want to work in"

    - The **increased workload of nurses**, increase patient acuity (unstable patients in ICU) and increased complexity without enough support staff. The lack of support services ends up in increasing the nursing role. Support personnel could be utilized to their full extent, "short term health care professionals could be added and better alignment of skills for LPNs. "We want safe staffing". There are also issues with the lack of available resources such as equipment not functioning.

    - **Generational differences** with different expectations of roles.

    - Examine **alternative care models** such as addressing the mobility of nursing, extending telehealth to nurses out of state, use of technology, and increasing interprofessional and interdepartmental collaboration. Nurses could lead interdisciplinary activities with MDs and others such as on foley midline catheters etc.

    - Examine the **impact of travel nurses** in the work environment. Concerns including the cost to facilities although travel nurse pay is decreasing.

    - Address the **loss of experienced nurses** and the loss of experience.

- Employers should work to **provide competitive salary and benefits**. This includes examining market pay scales for different levels of nurses from LPN to APRNs to reflect education and duties. Addressing the compression of salaries for experienced nurses and the need to separate nursing costs from

"bed costs". "Decreased pay not equal to stress, responsibility, zero equity compared to other states" "Tennessee is 49th in pay for care". Work to make nurses aware of the "cost of care". Providing incentives for loyalty and benefits for less hours should be examined.

- Support for **leadership training to increase nurse interest** in leadership roles and to provide managerial training "Great clinicians don't always make great charge nurses". Better utilization of MSN graduates at the bedside to provide new roles/responsibilities paired with new pay structures.

- Employers should **examine workload and scheduling**. This includes providing flexible creative schedules to meet the needs of nurses, self-scheduling, nurse/patient ratios, different shift lengths and job sharing.

- **Employers should work to provide a safe work environment.** Discussion included the need to address incivility, bullying behavior and the toxic work environment. There is a need to make nurses feel safe and supported. Nurses are not treated well and there is a lack of respect by patient's family and aggressive behaviors in the workplace. Nurses "eat their young."

Academic discussion included:

- Examine the **selection process of nursing students**. Are the students that are selected being retained with the current process? Need to dig deeper into the student application process. "Where do applicants go due to capacity? Can they be referred to schools with capacity? Can we have an East Tennessee health consortium where we can get candidates connected to schools & employers?"

- There is a need to **redesign nursing education**. Students are not aware of "total patient care" and the business of healthcare. They also need more awareness of the different places they can practice such as home health and hospice in addition to the hospital. Nursing students must know the scope of practice for all nursing roles and learn about delegation to LPNs and others. More hands-on experiential learning, "Immersion into the clinical setting, decrease didactic, increase clinicals, and totally immerse them in clinical setting."

- **Increase clinical site and education program collaboration**. This includes eliminating the silos between programs and for all programs CNA, LPN, RN-AD and BSN to work together. There is role confusion for student nurses that work as CNAs. Structured incentives for preceptors including training and certification by the schools, staffing model that incorporates the time to work with students, and pay is needed. Nursing programs focus on hospital

clinical opportunities and do not include home health, hospice, nursing homes or the health department. Combining simulation/opportunities with nursing schools and hospitals would better leverage resources.

- **Barriers to passing the NCLEX** and entering the workforce should be addressed. There is increase pressure to teach the test because of a decreased focus on practice and the option of taking the NCLEX during their Senior year. Comments also included that the pass rate for the NCLEX should be increased as 85% is not protecting the public.

- Strategies to **increase qualified faculty** such as increasing salary and incentives and providing clinical faculty orientation and partnerships between health care facilities and nursing education programs.

Nurse Attraction/Nurse Retention discussion included:

- Providing **hiring incentives** such continuing education and childcare including extended hours to cover nursing shifts.

- Special incentives could also be provided to **increase nurse attraction to rural areas, especially in primary care.**

- The need to increase **focus on new graduates as they transition to RN life**. This includes providing more orientation and investing in human resources to obtain orientating certifications.

- **Nurse residency programs** including GME for nurses with pay and extended residencies for students without skills experience. Increase mentoring of new nurses.

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being was emphasized in four primary areas:

- Nurses indicated the need to provide **more support after stressful events**. This includes debriefing after a crisis.

- **Mental health support** including starting in nursing schools as they discuss what real world nursing looks like and resiliency training, greater mental health resources and resiliency training in all settings including a chaplain on unit and quiet time. The emotional needs of staff need to be considered by nurse leadership. The stigma of using Employee Assistance programs (EAP) need to be decreased.

- **Basic wellness needs** including work/life balance and self-care should be emphasized. Massage chairs, lavender or tranquility rooms offering a private space for nurses to take a break and relax, and a tranquility "to-go" bag.

- **Burnout** due to workload and a negative work environment was an issue along with compassion fatigue and PTSD.

The need to **increase clinical nursing and faculty voice** in Tennessee was emphasized in two primary areas:

- **Increased nursing voice within health care facilities** ensuring nurses are on councils and committees, lead clinicals and have a voice at the bedside.

- **Greater participation across the state** includes within nursing organizations which would result in stronger nursing organizations. Nursing unions were viewed as an opportunity to enforce safe staffing rations and negotiate pay and also as a threat. There is a need to increase Tennessee nurse politicians and for nursing to transcend politics. "Nurses must be@ the table with a voice when discussions are being made." Major nursing organizations need to work together to provide a voice and to increase advocacy with legislators.

To bring **joy to the forefront of the profession**, nurses indicated a need for more **appreciation of nursing staff**, positive nurse leaders and more positive recognition.

Discussion included:
- Develop a "a wall of nurses" to highlight the value of what nurses do.

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

Data discussion included:
- Why do nurses leave the bedside? What are the real reasons?
- What do nurses need to be successful in leadership?
- Research EBP ➜ nursing research
- Survey recent graduates - 2 years post-graduation

- Unknown what we know
- Survey high school students about their expectations
- Survey experienced nurses - why leaving?
- Understanding the newer generation of nurses

Appalachia- Northeast Tennessee Listening Session Summary

Two listening sessions were held in Bristol. Participants included a total of 82 nurses which were primarily clinical nurse leaders.

Results are organized by the focus areas of the Tennessee Center for Nursing Advancement and the Appalachian Highlands Center for Nursing Advancement.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

K-12 discussion included:

- Connect with boy and girl scouts to **increase nursing awareness of young students.**

- Increased **workforce recruitment in middle and high schools** including working with advisors and counselors, providing health programs and nursing credits in high school and virtual hospital tours. Establish long-term relationships and mentorships to students past the 4-hour career fair. This is especially important in rural areas.

- Examine ways to change the "philosophy" of **Healthcare Occupation Students Association (HOSA)** programs

Marketing/Awareness discussion included:

- **Increase marketing of nursing** is needed to improve public image of the nursing profession with less emphasis on devastated/burnout nurses and other negative media stories. Marketing should focus on the joy of nursing and the advantages of the nursing profession. Marketing should also work to increase respect and promotion of bedside nursing. Many examples of this were provided and are listed in the box below.

> **Reasons to be a Nurse in Appalachia**
>
> **Compassion**   Integrity   Caring   Honesty
>   Patient-centered   Committed   Resourceful **Flexibility**
>   Combine passion for people + passion for science   **Adaptability**
> Focus on others   Tenure/longevity. Learning from patients/others
>   Professionalism   Accessibility   **Unlimited Job Opportunities**
> Innovators   Dedicated   **Teamwork**   Leaders of other disciplines
>   Watching people and patients grow   Empowered
> To make a change for patients   Help people in need
>   To put good in the world   Growth through education and leadership

- **Increased use of social media** such as facebook and snapchat can help boost the public persona of nursing.

Educational program recruitment discussion included:

- **Examine length of time and bedside patient care time before moving into a specialty, becoming a travel nurse or enrolling in an APRN program**. Nurses are moving into higher level positions without demonstration of skills and without experience.

- **Increasing awareness of financial support** for students including the development of a required online course for all pipeline and RN professions that is interactive and helps explain available resources for financial aid (loans, HRSA, teaching/faculty)

- Establishing a **clear career pathway** from CNA to LPN to RN to BSN and standardize entry to programs through an easier application process. Examine providing academic credit for CNA work experience or advanced placement assessments.

- **Recruit more diversity** in nursing (race, gender, religion, language)

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Work to **improve workplace culture** and the need to address an "Overwhelming number of problems. Don't know where to start." Specifically, organizations should work to improve:

- The **increased workload of nurses**, increase patient acuity and increased complexity without enough support staff. This results in nurses doing all jobs and decreased quality care.
- **Generational differences** with different expectations of roles, commitments to a specific practice area, work hours and work ethic.
- Examine **alternative care models** such as virtual care, use of technology, and increasing interprofessional and interdepartmental collaboration.
- Examine the **impact of travel nurses** in the work environment. Concerns including that travel nurses do not engage within their facility or within the community and there is a lack of accountability.
- Address the **loss of experienced nurses** including bringing back older RNs back as coaches/mentors.

- Employers should work to **provide competitive salary and benefits**. This includes examining market pay scales for different levels of nurses from LPN to APRNs to reflect education and duties. Offering benefits such as childcare (days, evenings, nights, weekends), loan forgiveness and tuition support programs.

- Employers should **examine workload and scheduling**. This includes providing flexible schedules, 12-hour versus 8-hour schedules, addressing mandatory overtime, alternating clinical assignments, decreasing floating from unities and standardized nurse/patient ratios. "Nurses don't need more parties/cookies/Facebook recognition. They need decreased patient ratios in order to be able to do their job well."

- **Employers should work to provide a safe work environment.** Discussion included the need to address violence, liability and criminal prosecution for errors, fear of retaliation, risk of exposure to viruses and lateral violence/incivility. A few comments were provided which referred to younger nurses as "children".

Academic discussion included:

- The need to provide **support to low-income students.** This could include work/study programs that would provide an opportunity to help with skills for nursing students and provide income.

- Examine the **selection process of nursing students**. Are the students that are selected being retained with the current process? However, there has also been **decreased enrollment** in nursing schools.

- Develop a **standardized curriculum** across all schools of nursing and consider moving to competency-based education.

- Ensure the **development of critical thinking skills and clinical judgement** and not just checking off a checklist. Virtual clinical time has resulted in a decrease in quality. Need to prepare students for professional settings and expectations inside the hospitals.

- **Increase clinical site and education program collaboration**. This could include increasing faculty access to electronic medical records to be able to assist on unites, students/faculty could assist departments as partners and flexible schedules such as weekend programs could be developed.

- Nursing education need **more funding and greater resources.**

- **Barriers to passing the NCLEX** and entering the workforce should be addressed. "We have a nurse intern who is <u>well</u> prepared to be an OR RN circulator but has not passed NCLEX after 3 attempts. He's smart, patient, focused <u>very good nurse</u> but due to his inability to answer unused pharmacology questions he is failed. He graduated his nursing school 2021 but has not passed NCLEX." Reducing the delay in taking the NCLEX post-graduation which may be due to students waiting to taking it paired with delays in processing the paperwork through the Tennessee Board of Nursing due to a backlog and staffing shortages. This may also impact pass rates.

Nurse Attraction/Nurse Retention discussion included:

- Providing **hiring incentives** such as retirement, childcare, formal on-unit education (such as those taught by Ballad Health= pairing education and clinical expertise on topics such as 1 hour EKG, hemodynamics), and health care can help attract nurses.

- Special incentives could also be provided to **increase nurse attraction to rural areas.**

- The need to increase **focus on new graduates as they transition to RN life**. This starts during orientation as they rotate through units to determine which unit that works best for them. Increased support such as coaching for new grads as they emerge from orientation will help retention.

- **Nurse residency programs** should provide extended support such as the Vanderbilt Nurse Residency program. This program has specific tracks for critical care, OB, pediatrics, mental health and acute care.

- Nurses indicated the need to provide **support for senior nurses** and for those that have left care. This could include different jobs such as a sitter and serving as mentors.

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being was emphasized in four primary areas:

- Nurses indicated the need to provide **more support after stressful events**. This includes debriefing, acknowledging emotions, utilizing time-outs and mental health days and building resilience.

- **Mental health support** including the availability of Employee Assistance Programs (EAP) and to reduce the stigma surrounding EAP programs. "Using EAP is a bad thing" according to one nurse. It is not acceptable to use these resources and to get help for mental health needs.

- **Basic wellness needs** including the ability to eat lunch or use restroom during the shift, more emphasis on work life balance including having more Paid Time Off (PTO) and being able to use time off without other employees making them feel guilty for taking time off. Nurses would also like to have wellness programs available to them. Well-being programs should also focus on nursing leaders.

- **Burnout** was mentioned several times, and this included that there is low morale and a "culture of blah in nursing". One nurse indicated that they "we are trying to survive the shift- used to have fun". Burnout is felt across nursing students and nurses.

The need to **increase clinical nursing and faculty voice** in Tennessee was emphasized in two primary areas:

- **Increased nursing voice within health care facilities** including increasing self-governance and increased nurse participation in committees on units. This would result in greater buy-in and nurse empowerment. Nurses also need visible support from non-nurse administrators to express their voice.

- **Greater participation across the state** includes at events, within nursing organizations, town halls to identify regional issues and stronger nursing organizations. These will also provide the opportunity to increase the strength of the nursing voice, empower nurses and connect nursing together. This will also help prevent decisions about the nursing profession being made without nurses present.

To bring **joy to the forefront of the profession**, nurses indicated a need for more **appreciation of nursing staff**, positive nurse leaders and more positive recognition.

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

Data needs were not discussed.

Long-Term Care Tennessee Listening Session Summary

One listening session was held with Long Term Care. Participants included a total of 11 nurses and nursing home administrators.

Results are organized by the focus areas of the Tennessee Center for Nursing Advancement and the Appalachian Highlands Center for Nursing Advancement.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

Educational program recruitment discussion included:

- o **Long Term care RNS** should be included as educators across the pipeline. Increase support for medication technicians.

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Employers should **examine workload and scheduling**. Putting in place systems to alleviate staffing shortages will do wonders for the Nurse Well-Being. "The staffing shortage is a major stress to all our staff. Most staff want to serve and care. In our facilities, we are often the family of the resident. Not having adequate staff takes away our ability to do the personal caring things and you cannot go home day after day, knowing the residents needed more and deserve more." The shortage of staff in Nursing Homes is not bouncing back as fast as the acute care facilities and they are still in great need, especially the larger facilities. Nursing Homes and Assisted living are really struggling to find enough CNAs and LPNs.

- Employers should provide **formal supervision/leadership education to staff.** Licensed staff is placed in supervisory roles over certified and other licensed staff with no formal training.

Academic discussion included:

- Ensure the **development of critical thinking skills and clinical judgement**. There is a major gap in the knowledge and experience of the RN and LPN for understanding the senior population.

- **Increase clinical site and education program collaboration**. Use the Nursing Homes, Rehabilitation Units and Assisted Living as training sites for all levels of staff. "We are often left out of the planning and solutions for the education of the RN, LPN or the CNA. We also don't have any handoffs or referrals to work with us while students are in school from any programs."

Nurse Attraction/Nurse Retention discussion included:

- **Special incentives** can help increase licensure and certifications for LPNS and CNAs. Incentives could also help increase RNs certified in Geriatrics. There is a gap in the understanding of the care of the senior population.

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being discussion included:

- **Burnout** prevention including stress reduction training that will help to provide support and education to motivate healthcare workers to find their way back into long-term care settings.

The need to **increase clinical nursing and faculty voice** in Tennessee discussion included:

- **Greater participation across the state** by including the Nursing Homes and Assisted Living and Rehab facilities in your discussions and planning. We have a severe shortage of CNAs and LPNs and if we can't keep our beds open, then Hospitals cannot discharge to us.

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

- There is too little attention to the shortage of the LPN. The Tennessee licensure data does not really tell us if the LPN is working in Tennessee, even though they live here.
- We never see any data on CNAs. Need this data too.

Tennessee Student Listening Session Summary

One listening session was held on Chattanooga including 53 undergraduate nursing students.

Build pipeline for CNA, LPN and RN quality education in all areas of Tennessee.

> **K-12** discussion included:

- Increased **workforce recruitment in middle and high schools** including training to obtain a CNA license in high school

> **Marketing/Awareness** discussion included:

- **Increased marketing of nursing** is needed to improve public image of the nursing profession. "We are told to not go into nursing as it is a terrible profession."

Reasons to be a Nurse by Nursing Students
Job immediately post-graduation   **Teamwork/Multidisciplinary**
Multiple opportunities to practice specialties
Community   Competitive   Portable/travel
Lifelong learning/growth   Versatile   **Respected Profession**
Financial opportunities   Flexibility   Positive image
Trusted, honest, ethical   Selfless   Innovative/creative
Prioritization   Caring   Help people   **Job security**
Many opportunities Change agent at the bedside
Make a Difference

> **Educational program recruitment** discussion included:

- **Fear of nursing education** is preventing potential nursing students from pursing education. Nursing school is viewed as a "weeding out" and students are worried if they are good enough even when they are in the program.

- **Increasing awareness of financial support** for students including the Hope scholarship.

Develop and implement innovative clinical and academic models to attract and retain nurses.

Clinical or Organizational discussion included:

- Work to **improve workplace culture** including increased communication in the chain of command and the need for clinical facilities to take ownership for nurses.
    - The **increased workload of nurses**, increase patient acuity and increased complexity without enough support staff.

    - Examine **alternative care models** such as the use of AI/technology, rapid change and shifting paradigm "VB purchasing create revenue generators".

    - Examine the **impact of travel nurses** in the work environment.

    - Address the **loss of experienced nurses** including bringing back older RNs.

- Employers should work to **provide competitive salary and benefits**. This includes reprioritizing pay for staff nurses. Benefits could include retention and competition bonuses. Employers could help to ensure nurses understand the business side and the impact of insurance reimbursement.

- Employers should **examine workload and scheduling**. This includes providing flexible shifts and lifestyle contracts (weekend, special days, flexibility for each nurse), offering 12-hour shifts and deceased patient-staff ratios.

- **Employers should work to provide a safe work environment.** Discussion included the need to address violence, liability, and criminal prosecution for errors. Lateral violence/incivility was mentioned several times "eat our young". Students feel like they are a burden, treated by nurses as they should already know and little respect that they are trying to learn. The "goal in clinical is to stay out of the way". Possible solutions include developing a buddy system to provide non-intimidating support for each other and management training for lead and charge nurses.

Academic discussion included:

- **Increase clinical site and education program collaboration**. Nursing programs can work with nursing staff to help facilitate clinicals. Some staff nurses do not work well with students and nurses who are precepting should be compensated. Students in clinicals should also be paid for their work. Preceptors are not sure what nursing students can do which results in too much observation and too little skills practice.

- **Barriers to passing the NCLEX** include the high pass rate in Tennessee and neighboring state, Kentucky has a no fault 85% pass rate.

- Work to **increase experienced, qualified faculty** by increasing salary.

Nurse Attraction/Nurse Retention discussion included:

- Providing **hiring incentives** such as loan forgiveness.

- The need to increase **focus on new graduates as they transition to RN life**. "New graduates are not welcomed".

- **Nurse residency programs** should provide extended support including mentors for all new nurses.

Nurse well-being in all areas of practice. Reorganize the voice and value of frontline nurses and faculty. Bringing the joy of the work to the forefront.

Nurse well-being was emphasized in four primary areas:

- Nursing students indicated the need to provide **more support after stressful events**. This includes debriefing after difficult situations as nurses are the 2nd victim.

- **Mental health support** including the need for more community behavioral health support as there are waitlists, a lack of understanding for nurses needs and the need for therapists for student nurses and all staff.

- **Basic wellness needs** including the need to adjust staffing rations so that nurses can "eat-rest-pee etc.". More balance between work and home life with not being able to see family with long shifts. Funding to provide more well-being support, resilience, Zen space and to increase moral and self-care.

- **Burnout** included that nurses are overwhelmed with the emotional costs and that they feel guilty when they work short.

The need to **increase clinical nursing and faculty voice** in Tennessee was emphasized in two primary areas:

- **Increased nursing voice within health care facilities** included advocating at the bedside.

- **Greater participation across the state** includes more unity and networking relationships and the need to prevent others who think they know what nursing is from controlling the profession.

Data- Develop nursing data, aggregate nursing data and increase accessibility to nursing data.

Data needs were not discussed by this group.

References

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