



NCSBN

2023 NCSBN Symposium: Solutions Addressing Nursing Workforce Crisis | Report

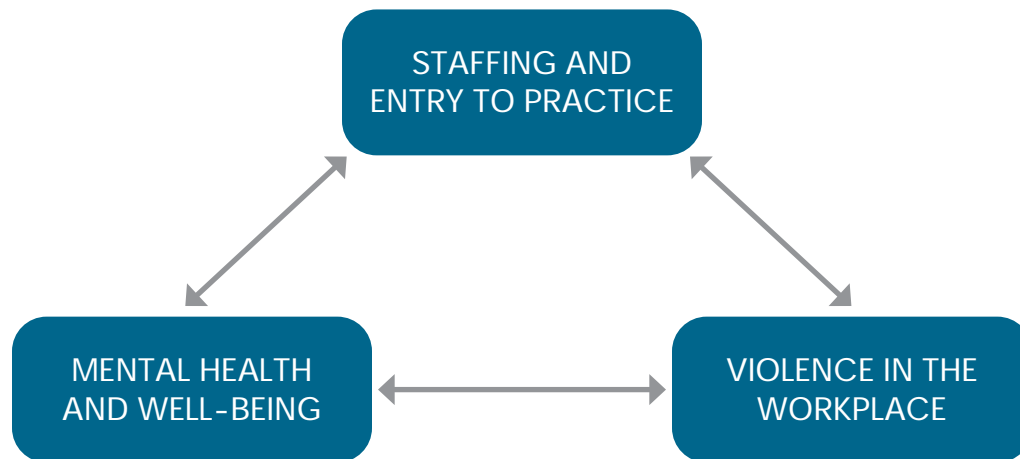
Executive Summary

|

- To discuss **violence in the workplace**, NCSBN invited the following individuals:
 - Kristin Benton, DNP, RN, Executive Director, Texas Board of Nursing
 - Bogdan Catalin, Workplace Violence Coordinator, OSHA
 - Rep. Joe Courtney, Connecticut 2nd District
 - Gary Lescallett, Assistant Regional Administrator for Enforcement, OSHA
 -



The multitude of factors contributing to this potential exodus of nurses can be consolidated into three primary areas: staffing and entry to practice, violence in the workplace and mental health and well-being.



These areas are not isolated; they are inextricably linked as part of a dynamic relationship. A negative effect on one negatively impacts all others. Because of this, each area needs to be addressed and improved to avert a potential health care crisis.

Moving Towards a Safer and Healthier Nursing Profession

Mental health and well-being

As 45% of nurses surveyed reported that they feel “burned out” at least once per week, it is critical to examine just what burnout is and how to mitigate it. Burnout is the result of the unmanaged accumulation of stressors, that can have dire consequences (Smith, 2023). Stressors are experienced over time and are a consequence of the environment. To properly assess an environment, health care facilities need to be mindful of diversity and remember there are hardships unique to diverse individuals. With the recent passage of the Dr. Lorna Breen Health Care Provider Protection Act, which provides grants to hospitals, medical professional associations, and other health care entities to fund different mental and behavioral health training programs, it is crucial to focus on using these resources as soon as possible. Employers and policymakers cannot solve this issue by being reactive and instead need to focus time and energy on being proactive and allotting resources accordingly. Prevention is key to fighting this pervasive feeling and prevention begins with recognizing issues.

- **Create local and state-level programs.** Widespread mandatory training, accessible programs, and protocols for when a nurse may be at risk for self-harm are essential for a healthy workforce. Then, when concerning behaviors arise, there is a plan on how to respond and move forward. These programs should be open for self-referral along with recommendations from colleagues, peers and supervisors. There is an opportunity for both local and state-level programs. Through multidisciplinary collaboration, the Maine Medical Association has been able to provide the Medical Professionals Health Program, which provides “monitoring, advocacy, resources, referrals for treatment, education and outreach services” to medical professionals (*About MPHP*, n.d.). This is an important springboard for making resources accessible, but it is also necessary to remember that attention to nurses’ well-being must also go beyond work hours. Burnout does not go away when nurses remove their scrubs, and for this reason, it is necessary to provide support for nurses 24/7. For this reason, Rush Wellness implemented its Wellness Triage Pager, where an on-call social

worker can respond to a nurse no matter the time (*Solutions Addressing Nursing Workforce Crisis: Wellness Panel, 2023*).



- **Prepare practice-ready nurses.** The nursing profession is constantly evolving, so education programs need to make sure their course curriculum is evolving as well; to do this successfully, course materials need to reflect the issues in health care that nurses practicing in clinical settings experience day-to-day. However, for nursing education, the course curriculum is only one part of the experience. Just as important is clinical placement. This means thinking outside of the box looking for clinical placements and forming connections outside of hospitals. At the University of San Francisco, they are looking beyond hospitals and addressing community needs by placing nurses with agricultural workers in the Central Valley (*Solutions Addressing Nursing Workforce Crisis: Introduction & Staffing Panel, 2023*). By thinking creatively with clinical placements, institutions not only connect nurses with the community but also expose nurses to education in diverse health environments.
- **Maintain the safety net.** Throughout nursing school, students can always draw on support from professors, faculty, clinical preceptors, peers, etc. This safety net is necessary for the new nurses to learn and grow their confidence, but the loss of this when entering practice can be extremely jarring. Health care systems need to revisit the environment into which new nurses are being introduced and determine whether they are offering necessary support and continued learning opportunities. Focusing time and effort on transition-to-practice programs can help offer the support nurses new to the workforce need.
- **Maintain safe staffing levels.** One way to offer continuous support is to address the unsafe staffing that so many clinical nurses report. Nurses are consistently identifying the same issues (Aiken et al., 2018), and we need to listen to them. These same nurses need to be included in the conversation for staffing. People far removed from the clinical atmosphere are not able to understand the needs experienced in health care systems. Set ratios are just the beginning; support means providing nurse leaders with the flexibility to staff as needed. Allowing nurses to have a voice in staffing allows for staffing to ebb and flow as needs develop. This dynamic staffing model ensures that nurses who need support get support.
- **Staff virtual nurses.** There are opportunities to staff virtual nurses in addition to physical nurses. This allows experienced nurses to have the flexibility to work from home, while also enabling them to be an asset for new nurses to call on. Not only would this bolster the safety net new nurses already need, but it can promote an environment where questions are welcomed. Having roles developed specifically for mentorship removes the fear that you are taking a nurse away from their patients, and instead provides education and support whenever needed. MD Anderson has been utilizing virtual nurses and has received feedback that nurses now have more time to spend with their patients and thoroughly assess and care for them (*Solutions Addressing Nursing Workforce Crisis: Introduction & Staffing Panel, 2023*). Adding these virtual roles would in turn free up time and lessen the pressures for the already overworked nurses who are feeling too burned out to work with students properly.



response and risk mitigation plans. Nurses and other health care personnel need to observe an effort being made by the institution to increase safety and see improvements in real time.

- **Work together to create policies and legislation.** Creating policies to protect nurses and condemn violence in health care goes beyond individual health care facilities. Statewide legislation is necessary to ensure safety improvements are widespread. Recently, Texas and North Carolina passed bills that require health

