

## Nurse Staffing Think Tank (NSTT)

### Meeting Two (2) Minutes

Respectfully Submitted by Melissa Jones, PhD

January 25, 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/innovative. We want to be able to create a realistic improvement on the challenges we identify.

- a. Review of Minutes – Acceptance of January 11, 2022 minutes were passed with no changes.
- b. Review of challenges (voting chart), amendments as pre-identified/needed
- c. Any additional challenges? – Each member was given an opportunity to express concerns or questions about the process or the voting chart list.

#### III. Group Forum – MULTI-VOTE PROCESS (*reference voting chart*) – Which 4 topics do you see as most feasible and able to be innovatively addressed/improved? (*Emphasis on short-term strategies and solutions*)

Facilitator asked each member to identify four main concerns. Each member expressed four top concerns and the vote was tallied. In looking at the provided list, the group asked to change “healthy work environments” to “unhealthy work environments.” Some members requested additions and the following items were added to the list:

- Physical safety
- Compensation flexibility
- Scheduling flexibility

Votes were added from two people who pre-voted because they couldn't make the meeting.

- Concern was expressed some items seemed similar and if there were multiple items that covered similar or related topics, that might split the vote.
- It was also noted that some remedies might fix more than one challenge, for example, strategies to mitigate traumatic experience and those to mitigate burnout might be very similar.
- It was also noted that most elements on the list fall under the categories discussed in AACN's Standards for Establishing and Sustaining Healthy Work Environments.
- It was suggested that the agenda be changed so prioritization of items could start during this meeting, although it was planned for Meeting 3. This was done.
- In order to prioritize items on the list, the group agreed to highlight, not delete, items that didn't get any votes, or only got one vote. Keeping these items on the list could allow them to be included under a related item.

- Please see **Appendix A** for final grid with votes

#### **IV. Assignment of responsibilities for next meeting**

Next step will be to talk about anything more that needs to be gathered. In next two weeks think about what that means from individual perspective or what that means from organizational priorities.

Discussion:

- DEI needs to be a priority
- Try to sort out the operational definitions that arise from these topics. Unhealthy work environments have a lack of equity. How do we bridge to operational solutions? May need to make DEI more explicit in HWE discussions.
- Reminder that compensation is the top reasons employees are leaving the organizations. Everyone needs to be realistic about the things we are choosing. Compensation and technology need long timeframe for implementation.
- In terms of AACN HWE, HWE is a well-defined set of criteria. Do we focus on it as a well-defined area of the work environment?
- It takes time to make changes, but organizations need to do it. Leadership teams needs to be challenged.
- We shouldn't use "what's realistic" as a filter. We have an opportunity to talk with c-suites and boards as a result of this work. Nurses need to be compensated like never before. This has to be done.
- Group needs to grab this time in history. What we're managing now really gets the attention in a massive way of hospital leaders. We need to grab this time to highlight something different on the compensation level.
- Pay attention to work with novices, this is a very distinct item.

#### **V. Takeaways – Individual and Partner responses**

**Facilitator:** Think about what you experienced tonight – think about your emotions on key pieces you took away from the meeting.

- Daunted about the tasks ahead and the amount of work to be done, but excited about the opportunity
- Definition of terms will be critical. There is difference of opinion there is on these core terms.
- Struck by the diversity of roles represented and the depth, breadth and sophistication of what's happening through this. Feels like something powerful happening.
- Don't put limits around the solutions that we're trying to come up with. Don't let what we know limit what we can imagine.
- We're going to need to rapidly share real examples of new changes that are put in place in health systems and their success. The cycle of well-done longitudinal research takes time.

We have to embrace the concept of chaotic innovation and find a way to share and bring the learnings and observations to a much larger audience in real-time.

- Things from this group can translate across different industries, some of what we can do here can be used in other areas.
- We need to be ambitious and look at the big picture. Healthcare professionals’ work needs to be rewarding—it has to be done well and give people job satisfaction and safety. You can’t do small changes.
- This is a challenging process. Belief in things that are challenging are worthwhile. This is a tall order in front of us. Think radical. Think about the possibilities.
- Excited about the conversations that we’re having and the conflicts we’re going through.
- This is a huge task—involves disruption. A little fearful of how we will get to an end point that will make a difference.
- “The enemy of good is great.” This is a problem that’s been going on for decades. We’ve got to turn the aircraft carrier around. We have to be ready to accept the fact that the best thing we can do is turn the ship 3 degrees and keep it going another 3 degrees and another. Develop a process and an entity to keep the changes going.
- Going to trust this process and be able to come forward with something very bold and also hopes for some clarity. Our nurses need clarity and a path. We’re going to have a product that we’re going to feel good about.
- The word “hope” came to mind from the perspective of a bedside nurse coming off a horrific surge and dealing with staffing issues. Hoping to effect change. How do we let the nurse at the bedside or the advanced practice nurse know that this work is happening and that the ship may move slowly, but the work is being done? There is some disconnect between the bedside nurse and leadership. How can we let them know “we’ve got your back?”
- Enjoyed hearing everyone’s opinions and creating a transparent space to have dialogue. Thinking of things through a public health lens, financial perspective/nurses in schools.

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

**VI. Adjournment**

Group was reminded to send any relevant research or other articles to the core team at any time.

Meeting Adjourned at 8:00pm (EST)

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**Appendix A**

Voting Chart

Unhealthy work environment	XXXXXXXXXXXX
Current models are no longer effective	XXXXXXX
Scheduling flexibility	XXXXXX
Compensation	XXXXXX

Compensation flexibility	XXXXX
Challenges presented by scope of practice	XXXX
PTSD	XXX
Burnout	XXX
Tools and technology not keeping up	XXX
Structural barriers	XXX
Physical safety	XXX
Lack of standardization	XX
Lack of satisfying new models (current models are no longer effective)	XX
Novice training (care models)	X
Pre-pandemic fragility (unhealthy work environment/PTSD/current models no longer effective)	X
Short staff	X
Change in opportunities – “travel nurses” (compensation)	X
Keeping pace in changing world (lack of standardization)	X
Preparation of new nurses – different curriculum	X
Recruiting (novice training)	X
Not just concern for nurses – culture in its entirety (unhealthy work environment)	X
Supplies	X
Lack of organizational loyalty	X
Not feeling valued (unhealthy work environment)	X
Demographics of Nurses	
Difficulty /intensity of job	
Workplace violence	
Myth of wellness	
“She” session – pressures of “four careers”	
Sustained energy costs	
Betrayals – bedside nurses	
Betrayals – compensation disparity	
Betrayals – CDC – changing protocols and rules, putting nurses on the defensive	
Betrayals – public now questioning rather than celebrating	
Betrayals – nursing betraying needs of families – job first?	
Erosion of trust	
Crunch/shortness of critical care nurses existed prior to pandemic	
Physicality needed for work	
Risks of physical trauma	
Need for fundamental market correction	
Hope – that things will improve – when will hope give out?	
Pressure – when they can take a breath	
Mental and emotional strain	
Support from organizational leadership	

