

EXECUTIVE DIALOGUE



## NURSE LEADERSHIP

Developing the Workforce of the Future

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## THE PATH FORWARD...

Investing in nurse education and development is critical for hospitals and health systems to successfully transition to value-based care. Nurses are in a position to not only participate in, but lead the transformation of the health care delivery system to one that is focused on team-based, patient-centered care across the continuum. This transformation will require new skills and enhanced knowledge around population health, wellness and data analytics, among other things. This executive dialogue explores the nursing workforce of the future, including the necessary composition and distribution of the nursing workforce. It examines the nursing supply chain and what is needed to educate and retain a sufficient workforce; how health care provider organizations can recognize, support and train nurse leaders; and the barriers to nurse advancement.

# THE PANELISTS



## PANELISTS



▶ **Donna Frazier, R.N.**  
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## MODERATOR



▶ **Lee Ann Jarousse**  
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**MODERATOR** (*Lee Ann Jarousse, American Hospital Association*): **What are the challenges you face in recruiting and retaining a nurse workforce?**

**BETSY PATTERSON, R.N.** (*Baylor Scott & White Health*): In central Texas, there's literally a war on talent. We have nurses who will jump ship and go down the street to the next company for a small incentive. Building loyalty and engagement so they want to stay long term is challenging.

**LISA GOSSETT, R.N.** (*OhioHealth*): We need to find ways to engage the younger workforce to build loyalty and leverage the skill sets and talent they bring to us. We need to give them a voice, so they can help us change and innovate. By embracing the younger team members, we can learn a great deal. They bring a unique perspective.

**DONNA FRAZIER, R.N.** (*Mercy Hospital South*): The biggest challenge we face is recruitment. Our turnover rate is decent, about 10 percent. But we continually have to recruit. At one point, we had about 100 positions open. In St. Louis, it's a competitive environment with multiple hospital systems having to draw from the same pool of nurses. Our challenge is getting them in the door. Once they apply, our hiring rate is pretty high. It's just the fact that there is a limited supply and such a great demand.

**MODERATOR: Do you have certain specialty areas that are harder than others?**

**FRAZIER:** For some reason, our step-down units have the highest vacancy rate. Our operating rooms (ORs) have a low vacancy rate, which is a little unusual.

**JAN PHILLIPS, R.N.** (*Central Carolina Hospital*): Recruitment is a challenge for us. We are located about 30 minutes southwest of Raleigh in a rural environment. We are a 137-bed community hospital. We can't really compete with what DukeHealth, UNC Health Care or WakeMed Health & Hospitals have

to offer. We are always working on how to sell the community hospital experience. Our turnover rate is declining, and we've worked hard to reduce that. But the bigger battle is getting the nurses to our organization, not keeping them. There's a lot of loyalty to the community, which plays to our favor. But the challenge is attracting people to come to Sanford when Raleigh is 30 minutes down the road.

**JULIE LINDEMAN-READ, R.N.** (*Kaiser Permanente*): I work for the Kaiser Permanente program office, Kaiser's national office. We have seven regions. Some of our regions own their hospitals, while others contract with other hospitals. Our challenges vary by region, but I'll speak about California because I know that market best. Obtaining bedside nurses, in general, is not a huge challenge for us. But in areas where the cost of living is high, it is harder to recruit. We are also expanding into other regions and opening clinics, so that adds to our staffing needs. Our turnover rates are low.

Recruiting and retaining nurse leaders, particularly inpatient department managers and assistant managers, is a focus for us. The challenges of managing a 24/7 operational department sometimes contribute to individuals in these roles seeking other opportunities in the organization. A robust program for manager onboarding and development opportunities are in place to support managers.

**MODERATOR: What about in terms of the pipeline in your areas? Do you feel you have adequate support in working with universities and community colleges?**

**PATTERSON:** We do not in my region, which is outside of Austin. We don't have a feeder university, so we're challenged with maintaining that pipeline.

**GOSSETT:** We have a fairly robust pipeline in central Ohio. We have strong support from our local nursing programs. Our regional care sites have more of a challenge. They do not have the concen-

tration of high-acuity patients and, therefore, have a more difficult time maintaining the specialized skill set to care for the critical care patients.

**FRAZIER:** We have quite a few nursing schools and programs in St. Louis. We partner with about nine schools for nursing clinicals, but those same students whom we see are also being courted by other hospitals. At times, it's simply a price war. New grads are choosing an organization because it offers 50 cents to a \$1 more an hour. Even with a robust pipeline, it comes down to pay and benefits.

**GEORGE ZANGARO, R.N.** (*Walden University*): Lisa touched on experienced nurses. We have an aging nurse workforce and the leading economists for nursing are expressing concern because we're going to lose many years of experience. What are

"We have strong support from our local nursing programs." — Lisa Gossett



you doing in your organizations to train new people and develop nurse leaders? Are you doing any succession planning? This is going to be a huge problem for nursing, not only losing people, but losing years of experience.

**PATTERSON:** I was at a conference recently and heard that 80% of med-surg nurses have fewer than two years of experience. That's an eye opener.

**GOSSETT:** We are looking at creative care models, partnering novice and experts so there a knowledge exchange. We are focusing on partnering more and working in teams to take care for groups of patients. This is more challenging than it sounds as many nurses are not comfortable managing a team of other caregivers. The destination positions that Julie is talking about just doesn't exist like

what they have in California. In the past, a nurse felt that he or she had arrived when landing a position in critical care, labor and the operating room.

**FRAZIER:** Now you can be a graduate nurse and work in those areas. It used to be that you had to work a couple of years in another practice area before you could move into those positions.

On the subject of experienced nurses, we experimented with length of shift to see whether that would make a difference. The feedback from our nurses was that nobody wanted to work 12-hour shifts. We posted eight-hour shifts and never got a bite. No one wants them because they don't want to give up their four days off. They would rather muddle through the 12-hour shifts.

**PHILLIPS:** The problem is that it's not sustainable as you age. That's part of the challenge. An organization for which I used to work did a combination of eight- and 12-hour shifts. It worked well. Nurses would work two eight- and two 12-hour shifts. Monday, Wednesday and Friday were eight-hour days, and Sunday, Tuesday, Thursday and Saturday were 12 hours. That way, we never had a four-hour block to fill. It just worked. Nobody wants to do that anymore because that's one less day off a week. Another challenge we have is that many nurses have more than one job at two different hospitals and manage schedules in two different places. That impacts longevity, because that's not sustainable either.

**LINDEMAN-READ:** We have many nurses who hold part-time positions with us and who also regularly work in another organization in a status position. In northern California, our nursing contract guarantees set schedules. If a nurse works Tuesday, Thursday and Saturday one week and Monday and Wednesday the next week, we can't change that without going through the seniority process and asking everybody else to change. It creates some limitation.

**FRAZIER:** One thing that has helped us maintain our experienced nurses who are no longer willing or able to work 12-hour shifts is to move them to telehealth. We are a highly virtual system offering eICUs and telestroke, among other things. It's enabled many nurses to continue to work. It's great, but it has also created internal competition. The telehealth positions tend to pay more than bedside nursing.

**PHILLIPS:** This may help in mentoring and knowledge transfer. When a nurse is consulting with a patient virtually, she is imparting her knowledge to the nurse who's in the room with the patient. I don't know that we've done a lot of thinking toward virtual mentorship for nurses. More importantly, we need to challenge our community colleges and universities to think differently about how they're educating nurses. The new graduates, those with a traditional Bachelor of Science in Nursing, or even with an associate's degree, receive the same education I received when I was in school. I feel that many new grads do not understand the reality of being a nurse. And we need

**"80% of med-surg nurses have fewer than two years of experience. That's an eye opener."**

— Betsy Patterson



to do a better job so they are prepared and understand the social contract we hold with the public. That's part of the challenge in keeping the newer nurses. They don't understand the profession in its entirety. That's going to create problems for us in the not-too-distant future.

**MODERATOR:** What has been successful in recruiting your nurse workforce? Donna mentioned that offering a dollar more can make a difference in getting nurses in the door.

**PATTERSON:** We have a structured, yearlong

residency program for new graduates and we have clinical coaches who support them through the program. We've had nurses who have applied for jobs with us because they had heard about the residency program.

**GOSSETT:** We have a similar program that has served as a decent recruiting tool. Our best recruits are those whom we can engage as patient care technicians or service associates while they're in school. We are not the highest paying organization in central Ohio, but our culture keeps them. If we can get them when they're students, help them with tuition and support them while they're in school, we're more likely to get and keep them.

**FRAZIER:** We offer loan forgiveness, which no one else does locally. Our loan forgiveness program comes with a four-year commitment. We have a fellowship program that pairs student nurses with a nurse and they work together. The student will not be pulled away to sit with a patient or anything else. Our goal, obviously, is to recruit those students and bring them on as registered nurses. The other thing we are focusing on now is growing our own. We have a professional development council that's looking at how we take somebody who wants to be a nurse, whether a high school or college student, and engage them. Maybe they can begin by working part-time as a transporter, and we will guide them through nursing school with tuition reimbursement. We're going to partner with a couple of our nursing schools on that program.

**PHILLIPS:** That's a great idea to begin reaching out to the high schools. We can help students understand what nursing is. We have similar programs, including a yearlong residency program. We offer student loan repayment or tuition reimbursement. It comes with a two-year promise and has been successful. While we're not the highest paying [hospital] in the area, it seems as though a lot of institutions aren't offering loan repayment or tuition reimbursement.



**LINDEMAN-READ:** Kaiser is such a large part of the health care market, particularly in California, so we don't have many of the same challenges as you all do. We have people who spend their entire career at Kaiser. During interviews, I have people who say, 'I was born at Kaiser. I want Kaiser health care. This is where I want to work.' Almost everyone has someone in the family, or a very close friend, who's worked at Kaiser. We're a known entity to them, and they know how the program works.

Once we hire a nurse, we provide a great deal of continuing education. Most of our nurses can obtain their required ongoing training for free either at Kaiser or a Kaiser-sponsored event. We also have tuition reimbursement. For more advanced training, we partner with several academic institutions. Through our KP Scholars program, we started master's and doctoral programs. We really invest in our employees. We have wellness events

that we're known for, and the convenience of getting care where you work is also a big draw.

**MODERATOR:** Over the next five to 10 years, how confident are you that you'll have the nurse leaders you will need? What are some challenges in finding nurse leaders?

**FRASIER:** Recently, I was looking at our nurse leadership and realized that only one individual was younger than 50. I think we'll be fine for the next five years, but I don't know about 10 years. Being a nurse manager or assistant manager is a difficult job. Not many of these nurses are interested in that. The new generation wants to work three days and be done. They don't want to be on call. It's going to be a challenge. But, it's our responsibility as leaders today to encourage nurses and show them the rewards of leadership.

**GOSSETT:** We do a great deal of work around development. We have development programs for every level — front-line managers, directors, as well as the vice presidents. That has helped us maintain a pipeline. We do have significant turnover in the front-line manager position. It's often an individual's first time in leading people and it's just not for everybody. What I have found, though, is that through shared governance, those individuals are much more successful. We've targeted this group a bit more for developmental programming and promotional opportunities. We have some great age diversity within our nurse leadership teams. And we achieved this by helping them truly understand what being a manager of a unit is all about. The 24/7 operation is huge, and they are CEOs of their own little organization.

**PATTERSON:** We are doing some innovative pilots with our nurse managers to alleviate burnout that includes four-day work weeks and taking turns with on-call coverage. That's helped our leaders.

**PHILLIPS:** It's important that we help new leaders understand how to balance everything. We encourage involvement outside of our organization with professional organizations because it provides a peer group outside their own organizations where they can turn for support. We have to help them understand that it's OK to look outside our organizations, too.

**LINDEMAN-READ:** We have active talent management programs. For example, once someone enters a management role, we start a yearly evaluation process that includes completing a talent profile with career goals and interests for the future. He or she has a conversation with the manager, and a local talent-management committee meets, reviews and identifies individuals with high potential. We have several leadership development programs starting with the middle management program, an advanced management program for directors and an executive program. We're looking now to take

"We need to challenge our community colleges and universities to think differently about how they're educating nurses." — Jan Phillips



our best practices and create what we're calling Kaiser Permanente Leadership University. We haven't talked about diversity today, but that's important. We have a leadership development program specifically targeted at having a diverse set of leaders.

**PATTERSON:** We did that same work a couple years ago and made some adjustments.

**ZANGARO:** From our perspective, we have a lot of provider organization partners in the community. We frequently talk with them and have them review our curriculum to identify areas that we can improve so that we can keep pace with what you need on the outside. We bring in subject matter experts to help guide us so we are producing nurses with the skills that hospitals and health systems need.

**MODERATOR:** Donna, you were talking about the availability of nurse leaders in the future. What are the challenges in the St. Louis area?

**FRAZIER:** Our hospital was acquired about a year ago, so we are in the process of reviewing and joining our efforts in this area. We do offer a nine-month emerging leaders program with formal mentoring. We also partner with multiple universities for an RN to BSN program. We provide tuition reimbursement. We also do that for our nurse leaders who have a bachelor's and want to get their master's. Along with both of those comes a commitment of work once you use that funding. Another recruitment tool for nurse leaders is professional or shared governance. I've seen many of these folks really shine on the



“Many times, nurses can work fewer hours and make more money at the bedside than they can in management.”

— Julie Lindman-Read



councils. They take on work and do it. Then they get promoted.

**GOSSETT:** We have a new manager boot camp. One of our focus areas is creating the leader as coach and leader as teacher. We want to fully use the intellectual horsepower of every staff member, and leveraging that requires a different type of leadership.

**MODERATOR:** Julie touched on this. How are you working to diversify nurse leadership in your organizations?

**GOSSETT:** We’ve identified high potential at the staff level and put them into sponsorship programs to give them the exposure and opportunity to determine whether they want to jump into leadership. We promoted about 50 percent of those participants this year. Last year, we promoted 75 percent. What we noticed is that it’s really about sponsorship and opening their eyes to what their possibilities are.

**MODERATOR:** As the field transitions to value-based care and focuses on population health management, does that change the practice of nursing in any way?

**PATTERSON:** I don’t know that it’s changing our practice as much as it is more of a focus on those different areas, such as readmissions.

**GOSSETT:** It’s diversified where nurses work. We no longer compete just with hospitals and health systems or other care providers. Care is being

expanded to multiple locations, such as retail.

**PATTERSON:** We actually have an incentive program for staff nurses and managers based on quality, safety and service metrics. That opens their eyes even more to value-based care.

**ZANGARO:** In the fee-for-service world, nurses were doing a lot of work that was not billable. It wasn’t being recognized. With value-based care, the organization is responsible for outcomes, and the providers need to function a bit differently. The non-billable services that nurses provide, such as case management, are now being recognized and outcomes are being attached to them on the nursing side. Value-based care is advantageous to nursing.

**GOSSETT:** I agree. I think it’s an incredibly exciting time for nursing if we take hold of it.

**ZANGARO:** Physicians have to join with nurses in looking at these outcomes. Because of nurses’ work in case management, care management and care transitions, we are seeing fewer readmissions and we are decreasing costs in critical areas. It’s improving outcomes and having a positive effect on the organization’s bottom line.

**GOSSETT:** Yes, and that includes getting nurses to work at the top of their licenses so they can do those things instead of being tied up in task work.

**LINDEMAN-READ:** There is really an urgent need for us to become involved in lobbying and legislation to ensure that nurses not only can work at the top of their licenses in their state, but also across the country. We need to have every nurse functioning to his or her full capability, and not limited by laws that limit the scope of practice.

**FRAZIER:** Nurses are really driving the discharge process and working to reduce length of stay which, in turn, contributes to throughput. That’s evolved; it’s a key job that nurses never had years ago.

**PHILLIPS:** Value-based care is changing the practice of nursing, with nurses driving patient safety and quality. The practice of nursing in an acute care, inpatient environment shouldn't stop with sending the patient home. It used to be that way, but now we have to be concerned with whether we are sending them home with everything they need for success outside of the hospital. That has driven changes in how nurses think in a hospital environment and, by the same token, the nurses

"Another recruitment tool for nurse leaders is professional or shared governance. I've seen many of these folks really shine on the councils." — Donna Frasier



who work outside of the hospital have to be able to partner with the acute care nurses. There's a collaborative effort between inpatient and outpatient nurses that didn't exist a few years ago.

**FRAZIER:** Some of this is driven by the acuity. To be an inpatient today, you have to be really sick. Once the patient is sent home, we have to partner with a home-health nurse or the physician's office to help the patient continue his or her journey to wellness.

**GOSSETT:** It requires a team-based approach that includes the nurse, physician and care manager. If you don't have all of them, it doesn't work.

**LINDEMAN-READ:** Kaiser is in a unique position to look at population health because we are an integrated system. We provide the insurance and the outpatient and inpatient care, and we also have a huge database for population health. In addition, we have a care management program for chronic conditions with RN case managers for heart-failure patients, diabetes patients, high-risk patients, etc.

**MODERATOR:** We've talked about the nursing

**shortage for years, but some state and federal reports are predicting a surplus of nurses. How will these projections impact the field?**

**FRAZIER:** It's regional. I have never heard of a surplus coming.

**LINDEMAN-READ:** The information is out there, but I think there are some gaps in the methodology.

**ZANGARO:** That's the issue, really. Prior to going back into academia, I was at the National Center for Health Workforce Analysis and worked on many of these reports. I wouldn't place a lot of emphasis on the numbers, but rather continue to focus on retention and recruitment. How can organizations keep the people they have? We all know that we have to factor in the changes occurring within the health care delivery system with accountable care organizations, home care models and nurse-managed clinics. It's changing rapidly. I don't know if you've looked at the federal projections, but over a three-year period, there were significant changes in the projections at the state level, but not at the national level.

**PATTERSON:** In some of our regions, they have plenty of applicants, but they can hire BSNs only. In my region, which is part rural, that's not the case. We can hire nurses with associate's degrees, but they have to sign that they will start their BSN within six months. We have a very liberal tuition reimbursement program, so there's a great deal of support and help to get them their bachelor in nursing degrees.

**GOSSETT:** This is extremely important. As a profession, we need to push for a higher level of education. It's critical to the credibility of our profession. Otherwise, we'll continue to be perceived as technical workers rather than professional contributors.

**MODERATOR:** How do you plan to ensure that

### you have the nurse leadership you need in the future?

**LINDEMAN-READ:** We have always prided ourselves in providing numerous opportunities for our nursing staff to grow, develop and move within the organization. For example, we are letting people self-identify, with their manager's permission, when they want a stretch assignment. This isn't limited to nursing. It's a way for people to expand their skill set while staying in their current position. We also have a group within Kaiser Permanente, known as the Hatch Group, that is working to identify future-generation preferences to accelerate change across the organization and look at what leadership skills will be needed to manage the workforce of the future.

**ZANGARO:** Predictive analytics and AI can help with this, predicting what types of leaders we may need in the future. ●



## KEY FINDINGS

**1** Nurse recruitment remains a challenge for hospitals and health systems, especially given the increasing number of options available to nurses as the field transitions to value-based care and the delivery of more care in ambulatory care settings.

**2** Nurse retention should remain a priority regardless of the nurse pipeline. Retention is critical to leadership continuity and knowledge transfer between more tenured nurses and new hires, among other things.

**3** Hospitals and health systems will have to find creative ways to encourage the younger generation of nurses to take on leadership positions.



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