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Assembly Committee on Higher Education, Deborah Glick, Chair

Hearing Subject: Impact of the COVID-19 pandemic on the future of higher education.

Location: Hearing Room C Legislative Office Building, Albany, New York

Date/Time: Tuesday, November 30, 2021 10:00 a.m.

Ann Harrington, Executive Director, New York Organization of Nurse Executives and Leaders

Thank you for the opportunity to provide testimony on the long-term outlook for higher education, particularly in nursing, and offer our guidance on addressing nursing education needs as a result of COVID.

I am here on behalf of the New York Organization of Nurse Executives and Leaders, a 550+ member organization comprised of nurse leaders at all levels in all areas where nursing is practiced, in nursing education and nursing research. Nurse leaders are the group of professionals that must navigate the environment and seek solutions on a daily basis. As nurses are members of the largest group of healthcare professionals, the impact of the COVID-19 pandemic has highlighted the importance of addressing the educational pipeline in nursing.

Many of the problems we experienced predated the pandemic and have been in need of change for quite some time. COVID merely exacerbated these issues.

As a result of the burdens of COVID on nurses, retirements are occurring at a more rapid pace, individuals are leaving the professions because of poor working conditions, and additional vacancies have occurred because of the vaccine mandate. Solutions to accelerating the educational pipeline are needed. They will not be immediate. They are difficult. They must be supported by the government and that support must be significant and sustained.

Our goal must be to increase capacity, invest in new training models, reduce regulatory burden, and broaden career pathways to open up the funnel of students -- who may not be initially eligible -- to gradually move them into clinical positions. Internships and mentoring should be tools utilized to reach out to individuals who need training to get them on a pathway to a licensed position in the healthcare arena.

We focus today on three phases of the workforce career lifecycle: recruitment, education and competency development (or transition to practice). Each has its unique challenges that demand unique solutions. We can suggest solutions for all healthcare workers, with a particular focus on nurses, who comprise the largest percent of workforce.

Recruitment – Pre-COVID and during the initial phases, healthcare jobs presented an attractive alternative. They were relatively well-paid, rewarding in their service to individuals in need, and presented great learning and advancement potential, as well as long-term job security. One caveat is that our workforce lacks the diversity of the patients we serve. We are acutely aware now that diversity in all healthcare settings is very important. As a profession in partnership with government and higher education institutions, we need to focus on creating a more culturally responsive and culturally competent heath care setting for all. Improved diversity is a known factor in patient satisfaction, personal healthcare habits and positive patient outcomes/community health. Traditionally, non-professional healthcare jobs have provided an advancement pipeline to professional nursing positions, but since COVID, non-professionals are leaving for more attractive positions that provide equitable pay, thus narrowing the nursing pipeline, and widening the diversity gap.

To improve recruitment, healthcare education must begin earlier by way of high school programs such as toolkits for use by guidance counselors, and high school healthcare tracts which some have called a "future caregiver initiatives." A statewide/state-funded program to assure consistent curriculum content in all schools and to provide tuition support for students where applicable would facilitate earlier entry into healthcare career pathways.

And when we look at tuition support, the state and higher education institutions must reimagine scholarships. Scholarships that are merely tuition reimbursement mechanisms are not enough to recruit and retain those individuals that want to work in healthcare but have barriers that prohibit them from entering a program. Through our efforts, we need to recruit students who require more assistance to enter the field, and include incentives such as cash stipends, child care, life skills coaching, and other supports to augment the scholarship funds. Our approach must be a more holistic one that breaks down those barriers which prevent them from entering school. Our scholarships should be more comprehensive to assist students in their lives <u>outside</u> the classroom to make it easier for them to stay <u>in</u> the classroom and obtain a degree.

Another population of students for consideration of financial support is second-degree students who have a BS or higher degree in another field. They are strong, mature, highly motivated, and tremendous assets to the new RN workforce. Most are in accelerated BS programs and have typically exceeded any eligibility for undergraduate financial aid.

Successful student recruitment will require the nursing pipeline to widen to accommodate more students. So, the number of faculty must grow. But a significant nursing faculty shortage continues. The significant pay differential between clinical practice and academia impacts experienced nurses moving to faculty positions. This field is not attractive due to the low wages it offers, in light of the demands of the role. Nursing faculty salaries must undergo examination and adjustment.

Faculty education grants must continue and be augmented, and tax incentives and tax credits considered to entice experienced nurses to move to academia. Faculty scholarships are reportedly undersubscribed. So, we should find ways to elevate their accessibility.

Aging of faculty will result in a significant number of retirements in the next few years, thus affecting the number of students who can be accepted into programs. The sooner solutions are implemented, the wider the pipeline will remain.

Education – The above recruitment solutions, and college tuition assistance/relief would attract potential nursing students. Currently there are three options for entry level RNs: nursing school diploma, and associates and baccalaureate degrees. A consistent, seamless pathway from one to the next would allow nurses to: a) enter the workforce to begin earning at the earliest possible stage and b) facilitate nurses achieving a baccalaureate degree, which is currently a requirement of all New York licensed nurses by ten years of practice.

Higher education positively correlates with quality outcomes and safe patient care, so it must remain a priority. It also allows nurses to more readily enter advanced practice fields where there is a need for primary care practitioners, particularly in underserved areas. Whatever the degree, the laws and regulations of the state of New York must support the RN working to the top of license, unsupervised, to provide optimal care to all New Yorkers.

An important component of nurse education is clinical simulation. COVID has forced our hand to substitute clinical hours with clinical simulation, which is proven to provide standardized opportunities for observation of all students' performance and for examination of decision-making processes that patient care experience cannot. Evidence is abundant and clear that simulation as a form of clinical learning leads to good outcomes, so it should be utilized more and with more regularity.

To be viable, simulation labs – like hospitals – must be equipped with state-of-the-art equipment, which presents a challenge to institutions of higher learning, and will require government funding assistance.

To address the current lack of sufficient clinical opportunities in hospitals, the State needs to provide additional support for the hospitals and nursing programs. Clinical placements must include settings other than hospitals and the traditional trajectory from graduation to a hospital job for "experience" prior to moving to the desired clinical setting must be reimagined. Use of simulation can be expanded to include skills in home care, primary care and long-term care.

Additionally, with the limits in nursing degree slots, also driven by a shortage in academia we know that as nurses progress in their education to the baccalaureate degree, many often continue to obtain a master's degree and PhDs. This elevation in education, also provides a secondary benefit to the higher education community in that they will fill the ranks of educators in the classroom. As noted previously, more effective nurse faculty are key to opening additional slots in the pipeline to practice, thereby alleviating the pressures of filling opening across the healthcare system.

An education model that has not been widely exercised is to establish dedicated education units (DEUs) in all hospitals in order to allow hospital nurses to extend their skills to include teaching nursing students and sharing the faculty burden. This is also an excellent recruitment and retention tool for hospitals and units. But it increases hospitals' costs to support staff nurse hours spent learning how to teach students, and teaching those students. Hospitals are currently overburdened with expenses, and such expenses traditionally fall in the "non-productive" hours of a budget, which are subject to cutting.; we call on the State to provide such financial relief measures.

Lastly, and importantly, regulatory bodies must "flex" current requirements, and exercise more timely approval of academic programs and program changes, including all of those noted above.

Competency Development/Transition to Practice: As previously noted, programs and employers must be granted regulatory flexibility as they prepare new graduate nurses to practice in areas other than hospitals. Consideration must be given to providing clinical experiences in home care, long term care, primary care, and other sites where nurses wish to practice. This will have the twofold benefit of expediting competency in a specialty area of practice, and helping to mitigate the frequently occurring 1-3-year new graduate RN turnover phenomenon, as the RN will derive more job satisfaction from work in the chosen specialty.

The use of simulation as a proxy for clinical site hours has been discussed at length. But it's worth repeating that regulatory bodies must exercise flexibility in approving programs/program changes that include higher percentages of simulation hours. And the decision making must be timelier.

Similar to the medical profession, fellowships and internships are proven techniques to improve nurses' skills and foster quicker transition to full practice. As full time RN hours are needed as dedicated resources to provide effective preceptorships, and since they, too, fall under "non-productive" hours in a traditional budget, they are often not allocated because of more immediate needs. Government funding is needed to support effective RN transition programs – much the same as the funding provided to the medical profession.

We believe that New York State has the best healthcare system in the world due to its well-educated workforce. Because of this, a huge priority of NYONEL's – proven by the emergency orders sustained throughout the pandemic – is to decrease regulatory and documentation burden for nurses. This can be done by a) allowing them to practice to the full scope of licensure without medical oversight, for example, using non-patient specific orders to facilitate safe care and by b) right-assigning tasks to non-nursing unlicensed personnel where possible, for example COVID and other testing.

The current situation presents a perfect scenario for consideration of demonstration projects on alternative staffing models that would include innovative academic-practice partnerships. Provider institutions must continue to implement technology to support safe and effective patient care. However, as each enabler is introduced, care must be taken to assess the increased burden on nurses in terms of learning and documentation, and to institute measures to reduce the burden where possible. Regulators must exercise caution in imposing regulations to solve an isolated problem, react to singular incidents, or otherwise measure the effect of regulations. Such impositions must be evaluated in terms of their effect on the workforce (burden) vs. effect on the problem (validity of solution). And governmental funding and incentives should take into account these additional "hidden" costs of implementing technology.

In closing, we applaud New York State institutions of higher learning for exceptional education provided to healthcare workers, and for their incredible flexibility demonstrated in pivoting from live to virtual to hybrid models of education. We commend you, our elected officials, for your efforts and attention to effectively respond to the current issues facing the higher education community and healthcare professions We appreciate the opportunity to provide testimony today and stand ready to provide further feedback and participate in creating solutions.

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