Nurse Staffing Think Tank (NSTT)

Meeting Three (3) Minutes

Respectfully Submitted by Melissa Jones, PhD

February 8, 2022

I. Welcome

II. Setting tonight's task - Facilitator:

Group was reminded to identify challenges that can be addressed in a way that's both feasible and innovative. We want to create a realistic improvement on the challenges we identify.

a. Review of Minutes – Acceptance of January 25, 2022 minutes were passed with no changes.
b. Group was advised to consider the night's discussion within the framework of respect, transparency, and diversity, equity and inclusion. This will be discussed more over time.

III. Group Forum – Facilitator

The facilitator asked each member to think about and discuss several questions about how the group was interpreting the operational definitions:

- How are you defining what is listed?
- Are operational definitions accurate?
- Are there any areas that need clarity?
- Are there any areas/topics that overlap?

The following discussion regarding specific operational definitions ensued:

Unhealthy Work Environment:

- Clarification was requested about what is and isn't included in this definition. Wondering about the structural challenges to the work environment – not cultural as much as operational. Process dysfunction and workflow dysfunction create an unhealthy work environment. Nurses then spend time on tasks that aren't efficient to what they should be doing. Suggestion was made to roll the structural aspect into unhealthy work environments.
- When a team leader is reading "unhealthy work environments," they may think that since there isn't abuse, neglect or violence, their unit is fine. If there isn't good communication or authentic leadership, this can also contribute to the unhealthy work environment. Clarify that it may encompass any of these things but it doesn't have to be a work environment with physical violence.
- We don't want to lose acknowledgment of structural barriers. Perhaps group could
- include structural barriers in the "models of care." The framework includes "who's doing what." Maybe it would help to incorporate structural barriers into the model of care issues and leave work environment as more of the culture.
- "COVID" or "patient care" in not on this list. There is a crisis in patient care and handling the overload of COVID cases.

- “COVID” wasn’t specifically called out in order to allow this document to stand the test of time. Everything on this list that the group identified as issues were clearly impacted by COVID. They became more of an issue as COVID impacted the nursing body. Ten years from now, when someone asks about short-term solutions, it’s not just about COVID. We can’t escape it. Not ignoring COVID, but naming it will date the work and we don’t want to do that.
- The issues we’re trying to tackle existed pre-COVID. They were amplified because of COVID. It shouldn’t be in or out of the equation but was the accelerant on the fire that was already there.
- Suggestions were made to change category to “Healthy Work Environments.” It’s challenging to define something by what it’s not. Don’t want to lead with a negative. Make “healthy work environment” the top choice. Make “unhealthy” a sub-set and list the detractors that make a work environment unhealthy.

Current Models are No Longer Effective:
- This is something that has to be mitigated to address the nurse staffing crisis.
- Didn’t see “skill mix” reflected. This is one thing that we should call out on the operational definition – include skill mix.
- Regarding skill mix, some people’s frame of reference is licensed/unlicensed but this should include advanced practice nurses and CNSs. We have the opportunity to recognize the contribution of advanced prepared nurses and their skills in patient care. Ancillary support also needs to be included
- Care delivery models aren’t successful unless we can staff them. Is there a concept that they need to be staffed 90-95% of the time? Is there a place to add that it creates a better patient and nurse experience?
- It would also be good to state that leadership stays in place as leadership. It is frustrating for nurses when the charge nurse gets pulled for bedside nursing work. Leadership should be one of the skills taken into consideration when asking how many skilled people we need at a time.
- We can trace through the years the number of tasks that have been dumped on the plate of the nurse. They don’t belong in this lane. Push them back to the appropriate ancillary services.
- Integrate the negative with the positive. “Current models” is a big challenge. Nursing care delivery models are used to organize nursing care to patients and hospitals but the definition as it stands doesn’t say anything about “ineffective” or “effective.”

Scheduling Flexibility:
- Flexibility requires personal engagement. Some nurses want flexibility but won’t engage in self-scheduling. This needs balance in the sense of engagement and understanding that there is a whole team of people whose schedules need to be considered.
- With flexibility comes accountability? Be a contributing member of the team even if it looks a little different than traditionally seen.
- There is a component of the individual, it’s not all about the organization. You have to come to work wanting a healthy work environment.

- Time for meals, breaks, flexibility for appointments, and school are all needed time off. Also, there should be time allowed for nurses to be involved in in activities off the floor.
- Also consider remote opportunities for nurses who need accommodations – options for those who cannot be at the bedside. There are some quality positions in nursing where one can work remotely. We need to start having the conversation.
- Maybe change in the title of this section? It's not just scheduling flexibility but dedicated hours of work flexibility. One of the detractors is all of your time is prescribed for primarily acute care. The ideal role for the nurse who wants to spend time teaching or other professional work is not so regimented.
- Teachers have prep time in their schedule. Air traffic controllers have away time – walk time – getting up and away from their desks. Nurses can't even read their emails at work.
- A lot of nurses feel a void in the realm of professional development—time set aside for the acute care nurse to study ways to impact from a more global perspective. As we move back into "normal" work, we can incorporate this into the model.
- Time for shared activities and participatory governance work is critical. We have to stop calling it "non-productive time," it is productive time.

Compensation:

- Are the terms "wage" and "compensation" being used synonymously? Compensation is everything – including benefits, PTO, school reimbursement, leave, etc. Perhaps call it "total compensation?"
- Didn't see anything about compensated time off or an extended illness bank. There have been some narrow guard rails on how you can utilize that time. Do we need to look at more flexibility for that compensation package to meet the needs of the worker?
- It is very important to talk about "total rewards," but do not minimize the importance of wage. Wages are very important, especially with the travel nurse issue. It's driving a lot of frustration and is the huge reason why people are leaving. Due to the burning need for staff, wage is a huge thing.
- If people are working in a good environment, they won't leave for another dollar an hour. That's a short-term fix. If we fix the other problems that we're having, people wouldn't leave for a little extra money.
- Total compensation is incredibly personalized. It may need adding an element of generational differences in what's important in benefit packages. The ability to be flexible in what gets offered/how it gets offered is crucial. (A new nurse vs. a nurse with four kids).
- Benefits can overcome the draw of travel nurse wages. For example, child care can be extremely expensive in certain areas. Some institutions help with child care expenses, traveling is not going to help with child care. Marketing the compensation nurses get is important. If you have to pay for your own insurance and child care, the total compensation is worth than travel money.
- Could we look at total compensation and compensation flexibility as potentially merging?

- You need flexibility in the compensation plan to meet the needs of the emerging workforce. Rewards for the outcomes nurses are producing.
- One challenge from a financial perspective is that not all benefits are created equal regarding what hits the bottom line. One-time bonuses are easier to do. Same with giving a day off rather than accrue to your PTO balance. Organizations want to be as flexible as possible in their compensation packages.
- This is an opportunity to be inclusive. Not everyone is going to want a child care stipend. Be sure you're inclusive of your population with your benefits.
- Nurses are only thinking of the upside. Wages have not gone down, and they've usually held constant during an economic decline. However, holding steady in a time of inflation is like losing wages. We're describing the behavior of organizations from a sanitized version of high-level decisions that get made based on a bottom-line annual basis. Is what we're really after the concern of nurses that there is an instability of potential wages or slowness to respond to the market?
- The equivalent of falling wages is when benefits, tuition assistance, education/learnings, and 403b matches get frozen.
- Not one size fits all. Think of from a generational perspective – think about the age ranges of our nurses and what matters to them.
- Also need to account for things like relocation – should nurses be paid the same amount? Having the ability to flex compensation as an employer is important. Some areas may need to hire at a higher rate.
- Every time our wages freeze, they actually do go down if they're below the market. Keeping wages stagnant is almost the same as going down and the cost of living has skyrocketed in most of the country.

Challenges Presented by Scope of Practice:

- Perhaps this could fold under "models of care?" Scope of practice has to be right or optimized.
- Include advanced practice nurses here. How can we encourage engagement of those nurses in who are in school?
- Also add the unlicensed assistant personnel. There are a lot of things they could be doing that we haven't trained them to do.

PTSD:

- This is similar to the HWE discussion around "worst case scenario." Nurses, in general, have trouble identifying with the term PTSD. Some of the components like moral distress and compassion fatigue are a reality but PTSD itself may not be acknowledged.
- It is more of a continuum. If the burnout is not addressed, if the compassion fatigue is not addressed, that leads to PTSD. How do we head it off from the beginning versus waiting for PTSD to occur? It should all be rolled into one – it's a continuum.
- A common umbrella term is the "stress injury continuum." This incorporates PTSD, burnout – much more inclusive and stresses the solution side as well.

IV. Review of International Council of Nurses (ICN) Findings Sustain and Retain in 2022 and Beyond: The global nursing workforce and the COVID-19 pandemic.

V. Assignment of responsibilities for next meeting :

a. HOMEWORK for February 22, 2022: Begin to brainstorm solutions to address the priority areas identified during our February 8 meeting. You will work with a small workgroup to begin drafting your recommendations.
b. Please send references that you may think may be pertinent to the group. Looking for evidence to support the definitions and recommendations for this work as well as the task force work.
c. Hope for next week is to break out and do some small group work. There is additional information on how that will be structured to come.

VI. Takeaways – Facilitator

Individual responses:

- The diversity of perspectives is valued. Hearing about employer and leadership ideas is important. Rationale can be understood better when different perspectives can be brought to the table.
- Appreciated the report that was sent in regards to the global workforce. We have a responsibility in our professional at a greater level.
- Continues to be honored to dialogue and work with everyone. Don't want to lose our bold voice as we move forward. We're talking about some pretty important topics.
- It's anxiety provoking – there are so many opportunities here – how can we tackle them all and tackle them effectively? Ready to get to action.
- Fixated on advanced practice nurses or those obtaining their DNPs and how the system is utilizing these individuals. Hoping we can tap into nurses who are leaving to get an understanding about why. Can we add advanced practice to LPNs/RNs?
- After leaving this this meeting will continue to talk to peers and get their perspective and listen. Try to reflect more on what we can do to impact different individuals coming from different perspectives.
- Appreciation for the group. Appreciation for the process. Looks forward to continuing the work with this group.
- Interwoven thread tonight was the importance of culture. "Culture eats strategy for breakfast." There are tangible strategies to improve the culture and the health of a work environment. Interesting that this showed through in most of the topics. Culture has such an impact on how staff is engaged and how they are engaging leadership in the workplace.
- Look at developing nurses. We haven't talked about internships/apprenticeships/working with the schools. Does this fit into any of the buckets? This is important when we're trying to recruit for these positions. Global recruitment – are there any countries that do it well? Any organizations that do it well? Anyone we can learn from outside of the United States?
- We have very good consensus on these being the top issues and a pretty clear sense of what's embodied in them. Twelve to 18 months seems like a long period of time to solve a crisis. What are the steps necessary to recruit our partners (finance experts)? Many of the solutions are not within our own control. What can we do quickly that's within our control

(staffing flexibility)? Who needs to hear our messages in order to get action? Really like to see us move faster.

- Intrigued by the discussions on flexibility. Nurses are not interchangeable. Patients are not interchangeable. There can be a loss of teamwork and continuity of care if people are consistently not together. Sees COVID as not just showing the cracks that we always knew were there, but also showing us things we hadn't thought of before. When you're planning, the plans need to be broad enough to include many possibilities. Need to look at things in the long run and sort of tailor them to the short run.
- Even the dialogue tonight points out the fact that these are complex issues to solve. Describe in a platform that can be understood widely. Have a conversation around compensation versus wages – feelings of disparity. Thoughts around the fact that when intrinsic motivation is depleted, it's extrinsic motivation that's under pressure. Rebuilding of intrinsic motivation will alleviate pressure on extrinsic motivation.
- Loving what everybody is saying. Sees this all building on a Maslow's pyramid – you need those bottom levels of breaks and salary – basics – if you don't have that you won't get to the higher levels. Then build on the model of care and that builds on the HWE.
- When we communicate recommendations and action strategies, who are we speaking to? Is it the individual nurse? Executive team? Professional? Professional organization? Target the actual recommendations to groups or cohorts of people that can take on actions. If we're too high up, we're not going to be able to make an impact.

Partners and Executive Sponsors provided final comments and impressions of the meeting.

VII. Adjournment

Meeting Adjourned at 8:00pm (EST)