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(Left to right) Charlee Mayes, Murray State College concurrent student, Murray State College President Dr. Tim Faltyn, University of Science and Arts of Oklahoma (USAO) President John Feaver, and University of Oklahoma Dean of Nursing Dr. Julie Hoff.



(Left to right) Murray State College President Dr. Tim Faltyn, Speaker of the Oklahoma House of Representatives Charles McCall, University of Oklahoma President Joseph Harroz, University of Oklahoma Dean of Nursing Dr. Julie Hoff, and University of Science and Arts of Oklahoma (USAO) President John Feaver.

by Van Mitchell, Staff writer

The Fran and Earl Ziegler College of Nursing at the University of Oklahoma announced a partnership with the University of Science & Arts of Oklahoma and Murray State College.

This new collaboration is an important step toward building a qualified, educated nursing workforce to address the critical

See WORKFORCE Page 2

Braum's Donates \$500,000 to Fund Mother's Milk Room for Mercy's Tiniest Patients



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Braum's donated half a million dollars to fund a new space to safely store and prepare breast milk for hospitalized infants in the neonatal intensive care unit (NICU) at Mercy Hospital Oklahoma City.

Moms will be able to deliver milk for their babies directly to the Braum's Milk Room, staffed by certified milk technicians who will prepare the milk for Mercy's NICU patients. The room will be a central place for storage and preparation of both human milk and formula. It will also be a designated location for parents to check-in milk to be labeled and stored for their newborn.

"Providing breast milk for their baby is one of the few tangible thing moms can do when they have a preemie in the NICU," said Brandy Chaney, manager of Mercy's NICU in Oklahoma City. "We just didn't have the space before, so our nursing team prepared milk feedings at the bedside or in a dedicated workroom. The milk room will be such an asset to everyone involved in caring for our tiny babies."

The Braum's Milk Room is part of the larger Love Family Women's Center project that will provide more space, resources and care for women of all ages. More than 40%, or \$45 million, of the total cost of the new women's center was funded through philanthropy, with a \$10 million lead donation from the Tom and Judy Love family.

See BRAUMS Page 5

WORKFORCE

Continued from Page 1

nursing shortage in Oklahoma.

Beginning this fall, Murray State and Science & Arts will each offer a guaranteed admission opportunity to six qualified undergraduate students majoring in nursing to pursue their Bachelor of Science in Nursing degree at the OU College of Nursing's educational sites at Cameron University in Lawton and Duncan Regional Hospital.

Guaranteed admission students must remain in good academic standing while completing prerequisite nursing courses and meet all other OU College of Nursing admission requirements to be granted full admission.

In addition, this agreement will allow students who earn their associate degree in nursing from Murray State and who ultimately want to earn a BSN the option of pursuing OU's RN to BSN program – a degree completion program that is offered 100 percent online. This positions OU as the preferred collaborator to advance nursing education at Murray State College in Ardmore.

These new partnerships will contribute to strengthening the

nursing workforce, primarily benefiting rural Oklahoma, as students typically begin their careers close to where they received their degree.

"Enhancing our state's health is one of our most important responsibilities at the University of Oklahoma," said OU President Joseph Harroz Jr. "Through this strategic collaboration with USAO and Murray State, our institutions are aligning our resources and our unique strengths to address our state's critical nursing shortage – ultimately yielding life-changing outcomes for countless Oklahomans."

Harroz, Jr. added "Over the last few years, we have seen that impact in a way that is real to everyone. We know across the state, through the pandemic, a fault line that we have which is that there aren't enough nurses in this state, there are not enough nurses in this nation to care for our people. The impacts are fundamental and they are real. People are literally dying because there aren't enough nurses to take care of the patients."

OU's Fran and Earl Ziegler College of Nursing, the largest nursing program in Oklahoma,

is a nationally recognized college offering bachelor's, master's and doctoral degree programs to prepare professional nurses. In the past two years, the College of Nursing has implemented a number of programs to help address the nursing shortage, including working with its health care partner, OU Health, in developing a degree accelerator program. Additionally, last year OU announced it would accept all qualified applicants for its BSN program – a pledge that continues for fall 2023.

In 2021, the university announced it would offer its BSN degree at two additional locations, partnering with Norman Regional Hospital and Duncan Regional Hospital. The expansion adds to the college's existing locations that offer the traditional BSN – the OU Health Sciences Center in Oklahoma City, the OU-Tulsa Schusterman Center and Cameron University in Lawton.

With campuses in Tishomingo and Ardmore, Murray State College offers associate degrees in science, arts and applied science, including a 70-credit-hour nursing program. At the completion of the nursing program, students graduate with an Associate of Applied Science

degree.

"This partnership provides Murray State nursing graduates guaranteed access, both online and in-person, to a career ladder with greater professional opportunities and earning potential," said Dr. Tim Faltyn, president of Murray State College. "Our RNs will have the ability to pursue bachelor's, master's and doctoral nursing degrees with the University of Oklahoma from anywhere they live and work in southern Oklahoma starting today. This is the first step in the creation of the Southern Oklahoma Center for Nursing Education at our Ardmore campus. What we are doing here today will improve the quality of care for all of southern Oklahoma."

The University of Science & Arts of Oklahoma in Chickasha is Oklahoma's only public liberal arts college. The university provides undergraduate liberal arts and sciences education, including a pre-nursing degree.

"We are extremely pleased to partner with the University of Oklahoma to combine the interdisciplinary college experience we provide at Science & Arts

Continued next page



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WORKFORCE

Continued from Page 2

with the superlative health care resources of OU's Fran and Earl Ziegler College of Nursing," said Dr. John H. Feaver, Science & Arts president. "This partnership will allow students to receive the benefits of our broad-based liberal arts curriculum alongside the rigorous clinical education and training a career as a professional registered nurse requires. It is imperative that these critical frontline workers have the liberal arts foundation, technical and interpersonal skills to care for the whole human being, and we are confident that innovative, collaborative programs such as this will provide our future nurses with the competence, compassion and critical knowledge necessary to meet the complex and individual needs

of all our fellow Oklahomans."

"Academic-practice partnerships are key to workforce innovation in nursing," said Julie Hoff, dean of OU's Fran and Earl Ziegler College of Nursing. "These partnerships help us collaboratively steward rather than compete for limited clinical and faculty resources to impact health care access and quality across the state."

Murray State College Concurrent Pre-Nursing Student Charlee Mayes said this new partnership is a dream come true for her.

"I want to help people, and the healthcare field is the best possible way to do that," she said. "I knew I wanted to be a part of this program. This is a dream come true. Access is what we need and the ability to pursue something that we were meant to do, without having to move 100 miles away from home."



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Charlee Mayes, Murray State College concurrent student from Tishomingo, Oklahoma.

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CAREERS IN NURSING:

WHEN SECONDS MATTER -LEVEL 1 TRAUMA CENTER NURSES RESPOND

story and photo by James Coburn, Staff Writer

Amy Weder helps stop the bleed. Not everyone can say they have a career that saves lives.

"That's something that when I wake up, I do every day," Weder said.

She was fresh out of nursing school when setting her course in emergency care. In 2016, she earned her Bachelor of Science in Nursing degree at the Kramer School of Nursing at Oklahoma City University.

"I really liked Kramer. Their professors were great — very engaging — I got to know them quite a bit. I was particularly close to my critical care nurse professor. She's also an ER nurse, so I learned quite a bit from her," said Weder, RN, and a trauma control nurse at the University of Oklahoma Medical Center, located on the campus of OU Health Sciences Center in Oklahoma City.

Her former professor, Dr. Vanessa Wright, is an associate professor and master's degree program coordinator for the Kramer School of Nursing.

Weder's aunt is a retired RN who helped to spark Weder's career by seeing her go on medical mission

trips. It was after one of those trips that her aunt returned home and felt something wasn't right. Her aunt soon learned that she had a brain tumor.

"Everything ended up being fine. But from that moment, she decided it was God's way of showing her that maybe she shouldn't be doing more medical mission trips. I have always admired her for that. She has always been someone I can look up to," Weder said.

Weder wanted to be in a nursing environment that would matter the most during an emergency. She worked on the medical side of the hospital ER from 2016 until 2020 when she transferred to the emergency the Level 1 Trauma Center.

"I was a new nurse with them, and we've grown together," Weder said.

As the only level-1 trauma center in the state, Weder responds to severe emergencies ranging from automobile collisions, stabbings, shootings, falls and assaults. Patients may be the sickest of the sick or were injured in a small fender bender, she said.

"You kind of let them know, 'Hey this is scary, but we're here to help you. But we're here to help you and do what we came for — basically save your life.' You're in the best place for it," Weder explained.

Her response team of nurses are certain to be set-up and adequately stocked for her the next patient entering the trauma center. Bed warmers and rapid transfusion necessities are set. It's all about being prepared, she said.

The Level 1 Trauma Center is equipped with all types of blood for a quick response.

Weder knows every nurse has an important role in life and admires her team for choosing to be trauma nurses.

"They are my family and best friends," she continued. "They are people who will always have your back when you need it. When you have a really sick patient, they are always there for you. They'll stay late for you if we're busy. You don't have to worry about them leaving you. Just because their workload is done and it's 7 p.m. and their time to clock out,

they'll stay and help you for hours."

It takes time for nurses to build trust. But the trust her coworkers have earned saves lives.

"They are the people I would want to save my life," she said. "There's no one else I would better want than them."

Weder has worked many a night during tornado outbreaks and other types of storms.

She recalled one night when a tornado resulted in several injuries. It was all-hands on deck for the trauma center.

"It may seem like it's chaos down here, but it's a well-oiled machine," she said. "There's a lot of prioritizing."

Understandably, Weder said her career as a trauma response nurse has made her a little bit more jaded because people entering the unit are experiencing the worst time of their lives. Some of them tend to lash out.

"A lot of times it's toward nurses. But then they must put that in the past and recognize this is the worst time of their life and you're here

continued next page



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Amy Weder, RN, is a seasoned trauma nurse dedicated to saving lives at the University of Oklahoma Medical Center, located in Oklahoma City.

to help them," Weder said. "So, I've grown quite a bit, just because I've had to step out of my own feelings and put someone else first."

Weder said trauma value having a

great career.

"You are going to have some bad times, but you push through it," she said.

BRAUMS

Continued from Page 1

When a donor was needed to fund the milk room, Braum's, an Oklahoma company, seemed like a perfect fit.

"Braum's has been providing milk for Oklahoma families for more than 50 years, and when we approached them about funding a project to create a milk room for our most vulnerable patients, we were so delighted when it was a quick 'yes,'" said Lori Cummins, vice president of Mercy Health Foundation Communities. "The support from the Braum family and so many others will impact generations to come as we prepare to welcome more Oklahomans into the world at the Love Family Women's Center."

The project will create a more streamlined process allowing nurses to focus on patient care while a dedicated team prepares feedings. This type of facility is considered best practice for caring for the nutritional needs of infants needing a higher level of care.

"When the team at Mercy approached Braum's about helping fund the milk room, I knew it was a fantastic addition to the monumental Love Family Women's Center project," said Drew Braum, president and chief executive officer of Braum's. "For many, Braum's is synonymous with milk. While we produce high-quality, nutritious A2 dairy milk on our farm,



Mercy's NICU co-workers with Drew Braum at the Braum's plant.

Mercy will use the Braum's Milk Room to develop the correct formulation of human milk and formula to meet



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the nutritional needs of all infants, especially those admitted into the NICU. We are honored to partner with

Mercy and the Love Family Women's Center to bring this critical element of care to Oklahoma City."

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The SWOSU School of Nursing has a reputation for excellence, offering five different nursing programs to fit the needs of all students. If you're looking to start your nursing career, the traditional BSN program taught on campus is an excellent option. Alternatively, if you're already an RN looking to advance your career, SWOSU offers four online degrees, including an RN to BSN degree and graduate degrees in nursing education and nursing administration.

But the nursing programs at SWOSU don't stop there. The university also offers online professional programs in Health Information Management and Information Management at the graduate level. Additionally, SWOSU has two contractual agreement programs for Occupational Therapy Assistant and Physical Therapist Assistant Programs in partnership with Caddo Kiowa Technology Center.

SWOSU is proud to have six nationally accredited programs in Health Information Management, Nursing, Occupational Therapy Assistant, Physical Therapist Assistant, Radiologic Technology, and Medical Laboratory Technician. The university's professionally and academically qualified faculty are dedicated to mentoring students and helping them achieve their goals.

At SWOSU, students have access to a diverse selection of academic college courses and are rated as one of the most affordable universities in the region. Additionally, SWOSU's location in Weatherford is conveniently located on Interstate 40, less than one hour west of the Oklahoma City metro area. Whether you're a commuter or a traditional student, SWOSU provides accessibility and convenience.

SWOSU's nursing program is more than just traditional classroom learning. The university also boasts a nursing simulation lab that provides hands-on experience in a controlled environment. The lab features high-tech manikins that can simulate a wide range of medical conditions and scenarios, allowing students to practice and develop their clinical skills in a



safe and supportive environment.

SWOSU's nursing programs have a strong emphasis on community service and engagement. Nursing students can participate in various community-based programs and initiatives, such as health fairs and clinics, providing valuable service to the local community while also gaining practical experience and skills.

SWOSU's nursing faculty are experienced professionals who bring a wealth of knowledge and expertise to the classroom. They are dedicated to helping students succeed and are committed to providing a supportive and inclusive learning environment. Additionally, the university offers a range of scholarships and financial aid opportunities to help nursing students achieve their academic and career goals.

In summary, SWOSU's nursing programs provide students with a comprehensive education that prepares them for a successful career in nursing. With a strong focus on hands-on experience, community engagement, and academic excellence, SWOSU's nursing programs provide students with the skills, knowledge, and experience they need to make a positive impact in the world of healthcare. Join us at SWOSU and pursue your dreams of becoming a nurse while receiving a top-quality education. We are dedicated to helping our students succeed. For more information on SWOSU's nursing programs visit:

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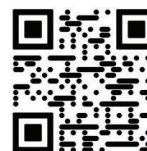
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Nurses in Texas and Kansas move forward with historic strikes, resisting Ascension union-busting tactics

2,000 Ascension nurses will strike on June 27 for strong contracts to combat health care giant's unsafe staffing practices

Registered nurses in Texas and Kansas at three Ascension hospitals are moving forward with historic one-day strikes on Tuesday, June 27, to protest management's resistance to bargain in good faith with RNs for union contracts that would help correct the endemic staffing crisis, announced National Nurses Organizing Committee/National Nurses United (NNOC/NNU). Driven by their concerns about patient safety, these will be the largest nurse strikes in Texas and Kansas history.

Ascension management's punitive three-day lockout of nurses who go on strike has failed to intimidate them. Among the 2,000 registered nurses at Ascension via Christi St. Joseph Hospital (Wichita, Kan.), Ascension via Christi St. Francis Hospital (Wichita, Kan.), and Ascension Seton Medical Center (Austin, Texas), there is now even greater momentum and motivation to speak out and demand management negotiate first contracts with its RNs to improve the health of their patients and communities.

"Management's retaliatory threats are despicable, but union nurses won't give up on our fight for our patients,"

said Kris Fuentes, a registered nurse in the neonatal intensive care unit at Ascension Seton Medical Center in Austin. "Ascension's dangerous staffing practices disrupt our ability to provide quality care and put our patients at risk every day. This is a clear sign Ascension would rather use its vast resources to delay improvement than to invest in the care our patients and our communities deserve with appropriate staffing." The strikes come after Ascension repeatedly dismissed nurses' solutions for patient safety during contract negotiations, including their proposals to enforce safe staffing and improve nurse recruitment and retention. "Ascension management is short-changing its nurses and its patients," Nicholous Whitehead, an RN in the surgery unit at St. Francis Hospital, said of the hospital chain, which does not pay federal taxes because of its nonprofit status. "While Ascension claims to provide 'spiritually-centered holistic care,' nurses' experiences reflect the reality of Ascension's hypocrisy. Union nurses are striking to enforce, through safe staffing protections in our contracts, Ascension's own mission

to 'sustain and improve the health of individuals and communities.'"

In the past year, Ascension nurses have made history, creating some of the largest private-sector nurse unions in states with laws hostile to worker organizing. Driving the surge of unionization at Ascension is the blatant hypocrisy of the nonprofit, Catholic hospital chain – one of the nation's largest that has \$19.5 billion in cash reserves, an investment arm that manages \$41 billion, and a private equity operation worth \$1 billion.

Chronic short-staffing imposed by Ascension hospital management – a practice that began well before the Covid-19 pandemic to boost profits and executive compensation – makes it challenging for nurses to provide the highest quality of care to their patients because it drastically limits how much time a nurse can spend on each patient. Short-staffing also creates a revolving door of nursing staff, who suffer moral injury and distress because they can't provide the care they know results in the best patient outcomes.

"Nurses are patient advocates at

the bedside and, when we need to be, on the strike line," said Carol Samsel, an RN in the intensive care unit at St. Joseph Hospital. "Union nurses are ready to stand united against these conditions, which are driving away both veteran nurses, whom we need to ensure the highest standards of care, and new graduates, who are necessary for the sustainability of our profession." The latest data from the Bureau of Labor Statistics and the National Council of State Boards of Nursing shows that in Texas, Kansas, and across the country, there is no nurse "shortage." In fact, in Texas, there are nearly 128,000 registered nurses with active licenses who are choosing not to work at the bedside, while in Kansas – a much smaller state by population – that number is almost 20,000. Nationwide, there are more than a million registered nurses with active licenses who are choosing not to work at the bedside because of the hospital industry's unsafe working conditions.

More data and information debunking the nurse "shortage" myth PAGE 12.

OKNT CROSSWORD: OB TEST

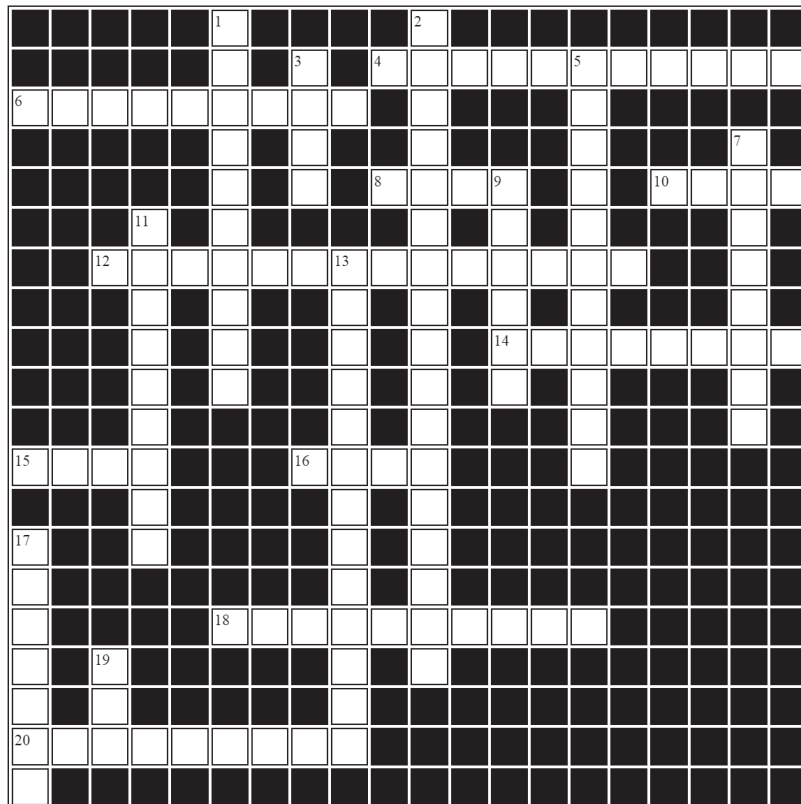
Across

4. beat to beat variations of the FHR
6. use of pharmacologic agents that decreases pain perception
8. pressure sensitive device inserted directly into the uterus to measure true intensity of contractions in mmHg abbr
10. abr. for artificial rupture of membranes
12. local anesthetic agent injected at the pudendal nerve to produce numbness of the lower 2/3 of the & perineum, 2 words -----X-----
14. cervical ripening agent (prostaglandin) that can be left in for 12 hours
15. increase in lbs. of maternal blood volume in pregnancy
16. the craving & eating of substances with little or no nutritional value
18. surgical incision into the perineum to enlarge the vaginal opening
20. antiemetic often given with

demerol, nubain, morphine

Down

1. temporary loss of sensation of pain, or induced unconsciousness
2. assist birth by applying suction to the fetal head, 2 words -----X-----
3. mineral required for DNA & RNA synthesis, needed for cell development & fetal growth
5. fetal heart rate baseline < 110
7. often given for therapeutic rest in a prodromal labor
9. stool softener often given after delivery
11. morphine injected into the spinal fluid, keeps pt pain free for 24 hours
13. instilling fluid (LR) into the uterus to thin meconium or correct variable decelerations
17. instrument used to assist with birth of the fetus by providing traction or to rotate a fetal head
19. applied to fetal scalp (usually) to give direct reading of FHR abbr



ANSWERS ON PAGE 11

By Linda Holderle

NURSE TALK



What qualities do you admire in the elderly that you hope to have in your golden years?



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Renekia Johnson, CNA

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Shekeyra Wilson, CNA

"I hope to still have my personality and just be energized."



Michelle Surman, CNA

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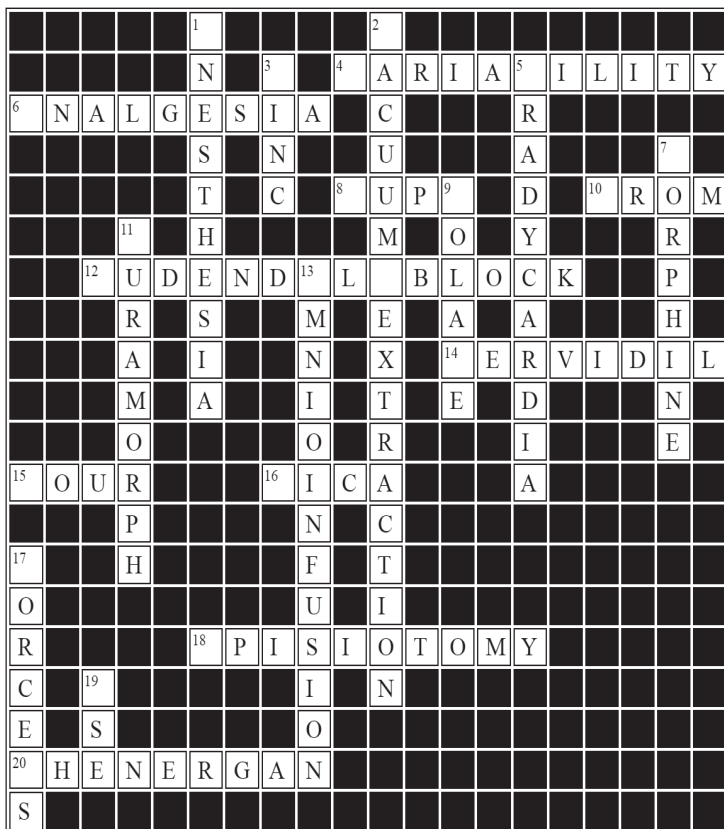
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“THERE IS NO NURSE SHORTAGE” According to the National Nurses United

Nurses across the country – including the thousands of NNU-affiliated nurses in New York City and Minnesota’s Twin Cities who went on historic strikes in recent months – insist that there is no “shortage” of professionals in their field. Simply put, there is a failure by hospital industry executives to put nurses and the patients they care for above corporate profits.

Nurses will be the first to say that there is a staffing crisis in health care settings, particularly in hospitals’ critical care units. Many have seen some of their most experienced colleagues leave their hospital or the bedside altogether. Many themselves are currently contemplating a more sustainable profession after repeatedly working under conditions that are unsafe for themselves and their patients.

However, that does not mean there is a shortage of nurses. In fact, data shows:

- In 2022, there were more than one million registered nurses with active licenses who were not employed as RNs. ¹ According to the most recent Bureau of Labor Statistics (BLS) data on RN employment – updated April 2023 – there are 3,072,700 employed registered nurses in the U.S. In comparison, there are 4,604,199 actively licensed RNs, according to May 2023 data from the National Council of State Boards of Nursing (NCSBN). *1 NNU believes this is a conservative estimate as the most recent BLS data averaged the number of employed RNs from November 2019 to May 2022, while the NCSBN data shows sustained increases, since at least 2018 and in every year subsequently, in the number of RN licenses issued nationally. Just from 2021 to 2022, the number of RN licenses jumped by approximately 262,000 – and as recently as March 2023, increased even further by 195,000 to 5,523,906.*
- The number of candidates who passed the nursing licensure exam for the first time has steadily grown. ² In 2017, 166,247 candidates passed the NCLEX-RN exam for the first time. In 2021, the last year of available data from NCSBN, that number increased to 192,007. In the years between, there were steady increases in the numbers of licenses issued for the first time. *2 The number of licenses issued for the first time is a helpful indicator of the strength of the nursing pipeline, more so than the number of graduating nursing students. Graduated nursing students can only practice once they have passed their licensure exam.*
- The registered nurse workforce is growing – just not inside hospitals or other acute-care settings. Experts project that over the next decade, the national RN workforce will not only replace the expected 500,000 retiring RNs, but also expand the workforce by almost one million registered nurses. At the same time, data from 2019 to 2022 shows that the entirety of growth in RN employment during that period occurred outside of hospitals.

These data points show that the nursing education and licensing pipeline is strong. The reality is that RNs are moving into health care settings like outpatient clinics and doctors’ offices, confirming the need for better retention measures that improve their working conditions in acute-care hospitals.

THE RETENTION GAP - THE CRISIS THE HOSPITAL INDUSTRY CREATED

The data clearly shows that there is only a shortage of nurses willing to work in environments that risk their licenses and the safety of their patients.

It’s an inconvenient truth for the hospital industry but one that’s borne out by anecdotal and quantitative evidence. In fact, a recent survey of 200 hospitals found that the turnover rate is the highest it has ever been, at 27.1%. Yet, the media has been giving uncritical airtime to hospital industry claims of a “shortage” without connecting the dots between the unsafe and unsustainable work conditions executives have set and their failure to retain nurses.

Although the rampant mistreatment of nurses and health care professionals was on full display during the Covid-19 pandemic, nurses have long experienced dangerous working conditions, fueled by a chronic lack of employer support for their labor and their well-being. Polling after

polling of nurses show that workplace conditions are driving them away from the profession: • Intentional low RN staffing levels imposed by hospital managers

- Inadequate occupational health and safety protections
- Insufficient stock of critical medical supplies and personal protective equipment (PPE)
- Increasing levels of violence in the workplace

To make matters worse, at many hospitals across the country – including at the nation’s largest hospital chain, HCA Healthcare (HCA) – new nursing graduates are caught in employer-mandated debt contracts. These are promoted as enhanced education and training programs, new graduate contracts, or so-called residency programs. In reality, they are an opportunity for hospital employers to exploit new nursing graduates to keep their labor costs low. These coercive agreements are tied to poor working conditions and unsafe patient care conditions. This is just one example of the greedy tactics and onerous conditions nurses are fighting against every day. How much longer are we willing to allow our nurses, whom we applauded as heroes, to bear this burden without accountability from their employers?

SAFE STAFFING - THE SOLUTION WE NEED TO TALK ABOUT

The hospital industry is keen to focus on the “shortage” of nurses as a consequence of a faulty “pipeline” that is failing to produce enough nurses. NNU believes nursing education and training can and should be improved, particularly to increase diversity and access to affordable programs. But the focus on the “pipeline” excuses hospital executives for their failure to retain their nursing staff by ensuring safe conditions.

As long as working conditions continue to decline at hospitals, no amount of investments in the nurse “pipeline” will be sufficient to stem the decline in staff retention. A critical first step is passing federal minimum standards for nurse-to-patient staffing ratios. Right now, California is the only state to have such minimum standards hospital wide.

Nurse employment grew significantly faster in California compared to other states after its nurse-to-patient minimum ratios were implemented (National Sample Survey of Registered Nurses). Nurses within the state not only returned to the bedside, but California’s ratios attracted nurses from across the country who appreciated being able to practice nursing under a safe working environment and get to spend time with their patients.

Fewer patient assignments mean lower rates of nurses’ job dissatisfaction and moral distress. It also means fewer California nurses miss changes in patient conditions because of their workload. It’s no surprise that academic research has found that California’s ratios law has improved the quality of health care outcomes for patients, including most notably a decrease in patient mortality. A 2021 study by Dr. Linda Aiken showed that if New York state had the same staffing mandate as California, at least 4,370 lives would have been saved that year alone.

THE RN WORKFORCE PIPELINE - STRATEGIES TO STRENGTHEN AND SUPPORT

While the primary focus should be on the retention of existing bedside nurses by improving working conditions and patient care in acute-care hospitals, the federal government also should strengthen the recruitment of RNs by:

- Creating a long-term, dedicated funding stream for tuition-free nursing programs at public community colleges; Giving funding priority to public community colleges located in health professional shortage areas (HPSAs) and medically underserved areas and populations (MUAs/MUPs);
- Focusing on graduating and hiring RNs with two-year associate degrees (ADNs) over four-year bachelor’s degrees (BSNs) and advanced-practice registered nurses (APRNs);
- * The number of nurse practitioners (NPs), the largest occupation among APRNs, for example, increased by 109% between 2010 and 2017, while the number of RNs who were not APRNs grew by only 22% during this same time period. Addressing the institutional and industry bias towards BSNs versus ADNs also would help diversify the nursing workforce.
- Supporting programs that build a culturally competent and diverse pipeline of nurses into bedside care, including increased funding for and improving the Nursing Workforce Diversity Program (NWDP);
- Significantly increasing funding for and improving the Nurse Corps Scholarship Program (NCSP) and the Loan Repayment Program (NCLRP).

THE BOTTOM LINE: It’s convenient for hospital executives to blame the “nursing shortage” of nurses for their staffing woes. Durable solutions require a tough examination of the unsafe conditions they have set for nurses and how these unsustainable working conditions drive nurses away from the bedside. Focusing solely on the “pipeline” is incomplete and counterproductive without also discussing solutions to keep the nursing profession attractive, especially once nurses have passed their licensing exams and are working in hospitals and acute-care settings.

EDITORS NOTE: OKNT AND IT’S EMPLOYEES AND MANAGMENT DO NOT NECESSARILY SHARE THE OPINIONS EXPRESSED BY THE NNU.

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