

REPORT

Employer Practices Survey Results

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Preface

About the Massachusetts Action Coalition:

The Massachusetts Action Coalition (MAAC) is part of the nationwide Campaign for Action, a joint initiative of the Robert Wood Johnson Foundation (RWJF) and the AARP Foundation to implement the recommendations in the Institute of Medicine's 2010 landmark report on the future of nursing. With the Massachusetts Department of Higher Education and the Organization of Nurse Leaders of MA & RI as co-leaders, the MAAC is engaging health care providers, nurse educators, and public sector leaders to effect and support changes in how nurses are educated, trained, and practice in order to better serve the health care needs of the Commonwealth.

The MAAC's goals are to:

- Broadly disseminate the recommendations of the Institute of Medicine report;
- Build a statewide consensus in support of academic progression for all nurses;
- Implement a plan to increase diversity in the nursing workforce;
- Promote statewide adoption of the Nurse of the Future Nursing Core Competencies[®] in academic and practice settings;
- Use demographic data to inform health care workforce plans;
- Remove scope of practice barriers for Advanced Practice RNs; and
- Strengthen inter-professional collaboration within the health care community.

In 2014, Massachusetts became one of nine states to receive a second two-year \$300,000 grant from the RWJF for the second phase of its Academic Progression in Nursing (APIN) program to advance state and regional strategies aimed at creating a more highly educated, diverse nursing workforce.

In awarding the grant, the RWJF noted that the funding will allow Massachusetts and the other states “to continue working with academic institutions and employers to expand their work to help nurses in their states get higher degrees, so they can be essential partners in providing care and promoting health, as well as more easily continue their education and fill faculty and primary care nurse practitioner roles. The Action Coalitions in all these states have been encouraging strong partnerships between community colleges and universities to make it easier for nurses to transition to higher degrees.”

To learn more about the MAAC's progress and join our efforts to improve health care, visit <http://campaignforaction.org/state/massachusetts>.

In its efforts to implement the recommendations of the IOM report on the future of nursing, the MAAC has formed project teams of nursing professionals with specialized knowledge and expertise to explore a variety of topics.

The goal of this report is to add to the knowledge base on employer practices to increase the academic progression of nurses in Massachusetts and to stimulate further dialogue on this topic.

The authors are solely responsible for the content of the report, which does not represent the opinions or recommendations of the MAAC's co-leading organizations.

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Employer Practices Survey Results

Massachusetts Action Coalition Report

Background

In 2010, the Institute of Medicine (IOM) issued a landmark report and evidence-based recommendations on the important role nursing will play in our nation's health care transformation. To meet growing health care demands and challenges to serve patients better, the way nurses are educated, trained, and practice needs to change.

In order to prepare nursing to meet the challenges of the future, we need to strengthen nurse education and training. Studies show that higher proportions of baccalaureate-prepared nurses (BSN) are associated with lower rates of medication errors and mortality. Research also shows that BSN-prepared nurses have stronger critical thinking skills and make better care decisions. In addition to the benefits for patient care, Massachusetts needs more nurses to seek higher education so they will be ready to teach the next generation of nurses. The major focus is to make it easier for nurses with associate degrees to earn bachelor's degrees in Massachusetts nursing schools, beginning with improving the transfer of academic credits among nursing education programs at the Commonwealth's public colleges and universities; working with nursing education programs and employers to increase options for flexible student-centered learning opportunities that will make it easier for working nurses to advance their education; and to replicate successful academic progression models for new nursing students and current nurses to earn baccalaureate or higher degrees.

Flexible Options for Incumbent Nurses

The aim is to work with nursing programs and employers to increase options for flexible student-centered learning environments that will increase opportunities for educational advancement for working nurses. Therefore, a survey of Massachusetts health care employers was developed to obtain baseline data related to the various activities employers are undertaking to promote advanced education and increase diversity in their RN workforce. It was anticipated that the survey would provide insight into employers' practices relative to registered nurse academic progression and to help identify best practices for further dissemination to the nursing education and employer communities. In addition, a literature review was conducted to determine if there is evidence to inform program/employer partnerships, diversity initiatives, and/or nurse academic progression.

Literature Review

A search of the electronic databases CINALL and Medline were conducted using key word and subject searches of the following terms: nurse academic progression, nurse diversity, nurse education, and nurse diversity programs. Although the search returned several hundred references, only five were found to be relevant to the subjects of interest, employer-based nurse academic progression (4) and nurse diversity initiatives (1). To follow is a brief review of the relative research.

In a study of nurse academic progression, the authors describe how a large regional health system partnered with a local nursing college to promote academic progression. The health system was able to increase the number of BSN-prepared staff nurses from 25% to 39%, with 214 diploma/associate degree RNs completing their BSN (Clark & Allison-Jones, 2011). In addition, 48 BSNs obtained their MSN and 158 non-nurse employees became RNs. The program included 100% tuition support billed directly to the health system, so that prospective students would not have the barrier of up-front costs.

Another study looked at a three-way partnership between employer, nursing program, and collective bargaining unit. The program included cost sharing between all partners, decreased union dues, decreased tuition, and tuition pre-payment (Eckhardt & Froehlich, 2004). The program was a “student centric” cohort model offering bridge courses and credit for academically relevant learning, on-site classes, guaranteed time off, and scheduling of classes to coincide with times of lower census. In their 2006 study, Cheung and Aiken examined six programs aimed at increasing the number of BSN-prepared nurses. They found that employer/nursing program partnership, financial support, on-site instruction, flexible scheduling and cost sharing/incentives had the greatest success in achieving academic progression.

Incumbent workers pose a difficult dilemma for employers in that 80% of ADN RNs do not return to school (Orsolini-Hain, 2012). In a phenomenological study of nurses’ beliefs, associate degree RNs did not think returning to school was necessary; they did not believe that it would improve patient care; and they did not perceive a difference in the professional ability between themselves and their more educated colleagues (Orsolini-Hain, 2012). Moving forward it will be incumbent on organizations that employ ADNs to communicate the value of educational advancement on quality of patient care.

Finally, a diversity nursing career ladder pilot program at Children’s Hospital Boston intended to promote nursing careers and nurse educational advancement of their incumbent employees was reviewed. The program offers employees individualized supports, coaching and financial support to enter nursing school or complete a degree already underway. Of the employees enrolled in the program, 35% of non-nurses entered nursing school and 15% of those already enrolled completed nursing school (Spring, Avalon & Brosef, 2012).

Methods

A survey tool was developed by focusing on the following four areas: organizational philosophy and strategy; cost and affordability; accessibility and convenience; and return on investment. A purposive sampling methodology was utilized to obtain a sample that contained a mix of academic, community, rural, collective bargaining and critical access organizations. Three groups of employers, acute care hospitals, post-acute/skilled nursing facilities, and visiting nurse associations, were targeted for survey as it was determined that they employed the greatest number of nurses. The survey was administered by a phone interview or email survey over a six-month period between March and August 2013. Respondents were assured of the anonymity of the results in an effort to obtain the most accurate data possible. The majority of the respondents were executive level nursing leaders (CNOs or Nursing Directors).

Sample Characteristics

Tables 1A and 1B summarize the attributes of hospitals who participated in the survey. Of the 64 acute care hospitals in Massachusetts contacted to participate, 29 (45%) completed the survey and included: 11 teaching hospitals, 16 community hospitals and 3 rural hospitals. The sample also included 15 disproportionate care hospitals, 6 Magnet hospitals and 13 hospitals where nurses were represented by collective bargaining. The post-acute, SNF, VNA sample contained 12 respondents and is clearly under-representative.

Table 1A: Acute Care Hospital Attributes (N=29)

| Hospital Attribute | No. | (%) |
|---------------------------|------------|------------|
| Teaching | 11 | 38% |
| Rural | 3 | 14% |
| Community | 16 | 55% |
| Magnet Status | 6 | 21% |
| Collective Bargaining | 13 | 45% |
| Disproportionate Share | 15 | 52% |
| Positive Profit Margin | 20 | 69% |

Table 1B: Post-Acute Care Hospital Attributes (N=12)

| Hospital Attribute | No. | (%) |
|---------------------------|------------|------------|
| VNA | 3 | 25% |
| SNF/Rehab | 9 | 75% |

Organizational Philosophy and Strategy

Table 2 summarizes the survey results related to questions about BSN policies. Ninety-three percent (93%) of acute care hospitals have a preference for hiring BSN-prepared nurses. Eighty-three percent differentiate between incumbent RNs and new hires relative to BSN requirements. Forty-one percent of the employers surveyed have a policy requiring staff nurses to obtain a BSN. For employers who do not have a BSN policy, 14% intend to implement one sometime in the future. Ninety percent of acute care hospitals are actively tracking the percentage of BSN prepared nurses in their workforce. For those employers who shared their data, BSN prepared nurses in their workforce ranged from a low of 17% to a high of 80%. Ninety percent of acute care employers had a formal goal for increasing the number of bachelor-prepared nurses in their ranks; the stated goals ranged from 55% to 100%.

Table 2: Hospital Organization Philosophy and Strategy: BSN Policies

| | Acute Care Hospitals (N = 29) | | VNA/SNF/Rehab (N = 12) | |
|---|--|----------|-----------------------------------|----------|
| | # | % | # | % |
| Does your hospital have a hiring preference for BSN prepared RNs? | 27 | 93% | 3 | 21% |
| Do you differentiate in policy between incumbent RNs and new-hires relative to a requirement for educational preparedness? | 24 | 83% | 1 | 7.1% |
| Do you have, as a matter of policy, requirements for staff RNs to obtain a BSN? | 12 | 41% | 0 | 0% |
| If you currently do not have a policy requiring that RNs obtain a BSN as condition of employment, do you plan to implement one? | 4 | 14% | 0 | 0% |
| Does your hospital track the number of nurses in your workforce that are BSN prepared? | 26 | 90% | 2 | 14% |
| Does your hospital, have a goal for increasing the number of BSN prepared nurses in your workforce? | 26 | 90% | 1 | 7.1% |

Hospitals having a formal relationship with a school of nursing on average had a higher percentage of BSNs in their workforce (58%), than hospitals without a formal relationship (49%). Magnet hospitals were more likely to have a comprehensive program to promote academic progression when compared to non-magnet hospitals. All Magnet hospitals reported that they have: a stated goal for increasing the number of BSN RNs, a plan for supporting educational advancement; a process for tracking the number of BSN prepared RNs; and financial assistance and guaranteed time off for class.

Although the survey results indicate that there is a strong preference for hiring BSN-prepared RNs, survey respondents indicated that there were barriers prohibiting BSN-only hiring practices. The most commonly cited barriers to adopting a BSN-only policy were: specialty practice areas that require an extensive amount of training or experience; practice areas for which it is difficult to recruit; lower than average wages at the institution; and, rural location with a limited RN pool. Hospitals that indicated they have a policy requiring staff nurses to obtain a BSN articulated little adherence to the policy. Most indicated that they make exceptions when needed; none of the survey respondents indicated that they had a formal process for following through on the policy as a condition of employment. Most employers preferred an incentive approach as opposed to draconian measures. However, several employers have instituted BSN as a condition of employment for new hires. Most require proof of enrollment and completion of degree within a specific time frame (ranging from one to three years).

Table 3 summarizes the survey results related to questions about diversity policies. When asked if they had an institutional goal to increase diversity of the nursing staff, the majority of employers indicated that they did not. Only 28% had a goal to increase diversity and only 24% had a specific initiative to increase diversity. The reasons cited were varied. Some organizations believed their nursing staff was currently diverse, whereas others indicated that increasing diversity was not an organizational priority because they did not serve a diverse patient population.

Table 3: Hospital Organization Philosophy and Strategy: Diversity Policies

| | Acute Care Hospitals (N = 29) | | VNA/SNF/Rehab (N = 12) | |
|--|--|----------|-----------------------------------|----------|
| | # | % | # | % |
| Does your hospital have goals to increase diversity in your nursing staff? | 8 | 28% | 0 | 0% |
| Does your hospital have specific initiatives to promote diversity in your nursing staff? | 7 | 24% | 1 | 7.1% |

Cost and Affordability

Table 4 summarizes the survey results related to questions about BSN cost and affordability. The majority of hospitals surveyed (97%) offered financial assistance for nurses actively progressing towards a BSN or higher. Tuition reimbursement was offered at all but one hospital. The majority of employers indicated that they prorated tuition reimbursement for part-time nurses, with the maximum reimbursement ranging from \$500 to \$5000 per year. Other financial assistance included loan forgiveness (1), tuition vouchers (6), tuition pre-payment (2), tuition paycheck deduction (1) and scholarships (13). In addition, employers who have a formal relationship with a school of nursing reported they were often able to negotiate discounted tuition for their employees.

Table 4: BSN Cost and Affordability

| | Acute Care Hospitals (N = 29) | | VNA/SNF/Rehab (N = 12) | |
|---|--|----------|-----------------------------------|----------|
| | # | % | # | % |
| Does your hospital offer financial assistance for nurses actively progressing towards a BSN or higher degree? | 28 | 97% | 12 | 100% |

Accessibility and Convenience

Table 5 summarizes the survey results related to questions about BSN accessibility and convenience. The majority of hospitals (90%) reported offering work/life balance support for nurses actively progressing towards BSN or higher. Flexible scheduling with guaranteed time off for class were the most commonly cited options (65%). In addition, many hospitals offer technology (45%) and library resources (55%) to support nurses pursuing advanced degrees. Twenty-eight percent (28%) offer on-site advisement and 21% offered on-site classes. Online classes are offered by 38% of hospitals. Twenty-one hospitals surveyed (72%) have a formalized relationship with a school of nursing: of these 21 are associated with an ADN to BSN program; 14 with ADN to MSN; and, 18 are associated with BSN to MSN programs. In general, larger teaching hospitals were able to offer a wide range of supports when compared to smaller community, rural and critical access hospitals who were not able to provide an equivalent level of support.

Table 5: BSN Accessibility and Convenience

| | Acute Care Hospitals (N = 29) | | VNA/SNF/Rehab (N = 12) | |
|---|--|----------|-----------------------------------|----------|
| | # | % | # | % |
| Does your hospital offer other life/work balance support for nurses actively progressing towards a BSN or higher? | 26 | 90% | 5 | 36% |
| Flexible scheduling | 26 | 90% | 5 | 36% |

Return on Investment

Table 6 summarizes the survey results related to questions about BSN return on investment. When asked how the organization viewed the return on investment of its academic and diversity initiatives, 83% of acute care hospitals stated that recruitment and retention were the main focus and 76% indicated that succession, nurturing future nurse leaders in the organization was important. When employers were asked about return on investment for the RN workforce, 55% of the employers offer direct financial rewards for increasing academic preparedness. Financial rewards with completion of BSN or MSN were reported to be modest increases in hourly rate ranging from 50 cents to 1 dollar an hour. This was most frequently found in institutions with a collective bargaining unit.

Table 6: BSN Return on Investment

| | Acute Care Hospitals (N = 29) | | VNA/SNF/Rehab (N = 12) | |
|--|--|----------|-----------------------------------|----------|
| | # | % | # | % |
| Institution ROI: Retention | 24 | 83% | 12 | 86% |
| Institution ROI: Succession | 22 | 76% | 5 | 36% |
| Individual ROI: Financial rewards for higher level of academic preparation (salary or differential)? | 16 | 55% | 2 | 14% |
| Individual ROI: Career advancement related to educational preparation? | 17 | 59% | 4 | 29% |
| Individual ROI: Other financial compensation? | 1 | 3.4% | 0 | 0% |

Fifty-nine percent (59%) of institutions reported that further return on investment for the RN was career advancement related to advancing education. Although direct career advancement for higher education was not reported, employers did indicate that academic progression increases career advancement through career ladders and leadership positions that require BSN or MSN.

Post-Acute, Skilled Nursing Facilities and Visiting Nurse Associations

Post-acute, skilled nursing facilities and visiting nurse associations are struggling with increasing the academic preparation of their RN staff. As one director of nursing commented “I’m working hard to hire RNs, regardless of their degree. My big push is to decrease the number of LPNs and increase the number of RNs at the bedside.” Resources for incentives in these settings are not as generous as those offered by acute care hospitals; tuition reimbursement amounts were lower and few other incentives are offered. Only one institution had a formal goal for increasing the number of BSN-prepared nurses and none of the employers surveyed have initiated a BSN-only policy. However, for nurses who want to return to school, all offer tuition reimbursement and 36% offer work/life balance options. Only 14% offer financial rewards for increased academic preparation and 29% offer career advancement. None of the employers had a goal for increasing diversity. Similar to the acute care respondents, the reason for this was largely because they believed their workforce was already sufficiently diverse.

Conclusions

- The overwhelming majority of hospitals surveyed have established a goal for increasing the proportion of BSN nurses in their workforce, yet far fewer have policy requirements for advancement of RN education of new hires or incumbent workers.
- The most common support provided by employers is in the form of flexible scheduling, but far fewer hospitals offer academic practice partnerships or onsite classes, advising or technology support for classes.
- On average, hospitals that reported a formal relationship with a college reported a higher percentage of BSNs in their workforce compared to hospitals without this formal partnership.
- For employers, resources spent on advancing the education of RNs was clearly seen as a successful recruitment strategy with a modest return on investment to the nurses themselves in the form of career advancement and salary increases.
- Hospitals that have a specific initiative to promote diversity are in the minority of survey respondents. Magnet and teaching hospitals were more likely to have a goal to promote diversity compared to community hospitals. Among those without a goal, the vast majority stated that their workforce (not specifically RN workforce) already reflected their patient demographics.

- Post-acute, skilled nursing facilities and visiting nurse associations are struggling with increasing the academic preparation of their RN staff. Resources for incentives in these settings are not as generous as those offered by acute care hospitals. There is a lack of policies, goals, infrastructure and resources.

Recommendations

The following recommendations are derived from the survey results, literature and discussions with the broader nursing community including employers, educators, and nurses. Although the recommendations are not identified as specific projects or initiatives, they can serve as a conceptual springboard from which more concrete actions and projects can be created.

Recommendation #1: Promote an organizational culture that values BSN preparation and supports academic progression.

Organizational culture can be shaped by policy thus employers should consider developing policies and procedure that relate to the following principles:

- Recognize that to meet the ever-changing, complex health care needs of our community we must have a well-educated nursing workforce.
- Support the IOM report, *The Future of Nursing: Leading Change, Advancing Health* recommendation to increase the percentage of the BSN- or higher-prepared RN workforce to 80 percent by 2020.
- Promote hiring practices that include BSN-required, BSN-preferred or obtaining a BSN within a specified period of time for new hires to support the organization future quality care needs.
- Encourage the incumbent work force to achieve higher levels of education by offering flexible work hours and tuition reimbursement benefits to obtain a BSN or higher degree.
- Support differentiated practice in job descriptions and roles where appropriate.

Recommendation #2: Develop formal and robust academic-practice partnerships

Hospitals that reported having a formal relationship with a college reported a higher percentage of BSNs in their workforce compared to hospitals without such a partnership.

Employers are encouraged to formalize a relationship with a nursing program to create an academic practice partnership that provides incumbent RNs with convenient and flexible options to advance their education such as offering onsite classes, advisement, technology support for classes and financial support.

Recommendation #3: Encourage organizations to develop a diversity workforce plan for nursing.

Most of the hospitals that responded to the survey stated they didn't have a specific initiative to promote diversity in their RN workforce that ensures a reflection of their own patient demographics. Employers should consider developing special programs that promote nursing as a career in their community and support the recruitment and retention of diverse nurses.

Recommendation #4: Develop meaningful financial assistance programs for nurses pursuing a BSN.

Almost all of the hospitals had a single option for financial assistance - tuition reimbursement. Employers are encouraged to explore the market relevance of their tuition reimbursement policy in light of the increasing cost of higher education. Strategies could include academic practice partnerships that have cost-sharing incentives and innovations to developing resources from community supporters committed to advancing nursing education.

Recommendation #5: Align nurse and employer goals relative to return on investment of educational advancement.

From the employer's perspective, resources spent on advancing RN education was seen as a successful retention strategy and cost saving. Return on investment from the nurse's perspective was reported to be realized in opportunity for career advancement and modest salary increases. Hospitals are encouraged to develop the business case to support education advancement of their nursing staff.

Recommendation #6: Promote positive employer practices to support academic progression in post-acute care settings.

Post-acute, skilled nursing facilities and visiting nurse associations are struggling with increasing the academic preparation of their RN staff. Resources for incentives in these settings are not as generous as those offered by acute care hospitals. Respondents report a lack of policies, goals, infrastructure and resources to support academic progression. In light of the changing environment of health care with more emphasis on post-acute care, positive employer practices that support academic progression in these settings will contribute to preparing their nurses to care for the increasingly complex patients in the post-acute setting.

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