Attracting and Retaining a Quality Nursing Workforce:

While the supply of nursing personnel has been addressed in the short term, a larger nursing shortage looms that the Department of Veterans Affairs has not addressed.

Retention and recruitment of high-caliber health-care professionals and other staff is critical to the mission of the Veterans Health Administration (VHA) and essential to providing safe, high-quality health-care services to sick and disabled veterans. During the current economic recession and slow recovery, employment of full-time nurses has stagnated. Health policy planners need to focus on how the current workforce is changing and consider the implications for future imbalances in the labor market. Over the long term, research predicts the development of another nursing shortage, one that will be larger than any experienced previously. Given the impact of this impending nationwide shortage and the resulting difficulty in filling nursing and other key positions within VHA, this challenge will continue for the Department of Veterans Affairs. The lack of sufficient award budget, restrictions on COLA, locality pay and travel will have a negative impact on morale if continued.

Addressing the National Nursing Shortage

Over the past 20 years, VA has undertaken the most significant transformation in its history with the transition from a hospital, bed-based system to an ambulatory care-based system with primary care as the focus of patient treatment in both outpatient and inpatient settings. The success of this transition depended, in part, on achieving an appropriate mix of health-care staff. Recruitment efforts within VHA focus on strategies to attract and hire registered nurses (RNs) into the organization. The VHA’s Healthcare Retention & Recruitment Office continues to coordinate systemwide comprehensive programs for recruiting RNs, including high school outreach nursing programs, internships for nursing students, recruitment and retention incentives, scholarships, and loan repayment programs. The Healthcare Retention & Recruitment Office conducted an analysis of past scholarship programs that demonstrated their positive impact on retention, showing that loss rates for nurse scholarship participants (7.5 percent) were lower than turnover for nonscholarship recipients (10 percent) and that fewer than 1 percent of nurses completing their one-to-three-year service obligation ultimately left VA. VHA has established a specific initiative, the National Nursing Education Initiative (NNEI), to provide education incentives for VA nurses. Educational assistance, such as that afforded under Employee Incentive Scholarship Programs (EISP), is an excellent recruitment and retention tool, wherein the salary replacement capability of the EISP is utilized to meet identified critical workforce occupation specific goals. This year, the funding for NNEI scholarships is severely limited; The Independent Budget veterans service organizations are concerned that diminished funding in EISP will depress recruitment. Scholarship limitation on cost per credit hour as well as the limited number of credits funded by scholarships impacts many potential participants.

Since 2002, nursing enrollments have increased so rapidly that each year approximately 30,000 or more qualified applicants have been turned away from nursing education programs primarily because of shortages of faculty, clinical sites, and classroom space. The American Association of Colleges of Nursing has reported that three-fourths of the nation’s schools of nursing acknowledge faculty shortages along with insufficient clinical sites, lack of classroom space, and
budget constraints as reasons schools of nursing deny admission to qualified applicants.250

The aging nursing workforce significantly contributes to the overall nursing shortage. According to the 2008 National Sample Survey of Registered Nurses released in September 2010, the average age of the RN population in 2008 was 46, up from 45.2 in 2000. With the average age of RNs projected to 44.5 years by 2012, nurses in their 50s are expected to become the largest segment of the nursing workforce, accounting for almost one-quarter of the RN population.251 The cohort of RNs over the age of 50 has expanded 11 percent annually over the past four years.

The current recession has induced older nurses to delay retirement, and others to rejoin the workforce. Since 70 percent of RNs are married, many had little choice because their spouses had lost their jobs or feared that they might be in jeopardy of losing employment. According to a study published in 2009, RN employment increased by 18 percent between 2001 and 2008; however, RNs older than 50 accounted for 77 percent of that increase, the age group that is growing the fastest within professional nursing.252 Because RNs older than 50 will soon be the largest age group in the nursing workforce, their retirements over the next decade will lead to a projected shortfall developing by 2018 and growing to approximately 260,000 RNs by 2025. The magnitude of the 2025 deficit would be more than twice as large as any nursing shortage experienced since the mid-1960s. These projected shortages will fall upon a much older RN workforce than previous shortages.

With the passage of the “Patient Protection and Affordable Care Act in 2010,” more than 32 million Americans will soon gain access to health-care services, including those provided by RNs and advanced practice registered nurses. In November of 2011, the U.S. Bureau of Labor Statistics reported that the health-care sector of the economy is continuing to grow, despite significant job losses in recent months in nearly all other major industries. Hospitals, long-term care facilities, and ambulatory care settings added 12,000 jobs in October, following a gain of 45,000 in September. As the largest segment of the health-care workforce, RNs likely will be recruited to fill many of these new positions. The BLS confirmed that 313,000 jobs have been added in the health-care sector within the last year.253

A March 2011 New England Journal of Medicine report indicated that insufficient nurse staffing was related to higher patient mortality rates. This report analyzed the records of nearly 198,000 admitted patients and 177,000 eight-hour nursing shifts across 43 patient care units at large academic health centers. The data show that the mortality risk for patients was about 6 percent higher on units that were understaffed as compared with fully staffed units and also found that when nursing workload increases because of high patient turnover, mortality risk also increases.254

A succession plan which incorporates the nurse manager, assistant chief, and chief nurse executive positions will be a keystone to VA’s successful nursing recruitment plans. Support of a VA mentoring program and other opportunities to educate and support our emerging nursing leaders is an important element of this success. The relationship between the chief nurse executive and the chief of staff at the facility level adds value to quality, safety, and redesign efforts. Continued support in building upon this relationship would be helpful in modeling a shared practice environment, focused on nurse-physician collaboration.
The average age of a new graduate nurse increased from 23.8 years prior to 1984 to 29.6 years during 2000 to 2004. However, projections by Buerhaus conclude that future cohorts will enter the nurse workforce at ages 23–25.\textsuperscript{255} Nursing education programs could experience an increase in demand because some people who are attracted by the relative job security and earnings offered in nursing seek to become RNs, while the capacity of state-subsidized education programs could be affected negatively by state budget deficits. Faced with the projected nursing shortage, the nation’s ability to expand the long-term supply of RNs is in doubt.

Over the past several years, the VHA has been trying to attract younger nurses into VA health care and creating incentives to retain them in the VA system. New nursing graduates are currently experiencing difficulty finding jobs. Findings of a 2009 study by the National Student Nurses’ Association revealed that 51 percent of diploma graduates, 50 percent of associate degree graduates, and 38 percent of baccalaureate graduates were unable to find jobs. In addition, 41 percent of respondents reported that there were no jobs available for new graduates in their areas.\textsuperscript{256} In July 2010, the Tri-Council for Nursing released a joint statement, entitled “Recent Registered Nurse Supply and Demand Projections,” which cautioned stakeholders about prematurely declaring an end to the nursing shortage. While the downturn in the economy has led to an easing of the shortage in many areas, the Tri-Council concluded this relief to be temporary. In the statement, the Tri-Council raised concerns about any decline in graduation rates for new RNs given the projected demand for nursing services, particularly in light of health-care reform.\textsuperscript{257} The IBVSOs understand that the Office of Nursing Services in VA Central Office successfully completed a RN residency pilot program now in the process of full implementation. An effort to increase consistency in the work environment should include participation in improvement programs such as the Robert Wood Johnson Foundation’s Transforming Care at the Bedside (TCAB) initiative. The TCAB program encourages nurses to develop interventions and design new processes that improve care. The IBVSOs believe that every VA health-care facility should explore similar opportunities to participate in these kinds of programs. These efforts have been shown to improve patient outcomes as well as patient and nurse satisfaction.

VA’s Travel Nurse Corps (TNC) is now completing its 5\textsuperscript{th} year of operation. This program offers a valuable service by providing RNs to VA facilities in need of RNs on a temporary basis. These nurses receive their initial orientation at the Phoenix VA Health Care System. RNs from this program have been on assignments from Alaska to Puerto Rico, including more than 50 VA medical centers in 19 networks. 40 -55 Nurses are on assignment at any one time. The host VA facilities reimburse salary, travel and per diem of TNC RNs as well as administrative charges. 28% of nurses appointed have transferred to permanent positions in VA. Nurses who participate in this program have informed the IBVSOs that VA reimbursement rates for their travel and subsistence are inadequate and should be increased. VA should reimburse these nurses’ expenses appropriately, first to enhance the success of the program, and second, to ensure that the individuals participating are not forced to pay their own way.

The Office of Nursing Services initiated a nationwide program to support nurses in obtaining certification in their specialty areas. Nurse executives were educated on existing authorities and provided with resources to encourage nurses in their facilities to pursue certification. In addition,
the clinical nurse leader position was established in another initiative supported by the Office of Nursing Services, to enhance education for nurses and patients in the clinical arena. The clinical nurse leader role is designed to deliver clinical leadership in all health-care settings and to respond to individuals and families within a microsystem of care.

The Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health*, is a thorough examination of the nursing workforce and, since its release in October 2010, it has remained the top-visited report on the IOM’s website. The recommendations offered in the report focus on the critical intersection between the health needs of diverse, changing patient populations across the lifespan and the actions of the nursing workforce. These recommendations are intended to support efforts to improve the health of the U.S. population through the contributions nurses can make to the delivery of care. The recommendations are centered on three main nursing issues:

- practice to the full extent of education and training;
- achieve higher levels of education and training through an improved education system that promotes seamless academic progression; and
- become full partners with physicians and other health-care professionals in redesigning health care in the United States.

The report also emphasized effective workforce planning and policy making to improve data collection and information technology (IT) infrastructure. The IBVSOS fully concur with the IOM’s vision for the future of nursing in health care, and urge VA to adopt this vision in its own strategic planning programs.

**Clinical Nurse Leader**

The clinical nurse leader (CNL) role was designed to meet an identified need for expert clinical leadership at the point of care. Foreseeing the value of this pivotal clinical leader at the point of care to meet the complex health-care needs of America’s veterans and shape health-care delivery, the VHA became an early proponent. Impact data were collected and assimilated from seven VA medical centers to support how CNLs impact the delivery of quality and safe patient care and how practice changes could be sustained. The new CNL role was implemented in a variety of settings in the VHA system. Integration of the CNL role in all areas of practice in every care setting promises to streamline coordination of care for veterans across the spectrum. The CNL role will contribute to VA’s efforts to promote value and high reliability through its impact on efficiency and effectiveness. These defining areas of practice include implementation of evidence-based practice at the point of care, risk anticipation and assessments, identification and collection of care outcomes, implementation of quality improvement initiatives, and creative leadership in team-based care. Additionally, CNLs further contribute to high reliability by applying evidence that challenges existing protocols, procedures, and policies, and creating a culture of patient safety through collaborative and team-based efforts.

**VA Nursing Academy**

The VA Nursing Academy (VANA) is a five-year pilot originally planned to end in spring of
2012. A sixth year extension has been approved enabling a bridge year of funding prior to implementation of the Veterans Affairs Nursing Academic Partnership (VANAP). This program which continues and expands VA academic partnerships is scheduled to begin in the fall of 2013. The partnerships will be expanded to an additional 18 VANAP sites. Currently, VANA consists of 12 academic partnerships with 13 VA facilities and 15 universities and colleges. The partnerships were established with the expectation of an increase in baccalaureate graduates, enhanced and cost-effective recruitment and retention of graduate nurses and faculty, professional development for VA-based faculty as well as clinical practice and educational innovations. VANA graduates overwhelmingly prefer VA employment and significantly lower expenses of VA recruitment and retention. Given the looming RN vacancy predicted due to retirement and increased demand, VANA fills a sorely needed workforce succession planning gap.

All current partnerships have achieved the objectives of the program along with significant additional collateral value in facilitating and enabling VA transformative objectives. These partnerships have enabled veteran- and military-centric curriculum revisions, increased access to mental health and interventions for homeless veterans, cost-efficient shared educational services with the Department of Defense, as well as cost avoidance and revenue enhancement opportunities due to practice and educational innovations. VANA contribution in facilitating Veteran centric curriculum and simulation vignettes were identified as exemplars for the Joining Forces campaign.

Continued funding and support of VANAP and VANA is recommended. While it is expected that VANA sites will become self-sustaining, the reality of academic budget cuts may impede continued implementation in all sites. The IBVSOs also urge VA to examine the effectiveness of this approach and to make expansionary plans as warranted by the results obtained in that review.

VA Nursing Workplace Issues

Concerns are increasing regarding VA’s ability to retain and recruit a viable nursing workforce for the future. Current restrictions on COLA’s, Locality Pay Surveys, Pay Freezes, draconian decreases in rewards and recognition abilities as well as travel budget restrictions are already having a negative effect. Conference ability for face/face meetings on a variety of topics has essentially been halted and the VA has now essentially no ability to offer competitive benefits in these areas to our workforce. It’s only a matter of time before this word travels to the nursing community which will cause morale to drop and will affect our ability to keep a high level workforce for America’s heroes.

VHA staff will need to have new skills and competencies to treat the new generation of veterans, particularly in areas such as rehabilitation, mental health, and primary care. Those working in primary and ambulatory care settings will need to be able to screen combat veterans for post-traumatic stress disorder, depression, substance-use disorder, maladaptive coping, and various other mental health challenges, and will need to know how to refer these veterans for appropriate care and treatment. Those working with veterans with amputations will need to know how to work with the latest technologies in prosthetic limbs. Staff will need to be able to provide
female-specific health-care services. Also, VA nurses will need better training in assessing veterans for military sexual trauma, and to provide appropriate referrals to ensure they receive adequate care for that highly sensitive problem. New roles for RNs such as in primary care as care managers are also critical to the emerging patient-aligned care team model.

As addressed more thoroughly in our discussion of human resources management elsewhere in this Independent Budget, and similar to other health-care employers, the VHA must actively address those factors known to affect recruitment and retention of all health-care providers, including nursing staff, and take proactive measures to prevent crises before they occur. While the IBVSOs applaud what VA is trying to do in improving its nursing programs, competitive strategies have yet to be fully developed or deployed in VA. We encourage the VHA to continue its quest to deal with shortages of health manpower in ways that keep it at the top of the standards of care in the nation. Nursing informatics, nursing data, and nurse-sensitive outcomes are critical to our nursing workforce today. Centralization of IT continues to erode these improvements. The ability to review data on patient outcomes and to measure efficiency and effectiveness in the areas of quality and safety are essential in today’s health-care arena. The IBVSOs recommend sustained support of ongoing and additional projects to support the necessary nursing informatics to achieve these results.

We also fully endorse enhanced physician-nurse collaboration to achieve VA’s goals for health care. The impact of collaborative physician-nurse partnerships in clinical, research, academic, and leadership areas should not be underestimated, and is a major part of the blueprint for reform of all health care in the future.

Recommendations:

Congress must provide sufficient funding and strong oversight to support programs to recruit and retain critical nursing staff in VA health care, and in particular, continued support of Nursing Academy.

Congress should support changes in per diem and travel requirements to ensure the viability of the VA Travel Nurse Corps program.

Congress should provide support to ensure sufficient nurse staffing levels to regulate and ultimately reduce to a minimum VA’s use of mandatory overtime for nurses.

VA should expand information technology efforts in nursing informatics, and promote opportunities for VA physician-nurse collaborations in clinical and academic, research and leadership.

Congress should consider the negative impact of locality pay freezes, COLA and lack of travel money to support our workforce.

249 Department of Veterans Affairs, Veterans Health Administration, VHA Handbook 1020, (Washington, DC: May 14, 2010).


