FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING AND DENTAL HYGIENE

BACCALAUREATE NURSING PROGRAM

B.S.N. PROGRAM REVIEW REPORT

Submitted to

THE ACADEMIC PROGRAM REVIEW COUNCIL

September 2003

MEMORANDUM

DATE: November 19, 2003

TO: Academic Senate

FROM: Academic Program Review Council

RE: Recommendations for:

Bachelor of Science Degree in Nursing

CC: Mary Cairy, Susan Fogarty, Julie Coon, Jacqueline Hooper, Laurie Chesley, Thomas Oldfield

RECOMMENDATION OF ACADEMIC PROGRAM REVIEW COUNCIL:

We recommend that this program be continued.

DESCRIPTION OF PROGRAM:

CATALOG DESCRIPTION:

Why Choose the RN to BSN Completion Degree?

There are many career opportunities for nurses with experience and a BSN degree. Traditionally a field that provided a constant number of nursing career opportunities, health care is now growing at an unprecedented rate. Driven by technological developments, rapid advancements in disease prevention and health promotion, increased public awareness of health concerns, and a booming, aging population, this field offers you a wide variety of job openings, ranging from traditional patient care to health care administration.

Students with an Associate's degree and RN licensure can complete Ferris' Bachelor's degree (BSN) on a part-time basis on campus or at selected sites across the state, or full-time on campus. The BSN program builds upon your prior learning and reduces unnecessary repetition to minimize your investment of time and money. Designed expressly for associate degree and diploma RNs who want to further their educational growth and development, classes are scheduled for evening and weekends or held online (or a mixture of classroom and online time) – all to accommodate the busy lives of working adults.

The Ferris State University Bachelor of Science program is fully accredited by the National League for Nursing Accrediting Commission (NLNAC).

Get a Great Job

The Ferris BSN equips you with the theory-based knowledge and skills to work in many of the new and expanding fields of nursing. It increases your understanding of illness prevention, health promotion and maintenance, counseling and education and rehabilitative services.

You will acquire the skills and the self-assurance that will qualify you for diverse career opportunities when you graduate. You'll be prepared to lead health care teams, coordinate and plan nursing care for a variety of clients, collaborate with other health professionals, and make confident, independent decisions.

Nurses with BSN degrees typically earn higher salaries than bedside nurses when they assume roles in management and community health settings. Advanced practice nurses (with education beyond the BSN) can earn salaries ranging from $55,000 to $90,000 per year, depending on the specialty and location of employment.

Admission Requirements

To be eligible for the BSN completion program you must have a Michigan registered nurse license, a cumulative GPA of 2.0 in the basic nursing program (ADN or Diploma), and in each of the biological and physical sciences. A completed application, copy of the RN license and official transcripts from other institutions are all that is required for the application process.

Graduation Requirements

Graduation requires a minimum of 2.0 GPA. Students must earn a grade of "C" or better in major and core courses and meet all the general education requirements as outlined in the General Education section of the University Catalog.

BACKGROUND INFORMATION OBTAINED FROM THE REVIEW PROCESS:

The BS in Nursing program is housed in the College of Allied Health Sciences and is a part of the department of Nursing and Dental Hygiene. The program is an upper division major that provides baccalaureate degree completion for students who already have an RN degree. This program originated as a means to address the need for RN career mobility and most likely affects distribution of nurses more than increasing the number of nurses.

Instruction in this program occurs at six sites, five of which are off campus. Students at the Big Rapids site may complete the degree in two semesters if they have met the general education requirements. A student in an off campus cohort can complete the program by attending class one night a week for seven semesters.

The program is fully accredited by the League for Nursing. A post-baccalaureate certificate in nursing education will be offered starting in W04 and a new Master of Science in Nursing will commence in F04. All teaching faculty have responsibilities in both the ADN and BSN degree programs.

Graduate surveys were sent out to 270 alumni and 52 (19%) were returned. Composite responses were given in the report. A synopsis of individual comments was given.

Survey forms for the employer were sent to graduates and they were requested to give them to their employers. A total of 20 employers responded. Composite responses were given in the report. According to the panel, no employers made comments on the survey form.

Student survey forms were returned by 132 students. Composite responses were given in the report and student comments were tabulated.

COST INFORMATION:

According to the 2000-2001 report from institutional research:

	Total cost per SCH
BS Degree in Nursing	$234.88
	Total program cost
BS Degree in Nursing	$14,092.91

ASSESSMENT OF THE PROGRAM:

(1) The program has a number of important strengths:

- The BSN program is designed to promote career mobility for individuals with an RN degree. This program is directly related to the mission of Ferris State University.
- The BSN program received full initial accreditation for the national league for Nursing in 1989 and continues to be fully accredited which is an indication of national leadership.
- Course evaluation and student and graduate surveys show generally favorable responses in regard to program or course satisfaction.
- Faculty and student evaluations of facilities and equipment indicate that they are adequate for the nursing faculty to accomplish its goals related to the BSN program both on campus and at outreach sites.
- There are 7 tenure track faculty. Four have been in their position for two years or less. Of these, one holds a terminal degree in the field and two others are enrolled in doctoral programs. The remaining faculty hold at least an earned masters degree in nursing. Experiential qualifications include continuing education, certification in advanced practice, and employment as practioners.
- No numbers were provided concerning the professional activities of faculty during the last 5 years.

(2) The Academic Program Review Council has the following concerns:

- The current cohort design leads to inefficiency.
    - The location and number of cohorts served strains the resources of the program and results in unnecessary manpower shortages.
    - The decision to use full time faculty as the primary providers of instruction to cohorts at the off campus sites requires Big Rapids faculty to drive to distant parts of the state on a regular basis.

  - The commitment of the program to serve a cohort through the entire course cycle leads to small classes toward the end of the cycle (due to 40% to 50% attrition), increasing the cost of the program.
    - Enrollment in most cohorts is currently less than 20.
  - Student concern was expressed with respect to the quality of advising and delayed instructor response time to questions.
- Students expressed a concern about problems with the use of WebCT in the delivery of instruction.
- According to the answers to questions from the Council to the Panel, a new winter start in the BSN and ADN is being implemented as a result of outside pressure on the program. Similar pressure is being exerted by UCEL to start a new cohort in Muskegon.
- The program faculty perceives there is a need for additional support staff.
- The decision which has been made to implement a Masters degree in Nursing occurs at a time when the faculty resources are stretched thin by multiple responsibilities. The panel indicated that no additional resources were promised to start this program.
- The program developed its own survey form and data from surveys is not as complete as it could be:
  - 270 graduate surveys were sent out and 52 (19%) were returned
  - 20 employers of the graduates responded.

(3) We recommend that the following steps be taken to improve the quality of this program:

- The College of Allied Health, the Department of Nursing and Dental Hygiene, and the BS in Nursing faculty should seriously review the Ferris model for the RN to BSN instruction in nursing particularly as it relates to the location and number of cohorts that are taught at any given time.
  - Competitor institutions have developed a similar model of instruction, but limit their locations to sites near their institutions.
  - Apparently the curriculum of the BSN was shortened primarily to compete with other BSN programs in the state rather than for concerns about the quality of instruction.
  - In spite of the lecture format of instruction, the cohort model makes the program very expensive.
    - The cost data presented in this report is based on cost of instruction of one student for what is essentially a one year program (an on campus student can complete the degree in two semesters).
    - The cost data for other BS degree programs reviewed this fall is based on the cost of instruction for a student attending Ferris State University for four years.

  - The assignment of one faculty to serve as the advisor to a cohort for the entire cycle results in limited communication between students and faculty, particularly when that faculty is teaching at other off campus sites.

- The program faculty should develop methods to make WebCT based instruction more user friendly to students at off campus sites
- The College of Allied Health Sciences and the Department of Nursing and Dental Hygiene should reconsider the implementation of the MS in Nursing until such time as adequate resources are available and there is an appropriate number of doctoral level faculty employed in this department.
  - This panel reported that faculty manpower is the greatest concern for this program due to the demands of teaching in the ADN and the BSN. Addition of a new program will only exacerbate this problem.
  - There is a shortage of potential nursing faculty with a doctoral degree. The program has a vacancy due to a failed search because a doctoral level prepared candidate was not available for this position.
- The College of Allied Health Sciences should review and evaluate the adequacy of the support staff for this and other programs in the College.

Questions for BS in Nursing program Panel

The bulleted items found under item 5 pages 15-16 of the document Academic Program Review: A Guide for Participants are the primary basis of the evaluation of the BS in Nursing program. The following questions are directly related to these criteria. The bullet number to which the question refers is cited prior to the question.

1 **Discuss the ways in which this program is central to the Mission of Ferris State University/**Address on page 8 of report

2 **Is this program visible in the State and on campus? Please describe what is currently being done to increase the visibility of the program.** Addressed pages 9-11 of report.

3 **Please characterize the service provided by this program and its graduates to the state, country, and/or world.** Address pages 8 and 9 of report.

4 **Please describe the demand for this program by students. .** Addressed page 8 and Section 10.

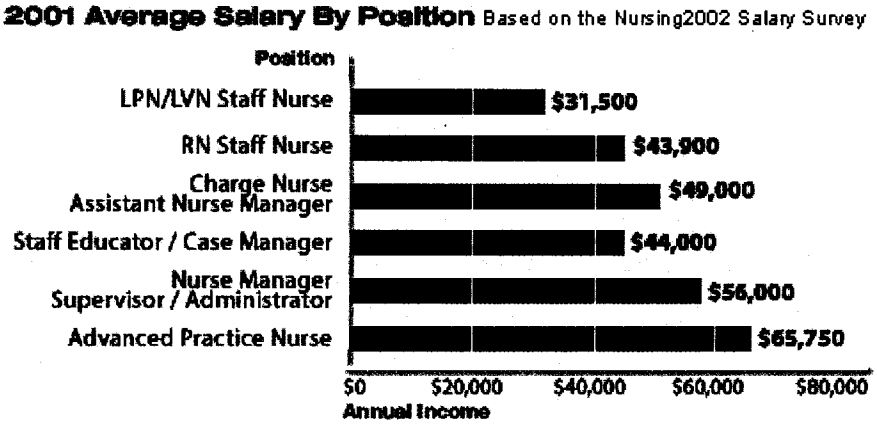
5 **Please list the primary skills, abilities, and knowledge base that you expect that a graduate of your program would possess.** Primary skills, abilities and knowledge base are listed in Table 3A page 22.

5 **For each skill, ability or knowledge base listed in the previous question, identify the major component(s) of your curriculum that are designed to develop that characteristic in your graduate.**

Primary skills, abilities and knowledge base	Course specific content			
Application of research findings to own practice	NURS 422 Nursing Research	NURS 432 Evidence based practice in organizations	NURS 436 Evidence based practice in community	NURS 499 Evidence regarding issues of nursing and health care
Use of Critical Thinking	NURS 324 Introduction to critical thinking. Metacognitive journal	Standards of critical thinking are part of grading criteria for majority of assignments In all nursing courses		
Collaborates with others on the health care team	NURS 499	NURS 432 content on group process		
Leadership and Management Skills	NURS 432 Content includes nursing leadership theory and practice	NURS 436 Nurse as change agent, nurses' role in health policy.		
Practices within ethical standards of profession	Code for Nurses introduced in NURS 324, thread in other courses			
Assumes responsibility for self - direction for personal & professional growth	Career planning in NURS 324	Development of clinical practicum in NURS 499		
Practices within policies/procedures of agency	Addressed in NURS 324, 422, 436, 499			

6, 7 Describe the demand for, placement of, and average salary of graduates

Demand for graduates and placement are addressed pages 45-47 and appendix D. Salaries vary by geographical location and clinical area or position. Many nurses opt to work less than full time for a part of their careers. Salary averages are in the table below.



8 Describe the service provided to non-majors by this program. Only majors enroll in courses in this program. Faculty are involved in teaching Allied Health Core Courses.

12 How many full time tenured 3 **and tenure track faculty** 3 **currently teach in this program? How many hold PhD degrees?** 1 EdD **MS or MA degrees** 5**? Other (please specify)?** See CVs in Section 8

12 With regard to the professional activities and accomplishments of the full time tenured or tenure track faculty who currently teach in this program:

- **How many have received a promotion or merit award in the last 5 years?**
- **How many have had a publication in a professional journal and/or presented a paper/poster at a professional meeting in the last 5 years?**
- **How many have attended a regional or national professional meeting in the last 5 years?**
- **How many have received a sabbatical leave during the last five years.** None

See CVs in Section 8

13 Please comment on administrative effectiveness with respect to this program. Faculty perceptions of administrative effectiveness for the BSN program are addressed on page 37, questions 25-27.

The following questions or requests for information are the result of our discussion concerning specific statements or material within the BS in Nursing Program Review Panel document. The page number containing the material upon which the question is based is cited prior to the question.

3 Why is one tenure-track position currently vacant? Failed search Academic year 2002-2003, severe shortage of doctoral faculty available.

4 Why is it necessary to increase the frequency of starting new cohorts in off
67 campus sites? With shorter curriculum since last curriculum revision cycle is shorter

than in the past. **Please describe the criteria used in the decision to start new cohorts at off campus sites.** Ferris Regional offices monitor and report on interest from employers and inquiries from nurses. **How frequently are new cohorts started?** In most sites a new cohort is started if there is interest following the completion of one cohort and significant numbers of prospective students.

4 **Is Big Rapids considered an on or off campus site for this program**? Off campus
10 site. **If it is an on campus site, why is there no listing of on campus students in the Administrative Program Review?**

4 **Please describe the continuing increase in enrollment. The Administrative**
6 **Program Review and table 10-A show that there are fluctuations in enrollment**
9 **and a significant decline between the fall of 1999 and the fall of 2002.** There is
66 generally attrition throughout the life of a cohort. At this time several cohorts were
67 late in their rotation or were finished with the rotation and a new cohort had not started in the same site. **Why is the total on table 10-B different from the total for the year 2002-2003 on table A?** Years were misprinted on Table 10-B, should be 2003-2004.

11 **Please explain how a student on the Big Rapids campus can complete a BSN in two semesters.** This is possible if all of the general education requirements are completed prior to beginning the nursing courses. Many of the FSU associate degree graduates complete these while waiting for placement in the ADN clinical sequence. **Is this true of diploma RNs?** If they have the general education requirements met. **The Administrative Program Review indicates that there is capacity of 200 students. What criteria were used in determining this number?** Current number of faculty, laboratory capacity, current equipment and current levels of S & E.

Please explain the statement in the Administrative Program Review that 75% of the students per cohort complete <u>all the program courses</u> but only 50% to 60% actually graduate. How does not completing a degree affect career advancement? Varies markedly in individual situations. Some non completers will miss opportunities for advancement. It will not generally make a nurse unemployable.

Please explain the answer to question 6 on the Administrative Program Review. Current goal is to have all courses delivered in web-enhanced format. Not all nursing or general education faculty are prepared to deliver courses in this format at this time. Nursing has made a commitment to do so.

13 **How many graduate surveys were sent out?** 270 **Why was there no listing of comments from graduates in the graduate follow up survey data?** Comments were summarized in Section 2 page 18.

21 **Were there any comments made by employers on the employer follow up survey?** No.

30 **The student survey responses indicate that the use of Web Ct is a concern. What are the procedures used in instructing students how to use Web CT?** In sites where a computer lab is available, students are oriented in a hands-on format. In sites where this is not available handouts are prepared. Currently plans are underway to prepare a CD with an orientation to WebCt.

31 **At several points in the document the quality of advising is listed as a concern.**
74 **Do any Nursing faculty members receive release time for advising?** For pre-entry advising only. **Is the perceived advising problem due to a lack of advisors or advising skill?** Lack of advising time and an increased load per advisor. **How much advising is done by teaching faculty when they are teaching at the various sites?**

Varies. Each cohort is assigned and advisor who may or may not be assigned to teach at the site. This may mean that no face to face advising would occur during an entire semester.

32 **In view of the decline in FTEs reported in this document and the new initiatives described, what is the rationale for implementing a winter semester starting point for 40-50 new ADN and BSN students?** There was external pressure applied to deal with both the waiting list for ADN and the nursing shortage. There has also been pressure applied to start a cohort in the Muskegon area from UCEL.

37 **Please clarify the faculty comment concerning less clinical in courses – final practicum clinical only and options for practicum.** In the most recent curriculum revision two courses (Community Nursing and Nursing Leadership) were altered to be didactic only courses without a clinical component. At the same time NURS 499 was redesigned to include a student designed with faculty approval clinical practicum.

39 **Please describe the certificate in nursing education. Does this require the addition of any new courses in the curriculum? What is the target audience for this degree?** Not part of the BSN program.

39 **What are the implications of the MSN and certificate program proposals with respect to staffing and resources? Have additional resources been promised by the University to implement them?** No

43 **Why was there no listing of advisory committee members comments in this section?** In document pages 42-43.

45 **Labor market analysis cites the need for one million new and replacement nurses by 2010. How does the demand for nurses compare between RN and BSN nurses?** BSN nurses are RNs. **Does the BSN program address the nursing shortage or simply provide for career mobility with in the nursing profession?** Both. Shortages exist in all levels of nursing. Recent study correlates patient outcomes with educational level of RNs in agency.

46 **Is there any relationship between the perceived shortage of MSN nurses and the ability of the institutions of higher learning to produce additional RNs?** Yes **Are qualified students being turned away due to the lack of qualified faculty?** Yes, especially at the ADN level at Ferris.

63 **Does the accreditation process require that BSN graduates pass a test similar to that taken for the RN?** No **If not, how is the quality of instruction in this program validated?** Systematic plan for evaluation is in place as part of NLN accreditation process.

69 **Please submit copies of the detail Degree Program Costing Sheet for 2000 -2001 page for the Nursing BSN that is provided by the office of Institutional Research and Testing to program coordinators.**

67 **There are 3 cohorts in the Flint area with a significant enrollment. Are any faculty members located there** No **or is all of the instruction by Big Rapids based faculty?** Yes, it is the belief of the program that for quality and consistency, the courses should be taught by full time faculty whenever possible.

67 **Why is BR cohort so small?** This site primarily serves Ferris ADN graduates and local nurses.

83 **Please explain your rationale for becoming a school of nursing within the College of Allied Health Sciences. What would this name change do for you?** Provide adequate administrative support.

Ap I **Are nursing faculty members required to teach courses other than courses in the ADN and BSN programs?** Yes—CAHS core courses. **What impact does this have on the staffing problems cited in this document?** Increases use of adjunct faculty and faculty overload.

CRITERIA SUMMARY FOR
BS DEGREE IN NURSING

CATALOG DESCRIPTION:

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Admission Requirements

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Graduation Requirements

Graduation requires a minimum of 2.0 GPA. Students must earn a grade of "C" or better in major and core courses and meet all the general education requirements as outlined in the General Education section of the University Catalog.

BACKGROUND INFORMATION OBTAINED FROM REVIEW:

The BS in Nursing program is housed in the College of Allied Health Sciences and is a part of the department of Nursing and Dental Hygiene. The program is an upper division major that provides baccalaureate degree completion for students who already have an RN degree. This program originated as a means to address the need for RN career mobility (pages 1 and 58) and most likely affects the distribution of nurses more than increasing the number of nurses.

Currently a significant portion of the instruction occurs at six sites, all of which are considered off campus (including Big Rapids). (pages 2 and 4) A student in an off campus cohort can complete the program by attending class one night a week for seven semesters. Students at the Big Rapids site may complete the degree in two semesters if they have met the general education requirements.

The program is fully accredited by the League for Nursing. (page 2) A post-baccalaureate certificate in nursing education will be starting in W04 and a new Master of Science in Nursing will commence in F04. (page 3) All teaching faculty members have responsibilities in both the ADN and BSN degree programs. (page 3)

Graduate surveys were sent out to 270 alumni and 52 (19%) were returned. Composite responses were given in the report but only a synopsis of individual comments was given.

Survey forms for the employer were sent to graduates and they were requested to give them to their employers. A total of 20 employers responded. Composite responses were given in the report. According to the panel, no employers made comments on the survey form.

Student survey forms were returned by 132 students. Composite responses were given in the report and student comments were tabulated.

SPECIFIC CRITERIA:

- **CENTRALITY TO FSU MISSION:**

  Ferris State University will be a national leader in providing opportunities for innovative teaching and learning in career-oriented, technological and professional education.

  The panel states that the BSN program is an exemplary example of Ferris State University's unique service to the population of Michigan in regard to career mobility. (page 8)

  The BSN program received full initial accreditation for the national league for Nursing in 1989 and continues to be fully accredited which is an indication of national leadership. (page 2)

- UNIQUENESS AND VISIBILITY OF PROGRAM:

  The program is located at five off-campus sites which are based upon a part-time schedule that allows the students in each site to take courses one evening a week over seven semesters to finish the curriculum. (Page 10) The program makes a commitment to stay at a site for seven semesters to allow the members of the cohort to complete the degree.

- **SERVICE TO STATE, NATION, WORLD:**

  This program offers courses in both urban and rural settings.

- **DEMAND BY STUDENTS:**

  The Administrative Program Review shows a decline in off campus enrollment from a high of 233 in the fall of 1999 to 176 in the fall of 2002. The number enrolled for the fall of 2003 is 219. The number of students enrolled at each of five of six sites averages less than 20 students. The Flint site has three cohorts with a total enrollment of 104. (page 67)

  The number of graduates in each of the years between 1998 and 2002 ranges between 52 and 67 and averages about 58 per year. (page 67) The graduation rate is in the 50% to 60% range. (Administrative Program Review)

- **DEMAND FOR, PLACEMENT OF, AND AVERAGE SALARY OF GRADUATES:**

  The graduates of this program are already employed and pursue this degree to enhance career mobility. The average salary of the graduates is approximately $45,000. (page 12) The BSN is the preferred educational level in the home health arena. The BSN is one step toward meeting the requirement in higher education for nurses with an MSN or doctoral degree. (page 46)

- **SERVICE TO NON-MAJORS:**

  This program does not service non-majors

- **QUALITY OF INSTRUCTION:**

  Graduates of this program are not required to take a qualifying exam.

  Course evaluation, and student and graduate surveys reflected generally favorable responses in regard to program or course satisfaction. (Administrative Program Review)

  Student concern was expressed with respect to the quality of advising and delayed instructor response time to questions. (page 31) Many students also expressed a concern about problems with WebCT. (page 30)

- **FACILITIES AND EQUIPMENT:**

  Classrooms and conference rooms are available on campus and in off campus sites that meet the teaching needs of the program. (page 50) On campus, a new nursing laboratory was opened in the fall of 2002 with state of the art equipment and facilities. In the RN to BSN program it is used primarily for the health assessment course. Off campus facilities that permit faculty to demonstrate techniques and precept students are arranged. The department purchased tables and screens which can be transported to sites to adapt rooms for use. (page 50)

  Faculty and student evaluations of facilities and equipment reveal adequacy for the nursing faculty to accomplish its goals related to the BSN program both on campus and at outreach sites. (page 52)

- **LIBRARY INFORMATION RESOURCES:**

  Library resources with the online capabilities of FLITE have become assessable to all of the students both on and off campus. The addition of an outreach librarian to the staff has also contributed to the ease of access and student satisfaction. (page 51)

- **COST:**

  According to the 2000-2001 report from institutional research:

  Total cost per SCH

BS Degree in Nursing	$234.88

  Total program cost

BS Degree in Nursing	$14,092.91

- **FACULTY:**
  - **QUALIFICATIONS**
    - One out of the 6current tenured or tenure track faculty members holds the highest terminal degree in their degree area. Five hold the MS or MA degree.
  - **PROFESSIONAL AND SCHOLARLY ACTIVITIES:**
    - No number was provided with respect to how many faculty members have received a promotion or merit award during the last five years.
    - No number was provided with respect to how many faculty members have attended a national/regional professional meeting during the last five years.
    - No number was provided with respect to how many faculty members have published and article in a professional journal or made presentations/poster sessions at a national/regional professional meeting during the last five years.
    - No number was provided with respect to how many faculty members have taken a sabbatical leave during the last five years.

- ADMINISTRATIVE EFFECTIVENESS:

The resources allocated to the RN to BSN program are consistent with the resources of the University during this time of fiscal scaling back.

The Department of Nursing and Dental Hygiene is in the process of implementing a new Masters and a certificate program and is implementing a winter start for the ADN program and BSN on the Big Rapids Campus. (page 32) The panel reports that no additional resources have been promised by the University to implement these programs. (answers to questions)

Faculty manpower is the greatest concern for this program with the current program demands. (page 4) The faculty members are concerned about maintaining the quality of the program and student satisfaction with diminished tenure track faculty and the addition of an MSN program. Also of concern is the increased load for the Department Head who has assumed interim department head responsibility for the imaging sciences. (page 77)

Date: November 24, 2003
To: Jack Buss
From: Susan L. Fogarty, Mary J. Cairy
Re: Recommendations for Bachelor of Science Degree in Nursing
CC: Bill Papo, Julie Coon, Jacqueline Hooper.

First we thank you for the recommendation of program continuation. We would like to address some of the Academic Program Review Council's concerns. For clarity we will cite the concern and italicize it then respond to it.

"The current cohort design leads to inefficiency."
The current cohort model of both teaching and advising has served us well since its inception. In the previous model new students were assigned to advisors in a rotating manner. This resulted in each faculty member with advisees having a few in each site. The students rarely saw the advisor and each advisor had students at nearly all points in the curriculum. The current model means as faculty we develop better knowledge of the resources and courses available in an area. Students get more personal and knowledgeable advising. The time strain on faculty with the recent loss of faculty positions has resulted in an increase in dissatisfaction with advising for both students and faculty.

Our current and past sites are in place primarily at the request of nurses and/or employers in the area. If we only served nearby towns with our location in Big Rapids we would soon run out of students. To require students from outreach sites to come to campus would certainly undermine our student focused approach.

One possibility, with the start of the MSN program, to increase the use of adjunct faculty in outreach sites while maintaining quality of instruction would be to offer the enticement of a graduate course to qualified people or to an institution in exchange for release time of qualified people. Currently the reimbursement for adjunct faculty is not attractive for most MSN prepared nurses.

"According to the answer to question from the Council to the Panel, a new winter start in the BSN and ADN is being implemented as a result of outside pressure on the program. Similar pressure is being exerted by UCEL to start a new cohort in Muskegon. "

To clarify the winter BSN start and the Muskegon start cited are the same start. The Panel may have not been clear in answering questions but the program had the final decision in deciding to go forward with each cohort. We look at this as serving various stakeholders. With the current nursing shortage there has been an increased interest in the nursing education program. We found we had an ever-lengthening waiting list of students ready to start the clinical sequence. We look at this as an opportunity rather than bowing to external pressure.

"Apparently the curriculum of the BSN was shortened primarily to compete with other BSN program in the state rather than for concerns about the quality of instruction. "

It is difficult to understand where the basis for this conclusion was found. Perhaps we were not clear when we presented this information that maintaining or improving quality was a given. In addition the curriculum change was submitted to the national accrediting body, the NLN-AC and was approved. This was a basic assumption from the onset in reviewing and revising a curriculum. In fact two things have happened as a result of the slightly shorter curriculum.

1. Students have a nursing course each term while in the RN to BSN program and have contact with program faculty. This results in more of a sense of being a part of nursing at Ferris rather than a disconnected student taking courses from other institutions or Ferris courses taught by adjunct faculty from the local area.
2. The rearrangement of the clinical component of the curriculum resulted in fewer clinical hours in the curriculum, but these hours are now more relevant to the students' learning. The clinical practicum is now student designed with student initiated learning objectives. These are subject to faculty approval. The result of this has been students do not need to have a clinical experience that may not have as much relevance to their learning and professional goals as the ones they design themselves.

The cost data presented in this report is based on cost of instruction of one student for what is essentially a one year program (an on campus student can complete the degree in two semesters.)

This is true if the student has completed the non-nursing courses prior to starting the nursing courses. An Associate Degree graduate who had not taken the general education courses would need to take four semesters to complete the BSN program. As noted earlier there is a waiting list for the ADN program and the Ferris students often take the general education courses while waiting for there clinical sequence to start.

"The program faculty should develop methods to make WebCT based instruction more user friendly to students at off campus sites."

This is being developed at the present time.

"The College of Allied Health Sciences and the Department of Nursing and Dental Hygiene should reconsider the implementation of the MS in Nursing until such time as adequate resources are available and there is an appropriate number of doctoral level faculty employed in this department."

When the Department of Nursing and Dental Hygiene initiated the MSN proposal we did not anticipate having unfilled faculty positions or having positions

reassigned to other colleges within the university. To delay implementing the MSN at this time would make it more difficult, not less difficult to attract doctoral prepared faculty.

Table of Contents

TABLE OF CONTENTS

INTRODUCTION

This report represents a comprehensive review of the Bachelor of Science in Nursing (BSN) program within the College of Allied Health Sciences (CAHS). The review process was conducted according to the guidelines of the Academic Program Review Panel of the Academic Senate. This report reflects the data analysis, conclusions and recommendations of the RN to BSN Program Review Panel and in submitted in accordance with the Academic Program Review Panel guidelines. The members of the Program Review Panel for the RN to BSN program were:

Netty Cove, Chief Clinical Officer, Mecosta County General Hospital

George Nagel, Communications Faculty

Suzanne LeClaire, Nursing Faculty (Resigned from Ferris May 2003)

Judith Strunk, Nursing Faculty

Mary Cairy, Nursing Faculty, Program Review Panel Co-chair

Susan Fogarty, Nursing Faculty, Program Review Panel Co-chair

SECTION 1

OVERVIEW OF THE PROGRAM

History of the BSN Program

The Department of Nursing at Ferris State University came into existence in 1969 with the introduction of a career ladder nursing program. An associate degree program was developed, the first year of which incorporated a practical nurse curriculum, with the second year providing the education needed for the student to take the Registered Nurse (RN), Licensure Examination. As well as accepting students for the two-year associate degree program, Ferris State University accepted licensed practical nurses into the second level of the program, where they would complete the requirements to become registered nurses in one calendar year.

With the strong departmental and university history of career mobility programming, it was logical for the faculty to identify and address the need for RN career mobility. In November 1978, the Nursing Study Committee recommended the development of the RN to BSN completion program. Dr. Helen Johnson, Purdue University and Dr. Dorothy Reilly, Wayne State University, served as consultants during the planning phase of the new program that was implemented in Fall, 1983. This transition eliminated the PN to ADN option.

The first RN to BSN off-campus site was initiated the second year of the program on a part-time basis in Alma, MI., while the full and part time on-campus cohorts were continued. The following year two additional part-time sites were

initiated in Muskegon and Ludington/Manistee. In September 1986, three additional off-campus cohorts were launched in Elk Rapids (now the Traverse City site), Jackson and Dowagiac/Niles.

Results of surveys and program evaluation indicated continued interest and large enough numbers to justify repeat programming in many sites. In addition to the above sites, the group which started in Alma was moved further east to the Midland/Saginaw area. The sites were rotated more frequently in populous areas where the demand was the greatest and less frequently in rural areas. In recent years the southeast region has grown substantially with new cohorts being started in Flint each academic year. Currently (as of 03F), there are six RN to BSN sites and nine cohorts being implemented.

The RN to BSN program received full initial accreditation from the National League for Nursing (NLN) in 1989 and continues to be fully accredited. The next accreditation site visit date will be in Spring, 2005 with the self-study being written during the 2003-2004 academic year.

The Department of Nursing opened a Nursing Center when the RN to BSN program was implemented. There were three goals associated with its operation: a site for students to be involved in practice, a site for faculty to role model nursing practice and to maintain current skills, and a site for providing community service.

The Nursing Center enjoyed several years of University support in the form of a FT Director, a secretary, faculty release time to practice as well as other indirect support. The Nursing Department used the income from the

Nursing Center for Departmental initiatives. Later during a time of fiscal constraint at the University, support for the Center was withdrawn. Faculty volunteered to continue to provide care to clients of the community. However, the majority of the RN to BSN students was off-campus and the required practice in the Nursing Center became difficult to sustain, in view of increasing faculty teaching loads. In the spring of 1996, the Nursing faculty re-evaluated the goals of the Nursing Center, and the University's commitment to its operation, the quality of the care provided, and finally the value to the students in the BSN program. Based upon an analysis of these collective variables, it was decided at that time to close the Nursing Center.

After two years of planning, a post baccalaureate certificate curriculum has been approved and will be starting in W04. This certificate in Nursing Education will help to address the shortage of qualified clinical instructors. In addition, it is anticipated that the new Master of Science in Nursing will commence in the F04.

Department of Nursing Faculty

Since the inception of the BSN program, nursing program faculty have decreased from a faculty consisting of ten tenured track faculty to seven tenure-track faculty (with one tenure-track position being vacant) and two temporary full-time positions, one in a continuing capacity and the other as part of an initiative funded with one-time dollars to offer a winter start in the ADN program. All faculty within the department have teaching responsibilities in both the ADN and RN to BSN programs. All of the full-time faculty members teaching in the ADN

and RN to BSN programs hold at least an earned master degree in nursing. One full time faculty has an earned doctorate and three other full-time faculty (two tenure-track and one full-time temporary) are enrolled in doctoral programs. Instructional assignments are made with faculty educational preparation and expertise in mind. Experiential qualifications include continuing education, certification in advanced practice, employment as practitioners, and prior teaching experience in higher education.

Faculty manpower is the greatest concern for this program with the current program demands. Faculty numbers are not sufficient for clinical and classroom instruction, advisement of students and representation on Department, College and University committees. The BSN program operates at five off-campus sites (eight cohorts) and serves groups of full-time and part-time ADN and BSN students on campus. In the last two years subsequent to three retirements, one full time tenure track position was eliminated and another full time tenure track position was changed to a temporary position (one position remains vacant). The loss of these two tenure-track positions occurred without a drop in enrollment that often is the cause of elimination of positions. Additionally, during this same period of time, the length of the BSN program has been shortened to compete with other BSN programs in the state. This has increased the frequency for starting new cohorts in the off-campus sites and decreases the time available for recruiting, marketing, and advising future students planning to enroll in programs at these sites. The increased frequency of starting new BSN

cohorts further strains a very demanding matriculation process from both a faculty and student perspective.

Administration of the BSN Program

The administrator of the nursing unit, Dr. Julie Coon, holds a BSN degree from Grand Valley University, a MSN from Wayne State University and an EdD from Western Michigan University. In addition to being Department Head for the

TABLE 1A

TRENDS IN ENROLLMENT/ADVISING/ADMINISTRATIVE SUPPORT

	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04
BSN Enrollment **		210	249	209	214	233	148	192	176	185
Program Coord. FTE	1	0	0	0	0	.42 Fac	.42 Fac	.42 Fac	.5 PT hire	.25 Fac
DH FTE for BSN Program	.5	.5	.5	.5	.5	.33	.33	.33	.165*	.165*
Tenure Track *** Faculty	10	9	9	9	9	9.58	8.58	8.58	7	7
Temp.FT Faculty*** [Non-advisors]	0	1	1	1	1	0	0	0	1	2

*Since April 03 due to interim DH for imaging sciences
**Does not include the ADN or pre-nursing student advising numbers
***Reflects faculty available for both ADN and BSN

two nursing programs, Dr. Coon also is Department Head for Dental Hygiene, and interim department head for the three programs in imaging sciences. Dr. Coon has had experience in baccalaureate education at Ferris State University for over 19 years. Initial appointment at the University was in June of 1984 as a full-time Assistant Professor. For two years, Dr. Coon was relieved half time of her teaching position to become the BSN Off-Campus Program Coordinator. As Off-Campus Program Coordinator for the BSN program, she coordinated 7 to 9 off-campus sites which included completing transcript evaluations for all admitted

students, advising on site before the program starts, marketing the program to recruit students for a future cohort, and securing resources for the faculty and students. The program's commitment to the off-campus students is to make the educational experience in these sites of the same quality that occurs on campus. Originally, this included having each nursing class taught by a full-time faculty member. Recent increases in enrollment coupled with a decrease in faculty have resulted in the increased use of PT faculty, which unless managed correctly, has the potential to decrease student satisfaction and success. Having FT faculty from campus has historically been one of the greatest program strengths sited by students.

Since 2001, Dr. Coon has been the Department Head for Nursing and Dental Hygiene and more recently on an interim basis for the imaging sciences (April, 2003) Sonography, Nuclear Medicine and Radiology. During this time there have been minor and major curriculum changes, implementation of Web classes and continuation of distance education technologies, continuing increase in enrollment, enhanced faculty development through formal and informal learning opportunities and the development of a post bachelor's certificate program and MSN program. As program initiatives in nursing have steadily increased, dedicated administrative support has declined even more dramatically than faculty to student ratios, further compromising customer service in the program.

Mission of the BSN Program

The philosophy of the Department of Nursing (Appendix B) addresses the faculty's belief about the individual and society, the human health experience, professional nursing, and teaching and learning. This philosophy provides a foundation for change in response to new directions within the profession of nursing. The mission statement of the nursing department is reflected in the philosophy. The philosophy of the Department of Nursing directs both the content of the Bachelor of Science in Nursing curriculum and the instructional methodologies by which the content is presented. The faculty believes that learning is an internal, self-directed, lifelong process that can occur in a variety of settings and that students have responsibility for their own learning. Teaching methodologies that utilize critical thinking, problem solving, and active learning processes are applied to assist the nursing student to become a professional person possessing these essential skills.

The purpose of the Bachelor of Science in Nursing program is to prepare a professional nurse generalist to function as practitioner in a diverse, multicultural society. The has the following terminal objectives for the students in the program:

- Applies knowledge synthesized from nursing sciences and liberal arts into the practice of nursing.
- Provides nursing to a diverse multicultural population across the lifespan at various points on the health continuum in a variety of settings.

- Utilizes the nursing process as a basis for practice.
- Collaborates with health professionals and consumers in a variety of roles to promote an optimal level of health for individuals, families, groups, and communities.
- Demonstrates personal and professional accountability in nursing practice.
- Demonstrates skills in reasoning, analysis, research and decision making.

Impact of the BSN Program on the University, the State of Michigan and the Nation

The Nursing Mission and Goals are consistent with the Mission and Goals of the University, the Academic Affairs Division, and the College of Allied Health Sciences. The BSN program is an exemplary example of Ferris State University's unique service to the population of Michigan in regard to career mobility.

With repeated requests from areas throughout the state, FSU has expanded from the Big Rapisd campus to geographically disperse areas across the state including rural and urban settings. Each site presents a unique population for clinical focus for the BSN program. For example, the Traverse City area, well known for the Native American population, may offer study and practice of these cultures. Other areas provide increased migrant populations or ethnic clustering of populations. These variations are often studied, assessed and presented in class. Students explore topics such as the homeless or the effects of de-institutionalization of the mentally ill. The off-campus sites of the

BSN program were initiated and expanded as a reflection of the institutional policy addressing diversity and meeting the educational needs of the state of Michigan wherever it is feasible to provide service. On the national level, statistics demonstrate that amid dropping enrollment rates in diploma and generic baccalaureate nursing programs, there was a continued increase in enrollments in the RN-to-BSN program at FSU. In addition, registered nurses with associate degrees or diplomas who returned to school to pursue the Bachelor of Science degree in Nursing (BSN) realized the highest employment rates at graduation. These findings are also supported by FSU Nursing Program's surveys of graduates.

In the last two years, two innovations have been initiated within the BSN program. The department adopted a mixed delivery approach for use in both on-campus and off-campus sites. The majority of the BSN courses are 50% on-line and 50% face-to-face. Ferris was one of the first in the University to move to this mode of instruction. This method of delivery meets the needs of the BSN program student who lives and works in the off-campus community where the program is delivered. With the advent of the Study Abroad program in the summer semester of 2002, the BSN students have the opportunity to study abroad in their capstone course and experience nursing practice in a health care system quite different from their own system. Two cohorts of students studied in Finland and the program has plans to expand to the Netherlands and/or New Zealand.

The changing landscape of health care has impacted the outlook for nurses in the future. The most noticeable trend is the change in practice sites for nurses, which is expanding from the acute care setting in a hospital to the community based settings such as the client's home. As a result, the BSN is considered to be the entry level for community-based nursing practice.

Because of the focus of community-based nursing in the Ferris BSN program, the program will continue to address the needs of the health care community and the profession of nursing by providing viable options for associate degree and diploma nurses in terms of career mobility in the community they live in. In addition, the growing demand for advanced practice nurses also serves as a catalyst for nurses to obtain the BSN degree as an academic base for the Masters in Nursing (MSN) program that will be started at Ferris in the fall of 2004, upon being approved by the Academic Officers Council in October, 2003.

Future of the BSN Program

The RN to BSN program has functioned successfully as an upper division program for registered nurses for 20 years. Ferris has become known among the nursing community as a leader in the arena of RN to BSN education. At the present time, there are five off-campus sites where faculty travel to deliver instruction for eight different cohorts. These sites are based upon a part-time schedule that allows the students in each site to take courses one evening a week over seven semesters to finish the curriculum. In addition each fall students can enroll in the BSN in a full time basis on the Big Rapids campus

allowing them to complete the degree in 2 semesters. This variety of options has allowed the Ferris BSN program to remain viable in a climate, which is becoming increasingly competitive due to the increased number of private and public institutions of higher educational offerings.

In order to continue to compete on the cutting edge of nursing education, the Department is currently engaged in several activities that are intended to provide future direction for the program. In addition to the ongoing plan for systematic evaluation of the BSN program, needs assessments are routinely done in various regions of the State to guide us in scheduling options for the future Administrative Program Review.

Dr. Julie Coon, Department Head, as requested by the APRC, has completed the Administrative Program Review form, for the BSN program. This BSN program review can be found on the following pages.

ADMINISTRATIVE PROGRAM REVIEW 2002

Program/Department: **Nursing BS – Nursing & Dental Hygiene Department**

Purposes of Administrative Program Review:

1. to make deans and department heads/chairs aware of important quantitative and qualitative information about the programs in their colleges
2. to make the Vice President for Academic Affairs' Office aware of important quantitative and qualitative programmatic information from across the University
3. to document annual information that will be useful in the University's accreditation efforts
4. to provide information for the Academic Program Review Council to use in its deliberations

Please provide the following information:

Enrollment

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Tenure Track FTE	9	9	8	8	7
Overload/Supplemental FTEF	6.26	4.19	1.19	1.08	
Adjunct/Clinical FTEF (unpaid)	0	0	0	0	0
Enrollment on-campus total*	0	0	0	0	0
Freshman	0	0	0	0	0
Sophomore	0	0	0	0	0
Junior	0	0	0	0	0
Senior	2	0	0	0	0
Masters	0	0	0	0	0
Doctoral	0	0	0	0	0
Pre-Professional Students	0	0	0	0	0
Enrollment off-campus*	214	233	148	192	176
Traverse City					
Grand Rapids					
Southwest					
Southeast					

*Use official count (7-day)

If there has been a change in enrollment, explain why:

Capacity:

Estimate program capacity considering current number of faculty, laboratory capacity, current equipment, and current levels of S&E.

____200____students

What factors limit program capacity?

The number of faculty available to teach in multiple sites; availability of adjunct faculty who can provide on-line or mixed delivery.

Financial

Expenditures*	FY 98	FY 99	FY 00	FY 01	FY 02
Supply & Expense	$8,198	$9,405	$19,712	$25,425	$17,771
Faculty Prof. Development					
General Fund					
Non-General Fund					
UCEL Incentives				$4,915	
FSU-GR Incentives					
Equipment					
Voc. Ed. Funds					
General Fund					
Non-General Fund					$2,619
UCEL Incentives					$18,197
FSU-GR Incentives					$5,794

*Use end of fiscal year expenditures.

If you spent UCEL and FSU-GR incentive money for initiatives/items other than faculty professional development and equipment, what were they? Explain briefly. Please also include amounts spent on each initiative/item.

Revenues	FY 98	FY 99	FY 00	FY 01	FY 02
Net Clinic Revenue					
Scholarship Donations					
Gifts, Grants, & Cash Donations				$1,304	$700
Endowment Earnings					
Institute Programs/Services					
In-Kind					

Other

	AY 97-98	AY 98-99	AY 99-00	AY 00-01	AY 01-02
Number of Graduates* - Total	56	60	53	56	65
- On campus	0	0	0	0	0
- Off campus	56	60	53	56	65
Placement of Graduates	100%	100%	100%	100%	100%
Average Starting Salary	$43,000	$44,500	$45,000		
Productivity - Academic Year Average	251	232	254	236	293
- Summer	125	108	131	141	137
Summer Enrollment	188	238	173	176	165

* Use total for full year (S, F, W)

1. a) Areas of Strength:

- Experienced and dedicated faculty who meet state and national accreditation requirements.
- Excellent employment rate of graduates – 97-100%
- Newly revised curriculum to address the changing market for RN to BSN completion programs.
- Provides consumer friendly educational mobility options.
- Graduates are easily articulated into MSN programs.
- Fully accredited by the National League for Nursing Accrediting Commission
- Active and supportive Advisory Committee
- Faculty are highly involved in state professional organizations and in state and national professional presentation arenas.
- Excellent secretarial staff who is very student focused
- Articulation agreements with all State community colleges with an associate degree nursing program.
- Student centered programming and scheduling
- Utilizes a variety of instructional modalities, with an increasing Web presence
- Study abroad option for the clinical practicum.

b) Areas of Concern and Proposed Actions to Address Them:

- **Increased competition from other RN to BSN completion programs** throughout the state. More programs have actually adopted the FSU model, thus diluting the prospective population base for the program.
  ACTION: Recruiting efforts must be maintained if not intensified to improve the FSU image as consumer friendly, accessible and more conducive to the needs of the working RN. Providing more models of instruction in terms of an increased Internet presence, different scheduling options, etc. The newly revised curriculum addressed this issue in terms of decreased required clinical experience and a shortened program length.
  ACTION: Increase number of geographically based cohorts according to demand: Maintain cohort size at a minimum number of 30 per site.
  ACTION: Move forward with development and implementation of the MSN program. There is a high demand for Ferris State University to offer a MSN program, building upon the success of the RN to BSN completion program philosophy/model. Implementation of the NSM program has the potential to increase enrollment, which may offset a potential decline in enrollment in the BSN program as more program options become available to prospective students. The MSN program needs to have unique attributes that will appeal to potential students, as the competition for students in MSN programs is also growing.
- **Need for doctoral prepared faculty for future initiatives with MSN program development.**
  ACTION: Recruitment of faculty who are prepared at the doctoral level upon hire or are willing to complete doctoral programs as a condition of tenure. Explore ways to support faculty who are pursuing doctoral studies.
- **Need for consistent program coordination.** This function is currently being addressed by a 9-month temporary position which will end in May2003.
  ACTION: Explore creative ways to integrate this into a current faculty load; perhaps combining recruiting efforts with those of the MSN degree.
- Less than acceptable graduation rates. Presently the number of students who actually complete all the program courses averages 75% per cohort, but the actual number of students who complete all the degree requirements and are officially cleared for graduation is much lower, in the 50-60% range.
  ACTION: Examine the reasons that students do not complete the general education courses required for degree completion; identify methods to address the problem. For example, offering MATH 115 and at least one cultural enrichment elective at the end of a cohort cycle might prompt more students to complete those graduation requirements as opposed to finding those courses on an individual basis.

2. Future goals (please give time frame):

- To increase the current number of program cohorts by 4 for the AY03-04
- To increase the Web enhanced program delivery through faculty development in WebCT
- To increase the graduation rate (degrees conferred) to 75% by 2005
- To establish a cadre of part-time faculty to use for some off site NURS course delivery
- To provide a Study Abroad option for students in the Capstone course: NURS 499 Senior Seminar each academic year.
- To host an international student exchange program in Winter 04
- To maintain NLNAC program accreditation status – next review cycle AY 2004-05
- To develop a MSN program which builds upon the RN to BSN completion program for implementation by Fall 2004
- To offer a Nursing Education Certificate to BSN graduates by Winter 2004

3. Other Recommendations:

4. Does the program have an advisory committee? YES

a) If yes, when did it last meet? September 27, 2002

b) If no, why not? By what other means do faculty receive advice from employers and outside professionals?

c) When were new members last appointed? Fall 2002

d) What is the composition of the committee (how many alumni, workplace representatives, academic representatives)?

Total Members:	17
Alumni:	5
Workplace Representative:	13
Academic Representative:	1
Non Nurse Representative:	1

e) Please attach the advisory committee charge, if there is one.

The Advisory Committee for the Nursing Programs serves as an outside group of practitioners who keep the programs up to date with trends in the workplace, provide expertise in the curriculum review process, and react to the issues and concern that are brought to the attention of

the committee members. This provides a two-way communication between the University and the professional nursing community, which is necessary in order to maintain the strength of our academic programming. The advice and recommendations of the Committee receive serious consideration by the program faculty but are not considered binding on the institution.

5. Does the program have an internship or other cooperative or experiential learning course? YES

a) If yes, is the internship required or recommended?

It is required in the final NURS course of the program: NURS499 Senior Seminar and Clinical Practicum.

b) If no, what is the reason for not requiring such an experience?

c) How many internships take place per year? What percentage of majors has internships?

The number varies according to how many students are enrolled in the NURS499 course, but every student who completed the program is required to do the practicum.

6. Does the program offer courses through the web?

YES – all NURS courses are not Web-enhanced for a minimum of 50% on-line delivery.

a) Please list the web-based courses (those delivered primarily through the internet) the program offered last year?

NURS324 – Transition into Professional Nursing – Summer 2002

b) Please list the web-assisted courses the program offered last year.

NURS324	Transition into Professional Nursing
NURS310	Health Promotion
NURS312	Health Assessment
NURS422	Nursing Research
NURS432	Nursing in the Health Care System
NURS436	Community Health Nursing
NURS499	Senior Seminar and Clinical Practicum

1. What is unique about this program?

a) For what distinctive characteristics is it known, or should it be known, in the state or nation?

- The focus on the adult learner
- Removing barriers for RNs who want to attain an advanced degree
- Fully accredited by the National League for Nursing
- Articulation agreements with all ADN programs in the State of Michigan
- Excellent customer service
- Mixed deliver – best of both worlds for students who want face to face interaction and the convenience of some on-line delivery.

b) What are some strategies that could lead to (greater) recognition?

- Increased Web course offerings
- Development of an MSN program to build upon the success of the BSN program and to provide yet another career ladder option for professional nurses.

2. Is the program accredited? By whom? If not, why? When is the next review?

YES – the National League for Nursing Accreditation Commission has fully accredited this program. The next site visit will be in the Spring of 2005, with the self study report due by Fall 2004.

9. What have been some major achievements by students and/or graduates of the program? By faculty in the program?

Student/Graduate Achievements:

- Jacquelyn Keehne-Miron, MSN, RN, AOCN: An exemplary example of career laddering from the basic AAS degree, as she is not Clinical Support Specialist of the Oncology Division for Amgen, Inc. Jackie serves on our advisory committee and presented on Oncology nursing at the CAHS Alunni Day 2002.
- Approximately 25% of our ADN grads enroll in the RN to BSN completion program and a significant number of those graduates go on to pursue graduate degrees in nursing.
- ADN students inNURS228 Gerontological Nursing prepared and displayed poster presentations on various issues impacting the health care of the elderly. They were asked to present in a variety of community settings.

Faculty Achievements:

- Kathleen Poindexter: will be presenting a seminar at the Lily conference in CA in March 2003; facilitating a faculty development workshop on "creating self directed learners" at NMU in February and has also been invited to participate in the National discussion on evaluation of the Preparing Future national initiative at the New England Center in NH in June.
- Marietta Bell-Scriber is conducing research with nursing students this Summer 2003; examining the role strain for male nursing students.
- Susan Fogarty made a poster presentation on web-based instruction at the National League for Nursing Educational Summit in September, 2002.
- Mary Cairy is conducting a longitudinal study with nursing students to determine the impact a health promotion course has on changing health behaviors.

10. Questions about Program Outcomes Assessment/Assessment of Student Learning at the Program Level (Attach additional sheets, if necessary.)

a) What are the program's learning outcomes?

According to the Program Outcomes, the Student will:

- Apply knowledge synthesized from nursing sciences and liberal arts into the practice of nursing
- Provide nursing to a diverse multi-cultural population across the lifespan at various points on the health continuum in a variety of settings.
- Utilize the nursing process as a basis for practice
- Collaborate with health professionals and consumers in a variety of roles to promote an optimal level of health for individuals, families, groups and communities
- Demonstrate personal and professional accountability in nursing practice.
- Integrate research findings into the practice of nursing

b) What assessment measures are used, both direct and indirect?

Direct Measures of Learning:

- Classroom assessment methods: Written assignments requiring program standards for APA format and level of analysis. Written exams
- California Critical Thinking Skills Test (CCTST) pre and post

* Indirect Measures of Learning:

- Student Assessment of Instruction (SAI) and Program Curriculum Evaluations for each NURS course
- Student Satisfaction Surveys
- Graduate Surveys
- Placement Rates/Employment Patterns
- Graduation Rates

*These measures are requirements for the Systematic Program Plan for Evaluation as defined by NLNAC and are standards of evaluation during the program accreditation process.

c) What are the standards for assessment results?

Direct Measures:

- Writing assignments and Exams: Minimal grade of 75%
- CCTST: the composite and sub scores (Analysis, Evaluation & Inference) would increase from program entry (pre test) to program exit (post test)

Indirect measures:

- SAI: a rating of 3 or higher for each course and instructor; Positive student comments regarding the course
- Student Satisfaction Survey: Students would report they are generally satisfied with the program in the areas of: scheduling, textbook purchases, facilities, program advising, instruction and responsiveness to student concerns.
- Graduate Surveys: Students would report they felt well prepared by the program for their current nursing practice role.
- Employment Patterns: 100% of graduates would be employed in nursing upon completion of the program.
- Graduation Rates: at least 75% of students entering the program would complete the program sequence and be awarded the degree.

Systematic Plan for Evaluation: This plan monitors the outcome criteria as designated for NLNAC accreditation. All criteria are expected to be consistently met as evidenced by annual review of designated program criteria.

d) What were the assessment results for 2001-02?

Classroom Measures: Only one student was unable to demonstrate competency in these areas and was subsequently dismissed from the program

CCTST: Although certain cohort groups did demonstrate increased scores in the composite, analysis and evaluation areas, none of the increases were statistically significant. They inference score was not increase in any aggregate.

Indirect Measures: All course evaluation and student and graduate surveys reflected generally favorable responses in regard to program or course satisfaction. Employment patterns continue to be very high, as most students are employed prior to entering the program and are seeking career mobility. Graduate rates are reflected in a 75% average completion of the program sequence per cohort; however, the actual number of students who have degrees conferred tend to be closed to 50%.

e) How will / how have the results been used for pedagogical or curricular change?

Professional Writing standards in the curriculum: Currently the faculty are reviewing the required general education program courses to determine their relationship and relevance to the curriculum. Included in this evaluation is ENGL321 in regard to professional writing skill development. This has been very helpful to clarify the expectations of the ENGL321 course and how the nursing faculty can build upon this foundation in written assignments in the BSN program and vice versa.

Critical Thinking: Currently the framework and methodology for assessing, teaching and refining critical thinking skills is being evaluated by the faculty. The usefulness of the CCTST is also at issue. A recommendation will be made for curricular implementation by the end of Winter 03.

Graduation Rates: The analysis of the issues that prevent students from completing the entire degree is a current topic of discussion among the faculty. Central to this issues seems to be the need to complete "other" graduation requirements, such as MATH115, cultural enrichment electives, etc. Methods to address these deficits are being explored at the present time.

11. Questions about Course Outcomes Assessment:

a) Do all multi-sectioned courses have common outcomes? YES

b) If not, how do you plan to address discrepancies?

c) Do you keep all course syllabi on file in a central location?

YES – in the office of the Department Head

*If you have questions about the outcomes assessment portions of this survey, please contact Laurie Chesley (x2713).

Form Completed by Julie Coon, Department Head Jan 30, 03
Name and Title / Date

Reviewed by Dean Jacqueline Hooper Feb 7, 03
Name / Date

Comments by Dean:

SECTION 2

GRADUATE FOLLOW-UP SURVEY DATA

Purpose

The purpose of this activity is to learn from the graduates their perceptions and experiences regarding employment based on program outcomes. The goal is to assess the effectiveness of the program in terms of job placement and preparedness of the graduate for the marketplace. Survey of graduate perceptions of the BSN program has always been an integral component of the systematic plan for program evaluation.

Program satisfaction was selected by the faculty of the BSN program as one of the optional criteria to be addressed in the Self-Study Report for the National League for Nursing accreditation process. The faculty define program satisfaction as the degree to which the program meets the expectations of its constituencies. One very important constituency is the program graduate. Program satisfaction is congruent with the Program of Nursing's philosophical belief that "learning is an internal, self-directed, lifelong process resulting in behavioral change....which is best achieved when an atmosphere of mutual trust has been established between the student and teacher."

Method of Data Collection

The Graduate Survey (Appendix C) was mailed to graduates of the BSN program in the Winter of 2003. The Graduate Survey requested data related to employment specific to site, area of practice, number of years of licensure and practice. In addition the survey asked graduates to determine how well FSU

prepares them for graduate education and also whether they could recommend the program to peers. The survey also requested other information related to job changes and plans for further education following completion of the BSN program. The use of this survey instrument was helpful in terms of tracking graduates according to practice areas and comparing the data to trends that are emerging in health care. Overall, this Graduate Survey was positive regarding feedback about program effectiveness in preparing graduates for role changes in professional nursing practice.

Findings

Table 2A reflects the quantitative graduate survey data from 52 alumni in ten different sites over a period including Fall 1997 to Fall 2002. These sites and the number of surveys returned per site include: Traverse City (n=2), Niles (n=10), Grand Rapids (n=7), Jackson (n=7), Midland (n=5), Big Rapids (n=9), Alma (n=3), Flint (n=3), Ludington (n=4), and Muskegon (n=5). The diversity of sites and time periods provided a broader cross section of data throughout the state of Michigan among Ferris BSN students. There was also a section in this survey that asked open-ended questions; some of this descriptive data is also summarized in the following paragraphs. Institutional Research and Testing analyzed the data obtained by the survey to identify patterns and trends.

Unfortunately, as with most surveys, the limited responses do not reflect all graduates of the program. However, some interesting trends are evident when examining the data available. As an upper division program for RNs, most graduates of the program are already employed. However, changes in that

employment status are very common upon completion of the program, a 41% of the respondents indicated a change in either employers (21%), position (63%), or responsibility (40%). Although more graduates have been noted to be moving into community practice settings in recent years, the acute-care setting is still the most common clinical practice setting for BSN graduates (80%).

TABLE 2A

RESULTS OF GRADUATE SURVEY

(n=52)

Q1-Q2 Program Site Attended		
Traverse City	(n=2)	3.8%
Niles	(n=10)	19.2%
Grand Rapids	(n=7)	13.5%
Jackson	(n=7)	13.5%
Midland	(n=5)	9.6%
Big Rapids	(n=9)	17.3%
Alma	(n=3)	5.8%
Flint	(n=3)	5.8%
Ludington	(n=4)	4.4%
Muskegon	(n=5)	9.6%
Q3 Highest Degree Earned		
BSN	(n=43)	82.7%
Masters in progress	(n=3)	5.8%
Masters	(n=6)	11.5%
Q4 Employment Status		
Full Time in Nursing	(n=41)	78.8%
Part Time in Nursing	(n=7)	13.5%
Not in Nursing	(n=4)	7.7%
Q5 Number of Years Licensed as RN		
0-5	(n=4)	7.7%
6-10	(n=12)	23.1%
11-20	(n=20)	38.5%
21-30	(n=13)	25.0%
31+	(n=3)	5.8%

TABLE 2A con't

Q6A Changed Employers Since Graduation

Yes	(n=11)	21.2%
No	(n=42)	78.8%

Q6B Since Graduation-Changed Responsibilities, Same Employer

Yes	(n=21)	40.4%
No	(n=31)	59.6%

Q6C Since Graduation- Added a New Part Time Role

Yes	(n=6)	11.5%
No	(n=46)	88.5%

Q6D Since Graduation-Continued in Same Position

Yes	(n=19)	36.5%
No	(n=33)	63.5%

Q7 Since Graduation-Started New Responsibilities

Been reduced	(n=1)	1.9%
Stayed the same	(n=20)	38.5%
Increased	(n=27)	51.9%
Changed, no increase or decrease	(n=2)	3.8%

Q8 BSN Provided Following Type of Preparation for Advanced Education

Excellent	(n-11)	21.2%
Above Average	(n=21)	40.4%
Average	(n=17)	32.7%
Below Average	(n=1)	1.9%

Q9 If Had to Do Over, Still Enroll in BSN Program at FSU

Definitely Yes	(n=25)	48.1%
Probably Yes	(n=18)	34.6%
Don't Know	(n=6)	11.5%
Probably No	(n=2)	3.8%
Definitely No	(n=1)	1.9%

Q10 If Friend Asked if Should Enroll in BSN Program, How Would You Respond

Recommend w/o reservations	(n=35)	67.3%
Recommend if felt "fit in"	(n=6)	11.5%
Would not Recommend	(n=6)	11.5%

Although 36% of the graduates report that they remain in their original employment setting and position, many have indicated that attaining their BSN was a requirement for maintaining this position. This is supported by the high percentage (46%) who indicated that they hold administrative positions (which requires a BSN degree). Many other graduates climbed the administrative ladder within the organization they were previously employed or even in other organizations after graduation from the program. Most of the respondents indicated that they are employed full time in nursing and specialty clinical areas remain diverse. A significant finding is that a number of graduates (12%) who elected to pursue graduate study, as evidenced by indicating that they are currently enrolled or have their Master's degree.

Graduates were asked if the Ferris program prepared them for advanced education. The response of excellent and above average comprised 64% of the responses, with another 34% responding average. Eighty-three percent (83%) of the respondents stated they would have enrolled in the Ferris BSN program again, knowing what they know now and another 83% would recommend the program to friends. Included in the Graduate Survey were several open-ended questions. These included the titles of their present position and what their positions were prior to graduation. Acute care settings continue to be the largest segment of health care where Ferris graduates are employed. Many of them changed positions within the acute care setting (during the course of the program or after graduation) especially into positions of administration or education.

These changes include the new positions of Director of Nursing, Managers, Supervisors, Clinical Instructor, Coordinators and Directors. In this group, 18% indicated that they were employed in a community setting.

The graduates were also asked about the most and least valuable learning experiences that they had as students. The responses to these two questions are quite similar to the responses noted each year at the Annual Student Affairs meeting, where student representatives from each site bring feedback from each off campus and on-campus group. The most valuable learning experiences graduates noted include: critical thinking, research, nursing theory, leadership clinicals, group process, writing papers, physical assessment, community clinical, time management, seminar presentations, and group projects. The least valuable experiences included: chemistry, assessment, English, microbiology, research, group projects, irrelevant non-nursing classes, metacognition, algebra and leadership. All of these topics are reviewed every year as the faculty completes the evaluation of the curriculum.

Graduates were also asked to comment on anything that was not addressed in the survey. This question was answered by over half of the graduates. The responses were overwhelmingly positive in addressing professor expertise, class content, flexibility of curriculum, and the excellence of the program.

Conclusions

The results of the graduate surveys reflect that the BSN program at Ferris is perceived to be instrumental in providing graduates career advancement

opportunities including promotion into an administrative position and acceptance into graduate degree programs. These outcomes reflect program success in regard to preparing students for master and/or doctoral study or for the role of the nurse generalist in a bed-side or administrative position.

Consistently, the Ferris BSN nursing graduates report a high level of satisfaction with the components of the program and a high level of regard for the learning that was achieved throughout the program. The comments from the open-ended questions were strongly positive about the learning that took place, the skills that were obtained, the resources that were available, the instruction that was given and the quality of the program.

This feedback has provided significant reinforcement for the current methods utilized to attain program goals. No significant concerns about the program have been noted in this survey.

SECTION 3

EMPLOYER FOLLOW-UP SURVEY DATA

Purpose

This activity was intended to aid in assessing the employers' experiences with graduates and their perceptions of the program itself. The employers of graduates of the BSN program represent another constituent for whom satisfaction with program graduates is measured through the systematic plan for evaluation of the BSN program.

Method of Data Collection

An Employer Survey (Appendix C) was included in the survey sent to the graduate. The graduate was asked to have his/her employer complete the survey that would then be sent back to the Nursing department. This method depends heavily on the graduate to follow through and deliver the Employer Survey to the employer.

Findings

Table 3A reveals that of the 20 employers who responded to the survey, 60% reported that Ferris BSN graduates, when compared to similar BSN graduates in their agency, were better able to apply research findings to their own practice, to collaborate with other members of the health care team, to demonstrate leadership and management skills, to use critical thinking, and to assume responsibility for self-direction for personal and professional growth. Fifty-five percent (55%) of the employers responding reported that Ferris BSN graduates, when compared to similar BSN graduates in their agency, were better

at practicing within the ethical standards of the profession. In addition, the employers were asked to rate the Ferris BSN graduate in comparison with other BSN graduates they have known or supervised. Sixty percent (60%) of employers (n=20) rated new Ferris graduates in the high to very high category compared to other new BSN graduates.

TABLE 3A

(n=20)

FSU BSN's Employers' evaluation of their knowledge and skills as compared to other BSN graduates	**Better**		**Same**		**Less**		**No Answer**	
	n	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Application of research findings to own practice	12	(60)	6	(30)	2	(10)	0	
Use of Critical Thinking	15	(75)	4	(20)	1	(5)	0	
Collaborates with others on the health care team	12	(60)	7	(35)	1	(5)	0	
Leadership and Management Skills	12	(60)	7	(35)	1	(5)	0	
Practices within ethical standards of profession	11	(55)	9	(45)	0		0	
Assumes responsibility for self - direction for personal & professional growth	15	(75)	4	(20)	0		1	(5)
Practices within policies/procedures of agency	9	(45)	11	(55)	0		0	

Conclusions

In summary, employer data has been highly valued for the insights gained about the program from the employer's frame of reference. The data received from those employers of BSN graduates from 1997 to 2002 reflect very favorable impressions of the outcomes of the program in terms of the overall ability as a professional nurse of Ferris BSN graduates as compared to other BSN graduates with similar experience. However, the small number of responses is still a

concern for the population data source. This low return rate of employer surveys has raised some concern for the quality of data available to the faculty for program evaluation. As a result, the employer survey tool will be revised with the specific purpose of shortening the response forms to provide more concise data and to eliminate data that has been found to be less useful. It is anticipated that a more user-friendly form will increase the response rate in future evaluation cycles. Collaboration with clinical agencies is ongoing as faculty ascertain what skills and attributes employers desire for their professional staff.

SECTION 4

STUDENT EVALUATION OF BSN PROGRAM

Purpose

The purpose of this activity is to obtain information regarding quality of instruction, relevance of courses, and satisfaction with program outcomes based on students' own expectations. The survey was also intended to seek student suggestions on ways to improve the effectiveness of the program and to enhance fulfillment of their expectations.

The systematic plan for evaluation of the BSN program provides for multiple mechanisms for student evaluation of the program. At the completion of each nursing course, student evaluations are solicited in regard to course organization, course instruction and clinical instruction. Individual instructors, as well as the departmental curriculum committee use the evaluations to monitor the program for logical organization and internal consistency. For the purpose of this report, however, the Program Review of Occupational Education (PROE) format was modified and utilized to attain data from students currently enrolled in the BSN program. The modified PROE form addresses program evaluation criteria to include courses, objectives, teaching methods, related courses, clinical experiences, nursing instructors, instructional support services, instructional lectures and laboratory facilities. In addition, students are asked to identify the most and least valuable learning experiences in the program.

Data Collection

The PROE format was modified to become the BSN Completion Student Survey. These surveys were distributed to students in all current outreach sites where a nursing course was offered during the Winter 2003 semester. Nursing faculty distributed the survey forms and collected the survey forms on the same day. A total of 132 students in the various BSN cohorts responded to the survey. The surveys were tallied and the results are summarized in this section of the report.

Findings

Of the 132 responses, 123 (93.2%) of the students indicated that they were attending the program on a part-time basis, while nine (6.8%) indicated that they were completing on a full-time basis. Responses were obtained from Grand Rapids (n=12), Big Rapids (n=13), Traverse City (n=19), Flint (n=56), Niles (n=17), and Jackson (n=15).

The number of categorical responses to each survey item are found on the next pages (Table 4A). The criteria numbers correlate with the question numbers on the Survey. Following the survey form, the student's written comments are also presented as perceived most and least valuable learning experiences

TABLE 4A

STUDENT SURVEY RESULTS
N=132

Rating Guide:
1=Below Expectations is only fair, bottom one-third
2=Acceptable is average, the middle-third

3=Good is a strong rating, top one-third
4=Excellent means nearly ideal, top 5-10%
5=Don't Know-NA

CRITERIA TO BE EVALUATED FOR BSN	1	2	3	4	5
Courses in the BSN Program are: 11. Available and conveniently located.	1 (<1%)	17(13%)	43(33%)	69(52%)	2(1+%)
12. Based on realistic prerequisites.	4(3%)	20(15%)	73(55%)	34(26%)	1(<1%)
Written objectives for courses in the BSN program: 13. Are available to students.	3(2%)	9(7%)	63(48%)	54(41%)	2(1+%)
14. Describe what you will learn in the course.	4(3%)	20(15%)	6(5%)	35(27%)	3(2%)
Teaching methods, procedures, and course content: 15. Meet your learning needs.	13(10%)	23(17%)	72(55%)	23(17%)	0
Required General Education Course Are: 16. Relevant and current	3(2%)	25(20%)	68(52%)	32(24%)	3(2%)
Clinical experience in the BSN program: 17. Meets professional growth needs.	6(5%)	20(15%)	52(39%)	28(21%)	25(20%)
Nursing Instructors: 18. Know the subject matter and professional nursing guidelines.	5(4%)	16(12%)	60(45%)	50(38%)	1 (<1%)
19. Are available to provide help when you need it.	5(4%)	25(19%)	63(48%)	39(27%)	0
20. Provide instruction so it is interesting and understandable	12(9%)	23(17%)	69(52%)	27(20%)	0
Instructional support services are: 21. Available to meet your needs.	10(8%)	25(19%)	68(52%)	22(17%))	7(5%)
Instructional lecture and laboratory facilities: 22. Are adequate.	4(3%)	22(17%))	73(55%)	31(23%)	2(1+%)
23. Purchase of textbooks and course materials.	15(11%)	24(18%)	56(42%)	37(28%)	0
24. Access of library and resource materials.	12(9%)	40(30%)	50(38%)	24(18%)	6(5%)
25. Access to computer support.	10(8%)	35(27%)	50(38%)	33(25%)	4(3%)
26. Preadmission advising was:	10(8%)	31(23%)	57(43%)	28(21%)	6(5%)
27. Post-admission advising was:	15(11%)	28(21%)	55(42%)	19(14%)	11(8%)
28. Nursing courses are relevant and current:	1(<1%)	23(17%)	71(54%)	32(24%)	0

Most Valuable Learning Experiences

Curriculum/Instructional Methods

- Web CT
- Study abroad, community nursing in Finland
- ENGL 321, the course got my brain back on track for college thinking, most valuable course I've ever had
- Health Promotion- relevant and well done
- Statistics
- Pathophysiology and Nursing Assessment
- Nursing Research- tedious, but a valuable course
- Class discussions, group projects
- Small class size
- One night/week – great for those who work full time
- Community Service and Groups
- Cultural Projects for health promotion
- 300 level sociology class
- Critical Thinking – most valuable
- Group Work – get others perspectives and input- new sources of information
- Leadership – relevant to current position
- Papers – improved my writing skills and computer abilities
- Wellness – A proactive cause for nursing
- Student led seminar
- Community Service – enhanced appreciation of professional volunteering
- 50% on-line classes
- On-line discussions- able to work at home
- Transition class
- Biomedical ethics
- Flexibility
- For working students
- Convenient

Faculty

- Statistics well taught – adapted to Nursing
- NURS499 – instructor make me want to go on to graduate school
- ENGL 321 well taught
- Instructors catered to needs
- Instructors, well educated, knowledgeable, helpful in answering questions
- Onsite instructors – real FSU instructors, not part-time
- Competent and helpful
- Informative and available
- Accessible
- Respects adult learner/style
- Good advising

Least Valuable Learning Experience

Curriculum/Instructional Methods

- Need informatics
- Wellness class
- Statistics (completely online) NOT a positive learning experience (no instructor feedback)
- Need more clinical contact during Assessment
- Problems with Web CT
- Too much change in expectations (Community Service)
- Shortening of Pathophysiology (9 weeks)
- Make 300 electives available
- Online discussion—should be live chats
- Research needs to be on a lower level—too in depth
- Community Service—should be all in one semester—not dragging out
- Too much busy work
- Too much emphasis on APA
- Transition class
- Meta-cognitive journals
- Assessment was self-study—poor choice for advanced technique. Hands on would be more user friendly
- Web CT – very frustrating – we need a good introductory session
- English
- No access to texts or course materials until after class starts
- ITV classes
- Course work too time consuming
- Power point learning
- Seminar—wasted class time

Faculty

- Do not respond in a timely manner
- No one for Web CT questions
- No feedback
- Terrible tests, badly worded
- Some teachers don't know subject well
- Need to be more organized
- Lectures too long
- Poor advisor

When reviewing the tabulated responses to the survey items, it is noted that in each case the vast majority of the students rated each item at acceptable to excellent range, (a rating of 2-4)suggesting a positive impression of the

program overall. One of the few exceptions was the difference between the pre-admission advising and post-admission advising ratings. The post-admission advising ratings in all categories were significantly lower that those ratings of the pre-admission advising. The perception of the students that faculty and staff attended to their needs before they started the program (64% Excellent/Good) with a decrease in satisfaction after they enrolled in the program (56% Excellent/Good) is of great concern to the faculty.

The students also provided many useful comments, which both praised the program and offered some useful feedback for areas they perceived could use improvement. The comments were listed according to themes, which emerged as a content analysis was done. In an effort to conserve space, similar comments were not repeated; but it should be noted that many comments were often repeated by many students. For instance, almost every student making comments cited the convenience of bringing the program to an outreach site, one night a week. By the same token, many students expressed the problems concerning Web CT as a concern.

It is apparent that overall students are very satisfied with the curriculum and instructional processes, the faculty (both nursing and general education), the structure, schedule and locations of the program as well as a variety of variables such as support staff, perceived program flexibility for the working nurse and the adult learner, and overall quality of the program. The quantity of positive comments attests to the strengths of the program that are also noted throughout this report.

The areas of concern are also very important to evaluate, for these reflect perceptions of the program that could be construed as a negative reflection on the program. It is encouraging that the negative comments were not as numerous as the positive ones, and these comments were usually only stated by one respondent. The only exceptions, where multiple students made the same comment, were in regard to poor advising and instructor delayed response time to questions from off-campus students. At this juncture, it may be helpful to understand the programs' advising model.

> All tenured and tenure track faculty have advisees, with the exception of in their first year. These faculty are assigned pre-ADN students every year or every-other year. In addition, when each cohort is started, it is assigned to one faculty member. The advisees for a faculty ranges from 45-110. The value is that students have one consistent program advisor from before the ADN program to the completion of the BSN program.

At the time of the questionnaire, the department had seven full-time tenured or tenure-track faculty positions (one is vacant because of a failed search), four of whom had been in their position for two years or less. The Nursing Programs have two full time temporary positions, one is ongoing and one is a two year appointment to allow the addition of an extra ADN cohort. Two of the "new" tenure-track faculty had advisees and two did not (as it was their first year). Temporary employees do not have advisees. This meant that five faculty carried the load for all the advisees. These same five faculty had 25% to 100% of their load off campus and were on campus for office hours, committee meetings and academic responsibilities, leaving the rest of the week for travel. Currently for fall semester 2003, the nursing programs have three tenured faculty, three tenure-track faculty (all have some advisees), two full-time

temporary faculty and a vacant tenure track position in which the teaching responsibilities are being absorbed by part-time instructors. At this point, there are nearly 400 active students (ADN, BSN, and pre-nursing) with another 40-50 (both ADN and BSN) coming in winter semester. The high number of advisees per tenure track faculty member will ease some as the new faculty become familiar with the programs and take on their full responsibility for advising, However, with the addition of yet another temporary full time position to implement a winter start for the ADN program, and the loss of faculty time to implement the new Masters and certificate programs, there will still be a shortage of faculty to advise and answer student concerns in a timely manner.

Conclusions

Overall , it can be concluded that students view the BSN program favorably and are satisfied with the program in its current form. Specifically, students indicate that they feel the curriculum is current, applicable to their professional lives and adequate to prepare them for graduate study. Students made many favorable remarks about the integration of critical thinking, Web CT, and study abroad into the curriculum. The general education courses were also viewed positively. The students were very complimentary of the program faculty, both in the areas of nursing and general education. Finally, students provided a resounding approval for the structure of the program, the outreach sites and the one-day a week face-to-face instructional format. However, the reporting of poor advising and delayed communication between the advisor and the student is of great concern to the faculty as the faculty prides itself in the quality of

programming and advising delivered to the student. The advising component for the off-campus cohorts of BSN students is crucial. It provides the student the only real link with the campus and the program. Off-campus students are mature professionals with all the anxieties of returning to school. Frequent contact is needed in the first few semesters to assure retention and a smooth transition to becoming a student again. Routine semester visits to off-campus sites by advisers has become very difficult to achieve as the increase in numbers of cohorts, the reduction in full-time tenured track faculty, and the conflict in schedules with increased faculty travel time has interfered with this endeavor. The need for improved student/advisor relationships is critical and may impact the program negatively if not addressed. It would be the recommendation of the nursing faculty, based upon this survey, to reinstate the two tenure track positions that have been eliminated in the recent past both to serve the students and enhance recruitment and retention of qualified faculty. An alternative for the short term would be to reinstate the off-campus non-faculty coordinator position and move some of the advising responsibilities to that position.

SECTION 5

FACULTY PERCEPTIONS OF THE PROGRAM

Purpose

The purpose of this activity is to assess faculty perceptions regarding the following aspects of the program: curriculum, resources, admissions, standards, and degree of commitment by administration, as well as program policies and procedures. Faculty perceptions of the BSN program are not specifically obtained on a regular basis, as faculty are continuously involved with the ongoing evaluation of the program as outlined in the systematic Plan for Evaluation of the program. However for the purpose of this report, the PROE format for Faculty Perceptions of the program was used to survey the faculty of the Department of Nursing to determine their perceptions about program goals and objectives, program processes, program resources, as well as strengths and weaknesses of the program.

Data Collection Method

The Faculty Perceptions of the BSN Program form (Appendix C) was distributed to the Nursing Department faculty. Faculty completed the form and returned it by the end of February, 2003. The results were tallied and are reported in this section of the report.

Findings

Seven nursing faculty completed the survey. Those surveyed included three tenured, three tenure track and one full time temporary faculty. The survey form is summarized on the following pages, with each item tabulated according

to the number of faculty responses in each category. Faculty comments regarding strengths and weaknesses are then discussed.

When reviewing the survey items, it is noted that in 37 of the 40 items a minimum of 100% of the nursing faculty considered each criteria to be met at an acceptable to excellent level. This would indicate that faculty view the program favorably in regard to goals, and objectives, processes, and resources. Three of the criteria in the Resource Section had one response in below average.

Strengths of the program were noted to far outweigh the perceived weaknesses of the program from the perspective of the faculty. However, one very common concern noted by most faculty was the lack of support of computer and WebCT assistance for both the faculty and the students. Both groups are very frustrated about this situation.

FACULTY PRECEPTIONS OF THE PROGRAM

Key: 1=BELOW EXPECTATIONS 4=EXCELLENT
2=ACCEPTABLE 5=DON'T KNOW N/A
3=GOOD

CRITERIA TO EVALUATE FOR THE BSN PROGRAM	**1**	**2**	**3**	**4**	**5**
GOALS AND OBJECTIVES 1. Participation in Development of BSN Program Plan			1(14%)	6 (86%)	
2. Program Goals	1(14%)		2(29%)	4(57%)	
3. Course Objectives			1	5 (71%)	1(14%)
4. Competency Based Performance Objectives			2(29%)	3 (43%)	1(14%)
5. Use of Competency Based Performance Objectives			2(29%)	2(29%)	1(14%)
6. Use of Information on Labor Market Needs			2(29%)	4(57%)	1(14%)
7. Use of Information of Job Performance Requirements			2(29%)	4(57%)	1(14%)
8. Use of Profession/Industry Standards				6 (86%)	1(14%)
9. Use of Student Follow-up Information		1(14%)	2(29%)	4(57%)	

PROCESSES 10. Adaptation and Instruction			2(29%)	4(57%)	1(14%)
11. Relevance of Support Courses			2(29%)	5 (71%)	
12. Coordination with Other Community Agencies and Educational Programs			1(14%)	6 (86%)	
13. Provision for Clinical Experience		4(57%)	2(29%)	1(14%)	
14. Program Availability and Accessibility				7(100%)	
15. Provision for the Disadvantaged		1(14%)	1(14%)	2(29%)	3
16. Provision for the Handicapped		2(29%)	1(14%)	3 (43%)	1(14%)
17. Efforts to Achieve Gender Equity			2(29%)	5 (71%)	
18. Provision for Program Advisement			1(14%)	4(57%)	2(29%)
19. Provision for Career Planning and Guidance		2(29%)	1(14%)	2(29%)	2(29%)
20. Adequacy of Career Planning and Guidance		1(14%)		3	3
21. Provision for Employability Information		1(14%)		4(57%)	2(29%)
22. Placement Effectiveness for Students in this Program			1 14%)	3 (43%)	3 (43%)
23. Student Follow-up System		2(29%)	2(29%)	1 14%)	2(29%)
24. Promotion of the BSN Program		1 14%)	1(14%)	3 (43%)	2
RESOURCES 25. Provision for Leadership and Coordination			2(29%)	5 (71%)	
26. Qualifications of Administrators				7(100%)	
27. Instructional Staffing			1(14%)	5 (71%)	1 14%)
28. Qualifications of Instructional Staff				7(100%)	
29. Professional Development Opportunities	1(14%)	1(14%)	2(29%)	3 (43%)	
30. Use of Instructional Support Staff	1(14%)	2(29%)	1(14%)	2(29%)	
31. Use of Clerical Support Staff		1(14%)	1(14%)	5 (71%)	
32. Adequacy and Availability of Instructional Equipment		2(29%)	3 (43%)	1(14%)	1(14%)
33. Maintenance and Safety of Instructional Equipment			5 (71%)	1(14%)	1(14%)
34. Adequacy and Availability of Instructional Materials			5 (71%)	1(14%)	1(14%)
35. Scheduling of Instructional Facilities			4(57%)	1(14%)	1(14%)
36. Adequacy and Availability of Instructional Materials	1(14%)		3 (43%)	3 (43%)	
37. Adequacy and Availability of Learning Resources			3 (43%)	2(29%)	1(14%)
38. Use of Advisory Committee			1(14%)	6 (86%)	
39. Provisions in Current Operating Budget		1(14%)	3 (43%)		3 (43%)
40. Provisions in Capital Outlay Budget for Equipment		2(29%)	1(14%)	2(29%)	2(29%)

Faculty Perceptions of the BSN ProgramStrengths:

"Student access and input, convenience, shared faculty design and cost for students"

"Consistency and currency of instruction. Students like the one-day per week format. Web CT offerings, Less clinical in the courses—final practicum clinical only and options for practicum."

"Dedicated and diverse faculty with a lot to offer students. Clinical experiences students have at various facilities and revisions in curriculum to meet student needs. "

"Faculty, flexibility, standards, currency"

"Location and length of program easily fit into student's working schedule. Dedicated, knowledgeable faculty willing to try new formats, UCEL support."

"We have just done a curriculum change, have a great department head and dean. Have off-campus support and great faculty—we're in great shape."

Weaknesses:

"Web CT support, computer support"

"Tech support for Web CT"

"Adequate student support services and orientation to use of services by departments responsible not faculty—specifically computer support and FLITE orientation."

"More access to journals and on-line learning ability. More cost effective – on-line/distance ed tech use and software."

Conclusions

The nursing faculty's pride in the BSN program is evident from their responses regarding the quality of the curriculum and the unique attributes of the program. It is also evident from the number of "Do not know/NA" responses that the newest faculty members are still in the process of program orientation/assimilation to adequately answer some of the questions. The lack of Web CT support is seen as a concern from the faculty perspective, however, the primary concern noted is the discrepancy between the students and faculty in evaluating the advising and instructor availability for help. The students evaluated the situation to be a significant issue and handled poorly, while the

faculty did not feel that anything was wrong with the communication/advising piece. One possible reason for the discrepancy could be that for the past year FSU-Grand Rapids and the Department hired a half-time off-campus coordinator. This coordinator recruited and advised students for the new sites, followed up with students who had dropped the program and worked with the sites to insure a smooth transition for the new cohorts. This relieved the faculty of many pre-advising tasks and post-admission problems. Presently, there are nine cohorts in six separate sites that are serviced by three tenured faculty, three tenure-track faculty and two temporary full-time faculty (who do not have advisees). This is in addition to the ADN students on campus and the pre-nursing students. This situation coupled with the amount of time the faculty is on the road, the fact that curriculum development is in progress for both the certificate and Masters programs, and the loss of two tenure-track positions since 1994-1995, is interfering with the faculty's ability to perform the advising in the manner that meets the students' needs. It is the recommendation of the nursing faculty, based on this survey to reinstate the two full time tenure track positions and the off-campus coordinator position.

SECTION 6

ADVISORY COMMITTEE PERCEPTIONS OF THE PROGRAM

Purpose

The purpose of this activity is to obtain information from the members of the advisory committee regarding the curriculum, outcomes, facilities, equipment, graduates, micro and mega-trends that might affect job placement (both positively and adversely), and other relevant information. Recommendations for improvement are also sought from this group.

The nursing programs have an active Advisory Committee that has been in existence since the beginning of the BSN program at Ferris State University. The Advisory Committee's membership is composed of twelve nurses from a variety of contemporary practice settings, ranging from acute care to community-based, from within a 100-mile radius of campus. Some of the members of the committee are nursing graduates of the Ferris nursing programs, while others may represent agencies where students are often placed for clinical experiences during the ADN or BSN programs. The Advisory Committee is chaired by the Department Head of the nursing programs and the committee meets twice during the academic year, once in the Fall and once in the Spring.

The Advisory Committee has played an active and vital role in providing input from the frame of reference of professional and technical nursing practice arenas. The nursing faculty values the points of view expressed by the committee members as representative of contemporary nursing practice concerns and issues. Once again, the PROE format was utilized to attain

advisory committee perceptions of the BSN program for this report. This form requested advisory committee members to respond to criteria to include instructional program content and quality, instructional equipment, instructional facilities, job placement, and follow-up studies on students.

Data Collection Method

The Advisory Committee Perceptions of the BSN program surveys were mailed to members along with a return envelope. A total of six advisory committee members completed the survey for a 50% response rate.

Findings

Six members of the advisory committee completed the survey forms. Of these six members, four indicated that that they were FSU nursing program alumni. One member who is an alumnus of both the Ferris ADN and BSN programs is currently a PhD candidate. The six nursing members reported 130 collective years of experience in nursing, for an average of 21.5 years of nursing experience. Those members completing the survey reported that they have served on the Nursing Department Advisory Committee within a range of 1-7 years. Four of the respondents indicated that they have had past opportunities to evaluate FSU nursing graduates either as an employer or as a student in the program.

A tally of the advisory committee responses to criteria is provided on the last page of this section, with the number of responses in each category noted. Overall, the members who responded to the survey rated the BSN program favorably, with no members indicating that they perceived the program to be at

the "below expectations" or "poor" levels. The five "below expectation" responses were not supported by any comments from these advisory committee members. The advisory committee members' comments regarding strengths and weaknesses of the program reveal some important insights about the program. The strengths identified are fairly consistent with those articulated by students and graduates. These include program flexibility, responsive, accessible, good reputation, currency, and continuity of full-time instructors, high quality of faculty, preparation for graduate school, realistic, career oriented and objective. The areas for improvement also provide some excellent feedback for program evaluation.

Conclusions

The BSN program appears to be viewed favorably by members of the Advisory Committee. It can be concluded from the survey data that the advisory committee members enjoy their membership on the committee as it is an opportunity for professional networking as well as advising the nursing programs at Ferris. It can also be concluded that the Advisory Committee is very supportive of the BSN program from all perspectives: historical, present and future initiatives. Graduate and certificate programs have been identified as a necessary future direction of growth for the nursing department

The role of the Nursing Advisory Committee has been perceived to be vital to the survival of the nursing programs at Ferris. The insights these professionals provide for the Nursing Programs are invaluable in terms of program evaluation and future planning. If the BSN program wants to remain on

the cutting edge of nursing education, the advisement of these professionals in the practice arena and related settings is vital.

Advisory Committee Perceptions of the BSN Program

1=POOR
2=BELOW EXPECTATION
3=ACCEPTABLE
4=GOOD
5=EXCELLENT

CRITERIA TO EVALUATE FOR THE BSN PROGRAM	1	2	3	4	5
Instructional BSN program content and quality are: 1. Based on performance objectives that represent job skills and knowledge required for professional nursing practice			1	3	2
2. Designed to provide students with skills for career mobility				2	4
3. Responsive to upgrading and retaining needs of employed persons.		2	2		2
4. Periodically reviewed and revised to keep current with changing job practices and technology.				3	3
Instructional equipment is: 5. Well maintained.				3	3
6. Current with trends of teaching with technology.				5	1
Instructional facilities: 7. Provide adequate lighting, ventilation, heating, power, and other utilities.				2	4
8. Allocate sufficient space to support quality instruction.				2	4
9. Meet essential health and safety standards.				2	4
Placement: 10. Services are available to students completing the program			1	1	4
11. Job opportunities exist for students completing the BSN				1	5
Follow-up studies on program completers and leavers 12. Demonstrate that students are prepared for employment		1	2	1	2
13. Collect information on job placement.		1		2	3
14. Provide information used to review the program.		1		1	4

SECTION 7

LABOR MARKET ANALYSIS

Purpose:

This section is designed to analyze the marketability of current and future graduates of the RN to BSN program. It is essential that an academic program meet the needs of its graduates for employment and the needs of the workforce for its graduates. The nation is experiencing a critical nursing shortage as health care continues to change to a managed care, cost aware system of delivery with a focus on early detection and primary prevention from a disease focused, fee for service system. This section summarizes current data on the labor market and the role of the BSN graduate within the current health care system.

Data Collection:

The data in this section is taken from several sources including the current American Association of Colleges of Nursing (AACN) survey, released on December 20, 2002 that reports the Department of Labor projects the need for one million new and replacement nurses by 2010. Copies of relevant reports and news releases are included in Appendix D. The severe nursing shortage has been acknowledged at all levels. The Bush administration in February 2002 launched a campaign to encourage children to consider career in nursing. The most relevant and compelling data comes from the Institute for Public Policy and Social Research and Institute for Health Care Studies at Michigan State University titled *Nursing Workforce Requirement for the Needs of Michigan*

Citizens. That report predicts a 20 percent shortage of nurses by the year 2020. The current shortage has been identified as a security concern.

The report addresses the multiple reasons for the concern, an aging nursing workforce, aging of the baby boomer generation who will need increasing care in the future, competition with other professional fields for women employees, and limited faculty and clinical resources to prepare nurses. In the most recent data regarding employment settings of nurses in practice, 57% are employed in hospitals, the next largest groups are 8% in home health and 7% in nursing homes. In nursing homes nurses are primarily administrators and managers. In the home health arena the BSN is the preferred educational level because of the independent judgement needed to function in the home care setting. Overall, increasing nursing employment is in areas requiring greater independence in nursing judgement and higher levels of education.

One of the most critical shortages in nursing is in nursing education. In Michigan at this time a Master's prepared nurse with a master's degree in nursing specifically, is needed to fill a full time nursing faculty position. Most Michigan nurses hold an Associate Degree as the highest degree held. The RN to BSN is one step toward meeting the requirement in higher education for nurses with an MSN or doctoral degree.

The recommendations of the Nursing Workforce Taskforce include:

- Providing scholarships to qualified students entering nursing.
- Grant funding for faculty and technology required to increase enrollments in existing Michigan nursing programs.

- Devise recruitment strategies to attract qualified individuals currently underrepresented in nursing.
- Invest in strategies to provide both traditional and innovative educational activities to prepare nurses for changing roles in the health care field.

All of these recommendations point out the need for more BSN prepared nurses either as a terminal degree for nurses or as a ladder to advanced degrees including an MNS and a doctoral to alleviate nursing faculty shortages in higher education.

The American Association of Colleges of Nursing further points out the need for the Bachelor level nurse as essential in the increasingly complex roles in health care. They cite the 1995 Pew Health Professions Commission report calling for more concentrated production of nurses at the bachelor's and higher degree levels to meet the needs of the nation.

Conclusions

The workforce is not only in great need of more nurses but in need of more nurses prepared at the bachelor's level. The strengths of the RN to BSN program are its ability to assist associate and diploma prepared nurses to move into more complex roles and to prepare nurses for graduate study.

SECTION 8

EVALUATION OF FACILITIES AND EQUIPMENT

Purpose

The purpose of this activity is to provide information about facilities and equipment as they relate to program requirements and educational objectives. The information provided in this section relates to both physical facilities and educational technologies.

The question is whether the program provides an instructional environment which is conducive to learning with the use of equipment which is up to date and functional.

Data Collection Methods

This data is collected both formally through end of semester course evaluations and informally through discussion among faculty members who teach in various sites as well as on the main campus. Physical facilities are evaluated on an ongoing basis. The nature of the outreach program dictates that the program uses the classrooms and other facilities of the local host in the community in which the courses are offered. The classrooms and other resources needed to implement a cohort are identified when the off-campus site is established.

Findings

Physical facilities and resources for both on and off campus sites as identified in this section indicate the support of the University and cooperating agencies and institutions. Each component of this category is described below.

Table 8 lists current sites of the RN to BSN program and relevant information on each site

Office space and office equipment. The nursing program is a part of the Department of Nursing and Dental Hygiene on the Big Rapids campus. The department head and departmental secretary have offices in the same building. Each tenured and tenure track faculty as well as full time temporary faculty has a well equipped individual office and a desktop computer in the Victor F. Spathelf (VFS) Center for Allied Health. Each office is equipped with voice mail. Currently all nursing faculty offices are on the third floor, where there is a small copy room. Fax access and mailboxes are on the second floor. There are adequate small conference rooms for meetings.

Classrooms and conference rooms. Classrooms are available on campus and in off campus sites that meet the teaching needs of the program. Off campus the host institution commits to adequate classroom and lab space at the time the outreach site is established.

Nursing Laboratory. In the fall of 2002 a new Nursing Laboratory was opened with state of the art equipment and facilities. In the RN to BSN program it is used primarily for the health assessment course. Off campus facilities that permit faculty to demonstrate techniques and precept students are arranged. In community college settings generally a nursing lab is available, in hospitals exam rooms or other clinical areas are used. The department purchased tables and screens, which can be transported to the sites to adapt rooms for use.

Instructional Media. For some of the sites, the teaching faculty use A-V equipment from the host site, at other sites some equipment must be provided from the campus resources. At times this strains the resources available. In the VFS Center a number of the rooms are equipped with permanent equipment for a variety of audio-visual media. For the other rooms the portable equipment can be reserved when needed.

Facilities and Support Equipment for Research. No specific additional space is designated for research at this time. Student research is primarily literature reviews and faculty members who are doctoral students use resources from their institutions. The Assessment Services Center is used to run the statistical analyses on student assessment data and program assessment.

Library Resources. Library resources with the online capabilities of FLITE have become accessible to all of the students both on and off campus. The addition of an Outreach Librarian to the staff has also contributed to ease of access and student satisfaction in the use of FLITE. The staff of FLITE prepared handouts for incoming off campus students with information on how to access the resources of FLITE, which is distributed in the first nursing course in each of campus cohort. In addition most of the nursing faculty have web sites in the WebCT format and include a link to the FLITE as well as other course specific databases.

Clinical Facilities In the current BSN curriculum there are two clinical courses. The health assessment course and facilities are described above under Nursing Laboratory. The Senior Clinical Practicum is new in the

most recent curriculum revision in response to student feedback. Each student in the capstone course designs his/her practicum to meet individual learning needs. Examples of the practicum experiences are in Table 8. Most of the clinical practicum experiences are community based. Each student identifies a preceptor and the assigned clinical faculty works with the student and preceptor to design the experience.

TABLE 8

CLINICAL SITE AND SITE RESOURCES

SITE	CLINICAL SITES NURS 499 Examples	LIBRARY / COMPUTER LAB RESOURCES
On campus	Wexford Health Dept. Delphi Automotive Occ. Health FSU Dept of Nursing	FLITE VFS computer lab.
Alma	NURS 499 in current configuration not yet offered.	FLITE MSU
Flint Mott CC Genesys	NURS 499 in current configuration not yet offered.	Mott CC U of Mich Flint FLITE
Grand Rapids ATC	GR Clinical Oncology Trials GR Pediatric Diabetes Clinic Parish Nurse Madison Square CRC	FLITE GRCC GVSU
Jackson	Foote Home Health and Hospice-Nurse Practitioner Role Sparrow Hospital-Nurse Manger Jackson County Health Dept. Mercy Health Partners-nursing informatics	FLITE Jackson CC U of Mich
Niles	NURS 499 in current configuration not yet offered.	FLITE Andrews U. SMC
Traverse City	NURS 499 in current configuration not yet offered.	FLITE NMC

Conclusions

Faculty and student evaluations of facilities and equipment reveal adequacy for the nursing faculty to accomplish its goals related to the BSN program both on campus and at outreach sites. The primary resources needed to meet the goals of the program are adequate classroom facilities and lab

facilities for the nursing assessment course. Each of these areas is adequate. There is occasionally a challenge in scheduling some A-V equipment, particularly use of LCD projectors for the use of PowerPoint in some of the outreach sites.

SECTION 9

CURRICULUM EVALUATION

Purpose

The purpose of curriculum evaluation is to determine through a comprehensive review of the curriculum if it meets the changing needs of the market. This process of curriculum review in the BSN program is consistent with the requirements of the National League for Nursing (NLN), the current accrediting body for the BSN program. The program will be undergoing the re-accreditation process with a visit in 2005 and will be begin the self-study in the current academic year.

The criteria for the NLN accreditation require that the program demonstrate that the curriculum is logically organized and internally consistent with the mission and goals of the parent institution. The curriculum must focus on the discipline of nursing and be supported by cognates in the arts, sciences and humanities. Lastly the majority of the course work in nursing must be at the upper division level of the program. This section will demonstrate the curriculum continues to meet the criteria of the accrediting body.

Data Collection Methods

According to the systematic plan for evaluation (Appendix E) components of the curriculum are evaluated on a regular basis. The mission, philosophy and curricular design of the program are evaluated every four years by the faculty as a whole. The faculty reviews the program objectives annually. Individual courses are evaluated each semester through both student evaluation forms

(Appendix F) and faculty course organization summaries (Appendix G). The program faculty use the criteria established by the NLN as the framework for monitoring, evaluating and revising the BSN curriculum. This mechanism has been useful in preparing for each accreditation cycle. The accreditation currently is on an eight-year cycle. In addition for the purposes of preparing this report and for accreditation, students, faculty, alumni and alumni employers were surveyed. The surveys included evaluation of curricular content. Refer to Sections 4 and 5 for the data from each of these constituents.

Findings

Logical Organization of the Curriculum: The philosophy of the Nursing Programs addresses the faculty's belief about the individual and society, nature of health and health experiences, technical and professional nursing, and the teaching experience. The philosophy recognizes the ongoing changes in nursing and health care and the need to prepare graduates to function effectively in an evolving professional environment. The mission statement of the Nursing Programs is reflected in the philosophy. The philosophy of the Nursing Programs directs both the content of the Bachelor of Science in Nursing curriculum design and content and the instructional methodologies used to present the content. The faculty believes that learning is an internal, self-directed, lifelong process resulting in behavioral change. Individuals learn in a variety of ways, building on previous knowledge and skill. Faculty has a responsibility to design, implement, and evaluate learning experiences. Critical thinking and problem solving stimulate and facilitate changes in behavior resulting in students' and graduates'

fulfillment of their ethical, legal, and societal nursing responsibilities. The faculty assists the learners to develop increasing responsibility for their own learning. The purpose of the BSN program is to prepare a professional nurse generalist to function as a practitioner in a diverse, multicultural society (Philosophy, Appendix B).

The nursing curriculum has the following terminal objectives for students in the program:

1. Apply knowledge synthesized from nursing, sciences and liberal arts into the practice of nursing.
2. Provide nursing to a diverse multicultural population across the lifespan at various points on the health continuum in a variety of settings.
3. Utilize the nursing process as a basis for practice.
4. Collaborate with health professionals and consumers in a variety of roles to promote an optimal level of health for individuals, families, groups, and communities.
5. Demonstrate personal and professional accountability in nursing practice.
6. Integrate research findings into the practice of nursing.

The terminal objectives are consistent with the philosophy and they provide a framework for the course objectives.

Standards for Professional Nursing: The Nursing Programs have adopted the *American Nurses Association Standards of Clinical Nursing Practice* as the programs professional standard. The professional standards are introduced in NURS 324 and are used in all nursing courses as a basis for maintaining the

quality of care for the application of the nursing process. The *American Nurses Association Standards of Clinical Nursing Practice* are evident in the curriculum and course objectives. They are an integral part of the student experiences throughout the program. A visit to both the State Board of Nursing and the Michigan Nurses Association in NURS 499 reinforces the importance of the *Standards* and the role and responsibilities of the professional nurse. The capstone course may consider the *Standards of Clinical Nursing Practice* as a seminar topic and the issues that arise within a rapidly changing health care system and within the nursing profession.

General Education Requirements: The BSN curriculum reflects the faculty's belief is a unique, dynamic interpersonal endeavor committed to assist individuals, families, groups, and communities in maintaining and promoting health, preventing illness, and maximizing potential (Philosophy, Appendix B). The curriculum is an upper division major that provides baccalaureate degree completion for diploma or associate degree nurses. The curriculum builds on both previous general education and nursing knowledge gained in and associate degree or diploma program. The nursing knowledge is validated through possession of a current RN license. To maintain current licensure, a nurse must meet continuing education requirements. The State of Michigan Bureau of Consumer and Industry Services, which houses the licensing boards within Michigan has elected mandatory continuing education as an indication of currency of information competency within a discipline. The prerequisite and general education course work, which supports the nursing major, is described

here. Cognate courses are selected to provide a content and theoretical base to the core nursing content.

Prerequisite General Education Requirements: Prerequisite course work is generally completed prior to entry to the program, or if a student lacks a particular course that is not needed to meet an upper division course prerequisite requirement, it may be deferred until there is time in the student's academic schedule to complete the requirement. The prerequisite courses include:

- BIOL 108 Medical Microbiology as an introduction to human microbial disease and a basis of a protective immune system.
- BIOL 205 Human Anatomy and Physiology as a basis for pathophysiology and for clinical study of human structure and function on a cellular, tissue and organ system level.
- CCHS 101 Introduction to Health Care as a basis for clinical practice in a multidisciplinary system.
- CCHS 102 Safety Issues in Health Care provides a basis for safe, effective clinical practice.
- CCHS 103 Clinical Skills provides the basis for relevant clinical practice.
- CHEM 114 Introduction to General Chemistry as relevant for biological or clinical application.
- COMM 105 Interpersonal Communications or COMM 221 Small Group Decision Making as options enhancing communication.

- ENGL 150 English 1 and ENGL 250 English 2 as an introduction to general written communication skills and as preparation for researching and writing formal papers.
- PSYC 150 Introduction to Psychology as a basis for understanding psychological principle that impact human behavior.
- SOCY 121 Introductory Sociology or ANTH 122 as a basis for social awareness competency.

Upper Division General Education Requirements: General education courses in the BSN program have also been selected to provide specific theoretical foundations to support contemporary nursing practice. These courses are:

- BIOL 300 Pathophysiology builds on BIOL 205 and prepares the students to appreciate deviations from normal in the health assessment course.
- EHSM 315 Epidemiology and Statistics prepares students both to understand the statistics used in the research course and the epidemiological statistics and measures used in the community nursing course.
- ENGL 321 Advanced Composition is designed to assist students to write at a professional level in other course work and in their professional lives and to introduce or reinforce APA format which is used in all scholarly papers in the BSN curriculum.

- HUMN 320 Biomedical Ethics provides a framework for ethical decision making in nursing.
- MATH 115 Intermediate Algebra or MATH 117 Contemporary Mathematics is a university general education requirement, which provides professionals with mathematical competency.
- SOCY 340 Minorities Groups in America provides students with a basis for culturally competent care in an increasingly diverse society.

Nursing Courses: Each nursing course in the BSN program provides students with the opportunity to further their knowledge of professional nursing in its entirety or to examine a particular aspect of the discipline.

- NURS 324 Transition into Professional Nursing is a foundation for professional nursing practice the allows the students to analyze the *American Nurses' Association Standards of Clinical Practice*, the nursing process, the theoretical basis for nursing, introduces critical thinking as a framework for learning and for practice and key issues in nursing.
- NURS 310 Health Promotion in Nursing provides students with practical and theoretical knowledge regarding health promotion across the life span and for various populations.
- NURS 312 Health Assessment expands the assessment skills of the practicing nurse in both physical exam skills and health history skills.

- NURS 422 Research in Nursing provides the students with working knowledge of the research process and the ability to critique and utilize nursing research.
- NURS 432 Nursing in Health Care Systems exposes the student to both group and leadership theories relevant to nursing and the opportunity to use the theories in experiential learning exercises.
- NURS 436 Community Health Nursing focuses on the community as client and the family in the community. The students are exposed to the impact of public policy and health policy on the health of populations and use the fundamental epidemiological framework from EHSM 315 in analyzing epidemiological findings and its relevance to the health of populations.
- NURS 499 Nursing Seminar and Clinical Practicum is the capstone course in which students participate in student led seminars analyzing current issues in nursing and health care as well as write a capstone paper on the topic of their seminar. For the practicum portion each student designs a clinical experience to explore an area of nursing of interest. Each student writes a proposal, complete with individual outcome objectives to be met during the experience; then analyzes the experience and learning in a series of critical analysis papers.

The program plan or BSN Advising Worksheet (Appendix H) illustrates the requirements of the program and the progression of the course through the program. Faculty use this as a checklist in advising students.

Conclusions

The BSN curriculum data is the result of ongoing program evaluation as outlined in the systematic evaluation process for the Nursing Programs (Appendix E). In addition, data was collected from students, alumni, faculty, and advisory committee members related to curriculum evaluation as part of the process of continuous evaluation required by the accreditation process.

Review of this data supports the conclusion the BSN curriculum is logically organized and internally consistent with the mission and goals of the Nursing Programs, the College of Allied Health Sciences and the University. The curriculum is organized as an upper division program designed to build on previous associate degree and diploma education. The course objectives and learning experiences lead to meeting the terminal program objectives. The curriculum reflects professional standards as evidenced by the adoption and use of the *ANA Standards of Clinical Practice* throughout the curriculum.

Student, graduate, faculty and advisory committee feedback is in consistent agreement the curriculum meets the needs of the profession and provides career mobility for graduates of the program. In addition the curriculum is approved by the NLN for full accreditation in 1989 and 1997 and will be submitted for reaccredidation in 2004 with a site visit in 2005.

Ongoing evaluation is essential for the development, maintenance and revision of the BSN program and based upon the successful BSN

curriculum to date should continue to be an ongoing process for the Nursing Programs.

Julie A. Coon, RN, MSN, Ed.D

CURRICULUM VITAE

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EDUCATION

1992 – 1997	Western Michigan University Educational Doctorate (Ed.D) December 1997
1980 – 1982	Wayne State University Master of Science in Nursing Clinical Specialty: Women's Health May 1982
1972 – 1975	Grand Valley State Colleges Bachelor of Science Nursing June 1975
1971 – 1972	Central Michigan University

PROFESSIONAL EXPERIENCE

EXPERIENCE IN EDUCATION

1997 – present

Administrative Experience at Ferris State University

- Effective April, 2003: Interim Department Head for Imaging Science programs in addition to Nursing & Dental Hygiene programs

- Effective August 1, 2001: Department Head, Nursing & Dental Hygiene

This position entails the administration of all programs within the Department.

- 1998 – 2001: Nursing Programs Coordinator for ADN and BSN Programs

This position included the advising of pre-nursing students; management of the ADN wait list and ADN orientation activities. In the BSN program, initial student advising, site visits, program coordination and recruitment activities are the primary focus.

- 1997: Acting Department Head, Department of Nursing

This position provided the opportunity to assume the Department Head position for eight weeks during which time the Department Head was on an administrative sabbatical. Activities included faculty supervision, program coordination, budget planning and representation at university and professional administrative activities.

1984 – 2001

Ferris State University Nursing Faculty

- 1984 – 1987: Assistant Professor
- 1987 – 1996: Associate Professor
- 1996 – 2001: Professor

Faculty expectations include teaching, advising and curriculum development activities for Associate Degree Nursing and Baccalaureate Nursing Completion Programs.

1982 – 1984

ADN Didactic & Clinical Instructor
Associate Degree Nursing Program
Kirtland Community College

This was a faculty position in a new LPN to ADN ladder program, where Development of the Family Nursing Course, coordination of clinical and didactic experiences for students were the primary expectations.

EXPERIENCE IN CLINICAL NURSING

1981 – 1983 **Clinical Nurse Specialist, Women's Health**
Medical Arts Group, P. C.
Cadillac, MI

Provided prenatal assessment and education for ambulatory clients.

1975 – 1981 **Mercy Hospital; Cadillac, MI**
1975 – 1977 Staff Nurse, Obstetrics
1977 – 1981 Clinical Manager, Obstetrics

Leadership role in the development of a family-centered maternity unit.

SCHOLARSHIP

RESEARCH

1997 **Critical Thinking Attributes of Undergraduate Nursing Faculty**
Doctoral Dissertation, Western Michigan University

1993 **The Relationship Between Critical Thinking Ability and Selected Demographic Characteristics in ADN Students**
Unpublished Study, completed to meet course requirements for Educational Doctorate, Western Michigan University

1992 **Differences in Critical Thinking Ability in Two Levels of Associate Degree Nursing Students**
Unpublished Study, completed to meet course requirements for Educational Doctorate, Western Michigan University

1982 **Relationship of Self-Care Characteristics, Demographic Variables and Neonatal Outcome to Childbirth Setting**
Field Study conducted to meet MSN Degree requirements
Wayne State University

PROFESSIONAL PRESENTATIONS

February 2001 ***Critical Thinking: What's in it for Me?***
Michigan Nursing Student Association Convention
Midland, MI

September 1998 ***Critical Thinking Attributes of Undergraduate Nursing Faculty***
Paper Presentation at the NLN 1998 Educational Summit
National League for Nursing
Chicago, IL

November 1997	***Dr. Livinston, I Presume?*** Keynote address for Clinical Issues '97: The Nurse as Detective Bostford General Hospital, Farmington Hills, MI
May 1997	***The Assessment of Critical Thinking: Issues in the Clinical Setting*** Presentation for the Michigan Organization of Nurse Executives Lansing, MI
February 1995	***The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in Nursing Students*** Presented at the Great Lakes Regional Conference on "Critical Thinking: Strategies for the Nursing Classroom". Michigan Council of Nursing Administrators (MCNEA) Lansing, MI
April 1995	***The Current Status of Critical Thinking in Nursing Education*** Guest Speaker, Alumni Scholarship Luncheon 23rd Annual Research Day College of Nursing Wayne State University, Detroit, MI
August 1994	***The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in ADN Students*** Co-presenter at the 14th Annual International Conference on Critical Thinking and Educational Reform at Sonoma State University, Santa Rosa, California.
April 1992	***The Use of "Nursing in Space" as a Teaching Framework for Baccalaureate Nursing Students*** Nursing and Space Life Sciences Conference Houston, Texas

PRESENTATIONS FOR CONTINUING EDUCATION

May 2002	***Policy, Politics & Grassroots Efforts*** MNA sponsored 3 hour CE presentation Northern Great Lakes Chapter of Michigan Nurses Association Lewiston, MI
May 2002	***Critical Thinking: For Nurses, For Life!*** 9th Annual Nurses' Week Conference Munson Medical Center Traverse City, MI
June 2001	***Critical Thinking for Nurses*** 4 hour workshop Holland Community Hospital Holland Hospital
April 2001	***Critical Thinking for Health Care Providers*** Two 4 hour workshops for Veteran's Hospital Veteran's Administration Battle Creek, MI

February 2001	***Principles of Critical Thinking*** Michigan Nurses Association Ski & C.E. Weekend Shanty Creek in Belaire, MI
October 2000	***Critical Thinking for Nurses...For Life!*** Two 6 hour workshops for Aleda E.Lutz Medical Center Veteran's Administration Saginaw, MI
March 2000	***Critical Thinking for Health Professionals*** 6 hr. Workshop for Grand Rapids Area Nurses & Health Care Personnel Grand Rapids Nursing Staff Development Committee Grand Rapids, MI
October 1999	***Critical Thinking for Allied Health Educators*** 2.5 hr. Overview Presentation 1999 Trends In Occupational Studies Conference Lansing, MI
November 1999	***Critical Thinking for Nurses...For Life!*** 4 hr Workshop for Nurses Mid Michigan Community College Continuing Credit Mt Pleasant, MI
March 1999	***Critical Thinking for Nurses...For Life!*** 6 hr workshop for Nurses for C.E.U. credit Ferris State University, Department of Nursing & Extended Learning Grand Rapids, MI
June 1998	***Critical Thinking Workshop for Nurses*** 6 hr Workshop for Nurse Managers Mercy Services on Aging Lansing, MI
April-May 1998	***Critical Thinking Workshop for Nurses*** (10) 4 hr Workshops presented for nurses and other hospital Personnel at Gratiot Community Hospital Alma, MI
March & May 1998	***Critical Thinking Workshop for Nurses*** (8) 4 hr workshops for RNs at Mercy Hospital Cadillac, Mi
February 1998	***Critical Thinking: A Workshop for Health Care Managers*** Workshop presented for Head Nurses, Administrators Alpena General Hospital Alpena, MI
December 1997	***Critical Thinking: A Workshop for Nurses*** Workshop presented for Nurse Managers Mercy Hospital, Cadillac, MI
October 1997	***Critical Thinking: The Next Level*** Workshop presented for Mercy Health Partners RN Staff Muskegon Mercy-General Hospital, Muskegon, MI

CONTINUING EDUCATION (Limited to the past 5 years)

April 2003	**AACN Leadership for Academic Nursing Program** AACN Leadership Development Series for New Deans of Nursing San Antonio, TX 13.5 Contact Hours
March 2003	**Nursing in the National Spotlight: Taking Action** AACN 2003 Spring Annual Meeting Washington, DC 3.5 Contact Hours
	Management Tips for Leaders of Schools of Nursing AACN 2003 Executive Development Series Washington, DC 9.0 Contact Hours
February 2003	**Learning Strategies for the Television Generation Learners** Michigan Council for Nursing Education Administrators (MCNEA) Lansing, MI 4.8 CEU
October 2002	**Michigan Nurses Association** Mt. Pleasant, MI 6 Contact Hours
September 2002	**Engaging Higher Education in Renewing the Nursing Profession** National League for Nursing 1.7 CEU, 17 Contact Hours
March 2002	**Nurses Impact** Michigan Nurses Association Political Impact Day Lansing, MI 4.2 Contact Hours
March 2002	**AACN Executive Development Executive Development Series** Washington, DC 8.5 Contact hours
February 2002	**Critical Thinking and Test Construction** Michigan Council for Nursing Education Administrators (MCNEA) Midland, MI 5.4 Contact hours
October 2001	**Global Issues in Nursing Education** Grand Valley State University, Grand Rapids, MI 6.5 contact Hours
October 2001	**AACN Executive Development Executive Development Series** Washington, DC 8.5 Contact hours
September 2001	**Michigan Nurses Association Convention** Troy, MI 11 Contact Hours

September 2001	**National League For Nursing Education Summit** Baltimore, MD 17.0 Contact Hours / 1.7 CEU
March 2001	**Nurses Impact 2001** Michigan Nurses Association Political Action Day Lansing, MI 4.2 Contact Hours
October 2000	**Creating Solutions for Our Changing Workforce** Michigan Nurses Association Annual Convention Mackinac Island, MI 8.8 Contact Hours
June 2000	**Keeping the Care in Health Care** American Nurses Association Biennial Convention Indianapolis, IN 26.4 Contact hours
May 2000	**Politically Active RN: Making Health Care Changes** Judy Pendergast, Presenter Michigan Nurses Association, Gaylord, MI 3.0 Contact hours
April 2000	**Recognition and update for MNA Legislative Liason:** ***Taking Risk for Political Advocacy*** Victoria Boyce, Presenter Michigan Nurses Association, Lansing, MI 1.2 Contact hours
April 2000	**Nurses Impact 2000** Michigan Nurses Association, Lansing, MI 5.1 Contact hours
October 1999	**Michigan Nurses Association Annual Convention** Michigan Nurses Association, Kalamazoo, MI 6.3 Contact hours
April 1999	**Nurses Impact '99** Michigan Nurses Association, Lansing, MI 5.1 Contact Hours
Sept. 1998	**NLN Educational Summit** National League for Nurses, Chicago, IL 10.5 Contact Hours
June 1998	**Uniting Nurses: One Strong Voice** American Nurses Association Biennial Convention San Diego, CA 22.5 Contact Hours
March 1997	**Health Professions Education Futures Conference** Ferris State University 6 contact hours

March 1997	**Critical Thinking and the Process of Assessment** Richard Paul, Presenter. Center for Critical Thinking Chicago, IL 10 contact hours
April 1996	**Peer Review and Professional Portfolio Development** Ferris State University 6 Contact hours
January, 1996	**Faculty Roles and Rewards** American Association of Higher Education Annual Conference Atlanta, GA

PROFESSIONAL HONORS

1998	Inducted into Phi Kappa Phi Honor Society, Western Michigan University
1995	Grand Valley State University Distinguished Alumni Award
1995	Inducted into 1995-96 Who's Who in American Nursing
1994	Michigan Professor of the Year Carnegie Foundation and the Council for the Advancement And Support of Education
1988	Recognized as an "Enrolled Red Cross Nurse" through Presentation of badge number 357258
1882	Inducted into Sigma Theta Tau, National Honor Society for Nursing Lambda Chapter, Wayne State University

SERVICE

SERVICE TO FERRIS STATE UNIVERSITY

NURSING PROGRAM COMMITTEES / ACTIVITIES

Curriculum Committee:	Member Chair	1984 - 2001 1985 - 1987 1988 – 1001
Critical Thinking Outcome Data Coordination		1996 - 2001
Policy & Procedure Committee:	Member	1985 - 1987
Student Affairs Committee:	Member	1984 - 1985

By-Laws Committee, Ad Hoc:	Chair	1987 - 1988
Nursing Process Committee, Ad Hoc:	Member	1986 - 1988
Development of Generic BSN Program Steering Committee, Ad Hoc:	Chair	1985 - 1986
NLN Self Study Report Committee: Curriculum Section Writer		1986 - 1988
Outcome Criteria Section Writer: Critical Thinking & Program Enrollment		1995 - 1996
Semester Transition for ADN Program Committee, Ad Hoc:	Chair	1993 - 1994
Academic Program Review for the BSN Program	Chair	1996 - 1997

COLLEGE OF ALLIED HEALTH SCIENCES COMMITTEES / APPOINTMENTS

Curriculum Committee:	Member	1985 – 1987
Curriculum, Assessment & Planning	Member	1996 - 2001
Academic Honors Committee:	Member	1985 - 1986
Faculty / Staff Development:	Member	1987 – 1989
Faculty Enrichment Committee:	Member	1988 - 1990
Faculty Development Committee:	Chair	1991 - 1992
Tenure Committee:	Member	1991 - 1994
Promotions Committee:	Member	1992 - 1995
Critical Thinking Steering Committee:	Member	1992 - 1994
CAHS / College of Education Reorganization, Ad Hoc:	Member	1994 - 1995
Planning Committee	Member	1995 - 1997
CAHS Reorganization Committee, Ad Hoc:	Member	1998-1999
CAHS Dean Search Committee, Ad Hoc:	Member	1999-2000
Student Affairs Committee	Admin. Rep.	2001- 2002

Safety Committee	Admin. Rep	2003- present
Faculty Affairs Committee	Admin Rep	2003- present

UNIVERSITY COMMITTEES / APPOINTMENTS

Institutional Review Committee:	Member	1986 - 1988
Educational Planning Committee:	Member	1986 - 1987
Academic Review Committee:	Member	1986 - 1987
Academic Senate:	Member	1986 - 1989
Sub-committees of Senate:		
* Election Committee:	Member	1986 - 1989
* Senate Appointments:	Member	1987 - 1989
* Academic Calendar, Ad Hoc:	Member	1987 - 1988
FSU Distinguished Teacher:	Member	1992 - 1994
Academic Program Review Committee:	Member	1995 - 1996
Outcomes Assessment	Member	1998 – 1001
Partnership for Career Decision-Making In Technology and Health Careers, Ad Hoc Committee of the President	Member	2000 – 2001
Graduate Education Task Force	Member	2000 – 2001
Strategic Planning Task Force	Co-Chair	2002 - 2003

SERVICE TO THE PROFESSION

PROFESSIONAL MEMBERSHIPS

Michigan Nurses Association (MNA)

National League for Nursing (NLN)

American Association of Colleges of Nursing (AACN)

Sigma Theta Tau, Lambda Chapter, Wayne State University

National Council for Excellence in Critical Thinking

Phi Kappa Phi, Western Michigan University

PROFESSIONAL INVOLVEMENT

MICHIGAN NURSES ASSOCIATION ACTIVITIES

MNA Task Force to Examine State Board of Nursing Education Regulations (1999-2000)

MNA Legislative Liaison for 102nd Representative District (1999-present)

MNA Delegate to State Convention (1999 - 2002)

MNA Congress on Public Policy (1999 –present)

MNA-PAC (Political Action Committee) (2000- present)

ACTIVITES RELATED TO ADDRESSING THE NURSING SHORTAGE

West Michigan Nursing Shortage Summit – A task force of Nurse Educators, Administrators and Practitioners who meet every other month to address the current and future nursing shortage in the West Michigan area. Member: January 2001 – present.

Westshore Hospital Nursing Task Force – A task force of Nurse Administrators and Educators who meet to address the staffing shortage concerns in the Manistee area. Member: December 2000 – Present.

MEMBERSHIPS & ACTIVITIES RELATED TO NURSING EDUCATION

Michigan Association of Colleges of Nursing – State Affiliate of AACN – Baccalaureate & Higher Degree Nursing Programs

Michigan Council of Nursing Education Administrators – Associate Degree Nursing Programs

MCNA & MCNEA Articulation Task Force – Charge is to standardize the articulation from ADN to BSN completion programming in the State of MI.

CURRICULUM VITAE

Marietta J. Bell-Scriber
8593 Courtland Dr.
Rockford, MI 49341
(616) 866-2746 (home);(231) 591-3987 (work)

EDUCATIONAL BACKGROUND

Institution	Degrees	Date
Michigan State University	Doctor of Philosophy in Higher Adult Learning and Education	2005 proposed grad. date
Michigan State University	Post-Master's Certificate: Family Nurse Practitioner	8/97
Grand Valley State University	M. S. Nursing	12/94
Ferris State University	B. S. Nursing	3/90
Saginaw General Hospital	Diploma	8/69

PROFESSIONAL CERTIFICATIONS

American Nurse's Credentialing Center: Board Certified- Family Nurse Practitioner, 1997-2007
Emergency Nurse's Association: Certified Emergency Nurse, 1991- 2000
American Heart Association: Basic CPR Instructor, 1983- Present
Emergency Nurse's Association: National Trauma Nurse Core Course- Provider & Instructor- 1993-1995
Certification and Educator for Intraaortic Balloon Pumping, 1989- 94
American Heart Association: Advanced Cardiac Life Support Provider- 1981- 1993

PROFESSIONAL MEMBERSHIPS

National Organization for Associate Degree Nursing- 2001- present
Michigan Nurse's Association- 1992-94, 1997-98, 2000- present
Advance Practice Council, Michigan Nurse's Association- 1997-98
Sigma Theta Tau, 1993- present
American Association of Critical Care Nurses- 1993- 1997
National League for Nursing- member

PROFESSIONAL LICENSURE

Michigan State Board of Nursing, License 4704085607
Michigan State Board of Nursing, Nurse Practitioner Specialty Certification

EMPLOYMENT

Employer	Title	Period

Ferris State University **Associate Professor** **8/01- Present**
Big Rapids, MI

Responsibilities

Instructor in Pre-Nursing- FSUS 100 (Freshmen Seminar
Instructor/Course Coordinator in the ADN program: Nursing 106- Clinical Nursing I (Fundamentals); Nursing 102- Cultural Diversity I; Nursing 116- Clinical Nursing 2
Instructor in the RN-BSN program- NUR 324- Transition into Professional Nursing; NUR 310- Nursing Health Promotion; NUR 312- Nursing Health Assessment

Munson Medical Center **Cardiovascular Outreach** **7/98- 8/01**
Traverse City, MI **Coordinator**

Responsibilities

Coordinated a smooth transfer process for cardiovascular patients
Provided educational and clinical resources for referring hospitals
Coordinated preceptorship and training opportunities for staff from referring hospitals
Worked collaboratively with MMC staff on clinical pathways, i.e. Open Heart Surgery (for staff and patients)
Assisted CTU staff in developing new peer review process
Worked collaboratively with group to develop new Insulin Drip Protocol for Diabetic Patients with Acute MI
Developed content for web-site for Munson's cardiovascular services
Member of committee to develop improved education for CHF patients
Lead group to improve education for ICD patients/families
Worked collaboratively with MMC's Marketing department to create TV and newspaper ads to celebrate MMC's Top 34 designations in Open Heart Surgery and Angioplasty
Coordinated process for the reading and reporting of Echocardiograms in Sault Ste. Marie
Assisted with on-site evaluations of cardiovascular services at Grayling and Cadillac Mercy Hospitals
Worked collaboratively to update Post-Interventional Orders
Assisted with chart audits to review vascular complications post- sheath pull
Developed 13 patient education brochures for cardiovascular procedures
Facilitated/Redesigned Heartwise program
Facilitated process improvement team to decrease symptom to hospital time for AMI patients
Assisted in providing data measurement of outcomes on Open Heart Surgery Pathway

Member of Healthy Heart Coalition
Provided nursing peer reviews to transferring facilities on cardiology patients

Grand Valley State University
Northwestern Michigan University Center
Traverse City, MI **Adjunct Professor** **2-12/2000**

Responsibilities
Taught Health and Physical Assessment in RN-BSN completion program in Spring, 2000. Taught Caring for the Client with Chronic Disease in RN-BSN program in Fall, 2000.

Urgent Care **Family Nurse Practitioner** **9/97-7/98**
Traverse City, MI

Responsibilities
Worked in collaboration with the Urgent Care physicians to provide a full spectrum of primary care services, occupational medicine, and urgent care to patients. In the context of this position, the NP:

A. obtained health histories and performed physical examinations on patients of all ages
B. provided assessment, diagnosis, intervention and follow-up for common health complaints, including minor health problems and stable chronic diseases
C. promoted health by providing patient education and counseling that was problem- or disease-oriented
D. initiated appropriate referrals to other health care or specialty providers
E. collaborated with attending physicians regarding patient care issues or concerns
F. provided simple office procedures such as suturing, casting, removal of foreign bodies, incision and drainage, etc.

Munson Healthcare **Cardiovascular Clinical Nurse Specialist** **12/94-9/97**

Responsibilities
Program development and coordination of Cardiac Home Care Program to include specialized cardiac assessment skills, ECG monitoring/interpretation, cardiovascular drugs, and cardiac rehabilitation principles
Consultation regarding cardiac clinical problems in Munson Home Services (all branches- Traverse City, Otsego, Tolfree & West Shore

Development of cardiovascular and other home care clinical pathways
Consultation on complex cardiovascular patients being discharged from MMC into Munson Home Services
Development of resources (e.g., troubleshooting manual) for Munson Home Service staff and home care staff in Northern Michigan
Provided inservices to home care staff
Assisted with development of inpatient cardiovascular pathways and discharge criteria for cardiovascular patients at MMC

Cardiothoracic Surgeons
of Grand Traverse **Nurse Clinician** **12/94-12/95**
Traverse City, MI

Responsibilities
Assisted with clinical hospital management of patients who have received open heart surgery by making patient rounds, writing progress notes, reading chest x-rays & ECGs
Performed preoperative history and physicals
Dictated patients' clinical resumes upon discharge
Managed phone calls from home care nurses or patients concerning clinical questions or problems
Evaluated patients coming to office for wound problems or other clinical concerns

Spring Arbor College
Northwestern Michigan University Center
Traverse City, MI **Adjunct Professor** **Nov-Dec-'95**

Responsibilities
Taught module to Management of Health Services Curriculum in Bachelor of Arts program: Module 2: Health Services Systems and Environments

Munson Medical Center
Traverse City, MI **CTU/CTSU Unit Manager** **6/93-12/94**

Responsibilities
Designed and created 17-bed combined intensive and step-down open heart surgical unit
Administratively responsible for patient care, staffing, equipment, budget, continuous quality improvement, shared governance, staff performance evaluations, and continuing education
Hired and managed a staff of 32 registered nurses, including a nurse educator, 4 licensed practical nurses, 8 unit clerks and 5 unit service aides; budget of $1.8 million

Designed and implemented cross-training for all staff between intensive and step-down areas
Implemented shared governance
Implemented training for staff on Continuous Quality Improvement
Marketed new unit to internal and external customers
Created and implemented a standardized patient education record for cardiac surgical patients
Implemented professional practice model in step-down area
Developed and implemented charge nurse role between intensive and step-down areas
Facilitated team approach and professional collaboration between all staff and cardiothoracic surgeons

Munson Medical Center	**Resource Clinician**	**1992-93**
Munson Medical Center	**Staff Nurse- ICU**	**1991-92**
Munson Medical Center	**Critical Care Educator**	**1988-91**
Munson Medical Center	**Staff Nurse- Cath Lab and ER**	**1983-88**
Bay Medical Center **Bay City, MI**	**Staff Nurse- ER, ICU, CCU** **Staff Development Instructor**	**1978-83**
St. Mary's Hospital **Saginaw, MI**	**Staff Nurse- Float**	**1977-78**
Dr. Louis Constant **Saginaw, MI**	**Office Nurse**	**1975-77**
St. Mary's Hospital **Saginaw, MI**	**Staff Nurse- ER, ICU, Urology**	**1973-75**
Dr. Gerard Scott **Saginaw, MI**	**Office Nurse**	**1971-73**
Saginaw General Hospital **Saginaw, MI**	**Staff Nurse- CCU, NICU**	**1969-71**

HONORS AND AWARDS

Member of Kappa Epsilon Chapter of Sigma Theta Tau International Honor Society for Nursing- 1993- present

Recipient of Excellence in Nursing Research Award sponsored by Butterworth Hospital and Grand Valley State University, April 1995 for graduate thesis
Graduate Research was one of three selected by GVSU for poster presentation at National Research Conference in Kansas City, Missouri in 1996
Merit awards for exemplary performance at MMC- 1987, 1990, 1991
Salary bonuses for excellence in performance at MMC- 2000-2001

PUBLICATIONS (Note- publications under previous name of Gardner)

Gardner (Bell), M. (1996). Do Male and female spouses differ in their perceptions and adaptation to their partner's open heart surgery? Michigan Nurse, 69 (9), 22-23.

Gardner (Bell), M., Drake, D., Stirling, M., & Smith R. (1995). *Resource Manual for Nurses Caring for Open Heart Surgery Patients at Home.* Traverse City, MI: Munson Healthcare, Inc.

VIDEOS

(2001). *Now That You Have Heart Disease.....* Co-written and Professional Consultation provided. Produced by Munson Health Network in cooperation with Brauer Productions, Inc., Traverse City, MI.

(2001). *Healthwise: Early Cardiovascular Care Education Program.* Written and Professional Consultation provided. Produced by Munson Health Network in cooperation with Brauer Productions, Inc., Traverse City, MI

(1996). *Recovering From Open Heart Surgery.* Co-written, Edited, and Professional Consultation provided. Produced by Munson Heart Network and Munson Home Services in cooperation with Brauer Productions, Inc., Traverse City, MI

(1995). *Preparing For Open Heart Surgery.* Written, Narrated, Directed, and Edited. Produced by Munson Medical Center, Traverse City, MI

PRESENTATIONS

AVAILABLE ON REQUEST

CONTINUING EDUCATION

AVAILABLE ON REQUEST

CURRICULUM VITAE

Name: Cairy, Mary J., EdD, RN
Title: Professor, Ferris State University

Education:

Michigan State University, E. Lansing, MI	BSN	1967
Wayne State University, Detroit, MI	MSN	1981
Western Michigan University, Kalamazoo, MI	EdD	1997

Employment:

1967-1969	Staff Nurse, Peds, OR, St. Lawrence Hospital, Lansing MI
1969-1970	Staff Nurse, ICU, Sinai Hospital, Detroit, MI
1971-1976	Clinical Supervisor, Peds, CCU, OR, ER, St. Lukes Hospital, Saginaw MI
1976-1979	Inservice Coordinator, Mercy Hospital, Cadillac MI
1979-present	Faculty, Ferris State University, Big Rapids, MI
1991-1996	Mayor, Lake City MI
1991-1999	Officer, United States Army Nurse Corp.

Research:

"The Timing of Cognitive Teaching as it Affects the Performance of Psychomotor Skills", 1981.
"The Timing of Cognitive Teaching as it Affects the performance of Psychomotor Skills", 1992.
"The Timing of Cognitive Teaching as it Affects the Performance of Psychomotor Skills at the Articulation Level", 1993.
"The Effects of a Cooperative Learning Environment on Attitudes, Social Skills and Processing of Baccalaureate Nursing Students", 1997.
"Application of the Transtheoretical Model to Exercise Behavior Among Army Reservists", current.
"Use of the Transtheoretical Model as a Curriculum Basis for Changing the Health Behaviors of Nursing Students", current.

Presentations: (limited to the last 8 years)

1994 Presenter - Fourteenth Annual International Conference on Critical Thinking and Educational Reform, Sanoma, CA "The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in Associate Degree Nursing Students"

1996 Presenter - Hamptom University, School of Nursing, Hampton VA.
"Learning Styles"
1996 Presenter - Lake City Middle School, "Cooperative Learning Groups Using Problem Based Learning"
1997 Presenter - Hampton University, School of Nursing, Hampton VA.
"Cooperative Learning: Application in Post-Secondary Settings.
2001 Presenter – NLN Education Summit 2001, Baltimore, MD
"Teaching in Shorts"

Consulting:

1994 Lake City Middle School - Cooperative Learning
1994 Lake City Adult and Alternative Education - Learning Styles

Current Memberships:

American Nurses Association
Michigan Nurses Association
Sigma Theta Tau (Nursing Honor Society)
Phi Kappa Phi (Education Honor Society)
National League for Nursing

Continuing Education (limited to last 8 years)

1994 Evaluation of Performance, Hampton University, VA, 2.4 contact hours
1994 Clinical Practice Guidelines: Pressure Ulcers, Hampton University, VA, 2 contact hours.
1994 Use of Hypnosis in Nursing, Hampton University, VA, 2.4 contact hours.
1994 Stress/Burnout, Hampton University, VA, 2.4 contact hours.
1994 The 14th International Conference on Critical Thinking and Educational Reform, Center for Critical Thinking and Moral Critique, Sonoma State University, CA, 21 contact hours.
1994 The Use of Cooperative Learning Teams in Postsecondary Education, FSU.
1995 Officer Advanced Course, US Army, San Antonio TX, 96 contact hours
1995 Perspectives in Pediatrics, 1995, Children's Hospital at Bronson, Kalamazoo, MI, 6.6 contact hours.
1996 An Approach to Interdisciplinary Education, FSU
1996 The HIV Picture--1996, Hampton University, VA, 2 contact hours.
1996 Menopause and Its Management, Hampton University, VA 1.2 contact hours.
1996 Challenges on a Subacute Care Unit in a LTC Facility, Hampton University, 2 contact hours.
1996 Strategies for Success: Teaching the Non Traditional Student, Hampton University, 1.2 contact hours.

1996 Perspectives in Pediatrics--1996, Children's Hospital at Bronson, Kalamazoo, MI, 6.6 contact hours.
1997 Medicine for Fun NOT Funds, FSU
1997 What's New in Diabetes Screening and Prevention, Michigan Diabetes Outreach Network, Cadillac, MI, 1.5 contact hours.
1997 Pharmacological Basis of Nicotine Addiction, Delaware Nurses Association, 1.2 contact hours.
1997 Teaching Critical Thinking in the Clinical Setting, Hampton University, VA, 2 contact hours.
1997 Integration of Complementary Medicine into Peri-operative Nursing, Hampton University, VA. 2 contact hours.
1997 Health Professions Education Futures Conference, FSU, College of Allied Health.
1997 Critical Thinking Seminar, Foundation of Critical Thinking, Chicago, IL, 12 contact hours
1998 What Works with Adolescents. University of Michigan, Ann Arbor, MI 5.2 contact hours.
1998 Uniting Nurses: One Strong Voice. ANA national convention, San Diego, CA, 20.1 contact hours.
1999 Michigan Nurses Association, 1999 Convention. Kalamazoo, MI 12.3 contact hours.
1999 Exploring the Face of Nursing. St. Mary's Hospital, Grand Rapids, MI 3 contact hours.
2000 Nurses — Keeping the Care in Health Care. ANA National Convention, Indianapolis, IN. 28.8 contact hours.
2000 Nurses Impact 2000. MNA, Lansing, MI. 5.1 contact hours.
2000 Creating Solutions for our Changing Workforce. MNA Convention, Mackinaw Island, MI. 6.6 contact hours.
2000 Politically Active RN: Making Health Care Changes, Gaylord MI, 3 contact hours
2001 NLN National Convention, Baltimore, MD. 17 contact hours
2001 MNA Convention 2001, Somerset Inn, Troy MI, 9.2 contact hours
2001 Leadership in Nursing: How Healthcare Finance Influences Our Choices Lansing, MI. 2 contact hours
2001 Nurses Impact 2001. MNA, Lansing, MI 5.4 contact hours
2002Critical Thinking and Test Construction, Midland, MI, 5.4 contacts

Community Service (limited to last 6 years)

1992-1996 Mayor, Lake City MI
1992-1996 Lake City Planning Commission
1992-1996 Lake City Downtown Development
1991-1999 Captain, US Army Nurse Corp - Reserves
1993-1996 Long Range Planning Committee, Lake City Schools
1985-present Red Cross Nurse

1985-2001 Athletic physical exams for all Lake City Middle and High School athletes
1994 Administered Hep-B immunizations for Lake City School Faculty and Staff
1994 Commencement Address, Lake City Adult Education
1998-2001 Vestry, St. Mary's Episcopal Church (3 year term)
1998 Pediatric Section Committee, Mercy Hospital (ongoing)
2000-2002 Member, Board of Directors, Workplace Ministries, Cadillac, MI

University Service

All University Committees
Athletic Advisory Committee-3 yrs
Semester Study Committee-3 yrs
Institutional Review Board- (current)
Graduate and Professional Council- (current

School Committees
Long Range Planning-2 yrs
Promotions-6 yrs
Curriculum-3 yrs
Tenure-3 yrs
Library-3 yrs
Faculty Affairs-5 yr (current)

Department Committees
Curriculum-9 yrs
Policy/Procedure-6 yrs
Faculty Development-3 yrs
Evaluation- 5 yrs (current)

Leighton D. Chapman
VFS 314
Ferris State University
Big Rapids, MI 49307
Phone: (231) 591-2290
Email: Chapmanl@Ferris.edu

EDUCATION

2000-2003 Masters of Science in Nursing, University of Phoenix

- Subjects studied included:
  - Health Care Infrastructure
  - Public Health
  - Nursing research
  - Family nursing
  - Change theory
  - Principles of Teaching
  - Nursing Theory
  - Health Care Financing

1991-1995 Associate in Applied Sciences in Nursing, Ferris State University

- Subjects studied included:
  - The Nursing Process
  - Nursing diagnosis
  - Pharmacology
  - Patient Care
  - Basic nursing skills

1977-1981 Bachelor of Science in Criminal Justice, Ferris State University

- Subjects studied included:
  - Adult, adolescent and deviant psychology
  - Management theory
  - Accounting
  - Employee relations

EMPLOYMENT

2003-Present Nursing Faculty, Ferris State University-Big Rapids, MI.

- Nursing educator at the associates and bachelor's levels
  - Providing instruction in:
    - Clinical skills
    - Critical thinking
    - Theory based practice

2002-2003 Registered Nurse, Mecosta County General Hospital–Big Rapids, MI.

- Critical Care – Medical/Surgical nurse in a small community hospital
  - Responsible for all aspects of patient care in the critical care environment
  - Caring for:
    - Critical cardiac patients
    - Respiratory/mechanically ventilated patients
    - Post-surgical and post-trauma cases
  - Monitoring of up to eight cardiac telemetry patients
  - Function as staff nurse/charge nurse for the Medical/Surgical unit

1997-2002 Registered Nurse, MidMichigan Medical Center – Midland, MI.

- Cardiac Telemetry – Critical Care nurse at a regional medical center
  - Worked in a cardiac intensive environment
  - Cared for:
    - Cardiac catheterization patients
    - Unstable respiratory patients
    - Overdose patients
    - Patients requiring cardiac monitoring
- Worked, as needed, in the Intensive Care Unit and the Cardiac Care Unit
  - Cared for critical trauma, surgical and medical patients
  - Gained experience in neurological, thoracic and vascular surgical cases

1996-1997 Registered Nurse, Central Michigan Community Hospital – Mt. Pleasant, MI.

- Circulating Surgical Nurse
  - Responsible for:
    - Surgical suite set up
    - Patient safety
    - Surgical documentation
- Critical Care Unit staff nurse
  - Responsible for all aspects of patient care in this critical care environment
  - Cared for critical trauma, cardiac, respiratory and post-surgical patients

1995-1996 Registered Nurse, Mecosta County General Hospital – Big Rapids, MI.

- Staff nurse on an inpatient physical rehabilitation unit
  - Responsible for all phases of patient care
    - Coordinating care with:
      - Specialty therapy staff
      - Medical social work staff

- Cared for:
  - Orthopedic patients
  - Closed head injury patients
  - CVA patients
  - Deconditioned patients

1987-1994 Production Worker, Michigan Knife Company – Big Rapids, MI.

- Responsible for:
  - Inventory control
  - Job scheduling
  - Programming of computer controlled equipment
- Gained experience in:
  - Scheduling
  - Computer programming
  - Accident prevention procedures

1989-1992 Emergency Medical Technician, Mecosta County Emergency Medical Services-Big Rapids, MI.

- Crew member on a rural emergency medical service
- Responsible for:
  - Extrication
  - Assessment
  - Triage
  - Medical Stabilization
  - Emergency transport
- Gained experience in rapid assessment and intervention as well as interdisciplinary cooperation

1984-1986 Commander of Security, Burns International Security Services – Portage, MI. & Oakbrook, IL.

- Commander of Security at various locations in Michigan and Illinois
- Managed a twelve man guard force at a multimillion dollar facility
  - Responsible for:
    - Work scheduling
    - Payroll records
    - Employee Training
    - Employee Discipline

LICENSURE AND CERTIFICATIONS

- Registered Nurse Licensure, State of Michigan, 1995
- Advanced Cardiac Life Support Certified, 2000
- Pediatric Advanced Life Support Certified, 2003

RELATED PROFESSIONAL EXPERIENCE

- American Red Cross Certified instructor in First Aid and Cardiopulmonary Resuscitation
  - I have trained:
    - Civic groups
    - Educators
    - Industrial workers

- While working at MidMichigan Medical Center I researched, composed, and presented a program designed to help staff members avoid attacks by patents

- Five years experience in scenario based education with:
  - Ferris State University – School of Criminal Justice
  - Michigan Police Corps
  - West Central Michigan Law Enforcement Training Consortium

ADVANCED STUDIES

- Critical Care Nursing – Saginaw Valley State University, College of Nursing - 1998
  - Advanced critical care specific nursing course
  - Subjects studied included:
    - Cardiac syndromes
    - Respiratory syndromes
    - Neurological syndromes
    - Endocrine dysfunctions

- Dysrhythmia Interpretation and Management – Saginaw Valley State University, College of Nursing - 1998
  - Advanced training specializing in:
    - Cardiac rhythm interpretation
    - Cardiac arrhythmia identification
    - Medical interventions for cardiac arrhythmias

- 12 lead EKG interpretation – Saginaw Valley State University, College of Nursing - 1999
  - Advanced training in recognizing cardiac arrhythmias by 12 lead EKG
  - Correlation of EKG findings to adverse coronary events

PERSONAL

- 44 years of age

- Married

- No Children

CURRICULUM VITA

NAME:

Susan L. Fogarty
809 Ives Avenue
Big Rapids MI 49307-2425
231-796-1439 (H)
231-591-5016 (O)

PROFESSIONAL CREDENTIALS:

Michigan RN License 4704075493 Expires 3/31/05

EDUCATION:

BSN Mercy College of Detroit, Detroit, Michigan. June 1966.

Primary Care Practitioner Certificate. Case-Western Reserve University, Cleveland, Ohio. March 1976.

MSN. Wayne State University, Detroit, Michigan. December 1989. Major: Community Health Nursing. Functional Area: Nursing Education.

EXPERIENCE:

Senior Public Health Nurse. Detroit Health Department. Detroit, Michigan. General community health and school nursing. 1966-1967 and 1968.

Psychiatric Nursing Instructor. Mercywood Hospital. Ann Arbor, Michigan. Temporary position as didactic and clinical instructor for students from Mercy School of Nursing. 1967.

Staff Nurse. Fort Worth Neuropsychiatric Hospital. Fort Worth, Texas. Part-time position in 32-bed private psychiatric hospital. 1968.

Public Health Nurse II. Texas Department of Health, Division of Tuberculosis Control. Fort Worth, Texas. Case finding, case and contact follow up, and family and community education in a four county area. 1968-1970.

Family Nurse Practitioner. Regional Health Care. White Cloud and Baldwin, Michigan. Primary responsibility for managing selected caseload of family practice clients in a collaborative practice with physician and physician assistant colleagues. 1975-1987.

Nurse Practitioner. Planned Parenthood of Western Michigan. Part-time position providing family planning and related women's health care services. 1978-1995.

Clinical Faculty. Ferris State College. Big Rapids, Michigan. Clinical instruction in Nursing Care of Groups and Nursing Care of the Individual within the Family courses. 1986-1987.

Assistant Professor. 1987-1993, Associate Professor 1993-present. Ferris State University. Big Rapids, Michigan. Didactic and clinical instruction in both Associate Degree and Bachelors Degree nursing curriculum. Primary teaching responsibilities include the Transition course for RN to BSN students, Nursing Care of Clients with Reproductive Needs, Basics in Nursing, and Community Health and

Family Nursing. Developed the Transitions and Community courses in the bachelors program and Transition course in the associate degree program during the last curriculum change. Lead Study Abroad to Hammeenlinna, Finland facilitating NURS 499 with a transcultural nursing practicum. Tenured September 1992. Merit increase 1998.

Nurse Practitioner. District #5 Health Department. Occasional contract position in Breast and Cervical Cancer Screening Clinic sites. 1992-1996.

Nurse Practitioner. Healthy Beginnings. Occasional contract position in nurse managed prenatal clinic for low-income women at several sites. 1992-1996.

UNIVERSITY ACTIVITIES:

Department of Nursing Curriculum Committee, 1987-present. Chair 1994-97. During this time the committee prepared the curriculum portion of the NLN Self-study, developed a major ADN curriculum revision, adapted the ADN curriculum to semesters, and developed a major revision in the BSN curriculum as part of the semester conversion process and again with the implementation of the CAHS Core Curriculum. Policy, Procedure and Bylaws Committee 1987 -1994, including preparing NLN Self-Study portion on departmental policies and procedures.

College of Allied Health Sciences Faculty Staff Development Committee 1987-1989, Chair 1988-1989. Arranged Faculty and Staff programs. Promotion/Merit Committee 1989-1992. Curriculum Committee 1988-96, Chair 1989 93. During this time the committee reviewed and worked to facilitate the approval of all curricula within the college in the semester transition process.

Core Clinical Competencies Committee 1997. Instructional Resources Committee 1996-present, Dean's Advisory Committee 2000-2001, Strategic Planning Committee 2001-2002.

University-wide: MAGB Faculty Award Committee, 1988-1991. Student Health Advisory Committee, 1993-1996. Student Life Committee 1995-1999, Chair 1995-1996. Diversity Incidents Team 1998-present, Chair 2001-2002. Faculty Advisor to Ferris Student Nurses Association 1996-present. Faculty Advisor to DSAGA (Diverse Sexuality and Gender Alliance 1994-present.

Grant: Timme Grant Recipient 1992. Purpose of grant was to prepare produce videotapes on health history and physical assessment techniques to be used in health assessment courses.

PROFESSIONAL ACTIVITIES:

American Nurses Association, Michigan Nurses Association, 1975-present. Convention Planning Committee 1982-1985. Convention delegate 1987, 1988. Newaygo District Nurses Association 1975-1989, President 1987-1989. Council of Nurses in Advanced Practice. Lakeshore Chapter of the Michigan Nurses Association. Nominating Committee 1999-2001. Chapter Representative to Congress on Nursing and Health Care Economics 1999-present. Delegate to MNA State

Convention October 2002, 2003. President Lakeshore Chapter 2003. Winner of Bertha Lee Culp Human Rights Award.

Professional Nurses for Advanced Practice, Founding Member.

Sigma Theta Tau, Lambda Chapter, 1988-present.
American Public Health Association, 1989-present.

COMMUNITY ACTIVITIES:

Lake County S.C.A.N. Team, 1982-1988.

Lake County Council for the Prevention of Child Abuse and Neglect, 1984-1988. Council wrote a successful prevention grant application and implemented a broad prevention program in Lake County Schools.

Baldwin Area Schools Citizen Advisory Committee, 1987-1988.

Mecosta County Teen Pregnancy Task Force, 1989-1990.
Program for Alcohol and Substance Abuse Treatment Board, 1987-present, vice-president 1989-present.

Program for Alcohol and Substance Abuse Treatment (PAST) Board 1989-1998. President 1996-1998.

Mecosta County Affiliate of the American Heart Association. 1995-1999.

Parents Family and Friends of Lesbians and Gays (PFLAG) Grand Rapids 1993-present. Board 1996-present. Vice President 1999-present. Chair Scholarship Committee 1998-present.

PRESENTATIONS PUBLICATIONS:

Presenter Teen Awareness Day, Baldwin, Michigan. Is it Love or Lust? September, 1989.

Presenter of multiple programs on A.I.D.S. and other sexually transmitted diseases and contraception in Ferris State University Residence Halls, for international students, and for students in Collegiate Skills program and for Ferris ALGB.

Fogarty, S. & Wheeler, J. (1993) Health Assessment Series. Videotapes, Ferris State University, Big Rapids, MI.

Invited to present at First National Conference on Interactive Education in Health Care Professions on distance education in August 1995. Conference canceled due to technological problems.

Presenter at Region V NAFSA: Association of International Educators about presenting information about drugs, date rape and sexual issues to Intensive English Program students. November 1995.

Presenter for Women's Development Conference May 1996 with Malinda McCain on "Gay and Lesbian Issues in the Workplace".

Reviewer for chapter on Rural Nursing in Smith and Mauer *Community Health Nursing*, 1999.

Presenter at Michigan Student Nurses Association Convention March

2002 on "Working With and Caring for Sexual Minorities."

Scheduled poster presentation on "Teaching Nursing Online" at National League for Nursing Educational Summit, Anaheim, California.

Reviewer for E. F. Wywialowski *Managing Client Care* 3rd Ed. 2002.

Presenter: Multicultural Health Care: Building a Multicultural Society, Grand Rapids MI, Lakeshore Chapter of Michigan Nurses Association. 2002.

Fogarty, S. (2003) Providing Culturally Competent Care for the Invisible Minority. *Michigan Nurse August.*

CONTINUING EDUCATION:

Fifth Annual CONAP Clinical Symposium: Current Clinical Issues. May 1987. 12 Contact Hours.

Community Interventions: Parents and Professionals: A Partnership. June 1988. 16 Contact Hours.

G.E.C.M. First Annual Symposium: Low-Income, Minority, and Rural Older Adult Populations: Issues for the Future. July 1988. 17 Contact Hours.

Melodie Chenevert, How to Survive Professionally. October, 1988. 6 Contact Hours.

Nursing Diagnosis: Application to Clinical Care Planning. March 1989. 6.4 Contact Hours.

Nursing Education '90: Medical College of Pennsylvania Annual Nursing Education Symposium. June, 1990. 17.4 Contact Hours.

Celebrate Nursing '90. Melodie Chenevert. November, 1990. 8.5 Contact Hours.

NLN Annual Nursing Education Conference. Curriculum Revolution: Community Building and Activism. December 1990. 13.5 Contact Hours.

Eleventh Annual CONAP Clinical Symposium: Current Clinical Issues. June 1993. 12.3 Contact Hours.

Community Health and Public Health Nursing Conference, University of North Carolina, June 1994. 15 Contact Hours

Teaching Critical Thinking Conference, Chicago IL . January 1995

Nursing Faculty: Re-Tooling, Re-Energizing Workshop (Active and Interactive Teaching/Learning Strategies for the College Classroom). November 1995, 5.5 Contact Hours

Teaching Critical Thinking Conference, Chicago IL . January 1996 Advanced Workshop in Assessing Critical Thinking.

Epidiemiology of Cardiovascular Disease, University of Michigan School of Public Health, 15 Contact Hours, 1998

Epidiemiology and Health Policy, University of Michigan School of Public Health, 15 Contact Hours, 1998

Distance Education: Teaching Nursing Online, Indiana University, 25.2 Contact Hours, 1999

American Nurses' Association Biennial Convention, Indianapolis IN 24 Contact Hours. July 2000.

Nurses Impact, Michigan Nurses Association. Lansing MI 5.2 Contact Hours. March 2001.

Global Issues in Nursing Education. Kirkhof School of Nursing, Grand Valley State University. Grand Rapids MI. 6.5 Contact Hours. October 2001.

Michigan Nurses Association Convention, Troy MI. 8.3 Contact Hours, October, 2001

Leadership in Nursing: How Healthcare Finance Influences Our Choices, Michigan Nurses Association Leadership Retreat, Lansing MI 2.0 Contact Hours. November 2001.

Multicultural Health Care: Building a Multicultural Society, Grand Rapids MI, Lakeshore Chapter of Michigan Nurses Association. 1.8 Contact Hours, 2002.

Curriculum Vitae

NAME: ***Morton*** ***Arlene*** ***M***
(Last) (First) (Initial)

EDUCATION:

1996	Valparaiso University	Completed all credits in Family Nurse Practitioner program. Obtained clinical experience with a Family Nurse Practitioner and a Nurse Midwife at a clinic for low income families, a Pediatric Nurse Practitioner at a migrant worker clinic, a Nurse Practitioner at an OB-GYN doctor's office, and a family physician's office.
1990	Purdue University	Master of Science Major: Adult Health Nursing Practicum: Emergency and Critical Care nursing at Memorial Hospital, South Bend Electives: Test Construction, Curriculum Development, Design and Construction of Instructional Materials
1987	Indiana University	Bachelor of Science in Nursing
1963	Henry Ford Hospital School of Nursing	Diploma in Nursing

ACADEMIC APPOINTMENTS:

Place	Title/Rank	Dates
Ferris State University	Assistant Professor	2000 to present
Indiana University South Bend	Lecturer	1994 to 1998
Indiana University South Bend	Visiting Lecturer	1991-1994
Indiana Vocational Technical College	Faculty	1988-1991

CLINICAL APPOINTMENTS:

Place	Title/Rank	Dates
Tarawa, Republic of Kiribati	Peace Corps Medical Officer: Provided health care and education to Peace Corps volunteers on 17 of the 33 Kiribati islands. Established a new up-to-date medical office and implemented several office management procedures.	1998-2000
St. Joseph Medical Center South Bend, IN.	Emergency Room: Staff Nurse Level 3, Trauma nurse, Rape Team Cardiac Care: Staff Nurse/Charge	1981-1995 1975-1979
Providence Hospital Southfield, MI.	Staff Nurse/Charge Emergency Room	1979-1981
St. Mary's Hospital Livonia, MI	Staff Nurse/Charge Intensive Care	1971-1974
St. John Hospital Detroit, MI.	Staff Nurse Intensive Care, Delivery Room, Surgical Unit	1964-1970
Northville State Hospital Northville, MI.	Head Nurse Children's Service	1963-1964

LICENSURE: Registered Nurse License, State of Michigan, #4704069363

Registered Nurse License, State of Indiana, #28062420
FNP Certification, State of Michigan, #4704069363

PROFESSIONAL SOCIETIES:

Michigan Nurses Association
Member 2000-present
Indiana State Nurses Association
Member, 1988-1998
Indiana State Nurses Association, District 7
Program Chair, 1990-1991
Secretary, 1992-1995
Delegate, 1991, 1993, 1995
Planning Committee for Parish Nurse Education Program, 1993
Nominating Committee, 1995-1996

Nursing Research Consortium of North Central Indiana, 1991-1998
Abstract Editor and Publisher, 1994-1998
Member-At-Large, 1995/96
Sigma Theta Tau Honor Society, 1987 - 1998

HONORS:

Outstanding Volunteer Support Award – 1999. Granted by Peace Corps Kiribati Country Directors.
Outstanding Alumnus Award – 1999. Granted by the Indiana School of Nursing Alumni Association
Outstanding Teacher Award - 1994. Granted by the 1995 Indiana University South Bend ASN class.
Recognition for Excellence in Nursing Education - 1993, National Co-alliance for teaching excellence.
Graduated with Highest Honors - 1990, Purdue Calumet
Graduated with Highest Honors - 1987, Indiana University South Bend
Esther Mooneyhan Scholarship Award - 1987, Indiana University South Bend
Excellence in Nursing Award - 1985, Indiana University

TEACHING ASSIGNMENTS: FERRIS STATE UNIVERSITY

Nurs105 Pharmacology. Two credit required didactic course.

- Taught fall of 2000, 2001, 2003
- Have total responsibility for course development
- Used powerpoint overheads, discussion, critical thinking challenges, group work, weekly quizzes.
- Implemented SLA Online for fall 2003

Nurs 106 Clinical Nursing 1 Six credit seminar/lab/clinical

- Taught fall of 2000 and 2001
- Enrollment of 7-10 students for lab/clinical and 31 students for seminar
- Developed evaluation tool, critical thinking scenerios, lab station instructions.

Nurs 312 Physical Assessment. Three credit hour didactic/lab RN-BSN course.

- Taught fall of 2000 and summer 2001 at outreach site.
- Developed a online format for the summer 2001 and 2002 course.

Nurs 116 Clinical Nursing 2 Seven credit didactic/clinical course

- Taught winter 2001, 2002, and 2003
- Second semester Associate Degree medical/surgical experience at Mecosta General Hospital
- Developed evaluation tool used by all faculty teaching this course.
- Course coordinator 2003 for 4 clinical groups.

Nurs 499 Community Health Nursing. Five credit hour didactic/clinical RN-BSN course.

- Taught winter 2001 at outreach site.

- About 1/2 of course was offered online

Nurs 434 Senior Seminar. Three credit hour didactic RN-BSN course
- Taught fall 2001 at outreach site.
- Assisted senior students with presentations on nursing concerns and trends.

Nurs 226 Clinical Nursing 3 Nine credit didactic/clinical course
- Taught fall 2002 and 2003 with a clinical at Spectrum Butterworth in Grand Rapids
- Course coordinator for 3 clinical groups in 2002 and 6 clinical faculty in 2003.
- Developed Webct Assignment Drop-box for clinical paperwork submissions.

Nurs 432 Nursing in Health Care Systems Three credit hour didactic RN-BSN course
- Taught winter 2003 at outreach site.
- About ½ of course is offered online.

Nurs 310 Health Promotion Three credit hour didactic RN-BSN course
- Taught winter 2002 at outreach site.

ADMINISTRATION
- ADN Program Coordinator starting Fall 2003.
- Co-developed a clinical faculty orientation program that included nursing education theory, clinical organization, and clinical evaluation.

TEACHING ASSIGNMENTS: PEACE CORPS KIRIBATI

- 20 hours of health teaching to new Peace Corps volunteers during their training covering health maintainence, common health problems and first aid, personal safety and unwanted attention, HIV/STDs, food and water preparation, diarrhea, nutrition, mental health, alcohol abuse, water safety, and emergency evacuation plan.
- 10 hours of additional sessions related to safety and security, adjustment issues, and medical policies.
- Provided health teaching in a quarterly health newsletter.

TEACHING ASSIGNMENTS: IUSB SCHOOL OF NURSING

A107 Introduction to Concepts in Nursing. This was a 3 credit required didactic course which:

- I taught five times in the fall semester from 1992-1997.
- Had an enrollment between 27 to 35 students,
- Involved introducing first semester students to the role of a nurse and adaptive health patterns. This course layed the foundation for the student's practice in nursing.
- Had sole responsibility for this course from 1992 to 1997.

A109 Basic Nursing Skills. This was a 3 credit hour lab/clinical required course which:
- I taught five times in the fall semester from 1992-1997,
- Had an enrollment between 27 to 35,
- Was student's first "hands on" experience so a great deal of planning is required for this course. Students spent 3 hours a week in a lecture/lab experience and 6 hours on a clinical unit where they learned principles of patient care and nursing skill performance.
- Had sole responsibility, from 1992 to 1997, for the organization of the course, teaching the lecture portion, lab set-ups, quiz grading, and revision of study-guides, evaluation tools, and nursing process forms.

A143 Nursing: Adaptive Pattern II: Nutrition/Elimination. This was a 3 credit hour, required didactic course which:

- I taught four times in the Spring semester from 1993 to 1997,
- Had an enrollment that varied from 28 to 38 during the last two years,
- Involved the teaching of concepts related to health disruptions of the adaptive pattern Nutrition and Elimination.
- I had sole responsibility for this course from 1993 to 1997.

A144 Nursing Adaptive Pattern II: Nursing/Roles/Skills II. This was a 2 credit hour required clinical course which:

- I taught four times in the Spring semester from 1993-1997.
- Had an enrollment of clinical groups ranging in size from 8 to 10 students with a total of 16 to 20 students per semester,
- Involved the teaching of basic nursing concepts and psychomotor skills related to the adaptive pattern Nutrition/Elimination on a medical/surgical unit.
- I had sole responsibility for this course from 1993 to 1997.

A241 Nursing: Adaptive Pattern III: Protection/Regulation. This was a 3 credit hour required didactic course which:

- I co-taught with another faculty once in the Fall of 1994,
- Had an enrollment of 38 students who had completed one year of the ASN program,
- Covered those systems of the body which provide protection or regulate body processes.

K492 Dosage Calculation and Introduction to Pharmacology. This was a 2 credit hour elective didactic course which:

- I developed and taught in the Summer of 1994 and 1996 and had a progressively larger enrollment
- I developed to assist students with basic math, teach them a method for calculating dosages, and give them a beginning understanding of pharmacology.
- Taught course using distance learning during the summer of 1996.

A250/252 LEGAL/ETHICAL ASPECTS OF NURSING AND PROFESSIONAL ROLES This is a 2 credit hour required didactic course which:

- Promoteed class discussion and critical thinking related to legal/ethical problems and nursing roles.
- Prepareed the student for "reality shock", resume and cover letter writing.
- Introduced the student to NCLEX review programs.

TEACHING ASSIGNMENTS: ACROSS IUSB DEPARTMENTS

R408 Topics in Radiographic Venipuncture. This is a 2 credit required course from the School of Radiology which:

- I developed and taught twice during Summer Session I 1993 and 1994,
- had an enrollment from 10 to 20 students,
- stressed basic concepts of intravenous therapy and the psychomotor skills needed to perform intravenous insertion.

SERVICE:

FERRIS STATE UNIVERSITY

Nursing and CAHS Curriculum Committee, 2003/2004
FSNA Advisor 2003/2004
Chair Nursing Faculty Search Committee, Winter 2003
Substance Abuse Committee Secretary, College 2002 to present
Chair Instruction Resourses, CAHS 2001/2003
Curriculum Committee, Nursing 2000 to present

Co-Chair 2002 to present
Chair NCLEX Taskforce, Nursing 2001/2002
Online Taskforce, Nursing 2001/2002
Search and Screen, Nursing Spring 2001

INDIANA UNIVERSITY SOUTH BEND COMMITTEE SERVICE

Information Technology: Member, 1996-1997
Student Affairs: Member, 1993-1995
Faculty Affairs: Member, 1991-1993

IUSB SCHOOL OF NURSING ADMINISTRATIVE SERVICE

Computer Laboratory Coordinator, 3 credits, Fall 1995, Spring 1996
Liaison between faculty and computer services.
Coordinating transfer of hardware and software to main campus.
Coordinating transfer of video tapes to Riverside and Schurz Library.
Associate Faculty Coordinator, 3 credits, Spring 1995- Fall 1995
Orientation of Associate and new faculty.
Developed New Faculty Handbook
Nursing Resource Laboratory Coordinator, 3 credits, Spring 1994
Assisted laboratory staff with problem solving, ordering equipment, assigning rooms, and assisting work study students.

INDIANA UNIVERSITY SCHOOL OF NURSING SYSTEM-WIDE COMMITTEE SERVICE

United Council of Nursing Faculty Curriculum Committee, Member, 1994 - 1998
Associate of Science in Nursing Curriculum Taskforce, Member, 1994 - 1998
Executive Committee 1996/1997

IUSB SCHOOL OF NURSING COMMITTEE SERVICE

Admission, Progression, Graduation, Member, 1992-1998
Clinical Skills Guidelines Ad Hoc Committee, Chair, 1995
Space Ad Hoc Committee, Member, 1995
Library/Resource, Member, 1995-1996
Recruitment and Retention, Member, 1995-1996
Search and Screen, Member, 1995
Assessment, Member, 1992-1995
Faculty President 1996/1997

IUSB SCHOOL OF NURSING STUDENT SERVICE

Student Nurses Association, Advisor, 1994-1998

COMMUNITY SERVICE:

St. Joseph Medical Center Clinical Planning Group
Advanced Cardiac Life Support Instructor, 1985-1998
CPR instructor, 1985-1995
Christ the King Lutheran Church Council Secretary 1995-1998, Call Committee 1996

PROFESSIONAL ACTIVITIES:

Post-Master's courses:

Management of Client Health/Illness Status, Summer 1996
Clinical Application Family Nurse Practitioner, Summer 1996
Advanced Physical Assessment, Valparaiso University, Summer 1995
Advanced Physiology, Valparaiso University, Summer 1995

Family Nursing, Valparaiso University, Summer 1995
Pharmacology, Valparaiso University, Summer 1995
Management of Client Health/Illness Status, Valparaiso, Summer 1996
Clinical Application Family Nurse Practitioner, Valparaiso, Summer 1996
Computer Technologies for Nurse Educators, at IUPUI Spring 1994.

Continuing Education:

Teaching the Television Generation, Lansing, MI Winter 2003
Lilly Conference, Big Rapids, MI. Fall 2002
Nursing Impact, Lansing, MI. Winter 2002
Test Construction, Midland MI, Fall 2001
Critical Thinking in Nursing, Lansing MI, Winter 2001
Lilly Conference, Lake Arrowhead CA, March 2001
Peace Corps PCMO training and yearly CEU conferences, 1998-2000
Nursing and Health Care Reform, Indianapolis, October 1995
Nursing Informatics: Computers in Nursing Conference, Newark, New Jersey, Spring 1995
Parish Nursing Conference (Planning Committee), South Bend, Fall 1993
Infusing Critical Thinking Into College and University Instruction, Indianapolis, August 1993

GRANTS AND AWARDS:

- Online course development stipend from UCEL, 2002
- Ethel Mae Payne Grant, Indiana Nurses Foundation, Awarded $1000
- Faculty Development Grant, "Tuition for post graduate work". Indiana University South Bend, School of Nursing, Spring 1996. Awarded $500
- Faculty Development Grant, "Tuition for post graduate work". Indiana University South Bend, School of Nursing, Spring, 1995. Awarded $800
- Helen Fuld Health Trust: "Using Interactive Technology in the Development and Presentation of Stimulating, Lifelike Lectures". Spring 1993. Awarded $20,000
- Curriculum Development Grant, "Using Videodisc Medical Images as a Teaching Tool". Indiana University South Bend, Summer 1993. Awarded $750

SCHOLARLY ACTIVITY:

- Developed curriculum content grids for the Associate Degree in Nursing Program at Ferris using NCLEX categories as a guide to identify content appropriate for each nursing course.
- Implemented a system of NCLEX review into existing Structured Learning Assistance courses. These courses facilitate students learning and are required for students with a course average of less than 90%. Ferris State's NCLEX pass rate went from 65% to 93% in the year 2002.
- New Faculty Handbook sent to Dean at Southwestern University and Larry Garber at Indiana University South Bend.

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Big Rapids, MI 49307

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E-mail poindexk@ferris.edu

Kathleen A. Poindexter

Education

2003 – Current Western Michigan University
Doctoral Student in Higher Educational Leadership
2001 –2003 University of Maine, Orono, Maine
Doctoral Student in Higher Educational Leadership

1999 – 2000 UCLA Extension, California
Post graduate certification in on-line teaching program

1985 - 1990 Northern Michigan University, Marquette, MI 49855
Master of Science in Nursing Administration

1974 – 1978 College of Saint Scholastica, Duluth, Mn 55804
Bachelor of Arts in Nursing

Professional experience

8/2002 – current: Ferris State University, Big Rapids, Michigan
Associate Professor in the School of Nursing and Allied Health

Current responsibilities include lecture, teaching, advising, departmental and committee responsibilities. Primary course responsibilities include coordination of a capstone BSN course, pediatrics, and gerontology course.

2001 – current: University of Maine, Orono, Maine
Assistant Professor in the College of Business, Public Policy and Health and Adjunct Assistant Professor in the Graduate School

From August of 2001 to 2002 I was employed as a full time assistant professor in the School of Nursing. My primary responsibility was to coordinate the pediatric didactic and clinical educational components for junior level nursing students. I also was assigned teaching responsibilities in the senior level seminar and clinical reflections courses, junior level health assessment and skills labs, and as an adult medical -surgical clinical instructor.

In addition to my teaching responsibilities, I served on a number of departmental committees as assigned while continuing to pursue my doctoral degree. I was nominated for and received a 12-month faculty fellowship in the Partnership for Academic Programs in College Teaching (PACT) from the University of New Hampshire to begin this June. I continue to hold my adjunct position within the graduate school where I am responsible for teaching in the College Teaching certificate program.

1988 - 2001 Northern Michigan University, Marquette, MI 49855
Associate Professor in the College of Professional Studies

Throughout these 13 years I have held a variety of positions within the School of Nursing from adjunct instructor to my current position as a tenured associate professor. My experience includes assignments in the BSN program, ADN program and the Practical Nursing Program. During my tenure at Northern I have taught a wide range of classes including pharmacology, medical-surgical clinics and lectures, maternal-child clinics, pediatric lectures and clinics, nursing issues, and nursing fundamentals.

I have been instrumental in developing and introducing the use of multi-media technology into the classroom and incorporating a variety of learning strategies into the courses to better meet the needs of my students. The use of pedagogical enhancements supports my personal goal of creating an environment that stimulates the student's desire to learn while fostering their ability to learn and apply their knowledge to new situations. I have also developed and presented an outreach program on supervisory skills for nurses and served as a consultant on management and legal issues.

Other responsibilities include student advisement, course development and design, community clinical site development and outreach programs. I have held a number of positions within the University and Departments such as College Advisory Council Representative, Senate Representative, ETRPC, Student Association Advisor, Dean's Advisory Council, and a variety of other miscellaneous positions.

1978 – 1988 Marquette General Hospital, Marquette, MI -Bell Memorial Hospital, Ishpeming, MI and St. Mary's Hospital, Duluth, MN

1988 – 1989 Northern Michigan University Health Center Asst. Supervisor of Nurses and Outreach Education Coordinator

Professional Nursing Positions ranging from a Director of a family centered pediatric and PICU, level 4 critical care charge nurse and code team leader, to a staff nurse in cardiac and neuro-trauma units.

My overall experience as a staff nurse includes 18 years as a nurse clinically specializing in intensive care and pediatrics with emphasis on management and educational development. I began as an entry-level nurse in 1978 and was a charge nurse by 1979. In 1980 I began my training as an intensive care nurse and received certifications from the hospital in advanced intensive care, advanced cardiac life support, instructor for ACLS and BCLS, and certification in balloon pumps. We also began the first program for continuing education of intensive care nurses into the area, later evolving into a local AACN chapter.

I was then promoted to a nurse manager and charged with the responsibility to develop and design a pediatric intensive care and family focused pediatric center. I was fortunate to receive extra training through Saint Paul's children's

hospital, Minneapolis Children's hospital and facilitated an on-going training program for the staff from visiting physicians specializing in pediatrics. My responsibilities in this position included the design and development of the units, as well as the education of the staff, physicians and ancillary personnel. The first pediatric training program began with continued specialized training in intensive care for children and families for our PICU staff. From this development, our program began delivering pediatric advanced life support courses to outlying hospitals and helicopter transfer services. This spurred my interest in advanced education and training and I pursued my MSN from NMU. While attending graduate school full-time, I continued to work in intensive care in Marquette and Ishpeming where I was employed as a staff and charge nurse.

Upon completion of my Master's degree I was awarded the position of Assistant Supervisor of Nurses and Coordinator of Health Education at Northern Michigan University. During this period of time I served as a preceptor for nursing management students, developed a peer education program, presented and developed several health programs, and assisted with the daily supervisory tasks of the Health Center.

Professional Publications and Presentations

Research thesis:

"Critical Care Nurses" Perception of the Families impact on Patients and Staff: A National Survey.

"Students Perception of Learning using Classroom Assessment Techniques"

Presentations:

Faculty Workshop on Use of Classroom Assessment Techniques at Northern Michigan University's Faculty Excellence Program, Marquette, MI.

Lilly Conference Presenter: Use of Classroom Assessment Techniques to enhance Student Learning in the Classroom. Pomona, California.

Lilly Conference Presenter: Poster presentation Developing a College teaching Certificate Program.

Supervisory Skills for First Line Managers – NMU and Independent Consultant presentations. 12- CEU outreach development program. Communications, Delegations, Supervision, Mediation, Contract Dispute Resolution, Legal Issues.

Expert Witness Presentation – Orthopedic Conference, Marquette, MI

Nursing Standards and Scope of Practice – National Association of Nurse Executives

Poster Presentation Mosby: Development of a Modular Self directed Nursing Skills course.

Physical Assessment of the Aging – Conference presentation in Lanse, MI and Marquette

Pediatric Critical Care Assessment – Pediatric Critical Care course in Duluth, MN

Physical Assessment Course for Nurses – Marquette, MI

Legal Scope of Practice for Nurses – Guest presentations

Multi-Media use in the Classroom – NMU

Book and Multi- Media Reviews:

Hemodynamic Monitoring CD – LWW

Pain Management CD - LWW

Clinical Simulations Med-Surg III CD – LWW

Clinical Simulations Med-Surg IV CD – LWW

Clinical Simulations Neurological Systems CD – LWW

Lawsuits against the Nurse CD – LWW

Research for Nurses – F.A.Davis

Stressed out about Drug Math – Bandido Books

Introductory Med-Surg Nursing: - Prentice Hall

Nursing Leadership and Management – Prentice Hall Books

Nursing Leadership – Prentice Hall Books

Professional Activities

7/2003 - Recipient of the National League of Nurse's Promise of Nursing Scholarship.

5/2002 – Recipient of a Faculty Fellow from the University of New Hampshire in their Institute on College Teaching Program.

The most recent professional activities have focused on the desire to integrate learning theory and technology within the classroom environment in order to create a more integrative classroom experience. The use of clinical simulations and problem-based learning has been used to stimulate critical thinking and develop clinical reasoning skills within the students. This required additional learning and course work resulted in peer education programs, research participation, and invited member of an educational initiatives group for the co-development of District wide educational initiatives currently being used as a state model.

Professionally related Community Service

Other professional activities include co-developing a nursing honor society within our University and assisting with the application process for charter membership in Sigma Theta Tau. Developing a practical nursing association on our campus, involving students in a state conference and presentation, and developing a course registration system used by the nursing department. I was nominated as our student's commencement speaker for several years and the recipient of their Nightingale award.

Involvement on University Committees has been an important aspect of my professional activities as I strive to be a part of a progressive Higher

Community Activities

Educational learning environment. Membership on the College Advisory Council, Dean's Advisory Council, Research Review Committee, Grants Committee, Judicial Committee, ETRPC and Bylaws Development Committee has allowed me to take an active leadership role within a University Environment.

I continue to strive to be instrumental in developing new clinical sites for our nursing courses and create a variety of learning tools to support the needs of our students. A goal of mine is to develop a sense of community awareness and responsibility within the students as they are socialized into their profession so I continue to incorporate community-learning experiences that support the educational goals as well as provide a service to others.

In addition to my teaching responsibilities I serve as a nurse expert witness consultant, perform volunteer physical assessments for the community schools athletic program, kindergarten-screening program and emergency nurse for special school events such as "Jump for heart," Children's Olympics, and local swim meets. I have presented annually for the elementary schools "Advancement in Math and Sciences" program, volunteered to teach community CPR courses, assisted in the promotion of the "handicapped horseback riding program" and facilitated numerous health related presentations in the elementary school classrooms.

Various other community activities include leadership roles on local school parent organizations, School board parent advisory member, Watercats swim team board member and officer, Pony Club board member and officer, Drug and Alcohol Prevention committee member, fundraising chair for a local elementary school, and volunteer coach for children's sporting events. I received the Marquette Citizenship award for leading fundraising efforts and co-developing an all-accessible playground within our community. Most recently I have the honor of being an invited member of our school districts' "Educational Technology Innovation Committee - 2005."

CURRICULUM VITAE

MARY J. ROEHRIG, RN, MSN, MA, LPC

Michigan Registered Nurse License # 4704081511
Michigan Licensed Professional Counselor # 6401000896

530 Winter Av
Big Rapids, MI 49307

Home Phone: (231) 592-1054
Work Phone: (231) 591-5008

EDUCATION

DOCTOR OF PHILOSOPHY, Candidate, ABD
Counseling Psychology
Andrews University, Berrien Springs, MI

MASTER OF ARTS
Specialization in Guidance and Counseling
University of Michigan, Ann Arbor, 1982

MASTER OF SCIENCE IN NURSING
Adult Psychiatric Mental Health Nursing
Wayne State University, Detroit, MI, 1981

BRITISH LITERATURE studies
Corpus Christi College, Oxford University
Oxford, England, 1978

BACHELOR OF SCIENCE
Human Services: Nursing
University of Detroit, 1978
Graduated Magna Cum Laude

DIPLOMA in Nursing
St. Joseph School of Nursing
Flint, MI, 1968

EXPERIENCE

1981 to Present	**Private Counseling Practice** Individual, Group, & Family Therapy Specializing in Stress Management
1985 to Present	**Professor of Nursing** Ferris State University Big Rapids, Michigan

1988 to 1990 1990	**Staff Nurse**, Select Nursing Services Pine Rest Christian Hospital Grand Rapids, Michigan
1984 to 1985	**Instructor, Nursing** Nebraska Wesleyan University Lincoln, Nebraska
	Staff Nurse, Chemical Dependency Unit Lincoln General Hospital, Lincoln, NB Lincoln, Nebraska
1983 to 1984	**Director of Nurses** Adult and Adolescent Chemical Dependency and Psychiatric Pavilion Lea Regional Hospital, Hobbs, NM
1983	**Clinical Instructor**, Psychiatric Nursing Saginaw Valley State University University Center, Michigan
1981 to 1982	**Academic Advisor** and **Clinical Instructor** Nursing and Allied Health C.S. Mott Community College Flint, Michigan
1982	**Instructor, Pharmacology** C.S. Mott Community College
1976 to 1977	Flint Licensed Practical Nurses Association Flint, Michigan
1980 to 1983 1969 to 1973	**Staff Nurse** Labor & Delivery, Medical, CCU St. Joseph Hospital, Flint, MI
1981	**Clinical Instructor,** Psychiatric Nursing Delta College University Center, Michigan
1978 to 1980	**Staff Development Instructor** Psychiatric and Medical Units Hurley Medical Center, Flint, MI
1974 to 1976	**Team Leader & Charge Nurse** Genesee County Community Mental Health Children & Adolescent Inpatient Services Flint, Michigan
1968	**Staff Nurse** McLaren General Hospital Flint, Michigan

PUBLICATIONS AND RESEARCH

Roehrig, M. (1999). Disorders of children and adolescents. In K. Fontaine & Fletcher (Eds.), Essentials of mental health nursing (4th ed.) (pp. 483-500). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (1995). Disorders of children and adolescents. In K. Fontaine & S. Fletcher (Eds.), Essentials of mental health nursing (3rd ed.) (pp. 419-429). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (October-December, 1991). Book Review: Body image disturbance assessment and treatment by J. Kevin Thompson. Journal of Psychiatric and Mental Health Nursing.

Roehrig, M. (1990). Wellness education model program. Submitted to U.S. Department of Health and Human Services (not funded).

Roehrig, M. (1989). Nursing centers: State of the art. In Nursing centers: Meeting the demand for quality care. New York: National League for Nursing.

Roehrig, M. & Vance, J. (1989). Community health promotion. Submitted to Kellogg Foundation, Battle Creek, MI. (not funded).

Roehrig, M. (1987). Nursing centers: State of the art, Ferris State University, Big Rapids, MI. Research presented at the 4th Biennial Conference on Nursing Centers, Milwaukee, WI. May, 1988.

Roehrig, M. (1987). Child and adolescent mental health nursing. In S. Cook and K. Fontaine (Eds.), Essentials of mental health nursing (pp. 561-590). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (1981). A descriptive study of the existence and extent of burnout among registered nurses in the Flint, Michigan area, and the willingness of staff nurses to accept counseling. Unpublished master's thesis, Wayne State University, Detroit, MI.

Roehrig, M. (1979). The effects of utilizing nurse counselors to combat nursing burnout: A concept paper. Submitted to U.S. Department of Health (not funded).

Roehrig, M. (1978). The role of the nurse counselor. Unpublished master's thesis, University of Detroit, Detroit, MI.

PRESENTATIONS

1979 to present	"Stress Management" Frequent presenter; list of groups available upon request.
1992 to 1993	"Nutrition and Recovery" Program for Alcohol and Substance Treatment Big Rapids, Michigan
1992	"Adult Play Therapy" Ninth Annual International Conference of Play Therapy Nashua, New Hampshire
1991	"Learning to Play at Work and Working at Play" "Panic Disorders in Adolescents" Psychiatric Nursing Update '91 Chicago, Illinois
1989 to 1991	Trainer for lay support group leaders New Life, Grand Rapids, Michigan
1990	"Adolescent Mental Health Update, Ambulatory Intervention and Prevention" Cincinnati, Ohio
1989	"Frustrated, Frazzled . . . I Need Help" Work Conference for Office Personnel Ferris State University Big Rapids, Michigan
1988	"Nursing Centers: State Of The Art" 4th Biennial Conference on Nursing Centers Milwaukee, Wisconsin
1987	"Improving Productivity: Stress Reduction Management" 31st Annual Advanced Cosmetology Workshop Ferris State University Big Rapids, Michigan
1984	"Management of the Violent Patient" "Assertiveness Training" Lea Regional Hospital Hobbs, New Mexico
1982	"Burnout" Hurley Medical Center, Flint, Michigan
1980	Shiawassee District Nurses Association,

CONTINUING EDUCATION

(Last Five Years Only)

NAME OF PROGRAM	INSTITUTION	CEUs	YEAR
Learning Strategies For the Television Generation	Michigan Council of Nurse Education Administration	4.8	2003
Working with Survivors of Sexual Abuse	PESI Healthcare	7.8	2002
Qualitative Research course	Andrews University	Audit	2002
2002 Annual Convention	Association for Play Therapy	10.0	2002
Critical Thinking & Test Construction	Michigan Council of Nurse Education Administration	5.4	2002
Substance Abuse	Western Schools	30.0	2002
Psychiatric Emergencies	PESI Healthcare	7.4	2002
Hematopoiesis	F. Williams	1.0	2000
Treatment of Geriatric Psychosis	Dr. Shields Detroit, MI	1.5	1999
Improving the Management of Depression	Dr. Richard Balon Wayne State University Detroit, MI	1.5	1999
Working Effectively With Borderline Clients	Dr. Kenneth Silk University of Michigan Ann Arbor, MI	1.5	1999
Dealing with Confrontive Behavior	Dr. Dillon Bureau of Forensic State of Michigan	1.5	1999
Management of the Aggressive Patient	Dr. George Fleming Wayne State University Detroit, MI	1.5	1999

Novartis Research Meeting & Training Session	Novartis Pharmaceuticals & U of C, Irvine Santa Anna, CA	24.0	1999
Group Work with Chemically Dependent Groups	Dr. Schoener Wayne State University Detroit, MI	3.0	1999
Domestic Violence	St. John's Hospital Detroit, MI	6.5	1998
Eli Lilly Research Meeting	Elli Lilly Company Indianapolis, IN	27.0	1998

COMMUNITY SERVICE

(Last Five Years Only)

2003	Education Consultant for Nar-Anon group Flint, Michigan
2002	Member, Focus Group for development of the Behavioral Health & Wellness Network of Northwest Michigan
2000 to present	Mental Health Professional Resource Person Stephen's Ministry, St. Paul's Church Big Rapids, MI
Ongoing	Frequent Stress Management presentations to Local community groups.
1998-1999	Developed Family Group component for treating Chemically Dependent clients Mercy Hospital, Detroit, MI

PROFESSIONAL AFFILIATIONS

American Counseling Association
American Psychological Association
Association for Play Therapy
Michigan Nurses Association
National Education Association
Phi Kappa Phi Honor Society
Pi Lambda Theta
Sigma Theta Tau International Honor Society of Nursing

References Available Upon Request

Judith L. Strunk
9285 W. Meyering Rd.
P.O. Box 53
McBain, MI 49657
judystrunk@yahoo.com
231-825-8191

OBJECTIVE

Full time faculty position teaching A.D.N. or B.S.N. students, including but not limited to, obstetrical nursing, pediatric nursing, pharmacology, medical-surgical clinical, health promotion and other related courses.

EDUCATION

Michigan State University, East Lansing, MI
Master of Science, May, 2000. Major: Nursing.

Michigan State University, East Lansing, MI.
Master of Science, 1991. Major: Geology.

Grand Valley State University, Allendale, MI.
Bachelor of Science, 1985, Geology.

Grand Valley State University, Allendale, MI.
Bachelor of Science, 1978, Nursing.

ACADEMIC APPOINTMENTS

Place	Title	Dates
Ferris State University	Full Time Temporary Faculty	8/02-Present
Ferris State University	Adjunct Faculty	8/01-Present
Baker College	Adjunct Faculty	W2001 and W2002
Northwestern Michigan College	Adjunct Faculty	W1992
Michigan State University	Research Assistant	1988
Michigan State University	Teaching Assistant	1986-1988

CLINICAL APPOINTMENTS

Place	Title	Dates
Central Michigan District Health Department	Nurse Practitioner Family Planning and Breast and Cervical Cancer Prevention	January 2002 – August, 2002
Woman to Woman Cadillac, MI	Nurse Practitioner	April, 2001 – August, 2001
Mackinaw Trail Health Assoc.	Advanced Practice Nurse	January, 2001 – March, 2001
Spectrum Health Butterworth Campus Grand Rapids, MI	Staff Nurse, Resource Center (OB)	1997 – April, 2002

Mercy Hospital Cadillac, MI	Staff Nurse, Obstetrics	1988 -1998
Sparrow Hospital Lansing, MI	Staff Nurse Neonatal Intensive Care	1985 – 1988
Butterworth Hospital Grand Rapids, MI	Outreach Educator Neonatal Intensive Care	1981 – 1982
Butterworth Hospital Grand Rapids, MI	Staff Nurse Neonatal Intensive Care	1978 – 1985

LICENSURE

Registered Nurse License, State of Michigan, #4704123564
Nurse Practitioner Certification, State of Michigan, #4704123564

CERTIFICATIONS

Board Certified Family Nurse Practitioner, April 1, 2001
BCLS
AWHONN Fetal Monitoring

CERTIFICATIONS

Board Certified Family Nurse Practitioner, April 1, 2001
BCLS
AWHONN Fetal Monitoring
Neonatal Resuscitation Certified

PROFESSIONAL SOCIETIES

Sigma Theta Tau Honor Society, 2000 – 2001

HONORS

Graduated with Honors – 1985, Grand Valley State University
Graduated with Honors – 2000, Michigan State University

TEACHING ASSIGNMENTS: FERRIS STATE UNIVERSITY

-Nursing 102, Cultural Diversity, 20 students
-Nursing 101, Health Promotion, currently teaching 21 students
-Nursing 106, Lab, currently teaching 10 students.
-Nursing 499 Lab, currently teaching 16 students.
-Nursing 436, Community Nursing, currently teaching 25 students.
-Nursing 432, Leadership, summer 03, 18 students (Niles).
-Nursing 436, Community Nursing ,summer 03, 55 students (Flint and Traverse City).
-CCHS 103, Lab, 20 students per section, 3 sections.
-Nursing 116, Clinical, 9 students.
-Nursing 102, Cultural Diversity, currently teaching, 20 students.
-Nursing 202, Cultural Diversity, 19 students.
-Nursing 114, Maternity Nursing, 36 students.
-Nursing 101, Health Promotion, taught fall semester 2002, 20 students.
-Nursing 226, Pediatric Nursing, taught fall semester 2002, 21 students.
-Nursing 106, Lab and Clinical, fall semester 2002, 10 students.
-Nursing 106, Assisted with Seminar, fall semester 2002, 38 students.
-EHSM 315, Epidemiology and Statistics, taught winter semester 2002 , 25 students.
-Nursing 114, Maternity Nursing, taught winter semester, 2002, 26 students.
-Nursing 116, Medical Surgical Nursing Clinical, winter semester, 2002, taught 7 students.

RESEARCH ASSIGNMENT: MICHIGAN STATE UNIVERSITY

-Research Assistant to Dave Long, Professor of Geochemistry.
-Worked on finishing my research for my thesis titled:
-The Extraction of Mercury from Sediment and the Geochemical Partitioning of Mercury in Sediments from Lake Superior.
-Presented my research at The International Conference for Great Lakes Research in Madison, Wisconsin.

TEACHING ASSIGNMENTS: MICHIGAN STATE UNIVERSITY

Physical Science Lab Instructor, 4 semesters, 2sections each semester, 20 – 25 students.

SERVICE

Quality Assurance Committee, Obstetrics, Mercy Hospital, 1995 - 1998
Fetal Monitoring Surveillance System Team Member, Mercy Hospital, Cadillac, MI, 1997 - 1998
St. Agnes Catholic Church, Lector and Singer, 2001 – Present

PROFESSIONAL ACTIVITIES

Continuing Education

Critical Thinking and Test Construction, Midland, MI, February, 2002

PUBLICATIONS

Thesis: The Extraction of Mercury From Sediment and The Geochemical Partitioning of Mercury in Sediments from Lake Superior.

SECTION 10

ENROLLMENT TRENDS

Purpose

The purpose of examining enrollment trends of the BSN program is to determine the potential of the program to maintain enrollment in the future. The BSN program at Ferris is an upper division program, which admits Registered Nurses, or graduate nurses who are eligible to write the NCLEX-RN. The program has been designed to facilitate the matriculation of RN from a variety of prelicensure programs. Therefore students are generally admitted as juniors. Potential students must have an RN license and official transcript to complete their admission. They must meet any course prerequisites and the Ferris General Education requirements prior to graduation.

Method of Data Collection

The configuration of the BSN program with multiple sites, various starting times, and the nature of adult learners provides some challenges in tracking students. Students may, and frequently do, transfer from one site to another, may take courses in more than one site and may for personal or employment reasons opt to design their own plan for completing the program. For these reasons the length of the program varies from two semesters for full time on campus students to seven semesters for the off campus students. Table 10-A contains enrollment and graduation data.

Findings

Table 10-A reveals the number of students and the number of sections of NURS 324 from 1997 to 2003. This reflects the number of students who successfully completed NURS 324. Worth noting is some students elect to begin to take the general education courses prior to starting the nursing sequence but are counted as enrolled at the time of the completion of NURS 324.

TABLE 10-A

ENROLLMENT TRENDS FOR STUDENTS IN BSN PROGRAM 1997-2003

Academic Year	Students Enrolled	Degrees Conferred
1997-1998	210	53
1998-1999	216	62
1999-2000	233	52
2000-2001	148	57
2001-2002	192	67
2002-2003	176	

The variance in the number of students enrolled is both a function of the number of sections offered and the geographic location of the site where the program is offered. Historically some sites have yielded higher enrollment than others. Table 10-B reflects the current distribution of students at the campus and each outreach site. It should be noted that a curriculum change resulted in a shorter program, but one in which a nursing course is offered each semester.

Conclusions.

Enrollment rates have continued to hold steady at most sites. The usual pattern is to offer the full time option each fall on campus and combine the full time students (who traditionally are new RNs primarily from the Ferris ADN program) with the on campus part time students in classes whenever possible.

In the off campus sites generally one complete seven-semester rotation is completed before beginning another cohort. This has been successful in maintaining enrollments in most sites. The demand in the Flint area resulted in more frequent starts to serve the student population. The most recent needs assessment resulted in the decision to return to previous sites in Alma in the Fall of 2003, Muskegon in winter 2004 and to delay a new start in Jackson at this time due to low preliminary numbers there.

TABLE 10-B

ENROLLMENT OF BSN STUDENTS BY OUT REACH SITE2002-2003

Outreach Site	Number of Students in Current Sites
On campus	17
Grand Rapids	16
Traverse City	22
Jackson (completed W 03)	17
Niles	23
Flint (3 cohorts)	104
Alma	20
Total Enrollment	**219**

The consistent enrollment rate in the BSN program supports the continued demand for the program by RNs with other pre-licensure preparation through an associate degree or diploma program.

SECTION 11

PROGRAM PRODUCTIVITY AND COST

Purpose:

The purpose of examining the fiscal resources of the program is to determine if they are adequate to support the RN to BSN program in accomplishing its goals. The S&E budget for the Nursing Programs is divided between the BSN and ADN programs and administration.

Findings:

The University folds the costs of both the ADN and RN to BSN program together for most categories. In addition, all faculty in the Nursing Programs teach in both the ADN and BSN programs. These two factors coupled makes it difficult to report and analyze the productivity and costs of the BSN program from available data. Pre-licensure nursing programs(i.e. the associate degree program) have a high cost; some of the expense is generated by State Board of Nursing requirements for faculty student ratios in the clinical settings of 1:10. The most recent productivity report findings are reflected in Table 11-A

TABLE 11-A

PRODUCTIVITY HISTORY FOR NURSING PROGRAMS

	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002
Student Credit Hours	3,185	3,551	3,354	2,172	2,662
Full Time Equated Faculty	12.66	15.26	13.19	9.19	9.08
SCH/FTEF	251.58	232.77	254.21	236.39	293.20

During this time the RN to BSN program underwent a curriculum revision to maintain its competitive place among Michigan RN to BSN programs. This resulted in a reduction of NURS credits in the program, a reduction in the total semesters in the program, and the scheduling of a nursing course each semester the students are enrolled in the program. This means in the outreach sites full-time faculty travel to each site each semester. Occasionally part-time temporary faculty are hired to teach some of these classes when they cannot be covered by full time faculty. Many of the courses are taught in the mixed delivery format of part face-to-face and part online. It is difficulty to recruit qualified adjunct faculty who have WebCT experience. This saves travel costs to the sites yet maintains personal contact with the students.

All tenured and full-time temporary faculty are projected to be at overload for the Academic Year 2003-2004. In addition the Nursing Programs are piloting a new model of clinical instruction in the Associate Degree program. Qualified nurses currently in practice have been hired to teach the clinical portions of the associate degree nursing courses. This both frees faculty time for BSN instruction and makes release time for the role of the ADN coordinator imperative if the quality of clinical instruction is to be maintained. It will increase the number of courses each faculty member may teach in a semester. (See Appendix I for proposed faculty load.)

The RN to BSN program generates additional revenue through UCEL. These additional funds, or incentives, support program initiatives through the purchase of faculty computers and enhance the department's support of faculty

development and travel. Table 11-B illustrates the additional revenues generated through incentive earnings.

Table 11-B

RN to BSN Incentive Earnings

Year of Incentive Payment	Nursing Department Incentive Amount	
	UCEL	FSU-GR
2000-2001	$12,482.04	$6,648.90
2001-2002	$18,197.35	$5,794.45
2002-2003	$7,942.98.	$3080.07 *

Payment not made to department. Was used to fund recruiting and advising position for nursing in Grand Rapids.

In addition one of the strong recruitment strategies in the Ferris program is a commitment to offer face-to-face courses on the same day within the same time period and to always offer all of the required courses in the program. This has been costly in areas that have had an unexpectedly large attrition resulting in a smaller cohort. Informal student feedback has been very positive about maintaining some face-to-face contact. The RN to BSN program personnel believe it is important to maintain consistency and quality in the program by having full-time tenured or tenure track faculty teach as many of the nursing courses as possible. The experience with part-time temporary faculty has been mixed. This practice, while serving the students in the classroom, makes it difficult for faculty to maintain personal contact with their advisees.

Conclusions

The resources allocated to the RN to BSN program are consistent with the resources of the University during this time of fiscal cutbacks. The loss of two

tenure track positions is being reflected in the students' dissatisfaction with advising. This may become more problematic as the Master's in Nursing program is developed and launched. It will stretch further already thin resources. Sections two and four discuss the concerns with decreasing levels of student and graduate satisfaction with academic advising. The return of the Program Coordinator position after the last Program Review accounts for the greater satisfaction with pre-admission advising and the loss of the two tenure track positions for the decrease in post admission advising.

SECTION 12

CONCLUSIONS

The program review panel has completed a thorough review of the RN to BSN program resulting in the conclusions, which were stated in the individual sections of this report. The conclusions are summarized in this section.

The RN to BSN program was instituted twenty years ago to meet the career mobility needs of Registered Nurses originally prepared at the diploma and associate degree level. As a result, the program has also addressed the needs of the State of Michigan for BSN prepared nurses who can deliver care in a variety of health care settings. To address the high demand for BSNs, the program is offered in multiple sites across the state in a mixed delivery format with both face-to-face and online components of instruction. Over this time as the program has steadily expanded and the administrative time devoted to program oversight has diminished leaving faculty to handle the majority of the administrative demands of a very extensive program. During the same period the tenure-track faculty line positions have also decreased.

The graduates of the program perceive the program to provide access to administrative positions and graduate study. The graduates report a high level of satisfaction with the curriculum, the learning that occurred, and the logistics of the program.

Employer surveys proved somewhat problematic due to low return but the ones received reported satisfaction with RN to BSN graduates. They ranked them as better than other BSN graduates in knowledge and skills. Graduates

have been recognized for many professional accomplishments. Of note is three of the graduates of the RN to BSN program have been awarded the Ferris Pace Setter Award, reflecting the high quality of the program graduates.

Most of the students currently enrolled rated the program at acceptable to excellent, indicating a positive opinion of the program. The one exception was in the area of advising. They report their advising needs were better met before they enrolled than during the time they were actually enrolled in the program. This is of great concern to the faculty and Department Head. In analyzing this finding it was noted that in the past few years the Ferris nursing faculty has experienced a high rate of retirement of experienced faculty after many years of experiencing no turnover. This is a trend in nursing education as the current average age of nursing faculty is mid-fifties. In addition, two tenure track positions have been eliminated. New faculty for the first year and non-tenure track faculty are not assigned advisees. It is the belief of the Nursing Programs that as new tenure track faculty are acclimating to the teaching role and to the Nursing Programs, they are preparing for competent advising. Generally new nursing faculty come from clinical practice, rather than from other educational setting, thus needing the orientation to teaching. That is the pattern both at Ferris and in other nursing education programs. Temporary faculty are not currently assigned advisees as the length of their appointment is uncertain and could result in students being assigned to new advisors repeatedly and further compromising the quality of advising. The result of these factors is current faculty have a high proportion of advisees. This situation is further stressed by

the additional time on the road to teach at multiple sites. Most faculty have difficulty meeting the minimal expectation that they visit each cohort of advisees each academic year because their teaching schedule does not allow them to visit. The result of this increase in faculty responsibilities is beginning to be evidenced by dissatisfaction to response time for advising and other questions. The advising component for the off-campus cohorts of BSN students is crucial. It provides for the student the only real link with the campus and the program. In the past the RN to BSN program had a dedicated coordinator who not only took on much of the advising but who had the time to deal with the other administrative matters entailed in keeping the high quality of a program offered in multiple sites.

The faculty survey revealed their evident pride in the Ferris program as well as some concerns about maintaining the historical quality of the program as it continues to grow and evolve. The primary concerns of faculty were about inadequate support for their work in WebCT and inadequate computer technologic support for off campus students as well as adequate library resources to be competitive with other universities with online programs. Prior to reviewing the survey information the faculty was unaware of the decreased satisfaction with advising. The students evaluated the situation to be a significant issue and handled poorly, while the faculty did not feel that anything was wrong with the communication/advising piece. One possible reason for this discrepancy could be that for the past year FSU-Grand Rapids and the Department hired a half-time non-faculty off-campus coordinator, who took on much of the advising

and follow-up of incoming students and those who needed help re-entering a cohort. In the past this has been a faculty responsibility. It is evident student satisfaction is increased when this position is filled. It is the sense of those involved with the BSN program that the BSN coordinator position be restored.

The Advisory Committee response was strongly positive regarding their perceptions of the program and their role in advising the direction of the program. The committee is comprised of graduates of the program and employers of graduates as well as educators from other programs. Most have a stake in maintaining the quality of the Ferris BSN graduate and their contributions add to the strength of the program.

A review of the current information about the need for nurses supports the need to continue the program. One of the alarming needs is for nursing educators to prepare the clinical nurses so desperately needed. The Ferris RN to BSN program provides an accessible bridge for associate degree and diploma nurses to prepare for the graduate education needed to move into nursing education. The Nursing Programs have a proposal for a Master's in Nursing awaiting only the approval of the Academic Officers of Michigan public universities to begin recruiting the first cohort for fall 2004 and will implement a post-baccalaureate Certificate in Nursing Education Winter 2004.

Evaluations of facilities and equipment reveal adequacy for the RN to BSN program to accomplish its goals. The only difficulty is some of the outreach sites are in hospitals and not all share their LCD projectors. Occasionally faculty are not able to use prepared materials if the one portable unit cannot be scheduled.

The RN to BSN curriculum meets the standards of the National League for Nursing, the accrediting body for the program. As a part of the accreditation process there is an ongoing systematic process for evaluation. The feedback received in this process from all stakeholders is consistent that the curriculum meets the needs of the profession and provides career mobility for its graduates.

Enrollment rates have remained fairly consistent at most sites and for the BSN program as a whole. With normal attrition when a number of cohorts are nearing graduation there historically is a slight drop in enrollment, which is negated with the start of a new site. During Academic Year 2002-2003 a part-time non-faculty BSN coordinator was hired. She was able to evaluate the graduation pending files and contact students who had completed most or all of the nursing courses and needed very few classes to graduate. This motivated a significant number of students to make plans to enroll in the needed courses. The program expects to see an increase in graduation rates as a result of this effort. The position was funded with incentive money through FSU-Grand Rapids and has not been maintained in the wake of budgetary cuts. Again it is recommended that the position be reinstated.

The resources allocated to the RN to BSN program are consistent with the resources of the University during this time of fiscal scaling back. The faculty are concerned about maintaining the quality of the program and student satisfaction with diminished tenure track faculty and the addition of an MSN program. Also of concern is the increased load for the Department Head who has assumed interim department head responsibility for the imaging sciences since April 2003.

SECTION 13

RECOMMENDATIONS

The results of the Program Review Panel Evaluation have been compiled according to APRC guidelines. The results of the evaluation are at the end of this section. The PRP agrees that the RN to BSN program is a strong professional program, which continues to meet both the needs of educationally upwardly mobile Registered Nurses and the people of the State of Michigan in addressing the shortage of nurses. The program strengths, areas of concern and recommendations for the future of the BSN program, as one of the Nursing Programs, is addressed in this section.

Program Strengths

The RN to BSN program at Ferris is an excellent well-respected professional program, which is consistent with the University Mission. As an upper division only RN to BSN program it remains unique in Michigan as an option for career mobility for RNs prepared at the Diploma or Associate Degree levels. With multiple outreach sites, which rotate, based on the needs assessment results, it remains one of the most visible RN to BSN programs in the state.

Demand has been consistently high throughout the state. Enrollment trends indicate that RNs continue to need a program such as the Ferris RN to BSN Program to meet their professional goals. Surveys of graduates and their employers reflect a high level of satisfaction regarding the skills and abilities of the Ferris program. It is telling that in Jackson, Flint and Alma a local hospital

has invited Ferris to offer the program on site. Each of these institutions is geographically closer to other BSN programs with an RN to BSN option.

The facilities and equipment are adequate to support both the nursing and non-nursing courses. FLITE's addition of more online access greatly facilitates access to resources not provided at the community college or hospital library level. The availability of desktop delivery of articles allows students to maximize the online learning environment. With rapid changes in health care and nursing and the launching of a post-baccalaureate Certificate program it is time to have the ability to have articles on hold in an electronic format to increase the currency of information and to be competitive with other universities offering online and off-campus programs. Finally the fiscal resources in this time of a reduction in state funding to higher education are commensurate with the resources of the University to support the goals of the RN to BSN program.

The faculty are considered a major program strength. With recent retirements of greater than half of the faculty, new faculty bring a fresh perspective and a greater diversity of educational preparation and experience. Faculty demonstrate a commitment to excellence in teaching, to professional and scholarly activities and to service to both the University and their communities. Student evaluations of courses and faculty reflect primarily positive perceptions of the teaching faculty and of the curriculum.

The Department Head is fairly new to the position but well acquainted with Ferris and the RN to BSN program, as she was formerly faculty in the program. She is very capable of administering the program as well as the other programs

in her department. With her recognized expertise in the classroom and in critical thinking she is well qualified to serve as an instructional leader for the faculty. She has been instrumental in moving the Nursing Programs into the area of graduate education and support faculty in broadening the scope of the program both through the increased use of Web enhanced instruction and through support of faculty to lead a Study Abroad Program.

Finally, a great strength of the program is the ongoing accreditation by the National League for Nursing. The program is nearing the end of the current accreditation cycle and will begin the self-study prior to the accreditation visit in 2005. The Department Head and faculty have continued to follow changes in accreditation standards and made adjustments as needed to be in compliance with standards at the time of reaccredidation.

Areas of Concern for the Program

The primary area of concern, which became evident, is the impact of diminished resources in some areas of program quality and student satisfaction. Students are pleased with pre-admission advising but their comments were telling in not feeling the quality of advising was maintain while they were enrolled in the program. The reduction of the number of tenured and tenure track faculty and faculty turnover brought about by retirements have resulted in three faculty members advising the majority of the RN to BSN students resulting in advising loads in excess of 100 students. Many of these students require a significant amount of time to address their questions and advising needs. The same three

faculty also teach off campus for a significant portion of their load leading to limited access by advisees and to the resources necessary for quality advising.

The other area of concern is the reduction in administrative time leading to faculty assuming more coordination and monitoring responsibilities in addition to frequently teaching at overload to cover all classes with qualified and committed instructors. This is especially concerning with the launching of the Certificate in Nursing Education, the proposed Master's program with three concentrations, with the addition of an extra cohort in the Associate Degree Program and the launching of three new cohorts in the RN to BSN program planned for Academic Year 2003-2004 and more planned for 2004-2005.

Recommendations

It is the recommendation of the Program Review Panel that the BSN program be continued with enhancement: the restoration of both tenure track positions to address concerns about advising and to attract qualified faculty at a time when the competition for nursing faculty is high. Qualified faculty have their pick of academic positions at this time. Failing to address faculty recruitment and retention has the potential to increase program dissatisfaction, lead to declining enrollment rates and the discontinuation of the program. Historically the graduates and their employers have been some of the best recruiters for the program.

In addition with the planned launch of the MSN in Fall 2004, the approved Certificate in Nursing Education to be started Winter 2004, and the need for greater administrative support, it may be time to begin thinking about creating a

School of Nursing within the College of Allied Health Sciences. At the present time the Department Head administers six separate programs (while the search goes on for a new Department Head for Imaging Science Programs). A school of nursing structure would be consistent with the colleges that house graduate programs. This structure would also address the need for increased administrative support.

The RN to BSN program at Ferris has been a leader in career mobility for RNs in Michigan for twenty years. The recent decrease in faculty size while programming continues to grow is beginning to result in increasing levels of student dissatisfaction with access to advisors. The reinstatement of an off-campus program coordinator position would address this concern. Failing to address the issue of student dissatisfaction with academic advising can only result in the tarnishing of what has been an excellent reputation for both quality RN to BSN education and a student-focused program. This issue needs to be addressed in a timely manner. This is an exciting time in the profession of nursing with increased public attention on the nursing shortage and the awareness of the need for BSN and higher degrees in nursing. The continued demand for the Ferris RN to BSN program while other schools with baccalaureate nursing programs are experiencing flat or declining enrollments speaks to the appeal the Ferris model bring to this arena. In addition, the plan to launch the MSN program has been applauded by Ferris graduates and current students in the BSN program. It would be not only unwise but socially

irresponsible to let such a quality program wither during this window of opportunity.

Ferris State University has an opportunity to capitalize on this situation, which is predicted to continue for at least two decades. However, if student, graduate and faculty satisfaction are allowed to continue to decrease, Ferris will undoubtedly lose its share of this very lucrative market.

Program Review Panel Evaluation Form

(PRP: complete this form and include with your report)

Program: ___NURSING BSN_____

Instructions: Circle the number which most closely describes t he program you are evaluating.

1. Student Perception of Instruction **Average Score** ___4.5___

5	4	3	2	1

Currently enrolled students rate instructional effectiveness as extremely high.

Currently enrolled students rate the instructional effectiveness as below average.

2. Student Satisfaction with Program **Average Score** __4_____

5	4	3	2	1

Currently enrolled students are very satisfied with the program faculty, equipment, facilities, and curriculum.

Currently enrolled students are not satisfied with program faculty, equipment, facilities, or curriculum.

3. Advisory Committee Perceptions of Program **Average Score** ____4.3__

5	4	3	2	1

Advisory committee members perceive the program curriculum, facilities, and equipment to be of the highest quality.

Advisory committee members perceive the program curriculum, facilities, and equipment needs improvement.

4. Demand for Graduates **Average Score** __5_____

5	4	3	2	1

Graduates easily find employment in field.

Graduates are sometimes forced to find positions out of their field.

5	4	3	2	1

5. Use of Information on Labor Market **Average Score** ____5____

The faculty and administrators use current data on labor market needs and emerging trends in job openings to systematically develop and evaluate the program.

The faculty and administrators do not use labor market data in planning or evaluating the program.

Program Review Panel Evaluation Form (page 2)

6. Use of Profession/Industry Standards **Average Score ____5___**

5	4	3	2	1

Profession/industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses.

Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.

7. Use of Student Follow-up Information **Average Score ____4.5__**

5	4	3	2	1

Current follow-up data on completers and leavers are consistently and systematically used in evaluating this program.

Student follow-up information has not been collected for use in evaluating this program.

8. Relevance of Supportive Courses **Average Score ____4.8__**

5	4	3	2	1

Applicable supportive courses are closely coordinated with this program and are kept relevant to program goals and current to the needs of students.

Supportive course content reflects no planned approach to meeting needs of students in this program.

9. Qualifications of Administrators and Supervisors **Average Score ___5____**

5	4	3	2	1

All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability.

Persons responsible for directing and coordinating this program have little administrative training and experience.

10. Instructional Staffing **Average Score ____3.2__**

5	4	3	2	1

Instructional staffing for this program is sufficient to permit optimum program effectiveness.

Staffing is inadequate to meet the needs of this program effectively.

Program Review Panel Evaluation Form (page 3)

11. Facilities **Average Score ___3.6___**

5	4	3	2	1

Present facilities are sufficient to support a high quality program.

Present facilities are a major problem for program quality.

12. Scheduling of Instructional Facilities **Average Score ____4___**

5	4	3	2	1

Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction.

Facilities and equipment for this are significantly under-or-over scheduled.

13. Equipment **Average Score __3.6_____**

5	4	3	2	1

Present equipment is sufficient to support a high quality program.

Present equipment is not adequate and represents a threat to program quality.

14. Adaption of Instruction **Average Score ___4.8___**

5	4	3	2	1

Instruction in all courses required for this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as, small group or individualized instruction, laboratory or "hands on" experiences, credit by examination).

Instructional approaches in this program do no consider individual student differences.

15. Adequate and Availability of Instructional Materials and Supplies **Average Score __4.6____**

5	4	3	2	1

Faculty rate that the instructional materials and supplies as being readily available and in sufficient quantity to support quality instruction.

Faculty rate that the instructional materials are limited in amount, generally outdated, and lack relevance to program and student needs.

APPENDIX A

RECOMMENDATIONS OF THE PROGRAM REVIEW PANEL

The recommendations of the Program Review Panel are included in Section 13. They are summarized in Appendix A for the convenience of the Academic Program Review Panel.

It is the recommendation of the Program Review Panel that the BSN program be continued with enhancement: the restoration of both tenure track positions to address concerns about advising and to attract qualified faculty at a time when the competition for nursing faculty is high. Qualified faculty have their pick of academic positions at this time. Failing to address faculty recruitment and retention has the potential to increase program dissatisfaction, lead to declining enrollment rates and the discontinuation of the program. Historically the graduates and their employers have been some of the best recruiters for the program.

In addition with the planned launch of the MSN in Fall 2004, the approved Certificate in Nursing Education to be started Winter 2004, and the need for greater administrative support, it is time to begin thinking about creating a School of Nursing within the College of Allied Health Sciences. A School of Nursing structure would be consistent with the colleges that house graduate programs. This structure would also address the need for increased administrative support.

The RN to BSN program at Ferris has been a leader in career mobility for RNs in Michigan for twenty years. The recent decrease in faculty size while programming continues to grow is beginning to result in increasing levels of

student dissatisfaction with access to advisors. The Program Review Panel recommends the reinstatement of an off-campus program coordinator position. Failing to address the issue of student dissatisfaction with academic advising can only result in the tarnishing of what has been an excellent reputation for both quality RN to BSN education and a student-focused program.

It would be not only unwise, but socially irresponsible to let such a quality program wither during this window of opportunity. The Program Review Panel strongly recommends this program received support for continuance with enhancement.

APPENDIX B

FERRIS STATE UNIVERSITY
NURSING PROGRAM

MISSION:

The Nursing Education Programs will provide a framework for the application of innovative strategies to facilitate student's acquisition and utilization of the core values, knowledge, and behaviors encompassed within the professional practice levels of nursing.

PURPOSE:

1. Deliver nursing programs that prepare nurses to practice in the rapidly changing health care environment.

2. Instill professional ethics and standards as an essential component of practice.

3. Incorporate best practices in nursing and education.

4. Recruit and retain a diverse population of students and faculty.

PHILOSOPHY:

The faculty believes that each individual is a highly complex, unified whole in continuous interaction with an ever-changing environment. Each individual is worthy of appropriate nursing care and has rights and privileges that must be respected including the right to make decisions regarding health care.

The faculty considers health to be a state of physiological, psychological, sociocultural, and developmental well-being and is the goal of all nursing activity. This state exists within a range of responses which clients make to the environment in order to maintain equilibrium.

The faculty views society as the context within which the individual must function and within which nursing occurs. Society is composed of multiple subsystems designed to provide for basic human needs of protection, education and enculturation. The basic unit of this social structure list the family. Families and individuals units into groups and communities based on commonalties which are translated into group norms. Understanding and recognizing diverse societal norms and characteristics serve as a basis for health care intervention.

The faculty believes that nursing is a unique, dynamic interpersonal endeavor committed to assist individuals, families, groups, and communities in maintaining and promoting health, preventing illness, and maximizing potential. The goal of nursing is to facilitate patient movement toward optimal well-being throughout the life cycle through the application of the nursing process. Practitioners make judgments and use skills based on behavioral, scientific and nursing theories. Practitioners accept the legal, ethical and social standards of their profession and are accountable to the client, the nursing profession and society.

The faculty believes that the technical nurse provides direct nursing care of clients with an apparent or impending health need precipitating common patient problems. This practitioner employs critical thinking and the nursing process to guide the provision of care for individuals under the direction of a professional nurse or physician, supervises other workers in technical aspects of nursing care, and coordinates functions with other health services and personnel for the provision of quality health care.

The faculty believes that the professional nurse must possess critical thinking skills, communication skills, and therapeutic nursing practice skills to provide effective nursing care in a variety of settings. This practitioner is prepared as a generalist at the baccalaureate level in nursing and guides the provision of individualized, comprehensive nursing care for individuals, families, groups, and communities at any point on the health-illness and developmental continua.

The faculty believes that learning is an internal, self-directed, lifelong process resulting in behavioral change. Individuals learn in a variety of ways, building on previous knowledge and skill. Faculty has a responsibility to design, implement, and evaluate learning experiences. Critical thinking and problem solving stimulate and facilitate changes in behavior resulting in students' and graduates' fulfillment of their ethical, legal, and societal nursing responsibilities. The faculty assists the learners to develop increasing responsibility for their own learning.

The faculty believes that educational experiences in nursing can be designed to provide opportunity for development of skills, knowledge and professional behaviors specific to different levels of nursing practice. Technical nursing requires skill and knowledge in nursing along with biological, physical, and social sciences to prepare graduates to deliver nursing care in settings providing defined policies, procedures and protocols. Professional nursing requires skill and knowledge in nursing along with biological, physical and social science, including research methodology and its application, to prepare graduates to deliver the full scope of nursing practice in an unrestricted setting. Technical nursing education serves as a foundation for professional nursing education, and professional nursing education serves as a foundation for graduate study.

The faculty believes that educational experiences designed to promote professional behaviors include professional development and service which are considered to be intrinsic elements of nursing. It is further believed that these behaviors are learned through guided experiences and through modeling of behaviors of faculty.

The faculty believes that an evaluation plan is required to assure quality of the educational program. This evaluation plan must be developed in collaboration with the University evaluation plan and include the regular collection of data, the thoughtful assessment of that data, and the use of the data in ongoing program planning and improvement.

APPENDIX C

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND DENTAL HYGIENE
GRADUATE SURVEY: BSN

As part of the ongoing evaluation of the BSN program, we are requesting your assistance as a graduate. Please place your answers on the provided scan sheet, using a number 2 pencil. Any open ended (essay) questions, please answer on this form. The information you provide will be anonymous and used only for program evaluation. Return the form and the scan sheet in the self-addressed envelope.

1. Program site attended:

   1. Traverse City
   2. Niles
   3. Grand Rapids
   4. Jackson
   5. Midland

2. Program site attended:

   1. Big Rapids
   2. Alma
   3. Flint
   4. Ludington
   5. Muskegon

3. Highest degree earned:

   1. BSN
   2. Masters in progress
   3. Master's
   4. Doctorate in progress
   5. Doctorate

4. Employment status:

   1. Full-time in nursing
   2. Part-time in nursing
   3. Not in nursing

5. Number of years licensed as an RN:

   1. 0 – 5
   2. 6 – 10
   3. 11 – 20
   4. 21 – 30
   5. 31 +

6. Since I started in, or graduated from, the BSN program: (Mark all that apply)

   1. I have changed employers.
   2. Changed responsibilities with the same employer.
   3. Added a new part-time role.
   4. Continued in the same position.

--over--

7. Since I started in, or graduated from, the BSN program, my responsibilities have:

   1. been reduced.
   2. stayed the same.
   3. increased.
   4. have changed without increasing or decreasing.

8. The Ferris BSN program provided the following type of preparation for advanced education.

   1. Excellent
   2. Above average
   3. Average
   4. Below average
   5. Poor

9. If you had it to do over again, and knowing what you know now about the program, would you still enroll in the BSN program at Ferris State University?

   1. Definitely Yes
   2. Probably Yes
   3. Don't know
   4. Probably No
   5. Definitely No

10. If a friend who qualified for admission to the Ferris BSN program were to ask your advice on whether or not to enroll there, how would you respond?

    1. Would recommend the program without reservations
    2. Would recommend the program only if I felt he/she would "fit in"
    3. Would not recommend the program to a friend. If not, why?_____

    _____

11. My position title is:_____

12. If title has changed since starting in or graduating from the BSN program, my former title was:

13. Please identify two or three of the most valuable learning experiences you had as a BSN student.

14. Please identify two or three of the least valuable learning experiences you had as a BSN student.

15. Is there anything else you would like to tell us that we haven't asked about, or any of your responses that you would like to elaborate on?

Thank you for your time. Please return scan sheet and this form in the return enveloped provided. Please give your immediate supervisor the survey, scan sheet, and return envelope.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND DENTAL HYGIENE

EMPLOYER SURVEY: FSU BSN GRADUATE

Purpose:

The graduate survey is one mechanism to obtain information about the Baccalaureate Degree graduates of the Ferris State University Department of Nursing. The observations you make regarding the graduate's adaption, nursing skills, and knowledge is valuable in our program evaluation process. Response will be anonymous.

Please answer these questions about the FSU graduate who gave you this form. Use the scan sheet provided for you, a number 2 pencil, and write the open ended question on this form. Return the form and the scan sheet in the prepaid envelope provided.

1. Did the graduate work for your agency as an ADN or diploma graduate, and also as a BSN graduate?

    1. Yes
    2. No

Please respond to the next question only if this BSN completion student worked in your agency while attending the BSN program. Comments welcome on the last page.

2. As the employee progressed through the program, I observed:

    1. no change in the employee.
    2. positive changes in the employee's work or perspective about nursing.
    3. negative changes in the employee's work or perspective about nursing.

INSTRUCTIONS: Compare the skills, knowledge, and ability of this graduate during the first six (6) months of employment with other BSN graduates of similar experience. Please use the following scale:

1 = Less 2 = About the same 3 = Better

3. Applies research findings to own practice.

4. Uses critical thinking and independent judgment in decision-making.

5. Collaborates with physicians, members of other health disciplines, outside health agencies, and the patient in planning care.

6. Demonstrates effective leadership and management skills.

--over--

7. Practices within the ethical standards of the profession.

8. Practices within policies and procedures of the agency.

9. Assumes responsibility for self-direction, and personal and professional growth.

10. Overall, how would you rate this BSN graduate in comparison with other BSN graduates you have known and/or supervised?

    1. Very low
    2. Low
    3. Average
    4. High
    5. Very high

COMMENTS: Your observations and suggestions are encouraged to assist in providing successful educational experience.

Thank you! Please return both the scan sheet and this form in the enclosed envelope.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND DENTAL HYGIENE
BSN COMPLETION STUDENT SURVEY

PURPOSE: This survey is one mechanism to obtain information about the BSN Completion program. Your observations will help us in the ongoing process. Your responses will be confidential. Please indicate your responses on the accompanying scan sheet, use a number 2 pencil and, on open ended questions, answer on this form.

1-2. Site identification

1.

1. Niles
2. Jackson
3. Traverse City

2.

1. Grand Rapids
2. Flint
3. Big Rapids

3. Employment status:

1. Full-time
2. Part-time
3. Not employed

4. Type of basic nursing program:

1. ADN program
2. Diploma program

5. Age:

1. 20 – 29
2. 30 – 39
3. 40 – 49
4. 50 – 59
5. 60+

6. Number of years of practice as an RN:

1. 0 – 5
2. 6 – 10
3. 11 – 20
4. 21 – 30
5. 31+

7. Sex:

1. Male
2. Female

8. Marital status:

1. Married/Partnered
2. Single

continued on next page

9. Racial/Ethnic Group:

   1. Afro-American/Black
   2. American Indian or Alaskan Native
   3. Caucasian-American/White
   4. Mexican-American/Chicano, Puerto Rican, Cuban, or other Hispanic origin
   5. Other

10. Number of children:

1.	None	4.	5 – 6
2.	1 – 2	5.	7+
3.	3 – 4		

INSTRUCTIONS: Please rate each item using the following guide:

1 = *BELOW EXPECTATION* is only fair, bottom one-third
2 = *ACCEPTABLE* is average, the middle-third
3 = *GOOD* is a strong rating, top one-third
4 = *EXCELLENT* means nearly ideal, top 5 to 10%
5 = *DON'T KNOW* – NA

COMMENTS: We need your comments.

CRITERIA TO BE EVALUATED FOR BSN	1	2	3	4	5	COMMENTS
Courses in the BSN Program are: 11. Available and conveniently located.						
12. Based on realistic prerequisites.						
Written objectives for courses in the BSN program: 13. Are available to students.						
14. Describe what you will learn in the course.						
Teaching methods, procedures, and course content: 15. Meet your learning needs.						
Required General Education Course are: 16. Relevant and current.						
Clinical experience in the BSN program: 17. Meets professional growth needs.						
Nursing Instructors: 18. Know the subject matter and professional nursing guidelines.						
19. Are available to provide help when you need it.						
20. Provide instruction so it is interesting and understandable.						
Instructional support services are: 21. Available to meet your needs.						
Instructional lecture and laboratory facilities: 22. Are adequate.						
23. Purchase of textbooks and course materials.						

continued on next page

CRITERIA TO BE EVALUATED FOR BSN	1	2	3	4	5	COMMENTS
24. Access of library and resource materials.						
25. Access to computer support.						
26. Preadmission advising was:						
27. Post-admission advising was:						
28. Nursing courses are relevant and current:						

Please answer the following questions:

29. Please identify two or three of the most valuable learning experiences in which you were involved.

30. Please identify two or three of the least valuable learning experiences in which you were involved.

Thank you for your participation in this evaluation process.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
ACADEMIC PROGRAM REVIEW – BSN
FACULTY PERCEPTIONS OF THE BSN PROGRAM

INSTRUCTIONS: Please rate each item using the following guide:

1 = *BELOW EXPECTATION* is only fair, bottom one-third
2 = *ACCEPTABLE* is average, the middle-third
3 = *GOOD* is a strong rating, top one-third
4 = *EXCELLENT* means nearly ideal, top 5 to 10%
5 = *DON'T KNOW* / NA

COMMENTS: Please comment.

CRITERIA TO BE EVALUATED FOR THE BSN PROGRAM	1	2	3	4	5	COMMENTS
GOALS AND OBJECTIVES						
1. Participation in Development of BSN Program Plan *Excellent* – Administration and/or other supervisory personnel involved in developing and revising the College plan for this program seek and respond to faculty, student, and community input. *Poor* – Development of the plan for this program is basically the work of one or two persons in the College.						
2. Program Goals *Excellent* – Written goals for this program state realistic outcomes (such as planned enrollments, completions, placements) and are used as one measure of program effectiveness. *Poor* – No written goals exist for this program.						
3. Course Objectives *Excellent* – Written measurable objectives have been developed for all courses in this program, and are used to plan and organize instruction. *Poor* – No written objectives have been developed for courses in this program.						
4. Competency Based Performance Objectives *Excellent* – Competency based performance objectives are on file in writing, consistent with employment standards, and tell students what to expect and help faculty pace instruction. *Poor* – Competency based performance objectives have not been developed for courses in this program.						
5. Use of Competency Based Performance Objectives *Excellent* – Competency based performance objectives are distributed to students and used to assess student progress. *Poor* – Competency based performance objectives have not been developed for courses in this program.						
6. Use of Information on Labor Market Needs *Excellent* – Current data on labor market needs and emerging trends in job openings are systematically used in developing and evaluating this program. *Poor* – Labor market data is not used in planning or evaluation.						
7. Use of Information of Job Performance Requirements *Excellent* – Current data on job performance requirements and trends are systematically used in developing and evaluating this program and content of its courses. *Poor* – Job performance requirements information has not been collected for use in planning and evaluating.						
8. Use of Profession/Industry Standards *Excellent* – Profession/industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses. *Poor* – Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.						

CRITERIA TO BE EVALUATED FOR THE BSN PROGRAM	1	2	3	4	5	COMMENTS
9. Use of Student Follow-up Information *Excellent* – Current follow-up data on completers and leavers (students with marketable skills) are consistently and systematically used in this program. *Poor* – Student follow-up information has not been collected for use in evaluating this program.						
PROCESSES **10. Adaptation and Instruction** *Excellent* – Instruction in all courses required in this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as small group or individualized instruction, laboratory or "hands on" experiences, open entry/open exit, credit by examination). *Poor* – Instructional approaches in this program do not consider individual student differences.						
11. Relevance of Support Courses *Excellent* – Applicable supportive courses (such as sciences, communication, humanities, etc.) are closely coordinated with this program, and are kept relevant to program goals and current to the needs of the students. *Poor* – Supportive course content reflects no planned approach to meeting needs of students in this program.						
12. Coordination with Other Community Agencies and Educational Programs *Excellent* – Effective liaison is maintained with other programs and educational agencies and institutions (such as community colleges, universities) to assure a coordinated approach, and to avoid duplication of meeting educational needs in the area or community. *Poor* – College activities reflect a disinterest in coordination with other programs and agencies having impact on this program.						
13. Provision for Clinical Experience *Excellent* – Ample opportunities are provided for related work experiences in the form of clinical experiences for students in this program. Student participation is well coordinated with classroom instruction and clinical supervision. *Poor* – Few opportunities are provided in this program for related work experiences in the form of clinical experiences where such participation is feasible.						
14. Program Availability and Accessibility *Excellent* – Students and potential students desiring enrollment in this program are identified through recruitment activities, treated equally in enrollment selection, and not discouraged by unrealistic prerequisites. The program is readily available and accessible at convenient times and locations. *Poor* – This program is not available or accessible to most students seeking enrollment. Discriminatory selection procedures are practiced.						
15. Provision for the Disadvantaged *Excellent* – Support services are provided for disadvantaged (such as socio-economic, cultural, linguistic, academic) students enrolled in this program. Services are coordinated with program instruction and results are assessed continuously. *Poor* – No support services are provided for disadvantaged student enrolled in this program.						
16. Provision for the Handicapped *Excellent* – Support services are provided for handicapped (physical, mental, emotional, and other health impairing handicaps) students enrolled in this program. Facilities and equipment adaptations are made as needed. Services and facilities modifications are coordinated with instruction and results are assessed continuously. *Poor* – No support services or facilities and equipment modifications are available for handicapped students enrolled in this program.						
17. Efforts to Achieve Gender Equity *Excellent* – Emphasis is given to eliminating gender bias and gender stereotyping in this program: staffing, student recruitment, program advisement, and career counseling; access to and acceptance in program; selection of curricular materials; instruction; job development and placement. *Poor* – Almost no attention is directed toward achieving gender equity in this program.						

CRITERIA TO BE EVALUATED FOR THE BSN PROGRAM	1	2	3	4	5	COMMENTS
18. Provision for Program Advisement *Excellent* – Instructors or other qualified personnel advise students (day, evening, weekend) on program and course selection. Registration procedures facilitate course selection and sequencing. *Poor* – Instructors make no provision for advising students on course and program selection.						
19. Provision for Career Planning and Guidance *Excellent* – Day, evening, and weekend students in this program have ready access to career planning and guidance services. *Poor* – Little or no provision is made for career planning and guidance services for students enrolled in this program.						
20. Adequacy of Career Planning and Guidance *Excellent* – Instructors or other qualified personnel providing career planning and guidance services have current and relevant professional nursing knowledge, and use a variety of resources (such as printed materials, audiovisuals, job observation) to meet individual student career objectives. *Poor* – Career planning and guidance services are ineffective and staffed with personnel who have little professional nursing knowledge.						
21. Provision for Employability Information *Excellent* – This program includes information which is valuable to students as employees (on such topics are employment opportunities and future potential, starting salary, benefits, responsibilities, and rights). *Poor* – Almost no emphasis is placed on providing information important to students as employees.						
22. Placement Effectiveness for Students in this Program *Excellent* – The College has an effectively functioning system for locating jobs and coordinating placement for students in this program. *Poor* – The College has no system or an ineffective system for locating jobs and coordinating placement for students enrolled in this program.						
23. Student Follow-up System *Excellent* – Success and failure of program leavers and completers are assessed through periodic follow-up studies. Information leaned is made available to instructors, students, advisory committee members, and others concerned (such as counselors) and is used to modify this program. *Poor* – No effort is made to follow up former students of this program.						
24. Promotion of the BSN Program *Excellent* – An active and organized effort is made to inform the public and its representatives (such as news media, legislators, board, professional community) of the importance of providing effective and comprehensive professional education and specific training for this profession to gain community support.						
RESOURCES **25. Provision for Leadership and Coordination** *Excellent* – Responsibility, authority, and accountability for this program are clearly identified and assigned. Administrative effectiveness is achieved in planning, managing, and evaluating this program. *Poor* – There is no clearly defined lines of responsibility, authority, and accountability for this program.						
26. Qualifications of Administrators *Excellent* – All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability. They are knowledgeable in and committed to nursing education. *Poor* – Persons responsible for directing and coordinating this program have little administrative training, education, and experience.						
27. Instructional Staffing *Excellent* – Instructional staffing for this program is sufficient to permit optimum program effectiveness (such as through enabling instructors to meet individual student needs, providing liaison with advisory committees and assisting with placement and follow-up activities). *Poor* – Staffing is inadequate to meet the needs of this program effectively.						
28. Qualifications of Instructional Staff *Excellent* – Instructors in this program have two or more years in relevant employment experience, have kept current in their field, and have developed and maintained a high level of teaching competence. *Poor* – Few instructors in this program have relevant employment experience or current competencies in their field.						

CRITERIA TO BE EVALUATED FOR THE BSN PROGRAM	1	2	3	4	5	COMMENTS
29. Professional Development Opportunities *Excellent* – The College encourages and supports the continuing professional development of faculty through such opportunities as conference attendance, curriculum development, and work experience. *Poor* – The College does not encourage or support professional development of faculty.						
30. Use of Instructional Support Staff *Excellent* – Paraprofessionals (such as aides, laboratory assistants) are used when appropriate to provide classroom help to students, and to ensure maximum effectiveness of instructors in the program. *Poor* – Little use is made of instructional support staff in this program.						
31. Use of Clerical Support Staff *Excellent* – Office and clerical assistance is available to instructors in this program, and used to ensure maximum effectiveness of instructors. *Poor* – Little or no office and clerical assistance to instructors; ineffective use is made of clerical support staff.						
32. Adequacy and Availability of Instructional Equipment *Excellent* – Equipment used on or off-campus for this program is current, representative of that used on jobs for which students are being trained, and in sufficient supply to meet the needs of students. *Poor* – Equipment for this program is outmoded and in insufficient quantity to support quality instruction.						
33. Maintenance and Safety of Instructional Equipment *Excellent* – Equipment used for this program is operational, safe, and well maintained. *Poor* – Equipment used for this program is often not operable and is unsafe.						
34. Adequacy of Instructional Facilities *Excellent* – Instructional facilities (excluding equipment) meet the program objectives and student needs, are functional, and provide maximum flexibility and safe working conditions. *Poor* – Facilities for this program are generally restrictive, dysfunctional, and overcrowded.						
35. Scheduling of Instructional Facilities *Excellent* – Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction. *Poor* – Facilities and equipment for this program are significantly under or over-scheduled.						
36. Adequacy and Availability of Instructional Materials and Supplies *Excellent* – Instructional materials and supplies are readily available and in sufficient quantity to support quality instruction. *Poor* – Materials and supplies in this program are limited in amount, generally outdated, and lack relevance to program and student needs.						
37. Adequacy and Availability of Learning Resources *Excellent* – Learning resources for this program are available and accessible to students, current and relevant to the occupation, and selected to avoid gender bias and stereotyping. *Poor* – Learning resources for this program are outdated, limited in quantity, and lack relevance to the discipline.						
38. Use of Advisory Committee *Excellent* – The advisory committee for this program is active and representative of the discipline. *Poor* – The advisory committee for this program is not representative of the discipline and rarely meets.						
39. Provisions in Current Operating Budget *Excellent* – Adequate funds are allocated in the College operating budget to support achievement of approved program objectives. Allocations are planned to consider instructor budget input. *Poor* – Funds provided are seriously inadequate in relation to approved objectives for this program.						
40. Provisions in Capital Outlay Budget for Equipment *Excellent* – Funds are allocated in a planned effort to provide for needed new equipment and for equipment replacement and repair, consistent with the objectives for this program and based on instructor input. *Poor* – Equipment needs in this program are almost totally unmet in the capital outlay budget.						

Please answer the following: (Use back of page and extra sheets if necessary.)

1. What are the chief educational strengths of your program?

2. What are the major needs for improvement in your program, and what action is required to achieve these improvements?

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
ACADEMIC PROGRAM REVIEW – BSN
ADVISORY COMMITTEE PERCEPTIONS OF THE BSN PROGRAM

INSTRUCTIONS: Please rate each item using the following guide:

1 = POOR is seriously inadequate, bottom 5 to 10%
2 = *BELOW EXPECTATION* is only fair, bottom one-third
3 = *ACCEPTABLE* is average, the middle-third
4 = *GOOD* is a strong rating, top one-third
5 = *EXCELLENT* means nearly ideal, top 5 to 10%

COMMENTS: Record answer for questions 1-14 on scan sheet. Please comment on any below average scores.

CRITERIA TO BE EVALUATED FOR THE BSN PROGRAM	1	2	3	4	5	COMMENTS
Instructional BSN program content and quality are:						
1. Based on performance objectives that represent job skills and knowledge required for professional nursing practice.						
2. Designed to provide students with skills for career mobility.						
3. Responsive to upgrading and retraining needs of employed persons.						
4. Periodically reviewed and revised to keep current with changing job practices and technology.						
Instructional equipment is:						
5. Well maintained.						
6. Current with trends of teaching with technology.						
Instructional facilities:						
7. Provide adequate lighting, ventilation, heating, power, and other utilities.						
8. Allocate sufficient space to support quality instruction.						
9. Meet essential health and safety standards.						
Placement:						
10. Services are available to students completing the program.						
11. Job opportunities exist for students completing the BSN program.						
Follow-up studies on program completers and leavers (students with marketable skills):						
12. Demonstrate that students are prepared for professional employment.						
13. Collect information on job placement.						
14. Provide information used to review the program.						

Please answer the following questions (continued on next page):

1. What is your professional role or perspective as a member of the Nursing Program's Advisory Committee at Ferris? Please circle all that apply.

   a. FSU Nursing Program Alumnus. Specify: ADN, BSN, or Both

   b. Nursing Role in Acute Care. Specify:_____

   c. Nursing Role in Community Setting. Specify:_____

   d. Adjunct Faculty Member in ADN or BSN Program (circle one)

   e. Current Nursing Student in either the ADN or BSN program (circle one)

   f. Other (specify):_____

2. How many total years of service do you have in the discipline in nursing?

3. How long have you served on the Nursing Program's Advisory Committee at Ferris State University?

4. Have you had the opportunity to evaluate graduates of the BSN program at Ferris? If so, in what capacity?

5. What are the major strengths of the BSN program from your professional perspective?

6. What are the major needs for improvement in the BSN program from your professional perspective?

7. Do you have any additional comments or suggestions for the BSN program, or for utilization of the Advisory Committee?

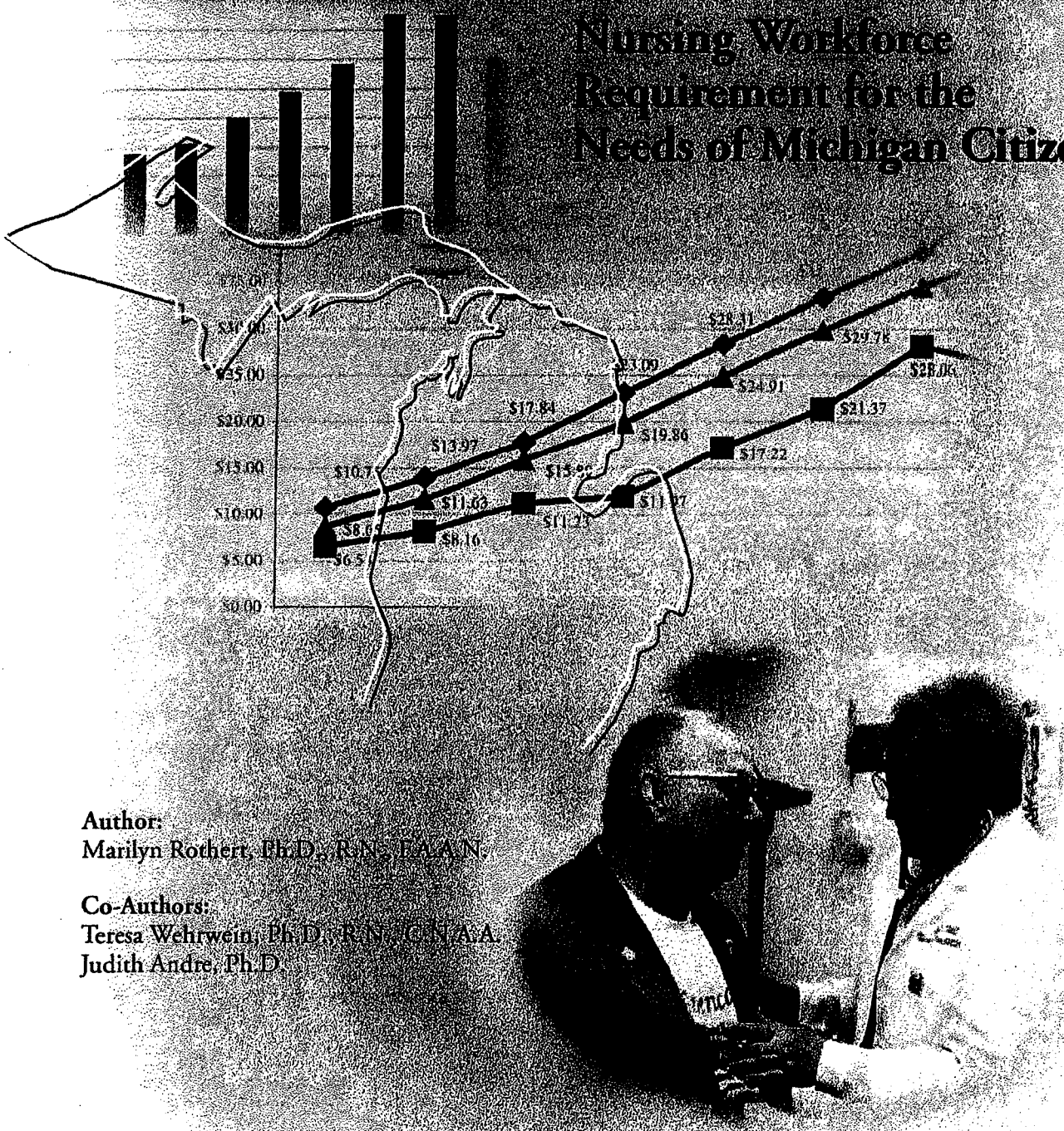
Please return the scan sheet and questionnaire in the enclosed envelope.

APPENDIX D

Informing the Debate

Health Policy Options for Michigan Policymakers

Nursing Workforce Requirement for the Needs of Michigan Citizens



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About this Series

This paper is part of a series entitled **Informing the Debate: Health Policy Options for Michigan Policymakers.** The series is a collaboration between Michigan State University's Institute for Public Policy and Social Research and Institute for Health Care Studies. The papers are designed to inform state and local elected officials and candidates on Michigan's critical health policy issues. They were created to present balanced and nonpartisan background information and possible solutions for this important policy subject area. *Additional copies of the reports are available online at http://www.ippsr.msu.edu/PPIE and http://www.ihcs.msu.edu/policy.htm.*

Acknowledgements

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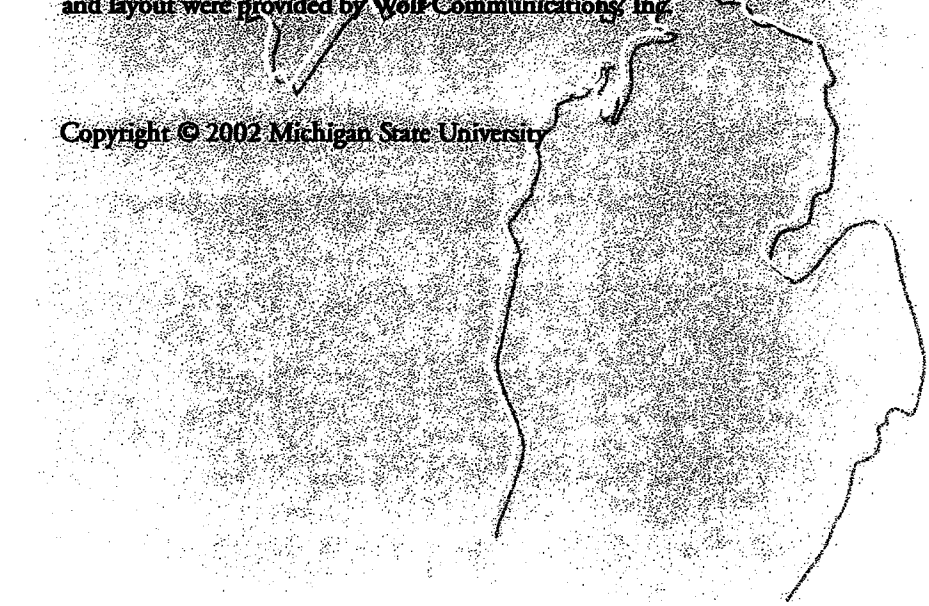
The editors would also like to thank Kala Ladenheim of the National Conference of State Legislatures who provided preliminary results from the NCSL survey of health policy committee chairs at a health policy workshop November 30, 2001. Kala's remarks provided valuable context for the 50 academics and practitioners attending the workshop who then selected the salient topics covered in the papers in this series.

In addition, the editors would like to express appreciation to IPPSR and ICHS program staff Amy J. Baumer and Leslee Wilkins for organizing the Health Policy Workshop, coordinating the paper writing, and managing the release and dissemination of the papers. The contributions of copy editing, cover design and layout were provided by Wolf Communications, Inc.



Informing the Debate

Health Policy Options for Michigan Policymakers

Nursing Workforce Requirement for the Needs of Michigan Citizens

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Develop structures within state government to obtain accurate information, inform policy, and have a sustained focus on nursing issues that impact the quality of health care for Michigan citizens.

1. A Blue Ribbon task force to obtain needed information, inform policy, and recommend changes in licensure and regulation.
2. A nursing leadership position in state government to provide sustained focus on nursing workforce and key health care issues in Michigan.

EXECUTIVE SUMMARY

The nation is facing a nursing shortage predicted to reach a 20 percent deficit by 2020. Working conditions, salary compression, lack of career trajectory, image, and increased career options for women contribute to a shrinking workforce. Nursing education faces reduced funds, faculty shortage, and diminishing clinical sites. The decreased supply is coupled with an increased demand due to needs of the aging population, consumer expectations for qualified caregivers in all settings, technological advances in treatment, increased patient acuity, and new nursing roles such as case management. This shortage will be longer and more severe than other shortages due to an aging nursing workforce.

The nation is facing a nursing shortage predicted to reach a 20 percent deficit by 2020. This shortage will be longer and more severe than other shortages due to an aging nursing workforce. Michigan is not exempt from these trends.

Michigan is not exempt from these trends. The number of newly licensed nurses in Michigan has declined 24 percent since 1997. Of the current Michigan nursing workforce, 15 percent are expected to retire within 10 years. Michigan nurses face lack of control of their practice, cuts in support staff and resources needed to provide care, mandatory overtime, and staffing shortages. Quality of care and patient safety are impacted. The shortage is fueled by increasing needs of the aging baby boomer population; a nursing workforce that is aging faster than the population; declining interest in the profession with increased career options for women; an aging faculty; and limited sites for clinical education.

Most states and the federal government are addressing the nursing shortage. Key legislative strategies include: tax incentives for tuition, funding for nursing faculty, mandatory staffing levels, restrictions on mandatory overtime, scholarships, and state nursing commissions/centers. In Michigan, the legislature is considering legislation (SB 792,SB793, HB6053) to provide scholarships for students who agree to practice in Michigan. In addition, the Healthcare Employees Protection Act (HEPA) is pending and the Michigan Department of Consumer and Industry Services (MDCIS) is seeking proposals for a Nursing Center to collect and analyze workforce information.

The following recommendations are offered for Michigan.

Develop partnerships among government, the health care industry, and education to recruit and educate well-qualified individuals to be the next generation of nurses to provide high quality health care in Michigan.

1. Scholarships for individuals entering the profession and those seeking advanced skills.
2. Incentives for clinical sites to partner with education to test alternative models for entry-level clinical education.
3. Funding to increase capacity in Michigan Schools of Nursing.
4. Recruitment strategies to attract more men and people of racial/ethnic diversity to nursing.
5. Internships and resident programs to transition new nurses to the workforce.
6. Incentives and regulatory waivers that will allow testing of innovative educational approaches.

Develop incentives for health care delivery systems and educational institutions to partner to change the health care system to enhance patient outcomes, reduce growth in health care costs, and improve working conditions for nurses.

1. Funding new models of care delivery using evidence-based best practices.
2. Compensation models that reward experience, competence, professional development, educational level, clinical expertise, and responsibility.
3. Technology to decrease the physical demand of clinical practice to encourage older nurses to remain in direct patient care.

OVERVIEW OF THE NURSING SHORTAGE IN MICHIGAN

Projections are that by 2020 there will be a 20 percent shortage of nurses to meet society's needs.

Although varying by geographic location and specialty, the nation is experiencing a shortage of nurses that is predicted to get worse. Projections are that by 2020 there will be a 20 percent shortage of nurses to meet society's needs.[1] Current headlines in Michigan and across the nation cite:

Area short of nurses; care suffers- Metro hospitals try perks but expect problem to worsen [2]

Stressed nurses quit, hurting patient care-Poor pay, conditions leave hospitals strapped for help [3]

Nursing Shortage imperils patients: Overworking key caregivers may cost lives studies find [4]

Who will be there to teach? Shortage of nursing faculty a growing problem [5]

Wanted: A Few Good Nurses: Addressing the Nation's Nursing Shortage [6]

The nursing shortage is already at a level that has been upgraded from a health crisis to a security concern. The nation does not have adequate nurses for a situation with mass casualties or a situation threatening general public health.

The nursing shortage is already at a level that has been upgraded from a health crisis to a security concern. The nation does not have adequate nurses for a situation with mass casualties or a situation threatening general public health. In previous years, the nursing profession has periodically experienced short-term workforce shortages followed by longer periods with adequate numbers of nurses to fill available positions. However, the current nursing shortage is not expected to follow that pattern for several reasons including:

- increased need with the aging of the baby boomer generation;
- decreased supply with the aging of the nursing workforce;
- declining interest in nursing as a career with increased career opportunities for women; and
- limited faculty and clinical resources to prepare an adequate nursing workforce.

In 2001 it was reported that 126,000 nurses were needed to fill vacancies in the nation's hospitals.[7] The employment growth rate for registered nurses (RNs) through 2008 is projected to be above the average of all other occupations, 21.7 percent and 14.4 percent respectively. Between 1998 and 2008, an additional 450,864 new jobs for RNs are anticipated due to technological advances and an increasing number of older people requiring more care. In addition to the new positions, employers will need to replace 331,000 RNs who are projected to retire between 1998 and 2008. Of the 794,000 job openings projected for RNs through 2008, almost 42 percent could be replacement of retirees. [8] The nursing workforce is also aging twice as fast as all other occupations. Trends in the age distribution of the Michigan nurse population are consistent with the national trend. Fifteen percent of the current workforce is expected to retire within the next 10 years.[9]

It is important to address the re-occurring question of whether a nursing shortage currently exists. In a recently released study of 4,100 nurses throughout the U.S., 95 percent indicated they believed there was a nursing shortage. [10] A report prepared for the Robert Wood Johnson Foundation released in April, 2002 summarized the findings from 16 selected reports, white papers, and issue briefs. There is general agreement that the current situation is quantitatively and qualitatively different from past nursing shortages due to the "multifactorial, noncyclical nature of the challenge" with many driving factors beyond the control of the nursing profession. Some reports defined the current situation as a staffing shortage related to either misdistribution of nurses or insufficient numbers with adequate skills and experience. Others defined the situation as a nursing shortage

In Michigan, a study commissioned by the Michigan Department of Consumer Industry Services (MDCIS) suggests the current supply of nurses is not meeting the demand and the situation is going to get worse.

with an imbalance of supply and demand due to demographics, qualifications, availability, and willingness to do the work. The report noted that these subtle distinctions distract from the ability to move forward to address an impending workforce crisis that may continue for several decades, raises issues about the future of the nursing profession, and has the potential to emerge as a dominant public health issue. [11]

In Michigan, a study commissioned by the Michigan Department of Consumer Industry Services (MDCIS) suggests the current supply of nurses is not meeting the demand and the situation is going to get worse. In this study every focus group of staff nurses, nurse educators, and nursing leadership/administrators identified the supply of nurses as the most important issue facing nursing in Michigan. [9]

This paper presents the background and key issues related to the nursing workforce shortage, implications for Michigan citizens, and recommendations to address nursing workforce issues in Michigan.

In this study every focus group of staff nurses, nurse educators, and nursing leadership/ administrators identified the supply of nurses as the most important issue facing nursing in Michigan.

Sources of Data

National data reported in this paper were obtained from a variety of sources matching the references. A considerable challenge is obtaining data regarding the needs for nursing in the state of Michigan. Much of the reported Michigan data were derived from a report prepared for the Michigan Department of Consumer and Industry Services in July 2001. [9] This report was commissioned by the Michigan Department of Consumer and Industry Services in response to a request by the Michigan legislature. It was authored by Public Sector Consultants, a nonpartisan public policy research firm. Data were based on licensure surveys of Michigan nurses, focus groups with nurses, and a survey of hospitals on the use of nursing personnel.

There have been no re-licensure surveys since 2000. Thus, no systematic data are currently being collected on the nursing workforce in Michigan. If the surveys were resumed, it would take two years to collect the data since half the nurses in the state are re-licensed each year, thereby creating a gap if they were reinstated immediately. The survey did not provide data needed to project the workforce requirements in Michigan including supply, needs/characteristics of the population, workforce distribution and credentials

Accurate data and better models to forecast supply and demand for nurses are imperative to assure an adequate workforce to meet the needs of citizens.

An additional challenge related to sources is that there are major gaps in data at the national level. As noted in the Public Sector report, national studies document that the size and mix of nurse staffing in hospitals have a direct impact on health outcomes for patients; however, data are limited for either minimal or optimal hours of nursing care/patient, nurse-to-population ratios, acceptable vacancy levels, nursing enrollments, graduations, demand and need. [9] There are little to no data for health care sites outside of the hospital setting; yet, these are the fastest growing areas in health care delivery. Accurate data and better models to forecast supply and demand for nurses are imperative to assure an adequate workforce to meet the needs of citizens.

ROOT CAUSE OF SHORTAGE

Position of Nursing within the Health Care Delivery System

The report on the nursing shortage by Robert Wood Johnson,[11] calls the health care system an "economic elephant,"successful in developing and deploying highly-specialized, lifesaving diagnostic and therapeutic technologies, but consuming a large portion of the nation's income. The resource base has provided health care in a manner ranging from collaboration to competition to conflict, raising questions about management of such a vital service. The report notes:

> "In this environment, the nursing profession has suffered. In most cases, nursing is not recognized as a value-added service, such as physician consultation, because it has always been included in the cost of hospital care along with linens and food. The traditional subjugation of the nursing profession gave rise to the current financing mechanism, which makes it difficult, if not impossible, to quantify the value that nursing service adds and to compensate for it accordingly." [11]

The nursing profession must continue to document the value of nursing benchmarked against patient outcomes and cost of care. To do this, information about nursing care provided and patient outcomes attributed to the interventions must be collected, recorded, and used in making management decisions.

The nursing profession must continue to document the value of nursing benchmarked against patient outcomes and cost of care. To do this, information about nursing care provided and patient outcomes attributed to the interventions must be collected, recorded, and used in making management decisions. Aiken and Buerhaus have begun to bring the data forth in the literature but more must be done. Nurses must be a part of the management/decision making team and nursing education must prepare them with the necessary skills.

Demand

The Bureau of Labor Statistics predicts employer demands for RNs will grow faster than average in all health care sectors through 2008. By 2020, the nursing workforce is projected to be 20 percent below requirements to meet the needs of the population. [1]

Nurses must be a part of the management/decision making team and nursing education must prepare them with the necessary skills.

Several reasons contribute to this increased demand:

- consumer expectations for qualified care providers in varied settings;
- technological advancements that require more skilled providers;
- increased acuity of the patients who are cared for in hospital, long-term care and home settings;
- development of newer roles in case management, alternative therapies and other aspects of the health care industry for which nursing has the preferred preparation; and
- a growing number of elderly with individuals over 80 being the fastest growing segment of the population.

The most rapid growth in nursing workforce needs is expected to occur outside the hospitals. [12] Nationally, hospitals will continue to employ the majority of RNs but the growth in hospital settings is expected to be less than other settings. For example,

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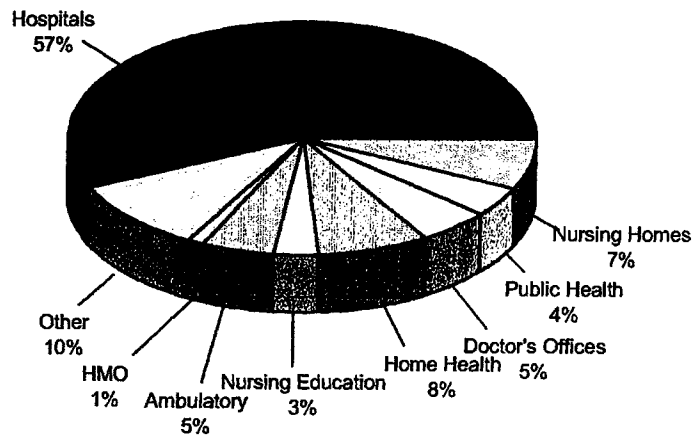
For example, the number of new nursing jobs in home health care is expected to increase by 82.2 percent by 2008 compared to an increase in the hospital setting of 7.9 percent.

Activities once performed on patients admitted to the hospital are increasingly being performed on an outpatient basis.

the number of new nursing jobs in home health care is expected to increase by 82.2 percent by 2008 compared to an increase in the hospital setting of 7.9 percent. Activities once performed on patients admitted to the hospital are increasingly being performed on an outpatient basis. Appendix 1 identifies the percent increase and actual numbers projected to be needed by site, comparing 1998 to 2008. [13] In Michigan, the majority of nurses are still employed in the hospital setting although the proportion has decreased in the last 10 years. In 1998-99 57 percent of registered nurses were employed in the hospital setting, (Figure 1) down from 70.9 percent in 1992-93. During the same time period, the number of active RNs increased in nursing homes, home health, doctor's office, and ambulatory settings. [9]

Figure 1. Employment Settings of Michigan RNs, 1998-99. [9]



SUPPLY

Position of Nursing within the Health Care Delivery System

In Michigan, the population is already growing faster than the number of nurses. The number of active nurses in Michigan increased by 0.4 percent from 1996-97 to 1998-99, while the state population increased by approximately 0.8 percent. The rate of growth in number of RNs in Michigan is slower than the national growth rate. The number of active RNs in Michigan increased by two percent in the two years between 1996-97 and 1998-99. The National Sample Survey of Registered Nurses (March 2000) identified a 5.4 percent increase in RNs during the four-year period between 1996 and 2000. This is the lowest increase for the country since the study was initiated in 1975.[9]

Among the current nursing population there is a mismatch in ethnic distribution and gender between the general population and RNs. It is important to have health care delivered by nurses who are representative of the population and skilled in providing culturally competent care.

Diversity of Nursing Workforce

As the U.S. population becomes more diverse, it is most important to have health care delivered by nurses who are representative of the population and skilled in providing culturally competent care. There is already a mismatch in ethnic distribution between the general population and RNs, particularly in relation to Hispanics (12.5% general population; 2% RNs) and African-Americans (12.1% general population; 4.9% RNs).[14,15] On average, African-American RNs are also older than the overall RN population.[16] The under-30 population is even more diverse and greater disparity will exist if young RNs from diverse backgrounds are not recruited into the profession. Although the percentage of men in the RN population increased from 4.9 to 5.4 percent between 1996 and 2000, this is relatively small progress in recruiting men into the profession. In Michigan, data on racial/ethnic and gender characteristics are not available from the MDCIS licensure surveys.

Aging of Workforce

While the low enrollments in nursing programs clearly impact the nursing shortage, the unique aspect that will prolong this shortage is the aging of the nursing workforce. The RN workforce is currently aging at twice the rate of the other occupations in the U.S. Between 1983 and 2000 the average age of practicing RNs increased from 37.7 to 43.3 years. Nurses under the age of 30 fell from 26 percent in 1980 to nine percent in 2000. In the general workforce, workers under 30 dropped 1 percent during this period. It is projected that 15 percent of nurses will retire within the next 10 years.

The unique aspect that will prolong this shortage is the aging of the nursing workforce. The workforce is aging at twice the rate of other occupations. It is projected that 15 percent of nurses will retire within the next 10 years.

In addition to the obvious reduction of workers, these figures have several other implications. Much of nursing requires physically demanding activity and often nurses find it difficult to work in these roles beyond age 55.[11] As one might expect, the younger RNs tend to be in hospital units requiring the most acute care (e.g. intensive care units or emergency departments), while the older nurses tend to be in outpatient departments, home health, or outside of direct patient care.[16]

The aging of the nursing workforce can be related to two situations. First, the age at entry into the profession has risen over the past 20 years, in part related to Associate Degree Nursing (ADN) programs that enroll a significant number of older non-traditional students. Second, it reflects the high number of baby boomers

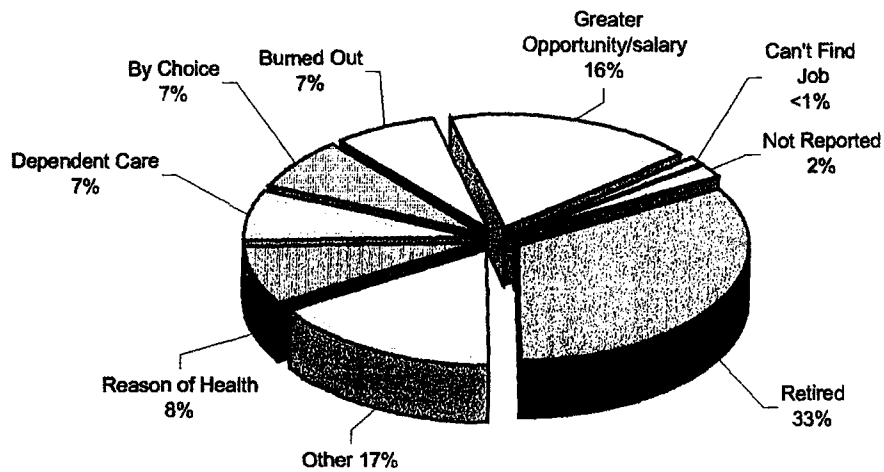
Inactive nurses do not account for nor provide the solution to the shortage.

in the current RN workforce. These nurses entered the profession in the 1960s and 1970s when career choices for women were more limited.

Inactive Nurses

Currently 82 percent of nurses in the U.S. are already actively employed in nursing. While it may be useful to recruit nurses back to patient care, data do not support the assumption that the nursing shortage will be impacted by nurses who have left patient care and are willing and able to return. (Figure 2) While this figure may rise in the future, at this time recruitment of inactive nurses is not a major solution to the nursing shortage.

Figure 2. Status of RNs Not in the Nursing Workforce.[17]



In Michigan, data indicate that the nurses who are licensed but inactive in nursing, including RNs and licensed practical nurses (LPNs), declined from 22,191 in 1992-93 to 18,761 in 1998-99. In 1998-99, the majority of inactive licensed nurses (11,542) reported they were not seeking employment. Of the inactive licensed nurses, 23 percent (4,408) were employed outside of nursing, a number that has remained level since 1992-93. Only 2,811 inactive nurses reported that they were seeking employment, creating an unemployment rate of 2.5 percent; it is not known if they were seeking employment in or outside of nursing. [9]

New RNs

Factors that contribute to the supply of new RNs include: the number of students graduating; unused capacity in the nursing programs; and, success in passing the licensure exam (NCLEX). Entry-level Registered Nurse education in Michigan is provided by 15 Baccalaureate (BSN) and 32 Associate (ADN) degree programs. Table 1 depicts the estimated number of graduates and unfilled seats identified by the Michigan schools of nursing for 2002 and 2003. Data were obtained by an e-mail survey. 31 of 32 Associate degree programs and 11 of 15 Baccalaureate degree programs participated. The numbers represent students currently in the clinical nursing major.

Table 1. Graduates and Unfilled Capacity for Michigan Nursing Programs 2002-03. [18]

Program	2002 Expected Graduates	2003 Expected Graduates	Unfilled Slots for 2002 Class	Unfilled Slots for 2003 Class
Associate Degree	1495-1500	1780-1805	290-295	160
Baccalaureate Degree	732	638	147-157	139-149
Total	2227-2232	2418-2443	437-452 (a)	299-309

(a) Unfilled slots identified at the time of admission and not related to attrition.

Across programs, approximately 20 percent of the seats remained unfilled in both ADN and BSN programs for the class of 2002.

Across programs, approximately 20 percent of the seats remained unfilled in both ADN and BSN programs for the class of 2002. For 2003, ADN programs estimated a significant decrease in unused seats to nine percent, and the Baccalaureate programs increased to 22 percent. Capacity varies widely across the state for both ADN and BSN programs. Rural programs appear to have more unused capacity than suburban or urban sites. Table 2 identifies the number of graduates successfully taking the licensure examination (NCLEX) for the first time in Michigan, representing a 24 percent decrease between 1997 and 2001. The decline does not appear to be a function of a lower success rate. The Michigan pass rate compares favorably with the national pass rate for U.S. educated nurses, with 85.3 percent of first time Michigan candidates passing in 2000 compared with 85.3 percent nationally.

Table 2. Number of Successful First-Time Candidates Sitting for Michigan NCLEX-RN Exam.[19]

Year	Total
1997	2,849
1998	2,691
1999	2,480
2000	2,321
2001	2,164
Total	**12,505**

Bringing nurses from other countries only heightens the global nature of the nursing shortage and must take into account the ability of the nurses to function in the U.S.

New nurses may also be sought from other countries, particularly when there is a nursing shortage. There is an ethical difficulty that must be acknowledged in this solution, as most countries of the world are also experiencing a shortage of nurses.[20] Offering higher wages to bring nurses into this country must be judged not only in relation to the impact in the U.S., but also the impact in their native land. This option also does not address the root causes of the workforce issues in the U.S.

In Michigan, nurses from Canada or the Philippines are most likely to be recruited. Canadian nurses are generally well–prepared, but Canada is also experiencing a nursing shortage. As seen in Table 3, first time pass rates for all candidates not educated in the U.S. was 46.9 percent contrasted to 83 percent for U.S. Nurses. Repeat pass rates for candidates not educated in the U.S. is 18.5 percent contrasted with an average of 50 percent for repeat U.S. educated nurses.[21] The Philippines is one country that historically has prepared a strong supply of nurses for export. However, the 28.2 percent and 37.6 percent pass rates for 1999 and 2000 indicate a competency issue in relation to the requirements of the U.S. system.

Table 3. Selected First-Time Pass Rates for Candidates Not Educated in a NCSBN Jurisdiction.[21]

Year	Canada	Philippines	All International
	Pass Rate	Pass Rate	Pass Rate
1999	78.6%	28.2%	47.7%
2000	78.2%	37.6%	46.9%

Recruitment Issues

The reduction in numbers coming into the profession can be attributed to several factors. In the 1990s, women high school graduates were 35 percent less likely to choose nursing as a career compared to the 1970s. This drop can be partly attributed to the increase in career options available to young women who continue to dominate the profession.

The reduction in numbers coming into the profession can be attributed to more career choices available for women, and the overall image of nursing as a profession.

An additional reason can be the image of nursing and the perception it creates. Although nursing remains the most highly trusted health care profession, headlines announcing nursing stress and burnout send a strong message. While physicians are routinely number one in public ratings of prestige, nurses rank number 91 and elementary teachers rank number 61.[22] The image of trust without prestige is coupled with the media portrayal of nurses functioning without decision-making authority or control of their practice. One nursing dean noted that in spite of the many leadership roles for nursing, from intensive care units to schools and nursing homes, the image of nursing as manual labor primarily performed by women continues. This image "allows the practice to be viewed like motherhood — an essential but unpaid contribution to the work of society, with rewards that are largely intrinsic to the job."[23] The image is strengthened by nurses' inherent reluctance to take credit for their contributions, step into the limelight, and tell the story. Nurses are rarely a part of the debate on health care issues. Even in discussions of the nursing shortage the media frequently rely on their physician experts to narrate the story.

A serious faculty shortage is emerging with the current faculty nearing retirement and an inadequate supply available. Michigan has half the national average of masters and doctoral level nurses, which will impact the available of faculty for all nursing education programs.

Faculty Shortage

A very real potential exists that nursing will have a major leadership and faculty gap within 10 years, limiting further the potential to prepare and guide the next generation of nurses. While there is no data in Michigan, anecdotal reports indicate this is a serious issue among colleges of nursing similar to the national data. In a 2000-2001 national survey, 39 percent of schools that responded indicated faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. A study released by the Southern Regional Board of Education (SRBE) in February 2002 documented a serious shortage of nursing faculty in all 16 SRBE states and the District of Columbia. Findings show a 12 percent shortfall in the number of nurse educators needed. [24] In an October 2000 study, 379 vacancies were identified in 220 respondent schools with 64 percent of the vacancies for faculty with doctoral degrees.[25]

The aging of the nursing professorate is occurring even faster than the profession overall. The mean age of obtaining a doctorate among nurses is 50, related to the historic requirement for experience between degrees and the attraction to part-time education for women holding multiple personal and professional roles. The median age of all nurse faculty is 51 years old. The average age of doctorally prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 56.3,53.8 and 50.4 years respectively. [26] In a report on Oregon's Nursing Shortage, [27] 41 percent of the faculty in baccalaureate and higher degree programs in Oregon are projected to retire by 2005 and an additional 46 percent to retire by 2010. For these programs, at least a majority of the faculty is expected to be doctorally prepared to meet state board and accrediting regulations. Among associate degree programs, at least the majority is expected to be masters prepared to meet state board and accrediting regulations. Among associate degree programs in the same survey 24 percent of the faculty are expected to retire by 2005 with an additional 33 percent retiring by 2010. This retirement pattern is expected to be experienced across the country.

Nationally 0.6 of 1 percent of nurses have a doctorate and in Michigan 0.2 of 1 percent of nurses hold a doctorate. Across the country, approximately 9 percent of nurses hold a masters degree; in Michigan 5 percent are masters prepared. [9, 28] Thus, Michigan has little more than half the national average of masters nurses and one-third the national average of doctorally prepared nurses.

WORKING CONDITIONS

Work Environment

In the U.S. more than 40 percent of nurses were dissatisfied with their jobs. Nurses top concerns relate to inadequate staffing and poor practice environments that keep them from providing high quality care.

The work environment for nurses is a global concern. A recent multi-nation study involved over 43,000 nurses from the United States, Canada, England, Scotland, and Germany.[20] It examined the effects of nurse staffing and work environment issues on patient outcomes and nurse satisfaction. The study also examined the perceptions of nurses related to burnout, work climate, managerial support, non-nursing task workload, and patient quality of care. Four of five countries reported that 30-40 percent of nurses had higher burnout scores than other medical workers. In the U.S. more than 40 percent of nurses were dissatisfied with their jobs. Wages were not a top concern but the author cautions that wages do play an important role

in vacancy rates. Nurses top concerns relate to inadequate staffing and poor practice environments that keep them from providing high quality care.

Multiple U.S. surveys have identified a high level of "burnout" on stress levels among RNs, a high level of dissatisfaction with their present jobs, and intent to leave their jobs within a year. Concerns include staffing, workload, ancillary services, administrative support, and safety - both the patients' and their own. In a national survey of 4,100 RNs in 2001, 70 percent of nurses in hospital settings reported that in the past year they had witnessed a negative impact on quality of patient care as a result of staffing problems. The respondents that indicated they were considering leaving the profession (16%) felt the key issues were: compensation issues (58%), more respect from management (50%), and better staffing (48%). [10] Similarly, focus group feedback from nurses working in hospital settings in three states indicated workload was the major concern. Specific concerns included increased patient assignments, little acknowledgement of experience or competence, lack of ancillary support, and lack of understanding between workload and patient satisfaction. Salary compression and ability to meet physical demands were also major concerns. Nurses felt they were viewed as a commodity, and felt powerless to change their environment. [11]

The report commissioned by the Michigan Department of Consumer and Industry Services used five focus groups to collect information on workplace issues. Two of the focus groups consisted of nursing educators, two were staff nurses and first line supervisors, and one was hospital directors of nursing. All five focus groups identified a poor work environment as a major issue. The comments were consistent, including chaotic work environment, long shifts, mandatory overtime, horrendous paperwork, increased patient demands with the aging population, shorter lengths of stay yet sicker patients, less time for teaching and critical thinking, and assuming non-nursing tasks. Participants indicated the poor work environment is compounded by lack of value on nurses within the system, citing pay scale and benefits not commensurate with difficulty of work, commitment required, level of responsibility and liability. They also noted that there is often no differentiation in compensation for different degree preparation, no mentoring or support for newly hired nurses, an absence of career ladders, lack of input in administrative decision making, and issue of not being billed independently, but being viewed as "part of the room rent". [9]

Salary compression and lack of acknowledgement for credentials, experience, and responsibility are clearly key issues. A web based report of May 14, 2002, indicated that the average annual salary of a U.S. Staff Nurse (RN) ranges from $42,200 to $48,300.[29] The U.S. Bureau of Labor Statistics provided the median weekly earnings for RNs and contrasted them with all professionals. Table 4 indicates RNs are consistently lower than all professionals. The margin of difference was relatively stable at 3-3.5 percent between 1989 and 1998. In 1999 it rose to 9.3 percent less for RNs and in 2000, 9.5 percent.

The MDCIS report identified factors that contribute to a poor work environment:

- Chaotic work environment
- Long shifts
- Mandatory overtime
- Horrendous paperwork
- Increased patient demands with the aging population
- Shorter lengths of stay yet sicker patients
- Less time for teaching and critical thinking
- Assuming non-nursing tasks

Across the country, hospitals with Magnet Hospital status are experiencing fewer workplace issues and less turnover. Characteristics of these nursing departments include:

- Using practice models characterized by a high degree of nurse autonomy
- Nurse control over practice
- Good communications between nurses and physicians
- Strong nursing leadership

Table 4. Median Weekly Earnings of registered Nurses and of Professionals Overall, 1989-2000.[13]

YEAR	Median weekly earnings[a]	
	RNs	All Professionals
1989	569	586
1990	608	610
1991	635	633
1992	662	658
1993	687	680
1994	682	705
1995	695	718
1996	697	730
1997	710	750
1998	739	763
1999	750	800
2000	790	832

[a]Median weekly earnings cover wage and salary workers employed full-time. Somewhat more employed RNs work part-time (28%) compared to all professional workers (21%) according to Division of Nursing and BLS data, respectively.

Statewide, the maximum salary for an experienced staff nurse is $46,000-49,000. Findings across studies are remarkably similar and lead to high attrition and turnover. A study by HSM Group, Ltd. found that the national average turnover rate for RNs in 2000 was 21.3 percent. [30] In a report by Mercer, the underlying cause of turnover is reported as dissatisfaction with the job, attributed to working conditions, relationship with supervisor, or limited career opportunities. Pay ranks third in importance. Strategies to increase retention include supplemental pay, but also staffing and scheduling strategies. Nurses are most interested in being able to provide adequate care to their patients. [31]

Hospitals with Magnet Hospital status are experiencing fewer workplace issues and less turnover. The original group of Magnet Hospitals was selected in 1982. Fellows of the American Academy of Nursing nominated 154 acute care hospitals that had outstanding reputations and low turnover rates. From this group, 41 hospitals were selected because they had high rates of nurse satisfaction, low turnover, and low nurse vacancy rates. Characteristics of these nursing departments

include: using practice models characterized by a high degree of nurse autonomy, nurse control over practice, good communications between nurses and physicians, and strong nursing leadership. [32]

Lack of resources is frequently cited as the key reason for inability to change the worksite or compensation for nurses.

The current Magnet Hospital Recognition program is based on this initial work. The program is administered by the American Nurses Credentialing Center, which assesses a hospital's excellence in nursing care, professional environment, and provision for the development of nursing staff. Excellent in-patient outcomes are one of the criteria to be designated a magnet hospital, as well as excellence in culturally diverse staffing and culturally competent patient care. Organizations are resurveyed every four years to assure they continue to achieve at Magnet Hospital standards. Currently 50 hospitals have received Magnet Hospital status in the U.S. with others under consideration. [32] There are currently no Magnet Hospitals in Michigan.

Considerable resources are being spent on short-term solutions without fixing the problem.

The relation of RN staffing and patient outcomes has been documented. The relation of the quality of health care and adequate nurse staffing has also been documented. Research has shown that better nurse staffing is related to shortened length of stay in the hospital, fewer urinary tract infections, fewer cases of pneumonia, and lowered rates of shock and GI bleeding in post-operative patients. [33] Strategies being used across the country to cope with the immediate problem include temporary staff or travelers to fill vacancies. Overall, more than half (54%) of hospitals reported using non-permanent RN staff in some capacity, most frequently in critical care (53%), medical/surgical care (46%), emergency room care (34%), obstetrics (28%), or OR/peri-operative care (24%). [30] Temporary nurses are brought in at significantly higher salaries than current employees who are expected to orient them and enable them to care for patients in a new environment.

Lack of resources is frequently cited as the key reason for inability to change the worksite or compensation for nurses. Yet, the impact of RN shortages on the cost and ability to deliver quality care is significant. Of the acute care hospitals at or above the national average RN vacancy rate in 2000, 69 percent reported higher costs to deliver care, 41 percent reported emergency department overcrowding, and 26 percent had diverted patients from their emergency department for an average of four hours per week. [7]

Considerable resources are being spent on short-term solutions without fixing the problem. Mandatory overtime leads to patient safety issues and nurses leaving the workforce. Salary incentives for nurses have been focused at the initial starting salary with bonuses of up to $10,000 offered to new employees, but the salary compression issue remains. Turnover levels represent substantial cost involved with recruiting, training, and orientation costs. Replacement cost for an experienced critical care nurse is $45,000. On the weekends in Southeast Michigan, temporary replacements for critical care nurses can cost the hospital as much as $65/hour with approximately 20 percent going to the agency.

There is no single solution to the workforce issues or indeed for the nursing shortage. It is a complex problem and will require change. It will take re-engineering of our hospitals and our health care delivery system, and lead to redesign of nursing education. The magnet hospitals can provide guidelines. The use of technology must be an essential part of the changes needed. It is critical to high quality patient care and good business for leaders in government, education and health care to come together and begin the change.

EXPERIENCE IN OTHER STATES

Several states have focused on utilization of technology for activities ranging from streamlining nursing licensure for "distance learning" across state lines to technology driven point of care application, use of technology to maximize nurse productivity and increase quality of care.

Most states are addressing one or more aspects of the nursing shortage. The impetus for these initiatives seems to come from the states' legislative bodies. As of April 2002, 16 states have passed nursing shortage legislation in at least one chamber. In 2001, 21 states passed one or more "nursing shortage" laws.

The strategies and initiatives contained in the 2001 and 2002 legislative bills and laws include:

a) nursing scholarships (often with a service repayment requirement);

b) nursing education loans with a "forgiveness" provision for service in state underserved areas;

c) paid educational leave for nursing education;

d) creation of tax incentives for nursing education costs;

e) legislative or state agency commissions or establishment of special state offices and centers for nursing to study and address the nursing workforce needs of the state;

f) grants to nursing education for faculty;

g) direct state grants to nursing programs for curriculum and pilot projects;

h) legislatively commissioned studies of nursing program admitting procedures and attrition rates;

i) grants to community-based providers of primary care for recruitment and retention of registered nurses;

j) state Recruitment and Retention Fund;

k) requirement of health facilities to make public nursing staffing ratios and patient outcomes; and

l) request to state Department of Health to study and make recommendations for an integrated approach to address the nursing shortage.

Several states have focused on utilization of technology for activities ranging from streamlining nursing licensure for "distance learning" across state lines to technology driven point of care application, use of technology to maximize nurse productivity and increase quality of care. Some, like Kentucky have created a Nursing Workforce Foundation to provide funding for nursing education programs. Another area states have focused on to address the nursing shortage has been mandatory overtime. States have provided for protection for nurses who are asked to work continuous hours, which jeopardize the safety of patient care and the health and safety of the nurse.

CURRENT EFFORTS IN MICHIGAN

Two active bills are under consideration in relation to nursing in Michigan. One bill is the Nursing Scholarship Bill (SB 792,793; HB 6053). This bill, introduced by Senator John Schwarz and Representative Sandy Caul, identifies scholarships of up to $4,000/year for students entering nursing as either LPNs or RNs. Students accepting these scholarships would need to work in Michigan after graduation as an

RN, in an approved setting for a defined period of time. At this time, the Senate version has passed and the House is holding hearings. The House and Senate bills will need to be reconciled and finalized before the final bill is sent it to the Governor for signature.

The second bill is the Healthcare Employees Protection Act (HEPA) to protect healthcare professionals who report situations they believe affect patient safety and ethical conduct. This differs from the federal "whistleblower" legislation that addresses reporting illegal activities. Introduced into the House by Representative Barbara VanderVeen, the first hearing has been held by the House Health Policy Committee.

In addition, the Department of Consumer and Industry Services is seeking proposals for a Nursing Center. The Center would be charged to collect and analyze workforce information to report on workforce needs in Michigan.

In Michigan, there are two active bills under consideration in relation to nursing.

- The Nursing Scholarship Bill (SB 792,793; HB 6053) provides scholarships of up to $4,000/year for students entering nursing; students would need to work in Michigan in an approved setting for a defined period of time.
- The Healthcare Employees Protection Act HEPA) protects healthcare professionals who report situations they believe affect patient safety and ethical conduct.

POLICY RECOMMENDATIONS

Develop structures within state government to obtain accurate information, inform policy and have a sustained focus on nursing issues that impact the quality of health care for Michigan citizens.

1) Re-establish collection of license renewal survey data.
2) Establish a Blue Ribbon task force to obtain needed information, inform policy, and recommend changes in licensure and regulation.
3) Devise and test a model that predicts trends in the availability and need for nurses in various roles throughout the state.
4) Establish a senior nursing leadership position in state government to inform policy and regulation and bring the nursing perspective to health care planning for the state of Michigan.

Develop partnerships among government, the health care industry, and education to recruit and educate well-qualified individuals to be the next generation of nurses to provide high quality health care in Michigan.

1) Provide scholarships to support qualified individuals entering the profession.
2) Create scholarships and fellowships to support the rapid advancement of RNs from baccalaureate to doctoral level with particular emphasis on faculty preparation.
3) Provide incentives for health care delivery systems to partner with education to test alternative models for entry-level clinical education.
4) Grant funding for the faculty and technology required to increase student enrollments in the existing Michigan nursing education programs.
5) Devise recruitment strategies to attract qualified individuals, especially men and persons of racial/ethnic diversity to a career in nursing.
6) Design internships and resident programs to transition new nurses into the workforce.

7) Provide incentives and regulatory waivers that will allow testing of innovative educational approaches.

Develop incentives for health care delivery systems and educational institutions to partner to change the health care system to enhance patient outcomes, reduce growth in health care costs, and improve working conditions for nurses.

1. Develop career-oriented compensation models that reward experience, competence, professional development, educational level, clinical experience, and responsibility.
2. Provide funding to support the creation and testing of new models of care delivery focused on evidence-based practice and Magnet Hospital criteria to improve patient outcomes and enhance working conditions. Nurses would be part of the decision-making structure and accountable for patient outcomes and cost effectiveness of care. Specifically, these activities should focus on the following priorities:
    a. Control of Practice
        1. Develop structures that assure the participation of nurses who provide direct patient care in the determination of quality standards, outcome measures, and resource allocation.
        2. Collect information on key issues related to nursing care (e.g. safety, patient outcomes, cost).
        3. Evaluate strategies that will support collaborative practice (nursing and other disciplines including medicine, pharmacy, and therapies) in all patient care settings.
        4. Restructure health care delivery to put nurses in decision making roles regarding care, with accountability for patient outcomes and fiscal responsibility.
    b. Staffing
        1. Schedule according to patterns that will provide flexibility and satisfaction for the nurse while enhancing patient outcomes and satisfaction.
        2. Evaluate the staffing mix to determine impact of RNs, LPNs, and unlicensed assistive personnel on patient outcomes and productivity.
    c. Patient and Workforce Safety Issues
        1. Implement systems that support nurses in providing safe patient care, with emphasis on safe medication administration, fall prevention, and data access and interpretation.
        2. Develop programs that improve workplace safety for nurses with emphasis on bloodborne pathogens, ergonomics, and workplace violence.

d. Technology

1. Invest in development and evaluation of information technology that decreases the time required for documentation and data retrieval and improves the efficiency of communication among providers across the continuum of care.
2. Invest in the development of patient care equipment that decreases the risk of injury, particularly bloodborne pathogens, back injuries, and carpal tunnel syndrome.
3. Use technology to decrease the physical demand of clinical practice to encourage older nurses to remain in direct patient care roles.

e. Professional Development:

1. Invest in strategies to provide both traditional and innovative educational activities to prepare nurses for emerging roles in health care.
2. Evaluate strategies that link educational outcomes to patient care outcomes.

APPENDICES

Employment of Registered Nurses, 1998 (actual) and 2008 (projected), by Industry.

INDUSTRY	1998 Employment		2008 Employment		Change, 1998-2008	
	Number	% Distribution	Number	% Distribution	Number	Percent
Total, all industries	2,078,810	100	2,529,674	100	450,864	21.7
Hospitals	1,238,720	60	1,336,476	53	97,756	7.9
Physicians' offices	173,167	8	250,246	10	77,079	44.5
Nursing & Personal Care Facilities	149,355	7	211,985	8	62,629	41.9
Home Health Care Services	129,304	6	235,573	9	106,269	82.2
Education, public & private	65,103	3	82,494	3	17,391	26.7
Personnel supply services	52,613	3	71,303	3	18,690	35.5
Federal Government	46,060	2	45,228	2	-833	-1.8
Local Gov't, excl. ed. & hospitals	43,570	2	48,800	2	5,230	12.0
State gov't, excl. ed& hospitals	38,035	2	41,226	2	3,191	8.4
Health & allied services, nec[a]	32,336	2	53,739	2	21,403	66.2
Self-employed workers, primary job	17,702	1	23,637	1	5,935	33.5
Residential care	16,273	1	24,032	1	7,760	47.7
Individual & misc. social services	11,130	1	14,981	1	3,851	34.6
Management & Public relations	9,829	0	14,314	1	4,484	45.6
Offices of other health practitioners	8,648	0	17,294	1	8,646	100.0
Medical service & health insurance	7,507	0	13,004	1	5,497	73.2

[a]=not elsewhere classified

Source: U.S. Bureau of Labor Statistics. *Employment and Earnings,* January issues of various years, and unpublished data from the Current Population Survey, which queries households.

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Informing the Debate

Health Policy Options for Michigan Policymakers

Bioterrorism in Michigan: A Framework for Evaluating Risk

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STUDY OF CURRENT AND FUTURE NEEDS OF THE PROFESSIONAL NURSING WORKFORCE IN MICHIGAN

Summary of Focus Group Discussions

METHODOLOGY

Five* focus group discussions were conducted with nurses involved in direct patient care, nursing leadership/administration, and nurse educators. The participants in the focus groups included members of the Michigan Department of Consumer and Industry Services (MDCIS) Nursing Workforce Steering Committee and other individuals recruited from Michigan hospitals and post-secondary nursing programs. MDCIS recruited participants for the focus groups and handled all logistics for each of the focus groups (e.g., room reservations and setup, registration, and refreshments). Pubic Sector Consultants, Inc. (PSC) worked with MDCIS to design the questions for the focus groups. PSC consultants facilitated each of the focus groups and prepared this summary of findings.

Invitations to participate in the focus groups were mailed to 101 individuals representing 46 hospitals, 32 college and university nursing programs, and ten professional organizations. A total of 53 people participated in the focus group discussions.

Two of the focus groups consisted of professionals involved in nursing education. Ten people representing master's programs in nursing (MSN) or baccalaureate programs (BSN) participated in one session. Fifteen people representing programs for licensed practical nursing (LPN) or associate degree programs (ADN) participated in the other session for educators.

Two of the remaining focus groups were made up predominantly of staff nurses and front-line supervisors from hospitals. Fifteen people, representing seven hospitals and two state level professional organizations, participated in a session scheduled for staff from southeast Michigan hospitals. Six people, representing two hospitals, participated in the session scheduled for urban hospitals outside of southeast Michigan. Another session scheduled for rural hospitals was cancelled due to low registration.

Seven people, including five hospital directors of nursing, participated in the fifth focus group for individuals involved in nursing leadership/administration.

Each participant was asked to identify what she or he believes to be the three most important issues facing nursing in Michigan. (Nurse educators were asked instead to identify the three most important issues facing nursing *education* in Michigan.) Then each group was asked how these issues should be addressed, followed by a series of questions on recruitment of women and men into the nursing profession, preparation of nurses for practice, and support for nurses in the practice setting.

MOST IMPORTANT ISSUES FACING NURSING IN MICHIGAN

Supply of Nurses

Participants in every focus group identified the supply of nurses—first and most frequently—as the most important issue facing nursing in Michigan. However, each group stated the issue from its particular perspective. Nurse educators identified the issue as a decline or shortage of students interested in enrolling in the nursing profession and a shortage of nursing faculty. Participants in the nursing leader-

*One of the six scheduled focus groups was cancelled due to low registration.

ship/administration group stated the issue as a "lack of supply of nurses" in the workforce. Staff nurses and supervisors stated the issue in terms of high ratios of patients to nurses in the work environment. Most significant is the fact that every one of these focus groups believed an inadequate supply of nurses to be the paramount issue facing nursing in Michigan.

All of the focus groups mentioned the aging or "graying" of the nursing population as well. Nurses in the field pointed out that the workforce is aging. They warned that, with more nurses nearing retirement than there are nurses entering the profession, "a calamity awaits." Nurse educators noted that nursing faculty also are aging and the pool of qualified candidates for faculty positions is decreasing. They reported that there are fewer master's-prepared nurses available or seeking faculty positions and fewer baccalaureate-prepared nurses available for clinical instructor positions—although one director of a nursing program said she had found plenty of faculty candidates for baccalaureate programs who were "fleeing" the direct patient care work environment.

Image of Nursing

Nurse educators, nursing leadership/administration, and nurses involved in direct care all attribute the decline in the number of students interested in nursing to the increase in more attractive, competing career options for women and a negative image of nursing as a career. They said nursing is not considered a career of choice for the best and the brightest students, but rather a "voc-tech career." As stated by one participant, "The career itself—the workload—is turning away students." The pay and the benefits for nursing do not attract people into the profession, particularly when other professions have less responsibility and higher pay. Nursing leadership/administration and educators said that nurses even "badmouth" their own profession. The best features of the profession are not marketed. The seriousness of the image problem was dramatized when one participant asked the staff nurses and first line supervisors in one of the focus groups to raise their hand if they would encourage their daughters to go into nursing—and not one nurse raised her hand.

Some nurse educators and staff nurses suggested that the multiple levels of nursing education programs and degrees results in confusion and less respect from the public and physicians for nursing as a profession. Some participants also suggested that media images of nursing, such as popular hospital-based television shows, do not accurately portray what nurses do or the level of commitment involved.

Work Environment

All five focus groups identified a poor work environment as a major issue, which in turn leads to the poor image of nursing as a career. Some of the nurses acknowledged that financial demands on hospitals drive staffing decisions that result in high patient/nurse ratios. But they pointed out that while there are fewer nurses to do the work, there is more work to do. A few focus group participants said the quality of care is definitely compromised by the current shortage and they cited recent studies on the relationship of patient-nurse ratios to quality of care. The following comments reflect the discussion in the focus groups regarding the work environment for nurses:

- The work environment is chaotic and nurses get too little support from other health professionals and personnel.
- Long shifts, often with mandatory overtime, are a big problem.
- Paperwork is horrendous and time consuming. Nurses have to give up some patient care to cover their responsibilities for paperwork, but they are very reluctant to do so.

- The demands of an aging patient population are greater (i.e., increased acuity*).
- Patients have shorter length of stays in the hospital, but they are generally sicker—and heavier, too.
- Nurses are forced to be a "jack of all trades," including taking on non-nursing tasks.
- Nurses become task oriented, with less time for teaching and critical thinking that defines nursing.
- A highly regulated workplace limits flexibility in patient care.
- The difficult work environment drives nurses from the bedside and even out of nursing altogether.

Focus group participants said the poor work environment is compounded by a lack of value placed on nurses within the health care system.

- The pay scale and benefits provided to nurses are not commensurate with the difficulty of work, commitment required, level of responsibility, and liability.
- Reimbursement on an hourly basis rather than salary is demeaning for nurses as professionals.
- There is no differentiation in compensation for different degree preparation, although some participants said this varies by hospital.
- Retirement benefit packages are notoriously low. Some participants knew of nurses who had left the profession for other employment so they would be eligible for health insurance as part of a retirement package.
- Nurses are expected to cover additional patient loads when staff is short for a shift, but they are sent home without pay when the patient census is low.
- There is no mentoring or support for newly hired nurses. New graduates often supervise other new graduates or are put on shifts that have fewer support staff available. One nurse commented that "newly hired workers in the automobile industry receive more on-the-job training and supervision than newly hired nurses."
- There is an absence of career ladders. Advanced practice nurses work to get extra training and then are undervalued in the hospital, so they leave.
- There is no focus on nurses' personal health and well-being.
- Nurses are not included in administrative decision making.
- Unlike other health professional services, nursing services are not billed independently—only treated as "part of the room rent."

Recruitment and Retention

Each of the focus groups mentioned recruitment and/or retention of nurses as an important issue facing nursing. They devoted more discussion to the supply of nurses and aging of the nursing workforce, the image of nursing, and the work environment, but all of these issues are interrelated with difficulties of recruitment and retention. Nurse educators said they are having particular difficulty recruiting diverse students, namely men and minority populations. Nursing executives and staff nurses indicated there are problems recruiting nurses to work in particular geographic areas, such as rural areas and smaller urban areas. Participants from three rural hospitals said that their hospitals are almost exclusively de-

*The term acuity is being used within the profession to mean the intensity of care required to address patients' acute health care needs.

pendent on nurses who live in the community; few nurses are recruited to a rural hospital from another area. Nurse educators pointed out that in the face of current and future nursing shortages, it is also important to improve retention of the current workforce and consider retraining older, experienced nurses for new roles.

Influence of the Health Care System

In one focus group, staff nurses cited the implementation of managed care and its impact on access to care as a major issue for nursing. They said that as a result of managed care, patients are using hospital departments in nontraditional ways (e.g., use of the emergency room for primary care). Patients are "moved through" the hospital faster. Shorter length of stays for patients means less time for effective patient education. Nurses have to readjust scheduling to meet managed-care requirements related to specific diagnoses and treatments. The nurse's job becomes even more difficult if ancillary departments do not follow through. If requirements are not met, the nurses feel that they are the ones who have to "answer to the state."

In three of the focus groups, including both groups of nurse educators, participants stated that the issues affecting nursing are part of larger issues affecting the health care system as a whole. As one participant said, "The health care system is broken and uncoordinated." The health care system has developed a reputation as unstable and people may be hesitant to enter the field. Workers experience a lack of control over staffing and other factors affecting their work environment. Participants said the health care workforce needs restructuring. The nurses recognize that there are shortages in other areas, too, such as pharmacy and lab technology, but suggested nursing shortages may be most apparent because nurses deliver direct patient care that cannot be deferred.

Preparation of Nurses

Two of the focus groups mentioned the need for better preparation of nurses as a major issue even before they were asked directly about the adequacy of preparation for nurses. Specifically, they said that new nurses entering the workforce are not well prepared for the demands of the workload and acuity level of patients. When participants in the other three focus groups were asked if nurses are well prepared, they were consistent in their call for more support on the job for new nurses and more experience as a nurse before moving into a specialty area. The nurse educators and some staff nurses believe that nursing students overall *are* well prepared for general medical/surgical care. But many participants suggested that even good nursing students aren't ready for acute care hospital work. As one nurse said, "No matter what program they graduate from, they still need time to learn." They need to receive mentoring or internships to assist with the transition to work and should not be expected to "hit the ground running." Some focus group participants noted that both nursing students and employers have unrealistic expectations that nurses will be ready to move into management positions or specialty areas immediately after obtaining a degree.

Nurse educators made a few comments comparing the preparation of associate's degree nursing students (ADN) and baccalaureate degree nursing students (BSN). They noted that graduates of BSN programs usually have more critical analysis skills, while all new graduates are well prepared for med-surg (medical/surgical) nursing or long-term care but not for specialty areas. They questioned whether it is appropriate to expect ADN program graduates to perform in the same capacity as a BSN program graduate.

Caliber of Incoming Nursing Students

Comments by staff nurses focused on the preparedness of nursing graduates for the practice setting, saying that fewer are passing the board exams or that new nurses lack critical thinking skills, basic

knowledge, and/or interpersonal skills. However, nurse educators took this concern to another level and expressed serious concern about the caliber of *incoming* nursing students. While nursing program directors made it clear they have not lowered standards for admission, they said the decline in applicants for nursing programs has resulted in acceptance of applicants that are not as well qualified. Whereas successful applicants in the past surpassed minimum entrance requirements and usually had at least a 3.5 high school grade point average, some programs are now enrolling applicants with a 2.5 grade point average. These incoming nursing students lack the strong reading, math, and writing skills that are necessary for success in a nursing program. As one educator commented, today's nursing students "are watchers, not readers." Because the incoming students are not as strong, more faculty time is necessary to assist students. Some educators said they have gone so far as to implement special tutoring programs for nursing students with lower reading comprehension skills.

Many nursing students today come from lower socioeconomic backgrounds and need more financial and family support. They often are working in order to support a family and pay for childcare while they are paying for nursing education classes and supplies. Class schedules are not convenient for these nontraditional students.

Support for Nursing Education

Nurse educators identified the need for more financial support for nursing education programs. They explained that nursing education programs are expensive to offer because of the requirements for laboratory and clinical study. In addition, nursing programs are faced with the challenge of providing alternative education formats, such as on-line learning technology for nontraditional students. Nursing programs cannot expand to meet the need for more nurses without money for advertising, recruitment, faculty development, clinical placement opportunities, and scholarships. Currently nurse educators say there is a shortage of clinical placement sites for nursing students, particularly in rural areas and in specialty areas such as pediatrics and psychology. The shortage of clinical placement sites is directly related to the shortage of staff nurses because nursing programs must consider the staffing of a potential clinical placement site and its effect on the quality of the placement. Placements in the current poor work environment create more burdens for the faculty in terms of supporting the students. Some nurse educators warned that educational institutions offering nursing programs are not particularly interested in expanding the programs to serve more students when the cost of the programs is so high.

Financial support for students is also needed. Completion of a nursing program is demanding, similar to completion of a medical degree, and students need financial support in order to be able to devote the necessary time and effort to their education. Nurse educators said that there is no source of financial support for BSN-prepared nurses who are trying to complete a master's program in nursing.

In addition to financial support for nursing education, nurse educators said they need more and better information on the supply and demand for nurses, and feedback from testing results (i.e., NCLEX*) and employers on the quality of nursing graduates. They said they cannot do quality assurance and outcomes based curriculum revision without information on the results of the current curriculum. They cannot prepare an adequate supply of nurses when there is no data available on current or projected demand. One administrator suggested that there seems to be "a disconnect" between nursing, higher education and employer needs.

*National Council Licensure Examination.

GENERAL STRATEGIES FOR ADDRESSING MAJOR ISSUES

Nurse educators said that addressing the issues facing nursing will require short-term and long-term strategies. In the short-term, they suggested the emphasis should be on the image of nursing, recruitment, scholarships and loan forgiveness, and compensation packages. In the long-term, the focus should be on clarification of the role of nursing, redesign of the work setting, involvement of nurses in decision-making roles, improved interaction of nurses with colleagues in health care, and matching the design and size of the nursing workforce with population health care needs.

Nursing leadership/administration said that the health care industry needs "to step up" and create partnerships between schools and employers to find solutions. Nurse educators went further and pointed out that the supply of nurses is a problem that affects everyone in Michigan and it needs to be addressed by multiple stakeholders (e.g., legislators, educators, consumers, employers and payers, business and industry). They suggested a need to raise public awareness of the critical nature of the nursing shortage and create a realization of the problem at the national level. They also suggested the need to link the shortage to the quality, outcomes and access of health care.

Nursing leadership/administration suggested that more could be done to identify and publicize best practices in nursing education, recruitment, and retention—perhaps by seeking funding for a website. Grants could be offered for innovations in nursing. Another suggestion was to hold a statewide symposium on nursing and invite all stakeholders.

But nursing leadership/administration also said the first remedy is funding—funding for health care services in general, funding for workplace improvements, funding for technology to provide nurses with the tools to do their jobs, and funding for education. The health care system needs to be redesigned and financed through mechanisms that will reduce the uncertainty of employment.

Some staff nurses, educators, and nursing leadership/administration suggested that nurses have power to influence the health care system if they work together. As the largest and most visible group in the health care workforce, nurses could use their clout to influence legislative issues such as payment for providers, regulatory constraints, and licensure requirements.

Nurse educators and nursing leadership/administration both said that the supply and demand for nurses must be defined more precisely. The industry and schools should be involved in the development and implementation of good data collection and analysis on an ongoing basis. Nurse educators pointed out that the "right size" nursing work force depends on the health status of the population and appropriate utilization of nurses at different levels of preparation. They said currently there is no way to predict nursing supply needs. They cautioned that data on supply and demand has to differentiate between rural and urban, part-time and full-time, and different practice settings.

Both nursing leadership/administration and staff nurses were skeptical about the government's role in addressing the nursing shortage. Nursing leadership/administration said government often hurts nursing by trying to help (e.g., excessive regulation, mandatory staffing ratios that lower the bar, bringing in Canadian nurses as a short-term fix). Current regulatory requirements (e.g., HCFA, JCAHO*) pull nurses away from delivery of patient care. Staff nurses said inspections should be streamlined. Staff nurses pointed out that the government must recognize that budget cuts affect nursing quality directly – resulting in lower pay, and less time for education and mentoring.

*Health Care Financing Administration, Joint Commission on Accreditation of Health Care Organizations.

One staff nurse said, "It would be good if government stayed out of it," when the group was asked what state government could do to encourage men and women to enter nursing. Nurse educators said there is a need to create communication links with government as a constant mechanism for sharing ideas for improvement. They stressed that doctoral degree nurses need to be involved in identifying and implementing improvements.

ENCOURAGING MORE MEN AND WOMEN TO ENTER NURSING

Staff nurses, nursing leadership/administration, and educators said a more positive image of nursing could be marketed by emphasizing that

- there are a variety of work opportunities within nursing;
- nursing can be flexible and accommodating—a nurse can often adjust his or her schedule to meet family needs;
- a nursing position is a decent paying job and you can work anywhere in the country; and
- nurses have the satisfaction of helping people whose lives are in their hands.

Nursing leadership/administration, staff nurses, and educators all offered specific suggestions for improving recruitment of nursing students:

- A coalition of nursing organizations could do more public relations targeting counselors and schools, do more press releases on the nursing shortage, and try to overcome the negative image of nursing.
- High-school health academies should be established (similar to special-focus academies developed in Detroit and Lansing).
- Information should be provided in grades K-12 to make sure that students are aware of careers in health professions (e.g., career days in hospitals statewide, school-to-work programs with health care focus, shadow days).
- School counselors must be involved, beginning in middle school, to portray nursing as a positive career opportunity.
- An extensive workshop could be held at locations around the state to bring in employers and give students an opportunity to explore heath careers. (This would be an expansion of the two-week workshop on health careers being held this summer at Michigan State University with funding by the Michigan Department of Career Development.)

Nursing leadership/administration suggested that mentoring is essential, especially for nontraditional students. They said young people want to make a difference in life and do something meaningful. Mentoring can show them that a career in nursing fulfills those requirements. Staff nurses suggested that recruiting more males would elevate the profession in society's eyes. They also suggested targeting older students (25 years of age or older) since they tend to have a better work ethic, are more accountable and more caring, and their salary expectations are more realistic.

Staff nurses, nursing leadership/administration, and educators all identified a role for the health care industry in recruitment of students. Educators suggested that employers provide scholarships and guarantee the first year of work. Funding currently used by employers for sign-on bonuses could be shifted to scholarship activity, particularly since sign-on bonuses alienate long-term employees. Employers could provide part-time employment with benefits while nursing students attend school. Nursing leadership/administration noted that the health care industry also should support student recruitment efforts by providing more respect for nursing in the workplace. Educators recommended employers give more

visibility and credibility to advanced-practice nursing roles in order to improve the image of nursing. To improve retention of the current workforce, staff nurses said better benefits should be provided (e.g., health insurance, retirement).

The government role in improving recruitment and retention could include:

- Providing incentives for partnerships between employers and schools of nursing (e.g., sharing faculty, implementing a clinical practicum in the hospital)
- Offering scholarship/tuition grants for young students and students entering nursing as a second career
- Providing child care stipends and/or tax breaks for nursing students returning to school
- Offering government loan "payback" programs for students who work in shortage areas
- Funding hospitals to hire people to work in schools to tell students about careers in nursing
- Establishing more autonomy and reimbursement for advanced practice nurses
- Allowing the nursing profession to regulate nursing (Nursing leadership/administration said that currently the Board of Nursing has little power and is, in reality, staff-driven and political.)
- Providing funding support for nursing education similar to the subsidies provided for medical education

PREPARATION FOR THE PRACTICE SETTING

All of the focus groups were in agreement on the need for additional on-the-job training for all nurses after they complete their schooling. Nursing leadership/administration said that it has always been this way and there is nothing much the nursing schools can do about it. They said some hospitals are re-instituting mentoring for new nurses. Educators and staff nurses said both internships and mentoring are needed, and the staff nurses said that the mentors should be rewarded. Staff nurses praised internships where the last semester in school is spent in a hospital in training. The bonus to the students, in addition to the valuable work experience, is that they are paid during their last semester of school. In exchange, they are required to stay on two years as an employee at the hospital. Another option is the development of closer links between hospitals and nursing schools so that nursing students can get credit for working in a hospital. One example is a combined classroom and clinical program provided during the summer for nursing students by Grand Valley State University and a Grand Rapids hospital. Nursing leadership/administration mentioned that Sparrow Health System in Lansing has a nursing residency program with four months of training in the hospital at full pay, which attracts the most qualified incoming nurses.

Staff nurses raised the issue and were divided on whether or not to make a BSN the entry-level degree required for nursing. Some said this could worsen the shortage, but others said it would mean greater professionalism. Educators also raised the issue but were divided. They said it may be shortsighted to try to get nurses quickly through ADN programs when BS-prepared nurses are needed, but they also said AD-prepared nurses can be part of the solution. Educators did agree that more research is needed on outcomes/quality associated with nurse preparation for all practice settings. In particular, more study is needed to identify how BSN and graduate level nurses should work with nurses prepared at a lower level. They reported that some demonstration models have been developed in primary care centers in Michigan to explore this issue.

Nursing programs need resources for advertising, recruitment, faculty development, and scholarships. Educators suggested a government subsidy to schools for nursing education. They also sug-

gested support for development of on-line technology, which is necessary because of the high expense of purchasing programs for on-line clinical training. Resources for technology are needed as a way to bring continuing education and distance learning programs to rural areas and other smaller settings.

The State Board of Nursing should provide nursing schools with a report of individual students' areas of strengths and weaknesses on the licensing exam so the schools can strengthen curriculum as necessary. Funding is needed in order to provide the data and analyses to the schools.

SUPPORTING NURSES IN THE PRACTICE SETTING

Participants in all of the focus groups had a wealth of ideas for supporting nurses in the practice setting, but they emphasized they meant "real workforce environment improvements, not just sign-on bonuses and cookies during nurses' week." Educators suggested that physicians and residents are feeling overwhelmed themselves and this may be an opportune time to engage them in making improvements for nurses because of the benefit for the whole health care team. They also suggested that nursing education programs should collaborate with the practice setting to improve employment opportunities.

Staff nurses, executives and nurse educators all emphasized the need for greater flexibility in scheduling. They said that most employers do this now, with options to work 8-, 10-, or 12-hour shifts. Some offer self-scheduling, within limits. Some educators cautioned that flexible scheduling could be bad from the patient's perspective because it may result in lack of continuity or investment in care of patient. Staff nurses suggested offering some scheduling with no weekend shifts. Educators suggested shorter shifts and questioned whether 12-hour shifts are good for the quality of patient care. At the other extreme, staff nurses suggested that short shifts (e.g., 4 hours) disrupt the continuity of patient care.

Staff nurses offered the following suggestions related to the nurses' workload:

- Nurses shouldn't be responsible for so many aspects of service delivery.
- Paperwork required of nurses should be reduced.
- Units should be staffed according to acuity, not number of patients.
- Interdisciplinary teams could help in moving patients.

Educators stressed that it is important to provide nurses control of their work environment—working cooperatively with other providers, participating on practice committees, setting up their own practice protocols, meeting with drug representatives, participating with physicians on individual and aggregate patient care decisions, participating in administrative decisions such as hiring of CEOs. They said investments need to be made in technology to reduce physical strain and improve communications (e.g., use of computer technology for decision making and aggregate data).

Participants in the nursing leadership/administration group noted that the LPN appears to be "a dying breed." But they said that RNs need to have support from licensed practical nurses or someone with training similar to that of an LPN. With this assistance, the RN does assessment and decision making, the LPN does routine technical work (e.g., blood draws, blood pressure readings), and unlicensed assistive personnel (UAP) do nonclinical tasks (walk patients, change beds, etc.). But in discussions with staff nurses, they said that because LPNs are restricted in their scope of practice, the use of an LPN is not very helpful because the RN still has to support the LPN. Some educators and staff nurses said nurse's aides and technical support staff should be trained to do more, noting that the "good ones" are helpful.

However, both focus groups of staff nurses said they were concerned about the qualifications of less well-trained health care workers, including LPNs and nurse aides. They said this varies from hospital to hospital. Some staff nurses said LPNs are probably doing more than they should and the RN is signing for it. Other staff nurses commented that some LPNs feel they have been trained, often on the job, well enough to be delegated certain tasks (for example, LPNs review medication sheets daily in some hospitals).

Nursing leadership/administration, staff nurses, and educators said employers need to recognize and pay for different competencies and provide a tiered pay structure depending on the nurse's degree and scope of work (including work on committees, in teaching, in the community, in research). Staff nurses said that employers need to provide more opportunities for advancement. Educators said that employers should improve pensions and retirement packages to maintain and retain the current workforce. They also said that work should be guaranteed during low patient census, using nurses in down times for other support (e.g., writing policies and protocols).

Staff nurses said that nurses should be paid on a salary rather than an hourly wage to improve the image of nursing. They also said that more avenues should be developed for independent reimbursement of nurses. They suggested that perhaps a nursing charge would educate patients on value of nursing, rather than including nursing care as part of the room charge.

Attachment B

Nursing Needs Assessment Survey for Hospitals/Health Systems

This questionnaire is designed to obtain information on current professional nursing needs in hospitals and health systems in Michigan. The focus is primarily on Registered Nurses in direct patient care, but some of the questions ask about other types of nursing personnel. Your responses will be kept confidential and reported only in statewide or regional tabulations and summaries. If response categories do not adequately reflect your situation or ideas, feel free to add comments at the end of the questionnaire in the space provided.

SECTION A: Organization and Contact Information

1. Name of your hospital/health system: _____
2. Your name: _____
3. Title: _____
4. Telephone number: _____

SECTION B: Nursing Personnel

Please answer the following questions based on the total number of nurses employed by your facility (i.e., hospital/health system). Nurses employed by your facility may include nurses in physician practices, outpatient care, long term care, and home health as well as inpatient care.

Current full-time equivalents (FTEs) are the number of full-time equivalent positions currently filled for your facility. Vacancies are the number of open, posted full-time equivalent positions that your facility is actively trying to fill now. A full-time equivalent position equals 2,080 hours or more per year. Count a half-time position as .5 FTE and a quarter-time position as .25 FTE.

5. Indicate the number of nurses involved in *direct patient care* according to their highest level of nursing education.

Level of education	Current FTEs	Vacancies	Vacancy Rate
Advanced Practice Nurses	15.16	2.07	8.12
Registered Nurses	256.89	22.38	7.77
Licensed Practical Nurses	29.12	3.23	9.31
Unlicensed Assistive Personnel	87.35	9.14	9.61

Advanced Practice Nurses include nurse practitioners, nurse midwives, nurse anesthetists, first assistants and clinical nurse specialists.

6. Indicate the number of nurses involved in *direct* patient care and *indirect* patient care.

Type of Nursing Staff	Current FTEs	Vacancies	Vacancy Rate
Direct patient care	245.47	19.34	8.22
Indirect patient care	31.07	1.42	3.34

Indirect patient care includes management (administrators, supervisors, managers, quality assurance staff and discharge planners) and education (telephone advice nurse, inservice educator, patient educator, infection control practitioner).

SECTION C: Recruitment and Retention

7. Indicate the degree of difficulty you have in filling vacancies in the following areas. Indicate not applicable (NA) for any areas that are not included in your facility.

	Extremely Difficult	Very Difficult	Somewhat Difficult	Not at all Difficult	Not Applicable
Direct Care Staff					
a. Med-Surg Nurse	11	19	51	12	7
b. Surgery	15	27	30	12	15
c. Critical Care	16	38	23	3	21
d. Pediatrics	3	7	29	15	46
e. Emergency/Urgent Care	16	26	38	8	11
f. Obstetrics	11	7	28	22	32
g .Ambulatory Care	0	4	35	35	25
h. Home Health/Hospice	0	10	20	15	55
i. Long Term Care	9	11	13	3	65
Indirect Care Staff					
j. Education	3	10	35	34	18
k. Management	8	24	43	19	6
Education Level					
l. Advanced Practice Nurses	10	17	30	16	27
m. Registered Nurses	18	33	37	10	3
n. Licensed Practical Nurses	15	17	35	21	13
o. Unlicensed Assistive Personnel	4	14	35	36	11

8. Turnover rate in the year 2000 for Registered Nurses involved in direct patient care: 13.08, STDEV = 8.80
(Turnover rate: The number of Registered Nurses in direct patient care hired to replace those who terminated employment as a percent of total Registered Nurses employed during the past fiscal year)

9. On the average, how many **days** does it take your facility to fill a **posted** vacancy for a **direct care** Registered Nurse? 54.9, STDEV = 49.3

10. On the average, how many **days** does it take your facility to fill a **posted** vacancy for an **indirect care** Registered Nurse? 54.3, STDEV = 44.3

11. In the past fiscal year, which of the following inducements/employee-benefits has your organization used to recruit and/or retain Registered Nurses? (Check all that apply)

37	Better benefits than other employers	26	Shared governance (e.g., participation in high-level organizational decision making)
12	Clinical/career ladder	41	Sign-on bonuses (average amount $2,125 [STDEV=1,435])
58	Employer provided/financed continuing education	11	Stress relief programs
65	Flexible hours	70	Supplemental pay for off-shift, specialty care, weekend or on-call
14	Higher pay for overtime than other employers	38	Support programs/preceptorship for new hires
27	Higher salaries than other employers	72	Tuition reimbursement/scholarships
15	On-site child care	23	Other (describe) _____
49	Referral bonuses		
30	Relocation assistance		

12. Which benefit has been most effective in **recruiting** Registered Nurses?

Salary/compensation n=14
Better benefits (general) n=12
Bonuses (referral or sign-on) n=12
Flexible hours n=12
Education/Tuition assistance n=5
Don't know/none n=5
Preceptorship n=4
Good work environment n=4
Health insurance (paid by employer, extra benefits) n=3
Other misc. n=3
Internships n=3
12-hour shifts n=1
Outside experiences n=1
Location of facility n=1
Low patient-staff ratio n=1

13. Which benefit has been most effective in **retaining** Registered Nurses?

Flexible hours n=19	Other misc. n=6
Better benefits (general) n=15	Education/tuition assistance n=4
Salary/compensation n=11	Bonuses (referral, longevity) n=3
Don't know/none n=10	Preceptorship n=1
Good work environment n=7	Low patient-staff ratio n=1

14. What percentage of nursing [FTEs] do temporary or traveling personnel cover on average in the last year in your facility? 3.4% (STDEV = 6.5%)

15. Has the use of supplemental staffing strategies for Registered Nurses (e.g., traveler and temporary agencies) changed in the last six months in your facility?

Increased significantly	7
Increased	27
Stayed about the same	46
Decreased	13
Decreased significantly	7

16. Does your facility currently recruit foreign-educated Registered Nurses?

No	76
Yes, on a regular basis	8
Yes, occasionally	15

17. List the top three countries from which your facility recruits:
    1. Canada n=11; Phillipines n=4; USA n=9
    2. Canada n=6; Australia n=1; Phillipines n=1; USA n=2
    3. Canada n=1; USA n=2; England n=1; Phillipines n=1

    Totals: Canada n=18; USA n=13; Phillipines n=6; Australia n=1; England n=1

SECTION D: General Observations

Please provide any additional comments or observations you may have about the Registered Nurse workforce and/or the job market for Registered Nurses. Attach a separate sheet of paper if necessary.

Thank you for taking the time to complete this survey. If you have any questions regarding the survey, please contact Jane Powers, Senior Health Policy Consultant, Public Sector Consultants, Inc., at 517-484-4954.

Please use the enclosed pre-paid envelope to return this form by _____, 2001 to Public Sector Consultants, Inc., 600 W. St. Joseph St., Suite 10, Lansing, MI 48933-2265.

APPENDIX E

NURSING PROGRAM
EVALUATION PLAN

STANDARD

Mission/Governance

The program has clear and publicly stated purposes and mission appropriate to baccalaureate education in nursing.

CRITERIA

Criterion 1: The mission, goals, and/or philosophy and objectives of the nursing unit are consistent with those of the governing organization or differences are justified by the nursing unit goals.

Criterion 2: Faculty, administrators, and students participate in the governance of the organization and the nursing unit as appropriate for the accomplishment of the goals of the institution and nursing unit.

Criterion 3: The nursing unit is administered by a nurse who is academically and experientially qualified and has authority and responsibility for development and administration of the total program.

Criterion 4: Policies of the nursing unit are consistent with policies of the governing organization or differences are justified by nursing unit goals.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. The unit action plan of the Nursing Department is reviewed every year by the entire faculty during a November faculty meeting. It is reviewed for content and congruence with the goals and philosophy and mission of the University and the College. Documentation: Faculty minutes (November).

2. The Policy and Procedure Committee review the Faculty Bylaws every 3 years (2000-2001) and report to the entire faculty at the final Faculty Meeting of the academic year for discussion. Documentation: Faculty minutes and committee annual report.

3. The Student Affairs/Faculty Development Committee reviews and summarizes advisor's responsibility for students, faculty activity, and faculty involvement in governance of FSU and the Nursing Department. They report to the entire faculty at the final Faculty Meeting of each academic year for discussion. Documentation: Faculty minutes and committee annual report.

4. The Policy and Procedure Committee reviews 1/3 of the Department of Nursing policies and procedures every year for congruence with the College and University policies and reports to the faculty at the final Faculty Meeting of each academic year for discussion. Documentation: Faculty minutes and committee annual report.

5. The Policy and Procedure Committee reviews the Student Handbook annually for congruence with Department of Nursing, College and University policies. Documentation: Faculty minutes and committee annual report.

STANDARD

Faculty

The program has faculty appropriate to continue to accomplish its purposes and strengthen its educational effectiveness.

CRITERIA

Criterion 5: Faculty members (full-and part-time) are academically and professionally qualified and maintain expertise appropriate to their teaching responsibilities.

Criterion 6: The number and utilization of full-time and part-time faculty are appropriate to meet the nursing unit goals.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. The Student Affairs/Faculty Development Committee compiles a summary of faculty expertise maintenance and academic/ professional achievements (using the CAHS Activity Record) and reports this to the faculty at the final Faculty Meeting at the close of the academic year for discussion. Documentation: Faculty minutes, committee annual report and Faculty Action Report.

2. Faculty compose the search committee for any new full-time faculty position to determine if the candidate is professionally and academically qualified to fill the position. A recommendation by this committee is made to the Department Head and the rest of the faculty. Professional and academic qualifications of part-time faculty are equivalent to the minimum for full-time faculty and are assessed by the Department Head and brought to the faculty for approval. Documentation: Faculty minutes.

3. Determination of the utilization of full-and part-time faculty in meeting the Department's goals is negotiated between the Department Head and the faculty in the year preceding an Academic Year. The Department Head holds final determination of assignments. Documentation: Faculty load reports.

STANDARD

Students

The program assures a teaching and learning environment conducive to student academic achievement.

CRITERIA

Criterion 7: Student policies of the nursing unit are publicly accessible, non-discriminatory and are consistent with the organization or differences are justified by the nursing unit goals.

7.1 Programs or institutions must assure student access to support services that include, but are not limited to: health, counseling, academic advisement, placement assistance and financial aid assistance.

7.1a These services will be administered by individuals professionally and educationally qualified.

7.1b Programs or institutions shall have a policy regarding the maintenance of educational and financial records.

7.2 The program or institution must provide to the general public, prospective students and current students, accurate and consistent information in its catalogue, recruitment brochures, advertisements, student handbooks, and other related publications. The information required to include is: admission requirement policies, satisfactory academic progression standards, graduation requirements, academic calendar, course descriptions, grading policies, and grievance mechanisms.

7.3 The length of each program offered is appropriate to enable students to achieve the objectives of the program and to acquire the knowledge and skills necessary for

Communication competency is the ability to clearly and effectively articulate one's ideas in oral and written communication. This may be demonstrated in written assignments, oral presentations, and group process situations and includes appropriate use of APA format, nonverbal communication, and use of technology and media resources. Competency includes effective communication with clients, peers, faculty and personnel in clinical agencies.

Rationale: Communication skills are essential skills that can be learned and improved. For this reason, communication skills are integrated to each nursing course in the BSN curriculum. The formative communication evaluation measures are reflected in grading criteria for each assignment and in the final student evaluation in each course. The capstone course involves a summative evaluation of all communication skills (verbal, nonverbal, written, APA, and technology).

Assessment Method:. Faculty Nursing Course Evaluation tools are completed by faculty each time they teach a BSN class. BSN students complete the Student Nursing Course Evaluation tool at the completion of each nursing course. These two tools provide feedback for communication skills from a faculty and a student perspective.

Reporting Method: The Curriculum Committee summarizes the data collected from both students and faculty each semester on the evaluation tools. This summary is reported to the faculty at the final faculty meeting at the end of the academic year for discussion.
Documentation: Faculty minutes, committee annual report.

4. Therapeutic Nursing Interventions

Therapeutic nursing interventions are deliberate actions by nurses with clients within the framework of the nursing process, the Michigan Nurse Practice Act, and the ANA Standards of Nursing Practice. Interventions are based on nursing and other relevant theories, research knowledge and knowledge from related disciplines. The purpose of therapeutic nursing interventions is to enhance wellness, prevent illness or injury, address a clients human response to actual or potential health problems or promote a return to optimal functioning. Therapeutic interventions for the individual, family, group, or community client can be conceptualized as diagnostic, therapeutic, or educational behaviors that facilitate the client meeting mutually determined goals at any point on the health-illness and developmental continua.

Rationale: Therapeutic nursing interventions are an integral part of the nursing process and can be applied to the individual, family, group or the community client. Therapeutic nursing interventions are integrated into each clinical nursing course in the BSN curriculum. The formative evaluation measures are reflected in the grading criteria for each assignment and in the final student evaluation in each course. The capstone course allows for the potential analysis and application of

employment in the field, taking into account the types and locations in which the education is delivered.

7.4 The program or institution's catalog must include a statement regarding the required tuition, fees, length of the program and how they compare to similar programs.

7.5 The program must assure the processes by which students who are admitted are enabled to succeed.

7.6 A file of complaints about the program must be maintained and available for review.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. Summarizing the data collected (in regard to teaching/learning environment conducive to learning) from the BSN Graduate Survey, the annual Student Affairs meeting and the Student Satisfaction Survey, the Student Affairs/Faculty Development Committee presents the results to the faculty at the final Faculty Meeting at the end of the academic year for discussion. Documentation: Faculty minutes and committee annual report.

2. Policy and Procedure Committee reviews 1/3 of the policies each year for non-discrimination, consistency with FSU, and accessibility. Summary is presented to the faculty at the final Faculty Meeting at the end of the academic year for discussion. Documentation: Faculty minutes and committee annual report.

3. A file is kept in the Departmental office of complaints about the program. The Student Affairs/Faculty Development Committee prepares a summary report of the file for faculty discussion at the final faculty meeting at the end of the academic year. Documentation: Faculty minutes and committee annual report.

STANDARD

Curriculum and Instruction

The program is accomplishing its educational and other purposes.

CRITERIA

Criteria 8: The nursing curriculum is developed by the nursing faculty and provides for a variety of learning experiences consistent with the nursing unit's mission/philosophy and attainment of outcomes.

8.1 The institution or program must provide the public, prospective students, and current students in the program with accurate and dependable information as to:

(a) the specific clock or credit hours of the program;
(b) the specific clock or credit hours required for each course within the program;
(c) the definition of clock and credit hours for lecture, clinical experiences, internships, and independent studies.

8.2 The undergraduate curriculum focuses on the discipline of nursing and is supported by course work in the sciences and humanities.

8.3. The baccalaureate course work in nursing is mostly at the upper division level.

8.4 (Non-applicable)

8.5 Specific educational objectives and outcome criteria are consistent with the program mission and appropriate to the degree or certificate the institution awards.

Criteria 9: Clinical facilities are selected by faculty and provide opportunities for a variety of learning experiences to promote attainment of outcomes.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. The Curriculum Committee summarizes the data collected from both students and faculty each semester on the evaluation tools: Student Nursing Course Evaluation and Faculty Nursing Course Evaluation. This summary is reported to the faculty for discussion at the final Faculty Meeting at the end of the academic year. Documentation: Faculty minutes, committee annual report.

2. The Curriculum Committee reviews the philosophy, mission statement for congruence with the objectives of the courses (even years) and to assure its focus on the discipline of nursing, support given by the sciences and humanities, and its internal consistency. This review is presented to the faculty on even years for discussion at the final Faculty meeting at the end of the academic year. Documentation: Faculty minutes and committee annual report.

STANDARD

Resources: The program has effectively organized the human, financial, and physical resources necessary to accomplish its purposes.

CRITERIA

Criterion 10: The fiscal resources are adequate to support the nursing unit's goals and are commensurate with the resources of the organization.

Criterion 11: Learning resources are comprehensive, current, developed with faculty input, available, and accessible to faculty and students.

Criterion 12: The physical facilities are adequate to accomplish the goals of the nursing unit.

Criterion 13: The institution has a written, comprehensive program to promote student loan repayment addressing such areas as student loan information, counseling, and monitoring and cooperation with leaders.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. The nursing faculty have a representative on the College Library Committee. This representative and the Health Science Librarian evaluate the nursing holdings for comprehensiveness, currency, availability, and accessibility. This data is presented to the faculty at faculty meetings. In addition, new nursing titles are routinely circulated among the faculty for input for purchasing. Documentation: Faculty minutes, library resources.

2. The Department Head discusses the annual budget in the Spring with the faculty and encourages input based on priorities that have been identified by the faculty group. Documentation: Faculty minutes.

STANDARD

Educational Effectiveness

The program has an identified plan for evaluation and feedback to strengthen its educational outcomes.

CRITERIA

Criterion 14: A written plan for the systematic evaluation of all components of the nursing unit is developed and implemented by the faculty.

Criterion 15: Evaluation data are used for development, maintenance, and revision of the nursing units attainment of identified outcomes, and adjustments to improve student achievement.

EVALUATION PROCEDURES AND SPECIFIC INDICATORS DOCUMENTING COMPLIANCE WITH CRITERIA

1. Completion/Graduation Rates

   Graduation rates are based on the numbers of students who complete NURS 324: Transition into Professional Nursing and then complete all other BSN program requirements.

   Rationale: The multiple and varied alternatives available to our students makes completion of the first nursing course a validation of the student's commitment to the program.

   Assessment Method: The computer record system will be the source of data for those who complete NURS 324: Transition into Professional Nursing and those who graduate.

   Reporting Method: When the students at a given site are scheduled to graduate, the advisor gathers the aggregate data and at the semester- end faculty meeting, reports the following to the faculty for discussion: The number of students at that site who successfully completed NURS 324 (Transition into Professional Nursing) and the number of students who will graduate. In addition, a year later the advisor will report the number of students, who during the previous year completed graduation requirements.
   Documentation: Faculty minutes

2. Critical Thinking

   Critical Thinking is the process of purposeful, self-regulatory judgment. This process gives reasoned consideration to evidence, contexts, conceptualizations, methods and criteria (American Philosophical Association Delphi Report, 1990).

   Rationale: The tool for evaluating critical thinking is the California Critical Thinking Skills Test (CCTST). This instrument measures cognitive skills of analysis, evaluation and inference.

   Assessment Method: The CCTST is administered to all students at the beginning of the program in NURS 324: Transition into Professional Nursing. The CCTST is then administered again in NURS 499: Community Nursing, the last nursing course. A comparison of mean pre and post-test scores are determined by site (paired t-test).

   Reporting Method: The Critical Thinking t-test results are reported by the Critical Thinking Coordinator at the year-end faculty meeting for discussion. Documentation: Faculty minutes

3. Communication Abilities

APPENDIX F

FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING

STUDENT NURSING COURSE EVALUATION

The instructor of this course and the Department of Nursing Curriculum Committee are sincerely interested in making this course experience of maximum value to you. By answering the following questions sincerely, fairly, and carefully, you can do your part to help bring about improvements in this course and in the curriculum as a whole.

Guarantee is given that the instructor will not see the evaluation before the grades are filed for the semester so there can be no possible influence on grading. Do not sign your name.

Please record your answers on the scantron sheet that is provided for you, using a # 2 pencil. Use the following rating scale:

1 = Strongly Disagree 2 = Disagree 3 = Agree 4= Strongly Agree
5 = Not Applicable (criteria does not apply to this course)

COURSE DATA INFORMATION

COURSE: NURS _____ INSTRUCTOR _____
SEMESTER: FALL _____WINTER _____SUMMER_____
CLINICAL SITE(S) (if applicable)_____
NAME OF CLINICAL INSTRUCTOR (if applicable) _____

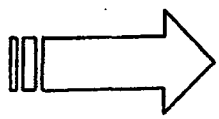
COURSE ORGANIZATION

1. Quality, organization & usefulness of the syllabus / course materials was adequate.
2. Quality & appropriateness of the textbook(s) for this course was adequate.
3. The textbook was used as a resource for this course.
4. The course objectives were clearly presented and addressed.
5. The course was taught consistently with the syllabus / course material guidelines.
6. The course assignments were reasonable and clearly presented.
7. The frequency of testing, quizzes and papers was appropriate.
8. A positive learning environment was established.
9. Critical thinking was a course expectation for students.
10. A variety of teaching methods was utilized to address different learning styles.

For courses with a clinical component only (if this is not a clinical course, skip these questions)

11. The clinical site(s) provided adequate opportunity to meet the course objectives.
12. A positive clinical learning environment was established in this agency.
13. Critical thinking was encouraged to enhance the application of the nursing process.

PLEASE CONTINUE EVALUATION ON NEXT SIDE



COURSE CONTENT

14. The course content was consistent with the course objectives.
15. The course content builds on learning from previous non-nursing courses.
16. The course content builds on learning from previous nursing course work.
17. Thinking about the course content enhanced the student's critical thinking skills.
18. Your oral communication skills were enhanced.
19. Your written communication skills were enhanced.
20. Your non-verbal communication skills were enhanced.
21. Application of the nursing process was emphasized.
22. Ethical issues were examined objectively.
23. Professional nursing responsibility and accountability were addressed.
24. Multi cultural populations and other areas of diversity were adequately explored.

For BSN students only: Please rate the course on the following components:

25. The course addressed illness prevention, health promotion, and health maintenance for the client focus identified (i.e., individual, family, group or community).
26. The course addressed therapeutic nursing interventions for the client of focus.
27. The course addressed the importance of nursing research within the content area.
28. Nursing research skills were enhanced in this course (data base search, research interpretation).
29. Social, economic, and political arenas were explored within course content.
30. Opportunities for professional growth were provided.

COMMENTS – Please comment on any aspect of this course. This is especially important if you have rated areas as not meeting your expectations for the course. Your feedback is essential to improvement of the course! Feel free to attach additional pages if necessary.

When you have completed this form, place it with scantron in the envelope provided by the student who will return the evaluations to the Nursing Department Secretary. **Do not give these evaluation forms to your instructor!** Your instructor will receive a copy of typed comments and a summary of evaluation ratings early next semester.

APPENDIX G

FERRIS STATE UNIVERSITY
NURSING PROGRAM EVALUATION

FACULTY NURSING COURSE EVALUATION SUMMARY SHEET

COURSE: _____ **SEMESTER: F____ W____ S____**

TEXT: _____

Do you find the text to meet the needs of this course at this time? Yes / No

Do you have any plans to change the textbook for this course? Yes / No

When were the course materials for this course updated? _____

Do you perceive that students were well prepared for this course, based on previous nursing and non-nursing coursework? Yes / No

If not, what were the areas of deficit primarily?

What do you perceive to be the overall strengths of this course, based on student feedback and/or your own analysis?

What do you perceive to be the areas of concern or weakness of this course, based on student feedback and/or your own analysis?

Are there areas of concern identified by students that you feel inclined to respond to from the instructor's point of view?

What new instructional innovations have you implemented for this course in the last year? What is your evaluation of these methods?

Do you have recommendations that you feel would improve the quality of this course? What do you specifically plan to do to improve the outcomes of this course in the future?

How does this course *specifically* address communication skills of the student? ***Are the outcomes acceptable in this area?***

Written:

Oral:

Group Process:

Use of Information Technology

Media Production:

How are therapeutic nursing interventions *specifically* addressed in this course? ***Are the outcomes acceptable in this area?***

Individuals:

Families:

Groups:

Communities:

Health Professionals:

Thank you for your feedback!

_____ _____

Faculty Signature **Date**

APPENDIX H

FERRIS STATE UNIVERSITY
RN to BSN COMPLETION PROGRAM
Curriculum Guide for Students Entering the Program Beginning Fall 03

NAME: _____ SS# _____

REQUIRED	COURSE TITLE - PRE-REQUISITES IN ( )	CRED	GRADE	REQ MET
NURSING MAJOR: 65 CREDITS REQUIRED				
	Basic Nursing Program – Nursing Credits: ADN or Diploma	40		
NURS 310	Nursing Health Promotion (Program Admission)	3		
NURS 312	Nursing Health Assessment (Program Admission)	3		
NURS 324	Transition Into the Profession of Nursing (Program Admission	3		
NURS 422	Nursing Research (NURS 324, EHSM 312)	3		
NURS 432	Nursing in Health Care Systems (NURS 324, 422)	3		
NURS 436	Community Health Nursing (NURS 324, 310, 422, EHSM 315)	3		
NURS 499	Senior Seminar & Clinical Practicum (All 300 & other 400 level NURS courses)	7		
COMMUNICATION COMPETENCE – 12 CREDITS REQUIRED				
COMM 105 or 221	Interpersonal Communication (none) or Small Group Decision-making (none)	3		
ENGL 150	English 1 (none)	3		
ENGL 250	English 2 (ENGL 150)	3		
ENGL 321	Advanced English Composition (ENGL 250)	3		
SCIENTIFIC UNDERSTANDING – 7 Minimum CREDITS REQUIRED				
BIOL 108	Medical Microbiology (None)	3		
CHEM 114	Introduction to Inorganic Chemistry (CHEM 103)	3		
BIOL 205	Anatomy & Physiology (CHEM 114)	5		
BIOL 300	Pathophysiology (BIOL 205, RN license)	3		
QUANTITATIVE SKILLS – 3 CREDITS OR PROFICIENCY REQUIRED				
MATH 115 or 117	Intermediate Algebra (MATH 110) or Contemporary Math (MATH 110) or Math ACT score of 24 or higher	3		
SOCIAL AWARENESS – 12 CREDITS REQUIRED				
PSYC 150	Introduction to Psychology (none)	3		
SOCY 121 or ANTH 122	Introduction to Sociology (none) or Cultural Anthropology (none)	3		
SOCY 340	Minorities in America (SOCY 121 or ANTH 122)	3		
CULTURAL ENRICHMENT – 9 CREDITS REQUIRED				
***CE Electives: Select 2 courses from the following subject areas, with one meeting the Global Consciousness requirement: ARTH, ARTS, FREN, GERM, HIST, LITR, MUSI, SPAN, THTR**				
HUMN 320	Biomedical Ethics (ENGL 150)	3		
	*Cultural Enrichment Elective – General Category	3		
	*Cultural Enrichment Elective – Global Consciousness Category	3		
CAHS CORE CURRICULUM REQUIREMENTS – COURSE OR PROFICIENCY				
CCHS 101	Orientation to Health Care (none) or RN license	3		
CCHS 102	Safety Issues in Health Care (none) or RN license	1		
CCHS 103	Clinical Skills (none) or RN License	1		
	Computer Competency – course or proficiency demonstrated			
OTHER / ELECTIVE CREDIT				
EHSM 315	**Epidemiology & Statistics (none)**	3		
	Elective Credits needed for 120 required for degree: _____			
NURSING PROGRAM REQUIREMENTS FOR PROGRESSION / GRADUATION				
• A grade of 2.0 or "C" is required for all Science and NURS courses • Community Service Project must be completed by NURS 436 • Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted • Graduation Clearance Form Complete: _____(Date) _____(Advisor)				

_____ Advisor Signature Date _____

APPENDIX I

Faculty Load
Fall 03-Winter 04

9/1_/2003

Faculty First	Faculty Last	Course	Secti	Course cr hr	Config	Mode	Credit Load	Conta Load	Cours Cap	Prelim Enroll	4-day count	SCH	Remarks
Marietta	Bell-Scriber	NURS 106	001	6	2+12	lec	2		40	39	38	228	
Semester:	Fall 03	NURS 106	212	6	2+12	lab	3.5		10	10	8	48	OL: 0.5
		NURS 106					3					0	Clinical Coordination
		FSUS 100	043	1	1+0	lec	1		20	24	25	25	
		NURS324	MBA	3	3+0	lec	3		40	10	10	30	
Sem total:							**12.5**	0				0	Total Sem OL: 0.5
Semester	Winter 04	NURS 106	001	6	2+12	lec	2		30	30		0	ADN Winter Cohort
		NURS 106					3					0	Clinical Coordination
		NURS 310	EFA	3	3+0	lec	3		40	40		0	
		NURS 432	AGA	3	3+0	lec	3		30	12		0	Overload: 2 (FSU GR)
							3					0	MSN Web Development
Sem total:							**14**	0				0	Total Sem OL: 2
Annual	**Total**						**26.5**						**AY Overload: 2.5**
Mary	Cairy												
Semester:	Fall 03	NURS 201	301	1	0+2	lab	1		20	20	21	21	OL: 1
		FSUS 100	045	1	1+0	lec	1		20	24	24	24	OL: 1 (FSUS)
		NURS 422	AGA	3	3+0	lec	3		30	12	13	39	
		NURS 499	NTA	7	3+8	lec	3		20	18	16	112	
							3						BSN Program Coordination
							3						NURS 600/610 Web Developmer
Sem total:							**14**						Total Sem OL: 2
Semester:	Winter 04	NURS 499	MBA	7	3+8	lec	3		20	9		0	
		NURS 499	MBA	7	3+8	lab	3		12	9		0	OL: 1.5 (UCEL)
		NURS 600	MBA	3	3+0	lec	1.5		20			0	New MSN Course - co-assign
		NURS 610	MBA	3	3+0	lec	1.5		20			0	New MSN Course - co-assign
							1.5						NURS 500 Web Development
							3						BSN Program Coordination
Sem total:							**13.5**						Total Sem OL: 1.5
Annual	**Total**						**27.5**						**Total AY OL = 3.5**

Faculty Load
Fall 03-Winter 04

9/12/2003

Faculty First	Faculty Last	Course	Secti	Course cr hr	Config	Mode	Credit Load	Conta Load	Cours Cap	Prelim Enroll	4-day count	SCH	Remarks
Leighton	Chapman												
Semester:	Fall 03	NURS 106	214	6	2+12	lab	3.5		10	10	10	60	
		NURS 106	211	6	2+12	lab	2.5		10	10	10	60	
		NURS 324	MAA	3	3+0	lec	3		40	22	22	66	New BSN site
		CCHS 103	302	1	0+2	lab	1		20	20	20	20	
		CCHS 103	306	1	0+2	lab	1		20	9	9	9	
Sem total:							**12**						
Semester:	Winter 04	NURS 106	211	6	2+12	lab	3.5		10	10		0	seminar load included here
		NURS 106	213	6	2+12	lab	2.5		10	10		0	
		NURS 324	WMA	3	3+0	lec	3		40			0	
		CCHS 103	302	1	0+2	lab	1		20			0	
		CCHS 103		1	0+2	lab	1		20			0	
		CCHS 103		1	0+2	lab	1		20			0	
Sem total:							**12**						Semester OL: 0
Annual	**Total**						**24**						**Total AY OL = 0**
Susan	Fogarty	FSUS 100	044	1	0+1	lec	1		20	20	24	24	OL: 1 (FSUS)
Semester:	Fall 03	NURS 324	EFA	3	3+0	lec	3		40	40	40	120	New BSN site
		NURS 310	MBA	3	3+0	lec	3		40	9	9	27	
		NURS 436	WNA	3	3+0	lec	3		30	16	17	51	
							3					0	NURS 600/610 Web Develop
Sem total							**13**						Semester OL: 1
Semester:	Winter 04	NURS 499	MBA	7	3+8	lec	3		12	12		0	Study Abroad Section
		NURS 499	MBA	7	3+8	lab	4		12	12		0	Study Abroad Section
		NURS 436	MBA	3	3+0	lec	3		20	9		0	OL: 2.5 (UCEL)
		NURS 600	MBA	3	3+0	lec	1.5		20			0	MSN course: co-assigned
		NURS 610	MBA	3	3+0	lec	1.5		20			0	MSN course: co-assigned
							1.5					0	NURS 500 Web development
Sem total							**14.5**						Semester OL: 2.5
Annual	**Total**						**27.5**						**Total AY OL = 3.5**

Faculty Load
Fall 03-Winter 04

9/12_003

Faculty First	Faculty Last	Course	Secti	Course cr hr	Config	Mode	Credit Load	Conta Load	Cours Cap	Prelim Enroll	4-day count	SCH	Remarks
Arlene	Morton	NURS 101	301	1	0+2	lab	1		20	18	18	18	OL: 1
Semester:	Fall 03	NURS 201	302	1	0+2	lab	1		20	14	14	14	
		NURS 105	001	2	2+0	lec	2		40	38	38	76	
		NURS 226		9	3+18	lec	3		40	34	34	306	
		NURS 226					3					0	Clinical Coordination
							3					0	ADN Program Coordination
Sem total							**13**						Semester OL: 1
Semester:	Winter 04	NURS 105	001	2	0+2	lec	2		30	30		0	Extra ADN Cohort
		NURS 116	001	8	3+15	lec	3		40	40		0	
		NURS 116	W	8	3+15	lab	1.5		20	20		0	OL: 1.5
		NURS 116	R	8	3+15	lab	1.5		20	20			OL: 1.5
		NURS 116					3					0	Clinical Coordination
		NURS 101	301	1	0+2	lab	1.5		20	30		0	Over cap for course/ OL: 0.5
							3					0	ADN Program Coordination
Sem total							**15.5**						Semseter OL: 3.5
Annual	**Total**						**28.5**						**Total AY OL = 4.5**
Kathleen	Poindexter	FSUS 100	042	1	1+0	lec	1		20	22	22	22	OL: 1 (FSUS)
Semester:	Fall 03	NURS 224	001	2	2+0	lec	2.5		40	34	34	68	includes clinical coord: .5 (OL)
		NURS 499	EFA	7	3+8	lec	3		20	21	21	147	
		NURS 499	EFA	7	3+8	lab	4		12	12	12	84	
		NURS 499	EFA	7	3+8	lab	3		12	9	9	63	
Sem total							**13.5**						Semester OL: 1.5
Semester:	Winter 04	NURS 236		9	3+18	lec	3		40	34		0	
		NURS 236					3					0	Clinical Coordination
		NURS 499	EFA	7	3+8	lec	3		20	20		0	
		NURS 499	EFA	7	3+8	lab	4		12	12		0	OL: 2.5 (UCEL)
		NURS 499	EFA	7	3+8	lab	2		12	6		0	OL: 2 (UCEL)
							1.5					0	NURS 530 Web Development
Sem total							**16.5**						Semester OL: 4.5
Annual	**Total**						**30**						**Total AY OL = 6**

Faculty Load
Fall 03-Winter 04

9/12/2003

Faculty First	Faculty Last	Course	Sect	Course cr hr	Config	Mode	Credit Load	Conta Load	Cours Cap	Prelim Enroll	4-day count	SCH	Remarks
Mary	Roehrig	NURS 234	001	2	2+0	lec	2.5		40	33	33	66	includes clinical coord: .5 (OL)
Semester:	Fall 03	NURS 312	MBA	3	0+6	lab	3		9	9	9	27	OL: 1
		NURS 422	MBA	3	3+0	lec	3		9	9	14	42	
							3					0	Pre-Nursing Advising
							2					0	MSN Advising / Coord
Sem total:							**13.5**						Semester OL: 1.5
Semester:	Winter 04	NURS 432	MBA	3	3+0	lec	3		30	14		0	OL: 2.5 (UCEL)
		NURS 230	001	2	2+0	lec	2		40	34		0	
							3					0	Pre-Nusing Advising
							2					0	MSN Advising / Coord
							4.5					0	NURS 510/520/530 Develop
Sem total:							**14.5**						Semester OL: 2.5
Annual	**Total**						**28**						**Total AY OL = 4**
Judy	Strunk												
Semester:	Fall 03	NURS 102	302	1	0+2	lab	1		20	20	20	20	
		NURS 101	302	1	0+2	lab	1		20	21	21	21	
		NURS 106	213	6	2+12	lab	2.5		10	10	10	60	
		NURS 436	EFA	3	3+0	lec	3		30	21	22	66	
		NURS 499	NTA	7	3+8	lab	4		12	12	12	84	
		NURS 499	NTA	7	3+8	lab	2		12	4	4	28	OL: 1.5 (UCEL)
Sem total							**13.5**						Semester OL: 1.5
Semester:	Winter 04	NURS 106	212	6	2+12	lab	2.5		10	10		0	
		NURS 116				lab	1					0	Coordination of Community OB
		NURS 228	001	2	2+0	lec	2		40	34		0	
		NURS 499	WNA	7	3+8	lec	3		20	18		0	
		NURS 499	WNA	7	3+8	lab	4		12	12		0	
		NURS 499	WNA	7	3+8	lab	2		12	6		0	OL: 1.5 (UCEL)
Sem total:							**14.5**						Semester OL: 2.5
Annual	**Total:**						**28**						**Total AY OL = 4**

Faculty Load
Fall 03-Winter 04

9/12/2003

Adjunct	Faculty	Course	Secti	Course	Config	Mode	Credit	Conta	Cours	Prelim	4-day	SCH	Remarks
First	Last			cr hr			Load	Load	Cap	Enroll	count		
Semester:	**Fall 03**												
Elizabeth	Stamper	NURS 102	301	1	0+2	lab		2	20	18	18	18	
Carrie	Unger	NURS 106	211	6	2+12	clin		5	10	10		0	14 wks
Amanda	Jensen	NURS 106	212	6	2+12	clin		5	10	9		0	14 wks
Christina	Holmquist	NURS 106	213	6	2+12	clin		5	10	10		0	14 wks
Vicki	Hill	NURS 106	214	6	2+12	clin		5	10	10		0	14 wks
												0	
Michelle	Hubert	NURS 226	213	9	3+18	clin	MS	18	10	9		0	12 wks
Marianne	Morrissey	NURS 226	212	9	3+18	clin	MS	18	10	9		0	6 wks
Pat	Empie	NURS 226	212	9	3+18	clin	MS	18	10	8		0	6 wks
Jeffery	Johnson	NURS 226	215	9	3+18	clin	psyc	18	10	8		0	12 wks
Trisha	Drenth	NURS 226	214	9	3+18	clin	peds	18	10			0	4 wks
Michelle	Pietras	NURS 226	214	9	3+18	clin	peds	18	10			0	4 wks
Gail	Heathcote	NURS 499	AGA	7	3+8	lec		3	20	7	7	49	
		NURS 499	AGA	7	3+8	lab		8	12	7	7	49	
Sem Total:													
Semester:	**Winter 04**												
Elizabeth	Stamper	NURS 102	301	1	0+2	lab		2	30	30		0	
		NURS 114	001	2	2+0	lec		2	40	40		0	
Carrie	Unger	NURS 106	211	6	2+12	clin		5	10			0	
Vicki	Hill	NURS 106	212	6	2+12	clin		5	10			0	
Betsy	Workman	NURS 106	213	6	2+12	clin		5	10			0	
												0	
		NURS 116	211	8	3+15	clin	MS	12	10			0	
		NURS 116	212	8	3+15	clin	MS	12	10			0	
		NURS 116	213	8	3+15	clin	MS	12	10			0	
		NURS 116	214	8	3+15	clin	MS	12	10			0	
		NURS 116	214	8	3+15	clin	OB	12	10			0	

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MICHIGAN STATE
UNIVERSITY

STUDY OF THE CURRENT AND FUTURE NEEDS OF THE PROFESSIONAL NURSING WORKFORCE IN MICHIGAN

JULY 2001

Prepared for

Michigan Department of Consumer and Industry Services

Prepared by

Public Sector Consultants, Inc.

Table of Contents

Executive Summary

The information collected and analyzed in this study suggests that the current supply of nurses is not meeting the demand and need for nurses in Michigan and the situation is going to get worse. Unless current trends are reversed, the gap between the supply of nurses and the demand for nurses will begin to widen rapidly by the year 2010.

Data were collected from licensure surveys of Michigan nurses, focus groups with nurses, and a survey of hospitals on the use of nursing personnel. In addition, the study includes a review of recent research literature. This study was commissioned by the Michigan Department of Consumer and Industry Services (MDCIS) in response to direction from the Michigan legislature (Public Act 256 of 2000). This study has been undertaken in conjunction with the Michigan Board of Nursing, the Michigan Nurses Association, the Michigan Organization of Nurse Executives, and the Michigan Health and Hospital Association. The MDCIS contracted with Public Sector Consultants, Inc., a nonpartisan public policy research firm in Lansing, to carry out the study.

The compiled evidence shows that:

- The population in Michigan is growing faster than the number of nurses. While the total number of active nurses in Michigan increased by approximately .4 percent from 1996–97 to 1998–99, the state population increased by approximately .8 percent.
- The rate of growth in the number of registered nurses in Michigan is slower than the national growth rate. The number of active registered nurses in Michigan increased by 2 percent in the two-year period between 1996–97 and 1998–99. Preliminary findings from the *National Sample Survey of Registered Nurses March 2000* show a 5.4 percent increase in the number of registered nurses during the four year period between 1996 and 2000. This is the lowest increase reported for the country since the national study was initiated in 1975.
- The number of graduates from nursing education programs is declining. In a survey conducted by the MDCIS in May 2001, nursing education programs in Michigan show a decline in the number of registered nurse graduates from 3,293 in 1997–98 to 3,112 in 1999–00. The number of graduates from associate's degree nursing programs has declined steadily. The number of graduates from baccalaureate programs has fluctuated, declining by 4 percent one year and increasing by 4 percent the next year. Further declines are projected for 2000–01 and 2001–02 in the number of graduates from both associate's degree and baccalaureate programs. By 2001–02, nursing programs project only 2,699 registered nursing program graduates.
- The number of graduates from programs for licensed practical nurses also decreased, from 967 in 1997–98 to 934 in 1998–99, and has remained at that level. By 2001–02, nursing education programs project only 904 licensed practical nurse graduates.
- The proportion of nurses nearing retirement is increasing dramatically at a time when baby boomers will soon need more health care services. Approximately 63 percent of Michigan registered nurses are 40 years of age or older. Fifteen percent of the current nursing workforce is 55 years of age or older and would be expected to retire within the next 10 years.
- Michigan hospitals report serious difficulties filling vacancies in nursing positions. Fifty-four percent of hospital survey respondents report that it is "extremely difficult" or "very difficult" to fill vacancies for direct care nurses in critical care. Forty-two percent of respondents report the same

level of difficulty filling vacancies in emergency/urgent care and surgery. On the average, it takes 55 days for hospitals to fill a direct care registered nurse position.

- According to the 1998–99 licensure survey, there were only 2,811 licensed nurses in Michigan who were unemployed and seeking employment out of a total pool of 113,414 nurses in the Michigan workforce. This is an unemployment rate for nurses in Michigan of only 2.5 percent, which leads to difficulty in recruiting qualified employees, and results in pressure to increase wages.
- Trends in Michigan are consistent with national and international trends that show the slowdown in the rate of growth in the number of nurses and high levels of dissatisfaction among nurses in the workforce.

Major factors affecting the supply of nurses include the aging of the nurse population, declining enrollments and graduations in nursing education programs, and a poor work environment. These factors are compounded by a lack of value placed on nurses within the health care system. Stressful working conditions and the physical demands of the job are causing nurses to leave the field. One recently released national study reports that one out of five nurses aged 18 to 59 years say they have considered leaving the profession within the past two years and expect to leave within five years for reasons other than retirement.

The study results also point to the need for more information.

- While recent national studies show that the size and mix of nurse staffing in hospitals has a direct impact on health outcomes for patients, there are no standards for either minimal or optimal nurse staffing ratios or nurse-to-population ratios. Guidelines are limited for determining appropriate nurse staff mix in specific situations.
- Data on vacancy rates are limited and difficult to interpret—the same vacancy rate may be manageable in one setting but unmanageable in another setting—and there are no standards for "acceptable or unacceptable" vacancy levels.
- Data are very limited on nursing enrollments and graduations and the demand for nurses in the workforce. Existing models to forecast supply and demand for nurses are inadequate.

In order to improve the supply of nurses the positive aspects of nursing need to be highlighted. The nursing profession continues to rank very high as a trusted profession. Nurses are critical to the delivery of health care services—people are not in the hospital or the nursing home unless they need nursing care. A nursing career offers a variety of work opportunities, flexibility in work schedules, reasonable entry-level pay, and the satisfaction of helping people.

The scope of the study was restricted by time available to complete a report to the legislature. For this reason, the survey on the use of nursing personnel and the focus groups were limited to nurses in the hospital setting. The demand for nurses and the experience of nurses in other settings was not explored. Focus groups were conducted with nurses to gain their perspective, but all stakeholders—including nurses and nursing organizations, employers of nurses, educators, health care payers, legislators and regulators—must be part of the effort to find and implement solutions.

The following recommendations for Michigan are offered as a starting point for discussion among stakeholders on the many issues surrounding the needs of the professional nursing workforce and the public.

- Michigan stakeholders should establish an ongoing collaborative, partnership body to improve data collection and dissemination, develop and implement a forecasting model for the supply and demand and need for nurses, and monitor and implement responses to the changing demand and supply of nursing services.
- Partnerships between nursing schools and employers should be expanded to create a collaborative, statewide approach for improving the work environment and increasing the recruitment of talented women, men, and minorities into the nursing profession.

All stakeholders must play a role in promoting a positive image of nursing and creating a new philosophy that clearly values nurses. This philosophy must be promoted to the public, promulgated within the health care delivery system, and, most importantly, conveyed to nurses in the field.

Introduction and Methodology

PURPOSE OF STUDY

In response to direction from the Michigan legislature (Public Act 256 of 2000), the Michigan Department of Consumer and Industry Services (MDCIS) has conducted a study on the current and future needs of the professional nursing workforce in Michigan. This study has been undertaken in conjunction with the Michigan Board of Nursing, the Michigan Nurses Association, the Michigan Organization of Nurse Executives, and the Michigan Health and Hospital Association. The MDCIS contracted with Public Sector Consultants, Inc., a nonpartisan public policy research firm in Lansing, to carry out the study.

Serious concerns have been raised at the national and state level regarding the adequacy of the supply of nurses in the workforce. National experts and providers across the country are reporting a current shortage of nurses and predicting that the situation will become worse over the next decade. Newspaper coverage and health care publications in Michigan have echoed the concern.

The purpose of this study is to

- develop a profile of the current supply of nurses in Michigan (based on available data);
- identify factors affecting the quantity and quality of the nursing workforce;
- review trends in health care delivery and demographics and the implications for the supply and demand for nurses; and
- develop recommendations for further study and policy direction.

The components of the study included

- review and analysis of data provided by the MDCIS on the nursing supply in Michigan;
- focus group discussions with nurses involved in direct patient care, nursing education, and nursing leadership/administration;
- a mail survey of Michigan hospitals/health care systems on their supply of and demand for nursing staff; and
- review of research literature on the national nursing supply.

The scope of the study was limited by the time available to complete the study and prepare a report to the legislature. Since concern regarding the availability of nurses for hospital placement motivated the legislation calling for this study and the majority of nurses work in hospital settings, the survey on the demand for nursing staff was limited to the hospital setting. Other information contained in this report is relevant to the needs of the professional nursing workforce in any work setting.

SURVEY OF LICENSED NURSES

The Michigan Department of Community Health (MDCH), Division of Vital Records and Health Statistics has conducted periodic surveys of licensed nurses since 1975. The 1992–93, 1996–97, and 1998–99 surveys referenced in this study were coordinated through the MDCIS with data collected as part of the license renewal process for licensed practical nurses and registered nurses in Michigan. Since re-licensure is a biennial cycle, multiple years are required to complete a survey of the entire population

of licensed nurses. Survey data was collected during the spring of the renewal year. Individuals were asked to provide the zip code of their primary employment, current employment status and setting, and education level. The MDCIS licensure files contain additional information on the individual's age and mailing address.

Although completion of the survey portion of the licensure renewal application is voluntary, response rates have been consistently high. In 1998–99, responses were received from approximately 78 percent of licensed practical nurses (LPNs) and 84 percent of registered nurses (RNs) located in Michigan. Because of the high survey response rates, the MDCH has been able to extrapolate the data obtained from the survey to create estimates for all Michigan nurses. Public Sector Consultants, Inc. reviewed and analyzed preliminary data tables supplied by MDCH in order to provide the summary information contained in this report.

METHODOLOGY FOR FOCUS GROUPS

A total of five focus groups were conducted by Public Sector Consultants, Inc. with nurses involved in direct patient care, nurse educators, and nursing leadership/administration. The participants in the focus groups included members of the Michigan Department of Consumer and Industry Services (MDCIS) Nursing Workforce Steering Committee and other individuals recruited by the MDCIS from Michigan hospitals and nursing education programs. Invitations to participate in the focus groups were mailed to 101 individuals representing 46 hospitals, 32 college and university nursing programs, and 10 professional organizations. A total of 53 people participated in the focus group discussions.

Two of the focus groups consisted of professionals involved in nursing education (e.g., deans, associate deans, and directors of nursing programs). One of these sessions was held with people representing master's programs in nursing (MSN) or baccalaureate programs (BSN) and the other session was held with people representing programs for licensed practical nursing (LPN) or associate's degree programs (ADN).

Two of the focus groups were made up predominantly of staff nurses and first line supervisors from hospitals. Fifteen people (including 11 staff nurses), representing seven hospitals and two state level professional organizations, participated in a session scheduled for staff from southeast Michigan hospitals. Five staff nurses and one supervisor, representing two hospitals, participated in the session scheduled for urban hospitals outside of southeast Michigan. (Another session scheduled for rural hospitals was cancelled due to low registration.)

Seven people, including five hospital directors of nursing, participated in the fifth focus group for individuals involved in nursing leadership/administration.

Each participant was asked to identify what she or he believes to be the most important issues facing nursing in Michigan. (Nurse educators were asked instead to identify the most important issues facing nursing education in Michigan.) Then each group was asked how these issues should be addressed, followed by a series of questions on recruitment of women and men into the nursing profession, preparation of nurses for the practice setting, and support for nurses in the practice setting. The focus groups—although not statistically significant—offer qualitative and anecdotal information that gives vitality to the quantitative survey data and literature review.

METHODOLOGY FOR SURVEY OF HOSPITALS

The Michigan Department of Consumer and Industry Services (MDCIS), in cooperation with the Michigan Health & Hospital Association (MHA), distributed a survey to human resource directors in

all MHA member hospitals in Michigan. The survey was developed with input from the Michigan Health and Hospital Association, the Michigan Board of Nursing, and the Michigan Nurses Association and requested information on use of nursing personnel within the hospital/health system. Survey recipients were assured that responses from individual hospitals would be kept confidential. Only aggregate information by region or hospital characteristics (e.g., size, rural/urban) is available from the survey.

The survey was mailed to 146 community hospitals[1]. Responses were received from 73 hospitals (a response rate of 50 percent). Responses can be broken down as follows:

- 37 are from small hospitals (fewer than 100 beds), 19 are from medium-sized hospitals (100–299 beds), and 17 are from large hospitals (300 or more beds). Forty-six percent of the state's small community hospitals, 50 percent of the medium-sized community hospitals, and 63 percent of the large community hospitals answered the survey questions.
- 35 rural hospitals (59 percent of the state total) and 38 urban hospitals (44 percent of the state total) responded to the survey.

REVIEW OF RESEARCH LITERATURE

Public Sector Consultants, Inc. (PSC) reviewed recent research literature, position statements, conference materials, professional journal articles, and newspaper articles on issues related to the quantity and quality of the nursing work force. Some materials were provided by the MDCIS and others were obtained by PSC. Materials cited are identified in the Reference List.

[1]Community hospitals do not include Veteran's Administration hospitals or hospitals providing only psychiatric care.

PROFILE OF SUPPLY OF NURSES IN MICHIGAN[2]

NUMBER OF NURSES

The total estimated number of *active*, licensed nurses located in Michigan increased by 326, up from 105,869 in 1996–97 to 106,195 in 1998–99. [Exhibit 1] This is *less than a ½ percent increase in two years* in the number of active, licensed nurses (RNs and LPNs), compared to an 11 percent increase in the four years between 1992–93 and 1996–97.

EXHIBIT 1
Summary of Results from Michigan Licensure Surveys

	1992–93	1996–97	1998–99*
Total number of nurses licensed by Michigan (RNs & LPNs)	137,436	147,501	142,328
Active RNs and LPNs in Michigan (estimated)	95,341 (69.4% of of licensed)	105,869 (71.8% of licensed)	106,195 (74.6% of licensed)
Inactive RNs and LPNs in Michigan (estimated)	22,191	21,895	18,761
Employed in non-nursing	4,470	4,672	4,408
Unemployed	2,830	3,278	2,811
Not seeking employment	14,891	13,945	11,542
Licensed RNs & LPNs located out of state	19,904	19,737	17,372
MI ratio of nurses per 100,000 population (includes active RNs & LPNs)	1004	1085	1079
Total number of licensed RNs	103,226	114,630	112,709
RNs active in Michigan (estimated)	71,409	82,159	83,800
Inactive RNs in Michigan (estimated)	14,912	15,394	13,623
Licensed RNs located out of state	16,905	17,077	15,286
MI ratio of RNs per 100,000 population	752	842	851
Total number of licensed LPNs	34,210	32,871	29,619
LPNs active in Michigan (estimated)	23,932	23,710	22,395
Inactive LPNs in Michigan (estimated)	7,279	6,501	5,138
Licensed LPNs located out of state	2,999	2,660	2,086
MI ratio of LPNs per100,000 population	252	243	228

SOURCE: MDCIS Licensure Surveys.
*Preliminary data from 1998-99 survey of nurses.
**Nurse/population ratios are calculated using updated population estimates based on the United States Census 2000 available from the Michigan Department of Management and Budget Michigan Information Center at www.state.mi.us/dmb/mic
Michigan surveys of licensed nurses have been conducted periodically through the Department of Consumer and Industry Services with reports prepared by the Division of Vital Records and Health Statistics, Michigan Department of Community Health.

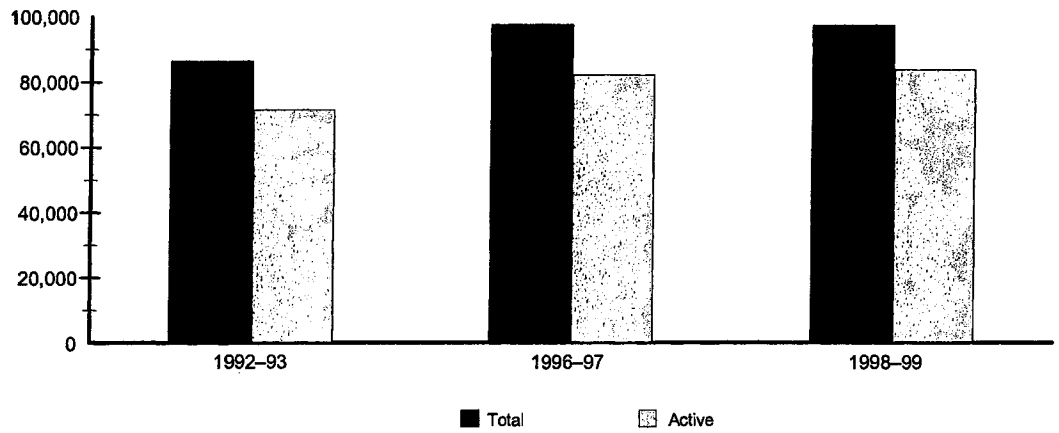
- The number of active registered nurses increased by 1,641—from 82,159 in 1996–97 to 83,800 in 1998–99—an increase of 2 percent in two years. [Exhibit 2] This rate of growth is slower than the national growth rate in the number of RNs. Preliminary findings from the National Sample Sur-

[2]All data on the supply of nurses in Michigan are from the MDCIS survey of nurses completed as part of the license renewal process, unless otherwise noted. The survey data for 1998–99 are preliminary data. The 1998–99 survey data do not include temporary licenses granted in 2000.

vey of Registered Nurses 2000 show a 5.4 percent increase in the number of RNs in the four-year period between 1996 and 2000, the lowest increase reported for the country since the since the study was initiated in 1975. (Health Resources and Services Administration [HRSA], 2001)

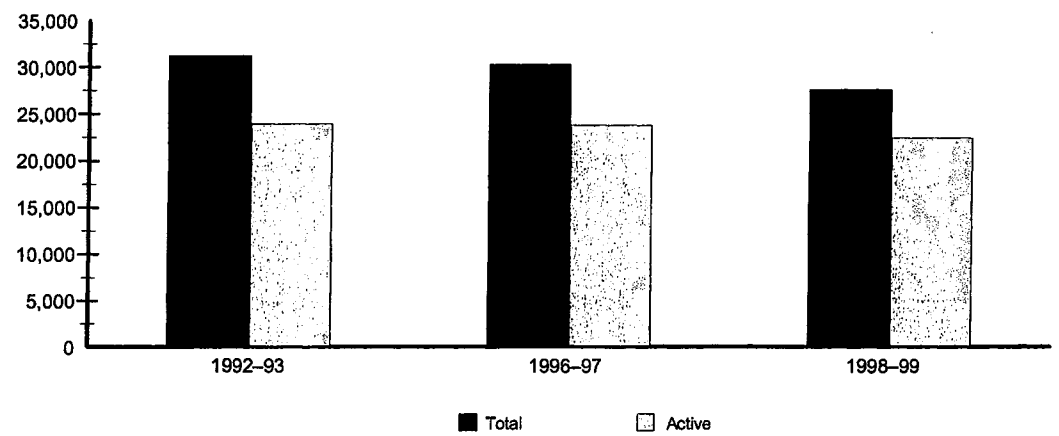
- The number of active licensed practical nurses in Michigan decreased by 1,315—from 23,710 in 1996–97 to 22,395 in 1998–99—a decrease of 5.5 percent. [Exhibit 3]

EXHIBIT 2
Registered Nurses in Michigan
Total Number Licensed and Number Active, by Year



SOURCE: MDCIS Licensure Surveys.

EXHIBIT 3
Licensed Practical Nurses in Michigan
Total Number Licensed and Number Active, by Year



SOURCE: MDCIS Licensure Surveys.

The *total* number of nurses licensed by Michigan (including both active and inactive RNs and LPNs) decreased in 1998–99 after increasing up until 1996–97.

- The total number of nurses licensed by Michigan decreased from 147,501 in 1996–97 to 142,328 in 1998–99, a decrease of 3.5 percent.
- The decrease occurred mainly among nurses licensed in Michigan but *located out of state* and among nurses licensed and located in Michigan but *inactive* in nursing.
- The decrease in the number of active LPNs also contributed to the decrease in the total number of licensed nurses in Michigan. The total number of LPNs peaked in 1988 at 37,036 and has declined steadily since.

The pool of nurses who are licensed and located in Michigan but *inactive* in nursing declined from 22,191 in 1992–93 to 18,761 in 1998–99. A possible explanation for this is that nurses who are not seeking employment may let their license lapse rather than try to meet the continuing education requirements for licensure. Yet the majority of inactive nurses who are licensed (11,542) still report that they are not seeking employment. Twenty-three percent of inactive licensed nurses (4,408) report that they are employed in non-nursing positions. This number has remained fairly level since 1992–93. Only 2,811 inactive nurses report that they are seeking employment—an unemployment rate of 2.5 percent—but the data do not distinguish whether these nurses are seeking employment in a non-nursing or nursing field.

As of May 1, 2001, there are 254 nurses who hold temporary licenses to practice in Michigan.

RATIO OF POPULATION TO NURSES

While the number of active nurses in Michigan increased by approximately .4 percent, the state population increased by approximately .8 percent. As a result, the ratio of active nurses to population in Michigan decreased from 1,085 nurses per 100,000 population in 1996–97 to 1,079 nurses per 100,000 population in 1998–99. This is the first decrease recorded in the nurse/population ratio since surveys were initiated in Michigan in 1975. The nurse to population ratio includes *both* LPNs and RNs who are employed in nursing full-time or part-time. Approximately 65 percent of active LPNs and 68 percent of active RNs are employed full-time, and these percentages have not changed since 1992–93.

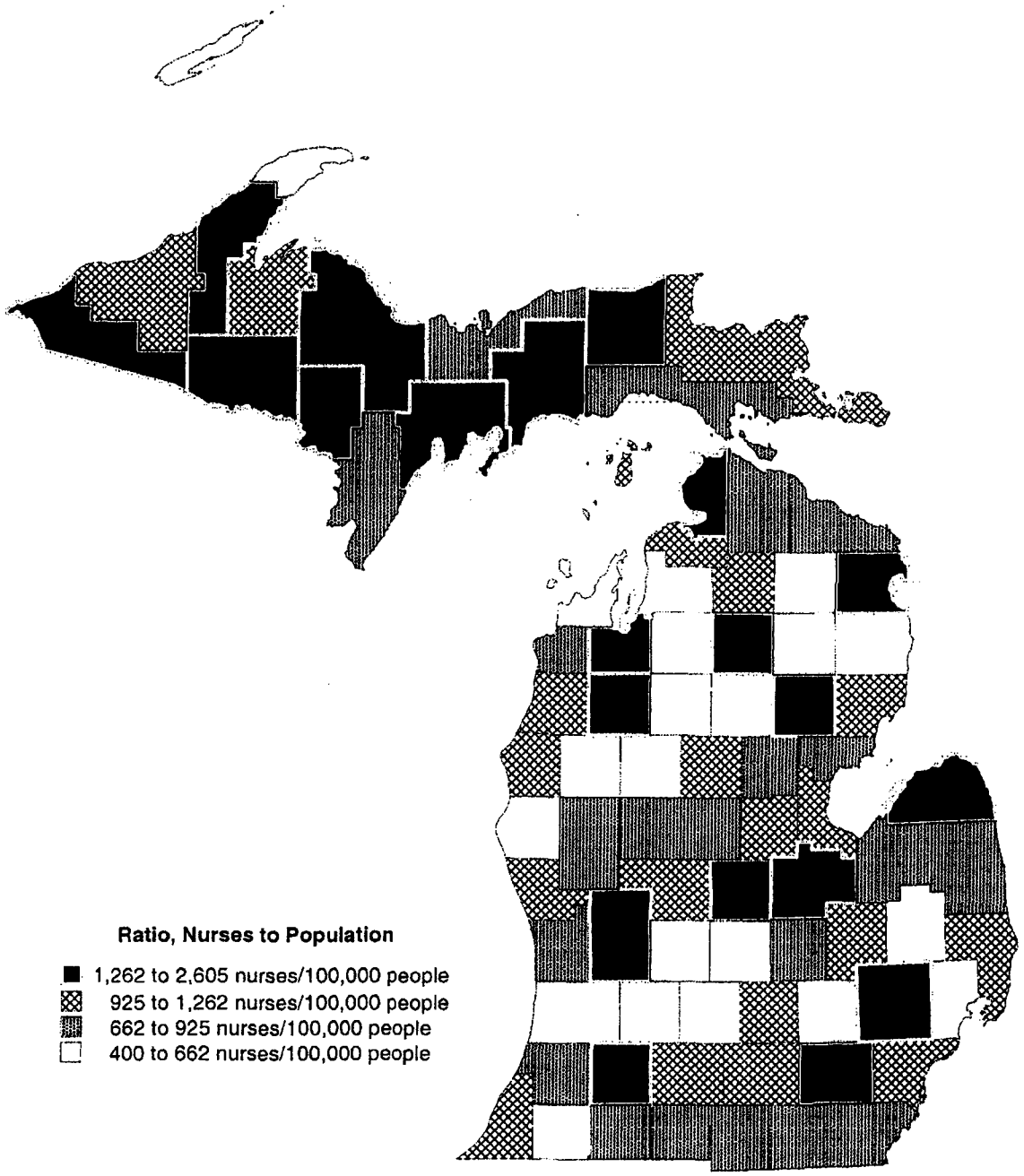
The 1998–99 nurse to population ratio varies by health service area and by county. [Exhibit 4] The Mid-South Health Service Area (Clinton, Eaton, Hillsdale, Ingham, Jackson, and Lenawee Counties) has the lowest nurse to population ratio at 988:100,000, and the Upper Peninsula Health Service Area has the highest nurse to population ratio at 1,423:100,000. Since the location of nurses is based on their address of employment and the majority of nurses work in hospital settings, the geographic distribution of nurses within each health service area tends to cluster in counties with hospital/health systems.

According to the Michigan licensure surveys, the ratio of active, *registered* nurses to population in Michigan has increased since 1996–97, from 842 registered nurses for every 100,000 people to 851 registered nurses in 1998–99. However, the ratio of active LPNs has decreased since 1996–97, from 243 LPNs for every 100,000 people to 228 LPNs for every 100,000 people in 1998–99.

Different states have different capacities for data collection regarding the nursing workforce. In order to compare the situation in Michigan to other states and the country, it is necessary to use data collected uniformly, such as data from the National Sample Survey of Registered Nurses (NSSRN), conducted

EXHIBIT 4

Active Nurses to Population for Michigan Counties 1998-1999*



*Nurses are located by zipcode of employment if recorded on the license survey, otherwise, the zipcode of the nurse's mailing address is used. Ratios and mapping are based on preliminary data from the 1998-1999 license survey compiled by the Michigan Department of Community Health for the Michigan Department of Consumer and Industry Services.

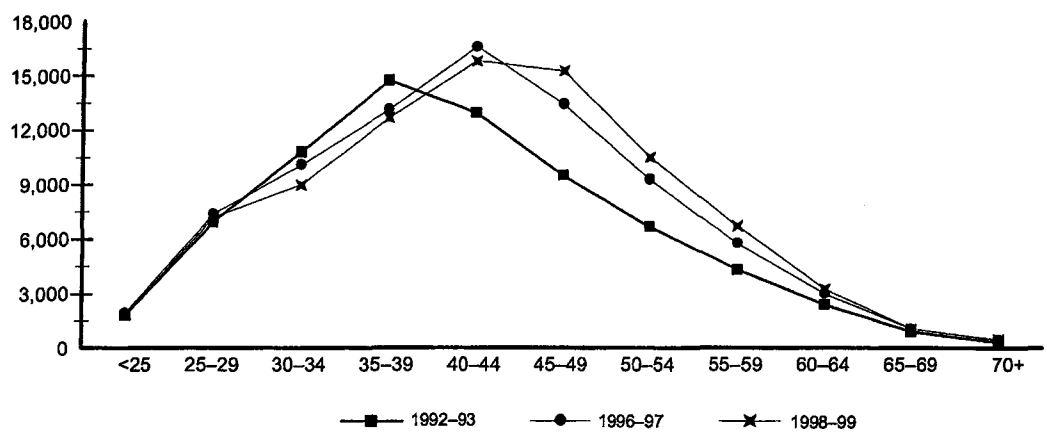
in March 2000. The survey report includes ratios for each state as well as a national average.[3] The NSSRN estimates a ratio for Michigan of 798 registered nurses per 100,000 population. Michigan's ratio from the NSSRN is only slightly better than the national average of 782 registered nurses per 100,000 population. Some states that are mobilizing to address their documented shortage of nurses actually have more nurses per capita than Michigan. Their nurse-population ratio estimates from the NSSRN are higher than Michigan's (e.g., New Jersey is estimated to have 800 nurses per 100,000 population, Maryland 856, and New York 843). California has the second lowest ratio in the country at 544 nurses per 100,000 population. Nevada has the lowest ratio, with 520 nurses per 100,000 people. (HRSA, 2001)

AGE OF NURSES

Since 1992–93, the number of Michigan nurses less than 30 years of age has remained relatively constant while the number of nurses 40 years of age or older has increased. [Exhibits 5 and 6] This change in age distribution has been documented at the national level and is now widely referred to as the "aging of the nurse population." The proportion of active, licensed nurses nearing retirement has increased for both RNs and LPNs in Michigan. [Exhibits 7 and 8]

- Approximately 63 percent of RNs are over 40 years of age or older compared to 52 percent in 1992–93.
- Approximately 71 percent of LPNs are over the age of 40 compared to 61 percent in 1992–93.

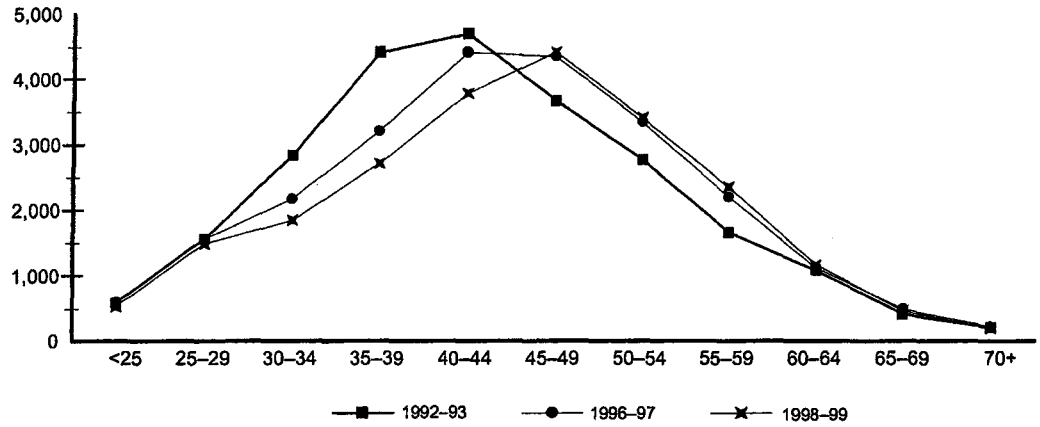
EXHIBIT 5
Distribution of Active Registered Nurse Population in Michigan, by Age



SOURCE: MDCIS Licensure Surveys.

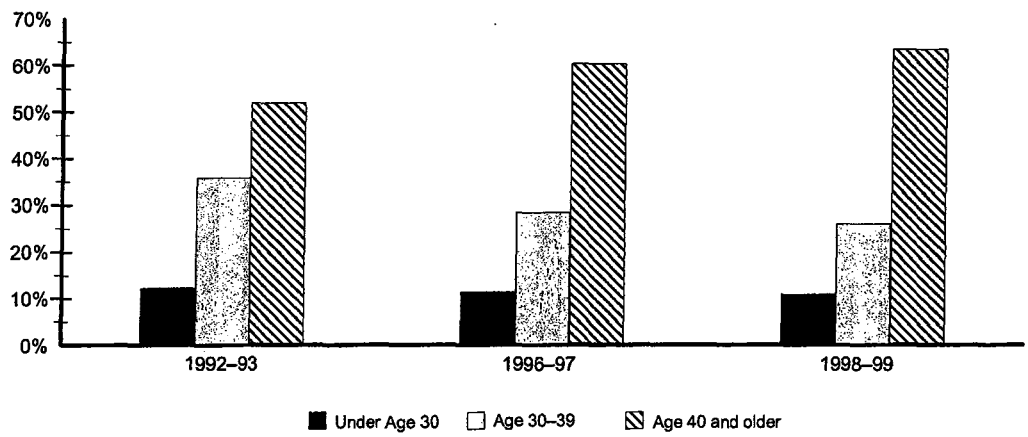
[3]The Health Resources and Services Administration (HRSA) conducts the National Sample Survey of Nurses every four years. Findings for Michigan are based on the survey conducted in March 2000 with a sample of 669 registered nurses in Michigan. The 1998–99 MDCIS licensure survey findings are based on the surveys conducted in the spring of each year with a 1998–99 response rate of 83.56 percent of all registered nurses licensed and located in Michigan (81,405 responses).

EXHIBIT 6
Distribution of Active Licensed Practical Nurses in Michigan, by Age



SOURCE: MDCIS Licensure Surveys.

EXHIBIT 7
Proportion of Active Registered Nurses in Michigan, by Age

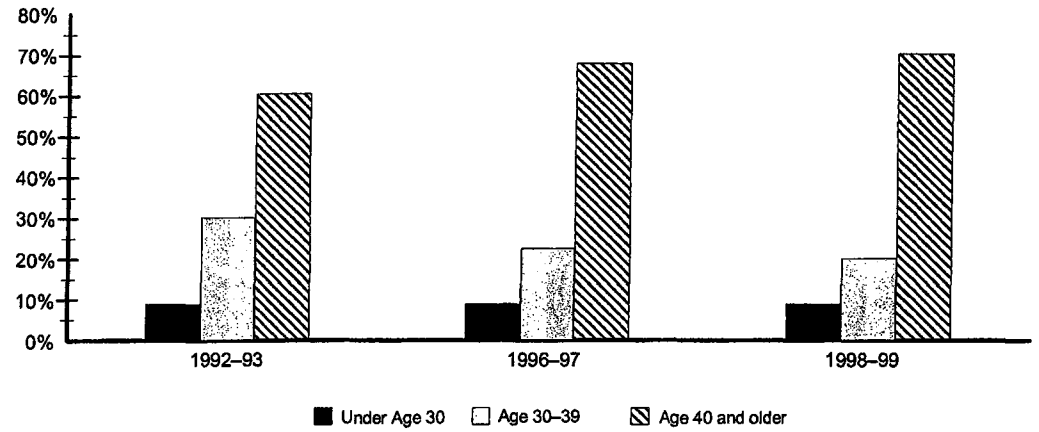


SOURCE: MDCIS Licensure Surveys.

- Based on the 1998–99 licensure survey, 15,697 active nurses are 55 years of age or older. This figure includes 11,514 licensed, active RNs and 4,183 active LPNs. Almost all of these nurses—15 percent of the current workforce—can be expected to retire within the next 10 years.

Trends in the age distribution of the Michigan nurse population are consistent with the national trend. The average age of registered nurses employed in nursing in the United States increased from 42.3 years in 1996 to 43.3 in 2000. Health Resources and Services Administration (HRSA) data show 68.3

EXHIBIT 8
Proportion of Active Licensed Practical Nurses in Michigan, by Age



SOURCE: MDCIS Licensure Surveys.

percent of registered nurses in the United States are now 40 years of age or older compared to 1980 when 47 percent were 40 years of age or older. In 2000, 18.3 percent of RNs were under the age of 35, compared to 40.5 percent in 1980. (HRSA, 2001)

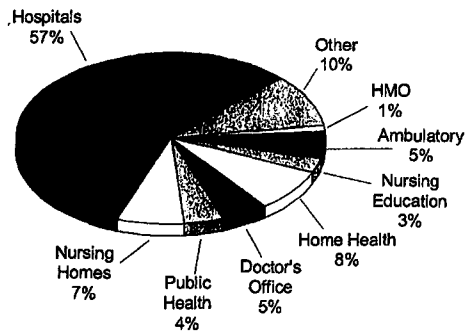
WORK SETTING

The majority of registered nurses in Michigan, 63.5 percent, are employed in the hospital setting. [Exhibit 9] This proportion has decreased since 1992–93, when 70.9 percent of RNs were employed in the hospital setting. The proportion of LPNs employed in hospitals also decreased (from 44.4 percent to 32.3 percent in 1998–99). [Exhibit 10] During the same time period, the proportion of RNs and LPNs employed in nursing homes, doctor's offices, ambulatory care, and "other" settings increased. The proportion of nurses employed in home health increased significantly in 1996–97 and then declined slightly in 1998–99. [Exhibit 11] The proportions of nurses employed in public health (5 percent) or nursing education (3.7 percent) have remained essentially level since 1992–93.

EDUCATION LEVEL OF REGISTERED NURSES

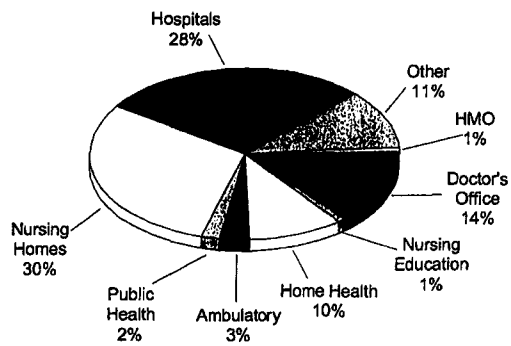
Registered nurses responding to the MDCIS 1998 licensure survey were asked to indicate their level of education (i.e., all degrees completed). Approximately 21 percent of active, licensed registered nurses have a diploma in nursing as their highest degree, 42 percent received an associate's degree in nursing as their highest degree, 32 percent have a bachelor's degree, 5 percent have a master's degree, and less than ½ percent (.2 percent) have a doctorate. The proportion of active registered nurses with a diploma as their highest degree has decreased significantly since 1992–93 (from 28 percent to 21 percent). The proportions of registered nurses with associate's, bachelor's or master's degrees as their highest degree have increased by one or two percentage points during the same period. Older registered nurses are more likely to hold a diploma as their highest degree (47 percent of registered nurses ages 55 years and older have a diploma in nursing, 28 percent have an associate's degree, and 18 percent have a bachelor's degree). Younger nurses are more likely to have a bachelor's degree as their highest degree (56 percent of registered nurses under the age of 30 have a bachelor's degree, 34 percent have an

EXHIBIT 9
Employment Settings of RNs, 1998–99



SOURCE: MDCIS Licensure Surveys.

EXHIBIT 10
Employment Settings of LPNs, 1998–99



SOURCE: MDCIS Licensure Surveys.

associate's degree, and 9 percent have a nursing diploma). Nurses ages 35 years to 54 years are more likely to have an associate's degree as their highest degree (46 percent have an associate's degree, 30 percent have a bachelor's degree, and 18 percent have a nursing diploma).

Information on specialty certifications of nurses was not obtained through the 1998–99 MDCIS licensure surveys. Based on the 1997 survey, there were 3,186 registered nurses with specialty certification. Of this total, 1,751 (55 percent) were nurse anesthetists, 1,246 (39 percent) were nurse practitioners, and 209 (7 percent) were nurse midwives. The percentages total more than 100 percent because some nurses hold multiple certifications. The majority of the nurses holding specialty certifications in 1977 were located in Southeast Michigan (53 percent of the nurse practitioners, 67 percent of nurse anesthetists, and 44 percent of the nurse midwives). (Michigan Department of Consumer and Industry Services, 1999)

EXHIBIT 11
Trends in Distribution of Nurses, by Worksetting

	Percent of Active RNs by Selected Work Settings			Percent of Active LPNs by Selected Work Settings		
	1992–93	1996–97	1998–99	1992–93	1996–97	1998–99
Hospital	70.86	64.45	63.45	44.39	35.39	32.25
Nursing home	5.81	7.49	7.65	31.11	34.09	34.36
Home health	6.89	10.38	8.98	9.65	12.45	11.24
Doctor's office	4.81	5.14	5.73	12.62	14.25	15.71
Ambulatory	3.93	4.70	5.16	2.69	2.83	3.24
Other*	9.50	8.87	11.57	9.00	8.16	12.05

SOURCE: MDCIS Licensure Surveys.
*MDCIS Licensure Survey respondents were given the option of writing in other work settings not listed as choices on the survey form. Examples of other work settings listed by respondents include school, industrial/occupational, hospice, residential facilities, jail/correctional facility, Red Cross/blood service, dialysis, parish health, and ambulatory clinic settings (which should have been listed under the option of ambulatory care).

RACIAL/ETHNIC BACKGROUND AND GENDER

Data on racial/ethnic and gender characteristics of the nursing population are not available from the MDCIS licensure surveys. Preliminary findings from the March 2000 National Sample Survey of Registered Nurses estimate that 86.6 percent of the country's registered nurse population reported being white (non-Hispanic) and 12.3 percent reported being in one or more of the identified racial and ethnic minority groups. (HRSA, 2001)

The national survey shows that more men are entering nursing. Between 1996 and 2000, the percentage of men in the registered nurse population increased from 4.9 percent to 5.4 percent.

Factors Affecting the Supply of Nurses

The supply of nurses is influenced by complex factors. In the past, the supply of nurses has responded to cyclical changes in the demand for nursing services. When employers have reduced their nursing staff, the scarcity of full-time positions has driven nurses to find other positions in nursing or in other occupations, and, at the same time, prospective students enter other disciplines. In this way, a perceived surplus leads to a shortage of nurses at some point in the future, followed by intense efforts to resolve the shortage, which in turn lead again to a perceived surplus. In the last few years, researchers and professionals have recognized that the current and future supply of nurses has been and is affected not only by cyclical fluctuations, but also by the demographics of the nursing population, declining enrollments in nursing education programs, and the work environment.

AGING OF THE NURSING POPULATION

In this study, all of the focus groups conducted with nurses involved in direct patient care, nursing education, and nursing leadership/administration mentioned the aging or "graying" of the nursing population as one of the most important issues facing nursing in Michigan.[4] Nurses in the field pointed out that the workforce is aging. They warned that, with more nurses nearing retirement than there are nurses entering the profession, "a calamity awaits." Nurse educators noted that nursing faculty also are aging and the pool of qualified candidates for faculty positions is decreasing.

The change in age distribution of the registered nurse population—a larger proportion of nurses in older age brackets—has been widely reported in the last five years. Buerhaus and colleagues (2000) predict that by 2010 the average age of registered nurses will be 45.4 years, with more than 40 percent of the registered nurse workforce expected to be older than 50 years of age. Based on analysis of annual Current Population Survey data, Buerhaus states that in the short term we can expect an aging workforce as the largest age cohorts of nurses (ages 40 to 45 years) grow older. In the longer term the workforce will shrink as the largest age cohorts retire and are replaced by smaller age cohorts.

Buerhaus' analysis shows that the largest numbers of registered nurses were born in the 1950s, reflecting the baby boom (i.e., large overall population) and the high propensity of women born around 1955 to choose nursing as a career. In the 1980s, when these nurses were in their twenties and thirties, the registered nurse workforce was dominated by young women. Future age cohorts (women born after 1955) were much less likely to choose nursing as a career. Between 1983 and 1998, the number of working registered nurses under age 30 decreased from 419,000 to 246,000 nationally—a 41 percent decline. In contrast, over the same time period, the number of working people in the United States under 30 decreased by only 1 percent. Now nurses in their forties dominate the workforce and outnumber nurses in their twenties by nearly 4 to 1. (Buerhaus, 2000)

The aging of the nurse population has implications for the capacity of the nursing workforce, both in terms of numbers of full-time equivalent nurses and physical ability to carry out specific tasks (e.g., lifting and moving patients). Both of these factors will aggravate any shortage in the number of nurses. Since workforce participation declines with advancing age, the number of full-time equivalents is expected to decrease as older nurses choose to work fewer hours or retire. Older workers are generally less likely to suffer work place injuries, but when they do they recover more slowly than younger workers and are less likely to return to work. Older workers are more prone to back injuries, stress and

[4]A complete summary of the focus group discussions is available in Attachment A.

cumulative trauma disorders. But it is also important to note that older workers consistently receive high ratings on key job skills, loyalty, reliability, and lack of turnover and absenteeism. (State Accident Insurance Fund [SAIF], 1995) Peterson (2001) notes that very little research has been done, particularly within nursing, about the impact of the aging workforce and potential accommodations that may need to be made in order to retain the experienced nurse.

Peterson also points out that nursing may not be able to "educate its way out of a nursing shortfall" this time because one of the most critical problems facing nursing and nursing workforce planning is the aging of nursing faculty. According to an American Association of Colleges of Nursing (AACN) 1998 *Issue Bulletin*, the average age of full-time nursing faculty was 49 years and 4 months in the fall of 1997, an increase of more than a year since 1994. Nursing school associate professors and assistant professors were an average age of 52.1 and 48.5 years, respectively. (Mezibov, 1998) The problem is also apparent at the doctoral level where, in 1996, the average age of new doctoral recipients was 45 years. Peterson points out that flat enrollment in doctoral programs that produce nurse educators will have an impact on the capacity of nursing schools to educate sufficient numbers of registered nurses to meet the future demand. In other words, as older faculty members retire, there may not be enough teachers in nursing programs even if more students are recruited to the profession.

ENROLLMENTS AND GRADUATIONS IN NURSING EDUCATION PROGRAMS

There are three major types of educational programs for registered nurses: an associate's degree in nursing (ADN), a Bachelor of Science or baccalaureate degree in nursing (BSN), and a diploma in nursing. Associate's degree programs are offered by community and junior colleges and usually take about two years to complete. Bachelor of Science programs, offered by colleges and universities, usually take four or five years to complete. Diploma programs are offered by hospitals and take two to three years to complete. There are no longer any diploma programs offered in Michigan.

Licensed practical nurse programs are offered by community and junior colleges and usually take one year to complete as a stand-alone program. LPN programs also are offered as a ladder program—the first year of course work leads to the LPN degree and also counts toward completion of an ADN.

Focus groups of nurse educators identified a decline in students interested in enrolling in the nursing profession and a shortage of nursing faculty as the most important issue facing nursing education in Michigan. They attribute the decline of students to the increase in more attractive, competing career options for women and a negative image of nursing as a career. They said nursing is not considered a career of choice for the best and brightest students. The seriousness of the image problem was dramatized when one participant asked the staff nurses and first line supervisors in one focus group to raise their hands if they would encourage their daughters to go into nursing—and not one nurse raised her hand.

In previous years, the American Association of Colleges of Nursing (AACN) has attributed a continuing decline in enrollments in baccalaureate degree programs largely to lower interest in nursing careers and cutbacks due to faculty shortages, limited supply of clinical training sites, and mandated caps on enrollments. The AACN cited two reasons for the waning interest in nursing careers: the increasing number of career opportunities for women, and a perception that nursing is not a secure job given widespread cost-cutting within the health care system. (Frase-Blunt, 2000) Bednash suggests that the system of nursing education that provides graduates of three different levels of nursing programs with the same license and role expectations creates a major disincentive to attracting an adequate supply of BSN-educated registered nurses for the future. She notes that nurse educators consistently report that potential BSN students were discouraged from pursuing a nursing career by the confusing array of

entry-level options available. (Bednash, 2000) Some nurse educators and staff nurses in the focus groups also suggested that multiple levels of nursing education programs and degrees results in confusion and less respect from both the public and physicians for nursing as a profession.

In a survey conducted by the MDCIS in May 2001, nursing education programs in Michigan show a decline in the number of registered nursing program *graduates* from 3,293 in 1997–98 to 3,112 in 1999–00. The number of graduates from ADN programs has declined steadily. The number of graduates from BSN programs has fluctuated, declining by 4 percent one year and increasing by 4 percent the next year. Declines are projected for 2000–01 and 2001–02 in the number of graduates from both ADN and BSN programs. By 2001–02, nursing programs project only 2,699 registered nursing program graduates. The number of graduates from programs for licensed practical nurses also decreased, from 967 in 1997–98 to 934 in 1998–99, and has remained at that level. By 2001–02, nursing education programs project only 904 licensed practical nurse graduates. [Exhibit 12]

EXHIBIT 12
Michigan RN and LPN Graduates, 1997–2002

	1997–98	1998–99	1999–2000	2000–01*	2001–02*
LPN Graduates	967	934	935	951	904
RN Graduates:					
ADN	1,886	1,764	1,708	1,640	1,397
BSN	1,407	1,346	1,404	1,190	1,302
Total RN Graduates	3,293	3,110	3,112	2,830	2,699

SOURCE: MDCIS Survey of Nursing Education Programs, May 2001.
*Estimates provided by nursing programs.

The AACN has reported declines in *enrollment* of nursing students in entry level bachelor's degree programs for six consecutive years in the United States. The rate of decline in entry-level bachelor's and master's programs is slower than previous years, which may indicate that declines are moderating. In the fall of 1999, enrollment in entry-level baccalaureate nursing programs decreased by 4.6 percent from the year before. In the fall of 2000, the number of students enrolling in bachelor degree nursing programs fell by 2.1 percent and master's degree enrollments decreased by 0.9 percent compared to 1999. Declines in entry-level baccalaureate degree program enrollments were seen in every region except the West in the fall of 2000. Midwest schools had the largest decline at 4.7 percent. Meanwhile, master's degree program enrollments increased in some regions. The number of master's degree enrollments increased slightly, by 0.7 percent, in Midwest schools. (American Association of Colleges of Nursing [AACN], 2001) The AACN suggests that this year's moderation in declining enrollments and graduations may be the result of "widespread media coverage of the emerging nursing shortage" as well as better communication with potential students regarding the rewarding professional opportunities in contemporary nursing.

The AACN reports that the number of doctoral nursing program enrollments rose by 2.5 percent in fall 2000, after essentially flat growth for the previous five years. (AACN, 2001) The doctoral degree is the "appropriate and desired" credential for nurse educators, according to the AACN. It takes longer for most nurses to obtain the doctoral degree than counterparts in other fields, due to the tradition of encouraging students to work between degrees. In 1998, deans of nursing programs called for "steeper gains (in doc-

toral nursing graduates), younger recruits, and faster production time" to meet the need for doctorate-prepared faculty. (Mezibov, 1998) However, increasing numbers of doctorate-prepared nurses alone does not necessarily solve the shortage. In 1998, 411 people graduated from doctoral programs in nursing according to AACN data, but only 43 percent of those had an employment commitment to serve as nursing school faculty. Another 17 percent had accepted non-academic positions. (Frase-Blunt, 1999)

WORK ENVIRONMENT

All five focus groups identified a poor work environment as a major issue, which in turn leads to a poor image of nursing as a career, and makes it difficult to increase enrollments and recruit and retain registered nurses. The comments made by nurses were consistent across focus groups and troubling, for example:

- The work environment is chaotic and nurses get too little support from other health professionals and personnel.
- Long shifts, often with mandatory overtime, are a big problem.
- Paperwork is horrendous and time consuming.
- The demands of an aging patient population are greater (i.e., increased acuity[5]).
- Patients have shorter lengths of stays, but they are generally sicker—and heavier, too.
- Nurses have less time for teaching and critical thinking that defines nursing.
- Nurses are forced to be a "jack of all trades," including taking on non-nursing tasks.
- The difficult work environment drives nurses from the bedside and even out of nursing altogether.

According to a recent study by William M. Mercer, Inc. (2001), nurse turnover is a problem nationwide, and workload/staffing is cited by 43 percent of health care employers as a primary reason for nurse turnover, second only to increased market demand. Similar results are available in other recent study reports. In a national opinion research survey of current direct care registered nurses, half of the current nurses say they have considered leaving the patient care field for reasons other than retirement. One out of five nurses aged 18 to 59 years have considered leaving within the past two years *and* expect to leave the field within five years. The top reason why nurses have considered leaving the patient care field for non-retirement reasons is to have a job that is less stressful and less physically demanding. (Peter D. Hart Research Associates, 2001) In the *American Nurses Association Staffing Survey* of nearly 7,300 registered nurses, 56 percent of the nurses surveyed believe that their time available for direct patient care has decreased. Nearly 40 percent of the respondents indicated they felt "exhausted and discouraged" when they leave work, with another 3,222 feeling "discouraged and saddened by what they couldn't provide for their patients." (Cornerstone Communications Group, 2001) Speaking before the Senate Health, Education, Labor, and Pensions Committee's Subcommittee on Aging, Kathryn Hall, Executive Director of the Maryland Nurses Association, said mandatory overtime is the most common method facilities use to cover staffing insufficiencies. She reported that nurses frequently complain that they are coerced into working extra shifts (regardless of their fatigue levels) by managers who threaten to dismiss them for insubordination or report them to the state nursing boards for patient abandonment. Hall said nurses are in a unique situation, "We are ethically bound to refuse to engage in behavior that we know could harm our patients. At the same time, we face the loss of our licenses, our careers, and our livelihoods, when charged with patient abandonment." (Bureau of National Affairs [BNA], 2001)

[5]The term acuity is being used within the profession to mean the intensity of care required to address patients' acute health care needs.

Focus group participants said the poor work environment is compounded by a lack of value placed on nurses within the health care system. Nevidjon and Erickson (2001) agree that the public—and the health care delivery system— undervalue nursing, as is the case with other predominantly female professions. They point out that the role of a nurse often is defined in relation to the physician and may still carry the image of "handmaiden." This lowered status shows up in other indicators of the "value" of nursing to society, such as the funding provided for nursing education, the compensation nurses receive relative to the responsibilities of the job, and the work environment that nurses endure. Focus group participants made the following comments regarding the lack of value placed on nurses:

- The pay scale and benefits provided to nurses are not commensurate with the difficulty of work, commitment required, level of responsibility, and liability.[6]
- There is often no differentiation in compensation for different degree preparation.
- There is no mentoring or support for newly hired nurses. One nurse commented that "newly hired workers in the automobile industry receive more on-the-job training and supervision than newly hired nurses."
- There is an absence of career ladders.
- Nurses are not included in administrative decision-making.
- Unlike other health professional services, nursing services are not billed independently—only treated as "part of the room rent."

Yet the nursing profession continues to rank very high as a trusted profession in the U.S., above physicians and other healthcare workers. At the same time, the public is hearing about the stress that nurses experience and the shortage of staff in hospitals. Images of striking nurses, hospital downsizing because of managed care, and stories of nursing errors, result in nursing appearing as an unstable, unpredictable and high-risk career option. (Nevidjon and Erickson, 2001)

Unfortunately, a negative work environment becomes part of a vicious cycle; inability to recruit and retain nurses exacerbates shortages of nurses and leads to further deterioration in the work environment. As one participant in the focus groups put it, "The career itself—the workload—is turning away students." Or as Peterson says, "The reality is that the profession of nursing will be unable to compete with the myriad of other career opportunities unless we improve working conditions, increase compensation over the lifetime of the registered nurse, and provide clinical practice opportunities and responsibilities that match the registered nurse's knowledge and skill."

PREPARATION OF NURSES

Two of the focus groups mentioned the need for better preparation of nurses as a major issue even before they were asked directly about the adequacy of preparation for nurses. Specifically, they said that new nurses entering the workforce are not well prepared for the demands of the workload and acuity level of patients. The nurse educators and some staff nurses believe that nursing students overall are well prepared for general medical/surgical care. But many participants suggested that even good nursing students aren't ready for acute care hospital work. As one nurse said, "No matter what program they graduate from, they still need time to learn." New nurses need to receive mentoring or internships to assist with the transition to work and should not be expected to "hit the ground running." Some focus group participants noted that both

[6]Nationally, "real" salaries of registered nurses (actual average annual earnings adjusted for changes in the purchasing power of the dollar) have remained relatively flat since 1992. (Registered)

nursing students and employers have unrealistic expectations that nurses will be ready to move into management positions or specialty areas immediately after obtaining a degree.

Peterson emphasizes that "nursing must continue to examine the ways in which new nurses are introduced into the nursing work culture. Adequate orientation, mentoring, and preceptor programs are absolutely essential to both introducing and retaining new nurses. Many facilities eliminated these programs for reasons associated with cost during reorganization efforts. This has proven to be very short-sighted as facilities are now working to rebuild these programs." Peterson goes on to say, "As facilities reestablish preceptor programs, consideration must be given to how these programs can serve a nurse throughout an entire career and provide the guidance needed to move into specialty areas. Career progression has been identified as one of the 'qualities' of a workplace that is valued by registered nurses."

Nurse educators in the focus groups compared the preparation of associate's degree nursing students (ADN) and baccalaureate degree nursing students (BSN). They noted that graduates of BSN programs usually have more critical analysis skills, while all new graduates are well prepared for "med-surg" (medical/surgical care) or long-term care but not for specialty areas. The educators raised the question whether it is appropriate to expect ADN program graduates to perform in the same capacity as a BSN graduate. Bednash refers to a 1995 joint report in which the American Association of Colleges of Nursing, National Organization for Associate Degree Nursing, and American Organization of Nurse Executives determined that real differences exist between ADN and BSN educational experiences and the competencies achieved in these programs. She recommends that decisions regarding nursing skill mix, differentiated roles or salaries, and the appropriate regulatory mechanisms to validate knowledge and competencies should be based on a clear analysis of the health care system's requirements for nursing care.

Staff nurses in the focus groups commented on the preparedness of nursing graduates for the practice setting, but nurse educators took this concern to another level and expressed serious concern about the caliber of *incoming* nursing students. While nursing program directors made it clear they have not lowered standards for admission, they said the decline in applicants for nursing programs has resulted in acceptance of applicants that are not as well qualified as in the past. These incoming nursing students lack strong reading, mathematics, and writing skills that are necessary for success in a nursing program. Because the incoming students are not as strong academically, more faculty time is necessary to assist students, which places an additional strain on the supply of faculty.

Need and Demand for Nurses in Michigan

HOW MUCH IS ENOUGH?

In order to determine if the current or future supply of nurses is adequate, it is necessary to measure the demand/need for nursing services and compare it to the supply. In simplest terms, if the demand/need is greater than the supply, a shortage exists. If the supply is greater than the demand/need, a surplus exists. But finding the answer is a daunting, if not impossible, task. The "demand" and the "need" for nursing services are distinct, but interrelated, components in the equation between supply and demand.

The demand for nursing services can be defined in economic terms as the number of nursing services (e.g., full-time equivalent nurses) that would be paid for by employers if they were not constrained by the availability of nurses. The number of nursing services that employers pay for is influenced by a complex array of factors. The factors affecting demand include many population characteristics (e.g., health status, demographic characteristics, economic status, insurance coverage) as well as characteristics of the health care delivery system (e.g., number of inpatient days, managed care penetration, outpatient visits, levels of reimbursement, availability and utilization of other health care workers). To forecast the demand for registered nurses, the Health Resources and Services Administration (HRSA) has developed a model that combines multiple factors on the rate of consumers' use of health services, the nursing services "demanded" by employers in the past in order to deliver the services, population estimates, and adjustments for the availability of nurses in the workforce. Using this model, HRSA has projected that the national supply of registered nurses will hover just above the level of demand until 2008, when the demand will begin exceeding the supply. After 2008, the gap between the supply and requirement for registered nurses widens rapidly. By 2020, according to HRSA projections, the projected national requirement for full-time equivalents of registered nurses will exceed the supply by about 13 percent. (Fritz, 1999) Comparing his projections for the supply of nurses to HRSA-estimated requirements for registered nurses, Buerhaus predicts that the size of the registered nurse workforce in the United States will fall almost 20 percent below requirements by the year 2020. (Buerhaus, 2000) Notably, Reinhardt (2000) has cautioned against putting too much stock in long-range health workforce forecasts. He points out that the variables going into a health workforce forecast are so numerous and unpredictable, that most workforce forecasts are too tenuous "for the execution of sensible health workforce policy." He suggests that long-range forecasts do little harm if they are viewed "merely as intellectual 'what if' exercises that might suggest glaring future imbalances."

To further complicate the issue, the model used by HRSA to forecast the current and future requirements for registered nurses is not based on a definition of the "need" as distinct from "demand" for nursing services. Need for health care has often been defined by normative ratios of health professionals to population (e.g., physician-population ratios used for determination of health manpower shortage areas) or by guidelines for the amount of services that should be provided to meet a specific standard of care (e.g., number of well child visits). Studies to date have not identified a standard or desired ratio of nurses to patients or nurses to population. Indeed, some experts suggest that it would be inappropriate to set standards for patient-nurse ratios at this time, given the number and complexity of factors that would have to be considered (e.g., patient acuity and case mix, involvement of other health care professionals, availability of technology). Nonetheless, evidence is mounting that the numbers and types of nurses providing care have serious implications for the quality of patient care. In the most

comprehensive study to date on the topic, Needleman and colleagues (2001) find that the size and mix of nurse staffing in United States hospitals has a direct impact on the health outcomes for patients. Strong and consistent relationships are shown between total nurse staffing and five patient outcomes (urinary track infections, pneumonia, length of stay, upper gastrointestinal bleeding, and shock). In addition, higher *registered* nurse staffing is associated with a 3 to 12 percent reduction in certain adverse outcomes.

There has been a push for more research and information on standards for an optimal supply and skill mix of nurses. In its 1996 report on nurse staffing in hospitals and nursing homes, the Institute of Medicine recommended a comprehensive study of the relationship between skill mix and quality of care. A national research agenda on the nation's health workforce was established within HRSA's Bureau of Health Professions. (Biviano, n.d.) In 1996, the Robert Wood Johnson Foundation initiated the Colleagues in Caring: Regional Collaboratives for Nursing Workforce Development program to foster the regional study of nursing workforce issues across the country. Twenty sites were funded, including Alaska, Arizona, Connecticut, Colorado, California, Washington, D.C., Hawaii, Minnesota, Maryland, northeast Missouri, the Kansas City, MO metropolitan area, Mississippi, New Jersey, New Mexico, Ohio, South Carolina, South Dakota, Tennessee, the coastal bend region of Texas, and the north central region of West Virginia. (Rapson and Rice, 1999)

Meanwhile, across the country, nurses and employers alike have declared a shortage of nurses based on their experiences in the health care setting (e.g., vacancy rates for nursing staff positions, difficulty recruiting and filling positions, high patient-nurse ratios). In Michigan, every focus group of nurses, nurse educators, and nursing leadership/administration identified the supply of nurses—first and most frequently—as the most important issue facing nursing in Michigan. Each group stated the issue from its particular perspective. Nurse educators identified the issue as a decline or shortage of students interested in enrolling in the nursing profession and a shortage of nursing faculty. Participants in the nursing leadership/administration group stated the issue as a "lack of supply of nurses" in the workforce. Staff nurses and supervisors stated the issue in terms of high ratios of patients to nurses in the work environment. The significance is that every one of these focus groups believed an inadequate supply of nurses to be the paramount issue facing nursing in Michigan.

HOSPITAL DEMAND FOR NURSES IN MICHIGAN

High vacancy rates for nurse staff positions, rapid turnover of nurses, and difficulties in recruiting nurses to fill vacant positions are pointed to as signs of a shortage of nurses to meet hospital demand. But there is a lack of standards, such as expected or normal vacancy rates, for defining or measuring the extent of a shortage. The survey of all Michigan community hospitals, conducted during March and April 2001, requested information on use of nursing personnel within each hospital/health system.[7] In the absence of standards or trend data for nurse staffing, the survey findings presented below can only provide clues about the adequacy of the supply of nurses.

Survey Response Rate

The findings are based on responses from 73 of the state's 146 community hospitals. Community hospitals do not include Veterans Administration hospitals or hospitals providing only psychiatric care. It is important to note that not all hospitals answered all questions, so the number of responses to individual questions varies. Percentages are averages for all hospitals surveyed unless otherwise noted. Va-

[7]A summary of key findings from the hospital nursing survey is available in Attachment B.

cancy rates could only be calculated for those hospitals that provided both the number of current full-time equivalents (FTEs) and the number of vacancies.

The hospitals whose representatives responded to the survey can be broken down as follows:

- 37 are from small hospitals (fewer than 100 beds), 19 are from medium-sized hospitals (100–299 beds), and 17 are from large hospitals (300 or more beds). Forty-six percent of the state's small community hospitals, 50 percent of the medium-sized community hospitals, and 63 percent of the large community hospitals answered the survey questions.
- 35 rural hospitals (59 percent of the state total) and 38 urban hospitals (44 percent of the state total) responded to the survey. Urban hospitals are defined as those located in a metropolitan statistical area (MSA); rural hospitals are not in an MSA.
- Due to inadequate numbers of responses received, breakdowns are possible for only three of the state's seven hospital regions: east central (EC, with 12 of 20 hospitals responding), Upper Peninsula (UP, with 13 of 15 hospitals responding), and west central (WC, with 14 of 25 hospitals). "Other" in the findings includes regions where less than half of the hospitals responded: southeast (19 of 46 hospitals), north central (5 of 13), mid-Michigan (2 of 10), and southwest (8 of 17). Refer to Exhibit 13 for a map of the hospital regions.

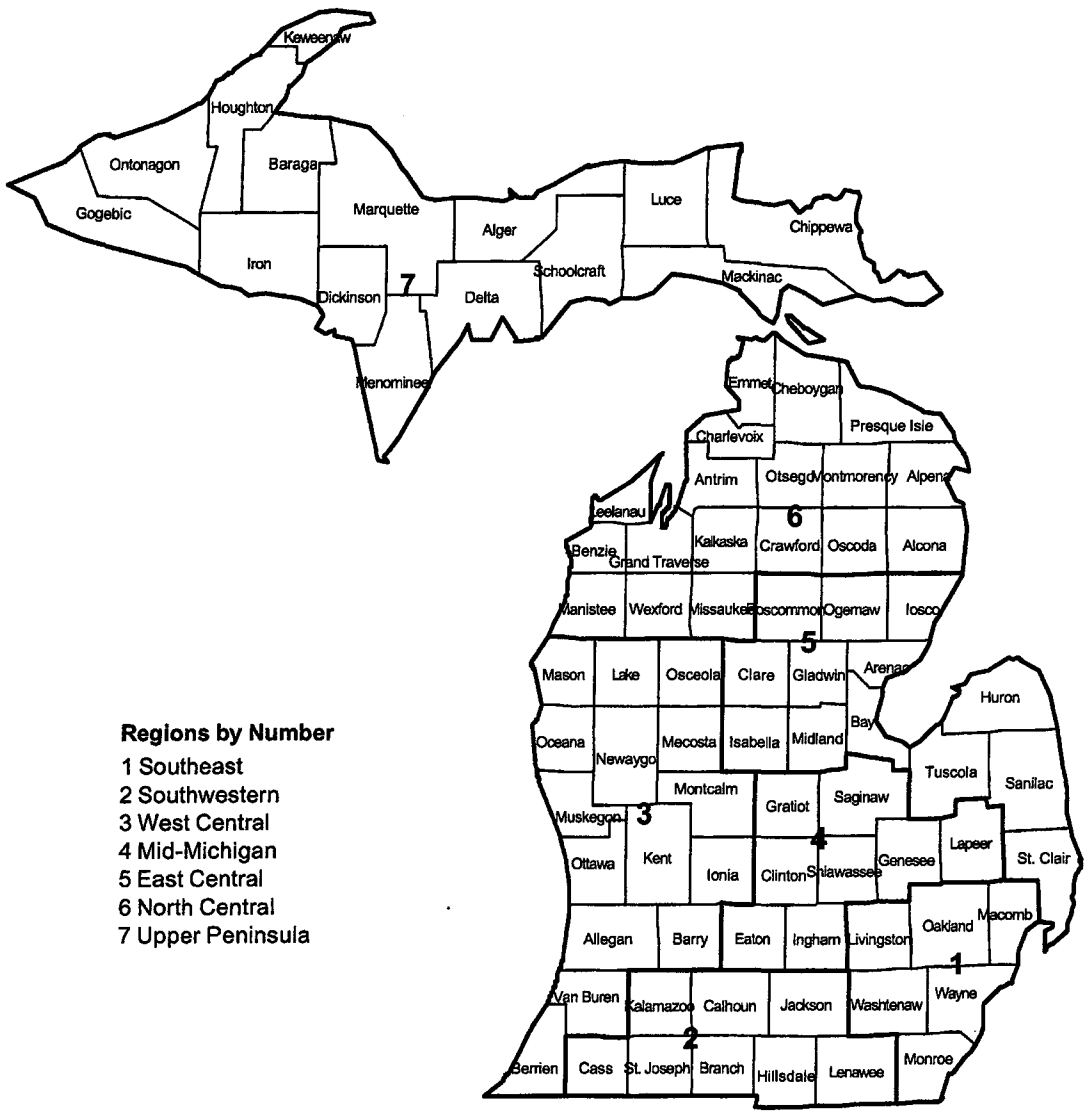
Average Vacancy Rates for All Hospitals

- The overall vacancy rate for nurses—measured as vacancies divided by current full-time equivalents (FTEs)—in *direct* patient care is 8.2 percent.
- The overall vacancy rate for nurses—measured as vacancies divided by current FTEs—in *indirect* patient care is 3.3 percent.
- The overall vacancy rate for advanced practice nurses (APNs)—defined for the survey as nurse practitioners, nurse midwives, nurse anesthetists, first assistants, and clinical nurse specialists —is 8.1 percent.
- The overall vacancy rate for registered nurses is 7.8 percent.
- The overall vacancy rate for licensed practical nurses is 9.3 percent.
- The overall vacancy rate for unlicensed assistive personnel (UAPs) is 9.6 percent.

Difficulties with Recruitment and Retention

- Hospital respondents say that—among direct care nurses—they have the most difficulty filling vacancies in critical care (54 percent reporting it is "extremely difficult" or "very difficult" to fill vacancies), followed by emergency/urgent care (42 percent), surgery (42 percent), and med-surg (30 percent).
- Hospital respondents say that—among education levels for nurses and UAPs—they have by far the most difficulty filling vacancies for RNs (51 percent say that it is "extremely difficult" or "very difficult" to fill vacancies), followed by LPNs (32 percent) and APNs (27 percent), with UAPs well behind.
- The overall turnover rate for hospital RNs was 13 percent in one year.
- There is no difference among hospitals by size in the length of time it takes to fill a direct care RN position—55 days on average.

EXHIBIT 13
Hospital Regions



Regions by Number

1 Southeast
2 Southwestern
3 West Central
4 Mid-Michigan
5 East Central
6 North Central
7 Upper Peninsula

Recruitment and Retention Strategies

- The most popular benefits that hospitals use to attract and retain nurses are tuition reimbursement/scholarships (72 percent), supplemental pay for off-shift, specialty care, weekend or on call (70 percent), flexible hours (66 percent), employer provided/financed continuing education (59 percent), and referral bonuses (47 percent). Stress relief programs (12 percent), clinical/career ladder (13 percent), higher pay than other employers for overtime (13 percent), and on-site child care (16 percent) were offered the least.
- Thirty-nine percent of hospitals paid sign-on bonuses to nurses in the last fiscal year. The average amount of sign-on bonuses was $2,125, and varies little by size of hospital.
- Hospitals see salary/compensation, better benefits, flexible hours, and referral and sign-on bonuses as most effective in recruiting and retaining RNs.

Other Strategies for Meeting Staffing Needs

- On average, temporary or traveling nurses cover 3 percent of nursing FTEs.
- More than three-quarters of hospitals do not recruit foreign-educated RNs. Eight percent do on a regular basis and 15 percent do occasionally.
- Canada is far and away the country from which most hospitals recruit foreign-educated RNs.

Differences Between Rural and Urban Hospitals

Survey responses indicate that urban hospitals have higher vacancy rates than rural hospitals for nurses in direct patient care, indirect patient care, and for RNs, LPNs, and UAPs. Urban hospitals have a much more difficult time filling critical care vacancies than rural hospitals (63 percent to 43 percent reporting "extremely" or "very" difficult), APN vacancies (33 percent to 21 percent), and UAP vacancies (28 percent to 8 percent). Urban hospitals also need more time than rural hospitals to fill direct patient care positions (66 days on average compared to 41 days). Thirty-eight percent of urban hospitals and 10 percent of rural hospitals recruit foreign-educated nurses. In an apparent contrast to these responses, 38 percent of rural hospitals have increased their use of traveling and temporary nurses in the last six months, compared to 20 percent of urban hospitals.

Differences Among Hospitals by Size

The survey responses suggest that, with few exceptions, large hospitals have higher nursing vacancy rates than medium-sized and small hospitals. The overall vacancy rates for nurses in direct patient care and nurses in indirect patient care are highest for large hospitals.

- The overall vacancy rate for registered nurses is higher in large hospitals (11.3 percent) than in medium (6.7 percent) and small (6.7 percent) hospitals. Vacancy rates are as high as 35 percent in large, 30 percent in medium-sized, and 22 percent in small hospitals. There is a statistically significant correlation between size and vacancy rate; in other words, as hospital size increases, so does the vacancy rate for RNs.
- The overall vacancy rate for licensed practical nurses is higher for large hospitals (19.3 percent) than for small (6.5 percent) and medium-sized (4.3 percent) hospitals.
- The overall vacancy rate for advanced practice nurses is higher for medium (12.2 percent) and large (8.8 percent) hospitals than for small (5.1 percent) hospitals.

Differences Among Hospitals by Region

The survey shows that there are many regional variations in nursing vacancy rates and the time it takes to fill nursing vacancies.

- The overall vacancy rate for nurses in *direct* patient care is highest for west central (WC) (10.1) and Upper Peninsula (UP) (10.0), followed by Other (7.7) and east central (EC) (5.3). The overall vacancy rates for registered nurses and licensed practical nurses also are highest in WC. Not surprisingly, WC hospitals need longer to fill a *direct* care nursing vacancy, 83 days compared to 55 days for Other and 39 days for EC and UP. But WC hospitals also need the most time to fill an *indirect* care vacancy, 71 days, followed by 57 for Other, 52 for EC, and 29 for UP—even though the overall vacancy rate for nurses in *indirect* patient care is highest for EC (5.8).
- The overall vacancy rate for advanced practice nurses is higher for EC (12.0), followed by Other (9.5), UP (7.4), and WC (1.4).
- The overall vacancy rate for unlicensed assistive personnel is highest for UP (13.8), followed by Other (9.2), EC (8.6), and WC (7.9).

DEMAND INFORMATION FROM OTHER STATES

According to a nationwide study released on January 3, 2001, by human resource consultants William M. Mercer, Inc., 32 percent of the 181 health care providers surveyed say turnover of registered nurses is a "significant" problem and 63 percent say it is "somewhat of a problem." Large health care organizations (those with $500 million or more in revenue) see the problem as most acute. Regionally, turnover is perceived to be more serious in the South and Midwest where 40 percent and 36 percent of the respondents, respectively, rate the turnover problem as significant. Health care employers also were asked to identify the primary causes of nurse turnover. For the second year in a row, the top response is "increased market demand" for nurses.

Dianne Anderson, president of the American Organization of Nurse Executives, told the Senate Health, Education, Labor, and Pensions Committee's Subcommittee on Aging that vacancy rates for registered nurses in hospitals range from 14 percent to 30 percent, and it takes six months to a year to fill each vacant position. Because of the nursing shortage, entire units have closed in her hospital outside Albany, New York. (BNA, 2001) Vacancy rates for RNs in hospitals in Maryland rose to 11 percent in calendar year 1999, three times higher than they were in the previous survey conducted in 1997. It took an average of 49.5 days to fill a RN vacancy, compared to 41.1 days in 1997, and the statewide turnover rate for RNs rose to 15.4 percent. (Association of Maryland Hospitals and Health Systems, 2000) In 1997, California reported a RN vacancy rate of 8.5 percent for all employers, with hospitals reporting a rate of 9.6 percent, nursing homes 6.9 percent, and home health care 6.4 percent. (Scanlon, 2001)California's shortage of nurses is termed a "public health crisis." (Keating and Sechrist, 2001)

PROJECTIONS FOR GROWTH IN DEMAND FOR NURSES

The Bureau of Labor Statistics, U.S. Department of Labor, has identified the registered nurse as one of the ten occupations projected to have the largest numbers of new jobs in the near future. Licensed registered nurses already are the largest health care occupation in the United States, estimated at about 2.7 million as of March 2000. (HRSA, 2001) Employment of registered nurses is expected to grow faster than the average for all occupations through 2008. (Bureau of Labor Statistics, 2001) The Bureau of Labor Statistics predicts that "faster than average growth" will be driven by

- technological advances in patient care, which permit a greater number of medical problems to be treated,
- an increasing emphasis on primary care,
- increased numbers of older people who are more likely to need medical care, and
- job openings created by older, experienced nurses leaving the occupation.

The Bureau of Labor Statistics notes that employment in hospitals, currently the work setting employing the largest number of registered nurses, is expected to grow more slowly than employment in other settings. While more nurses per patient may be required in hospitals because of increased intensity of nursing care, the number of inpatients is not likely to increase much. More rapid growth is expected in hospitals' outpatient facilities, home health care, nursing homes, and physicians' offices and clinics. However, estimates of the projected growth in demand vary.

State of Michigan Occupational Employment Forecasts project a 9.2 percent increase in the number of registered nurse jobs between 1998 and 2008, compared to a 9.9 percent increase in all occupations combined. During this time period, the annual average number of job openings for registered nurses is expected to be 1,910, which includes 684 new growth openings and 1,226 openings per year for replacement of nurses leaving the profession. (Michigan Department of Career Development, 2001) Occupational Employment Forecasts are based on current business and industry trends. The projections may underestimate the number of replacement openings since 15,697 active, registered nurses in Michigan are already 55 years of age or older and most likely will retire in the next ten years.

In 1996, projections by HRSA's Bureau of Health Professionals estimated that Michigan requirements for full-time equivalent RNs would increase from 65,800 in 2000 to 70,000 in 2010. (HRSA, 2000) The inaccuracy of this projection is obvious now, since the estimated number of active full-time equivalent registered nurses (i.e., the number of full-time nurses plus half of part-time nurses) in Michigan in 1998–99 was already at 70,056.

Experts in the field have long recognized the difficulties of assessing, tracking and predicting the need and demand for nursing services. Most Colleagues in Caring sites spent Phase I (June 1996 to May 1999) creating collaboratives, collecting and analyzing supply and demand data, and establishing a means to determine demand. During Phase II (June 1999–May 2002), most sites are working on the development and testing of prediction models. (Rapson and Rice, 1999) Dr. Claude Earl Fox, HRSA administrator, has asserted that knowledge about local communities is key to effective health workforce forecasting. Policy experts and nursing professionals have called for the creation of state-level health workforce planning centers to build the capacity for valid and reliable state-level research and work force development. (Scanlon, 2001; Rapson and Rice, 1999)

Factors Affecting Need and Demand for Nurses

Researchers and professional organizations have identified multiple interrelated factors affecting the demand for nursing services. Among these factors are: cost-containment pressures within health care organizations resulting from managed care and an increasingly competitive health care environment; hospital consolidation, downsizing and reengineering; reductions in inpatient hospitalization rates; increased acuity of hospital patients; and, a shift of outpatient care from hospitals to ambulatory and community-based settings. In addition, changing demographics—the aging of the population—and increasing life expectancy will increase demand for health care services. These factors and others affecting the demand and need for registered nursing services are often unpredictable and dependent on forces that are beyond the nursing profession's or employers' control.

MANAGED CARE

In the early 1990s, health care futurists were predicting a reduction in the number of hospital beds due to managed care penetration. The nursing profession braced for downsizing as hospitals attempted to drive down costs. The slowdown in hospital employment that was first observed in states with high HMO enrollment in the early 1990s has emerged in all states now. The trends since 1994 in high-HMO states show little growth in hospital employment of RNs, but neither is there any evidence of the drastic employment reductions that were forecasted for the hospital sector. An important new trend since 1994 has been the slowdown in RN employment growth in the home health sector in states with high HMO enrollment, after an increase in home health employment in the early 1990s. It is possible that employment growth in home health may soon begin to slow nationwide. (Buerhaus, 1999)

Peterson blames implementation of managed care for almost a decade of constant health system change, reorganization, re-engineering, and changes in reimbursement and funding mechanisms resulting in deterioration of the overall work environment to such an extent that "many registered nurses have difficulty encouraging others to even enter the nursing profession." However, a recent study released by Aiken and colleagues indicates that nurse frustration is not unique to the United States health care system. Their findings document high levels of job dissatisfaction and burnout for nurses in Canada, England, and Scotland, as well as the United States. (Aiken et. al., 2001)

REDUCTIONS IN INPATIENT RATES AND INCREASED ACUITY OF PATIENTS

In their review, Nevidjon and Erickson (2001) suggest that fundamental change in how patients are cared for in a managed care environment is compounding the shortage. Shorter length of hospital stays and more acute care in the ambulatory and home settings result in the need for experienced, highly skilled nurses. A recent GAO report by the United States General Accounting Office (GAO) notes that the higher proportion of patients with more complex care needs increases the demand for nurses with training in specialty areas such as critical care and emergency departments. The increased use of technology also has increased the demand for a higher skill mix of RNs. (Scanlon, 2001)

CARE IN VARIED AND LESS RESTRICTIVE SETTINGS

The expansion of home health care and community-based health care delivery systems has increased the variety of job opportunities available. (Scanlon, 2001) The Bureau of Labor Statistics notes that technological advances, which will make it possible to bring increasingly complex treatments into home and community settings, will require nurses who are able to perform complex procedures in a variety of work settings. (Bureau of Labor Statistics, 2001)

AGING OF THE GENERAL POPULATION

The demand for nurses will increase dramatically as the total population increases and the baby boom generation reaches age 65. The population aged 65 years and older will double from the year 2000 to 2030. The population aged 85 years and older—and in need of the most health care—is the fastest-growing age group in the United States. Depending on their age, 20 to 50 percent of the elderly are likely to need basic nursing care and assistance with daily living. (Scanlon, 2001)

RATES OF DISABILITY, MORBIDITY, AND CHRONIC ILLNESS

As the population ages, the number of people with disabilities and chronic illnesses will increase, not necessarily because of higher rates of disease, but due to the shear numbers of elderly. According to the Health Care Financing Administration, 80 percent of the population 65 years of age and older have one or more chronic diseases, 50 percent have two or more, and 24 percent have problems so severe as to limit their ability to perform one or more activities of daily living. The health care needs of this population will increase demand on the nursing supply.

Ensuring the Supply of Nurses Meets the Demand

The information collected in this study suggests that the current supply of nurses is not meeting the demand and need for nurses in Michigan—and the situation is going to get worse.

- Data from the MDCIS licensure surveys shows that growth in the nurse population is not keeping pace with the growth in Michigan's population—and this is occurring at a time when the proportion of nurses nearing retirement is increasing dramatically and the baby boomers will soon be needing more health care services.
- The number of graduates from nursing education programs is declining.
- The unemployment rate for licensed, active nurses in Michigan is only 2.5 percent, which leads to difficulty in recruiting qualified employees and results in pressure to increase wages.
- Michigan hospitals report extreme difficulties in filling vacancies and their vacancy rates and length of time it takes to fill positions are nearly as high as the vacancy rates in states with documented, severe shortages of nurses (e.g., California and Maryland).
- Every focus group of staff nurses, nurse educators and nursing leadership/administration identified the supply of nurses—both current and future—as the most important issue facing nursing in Michigan.

Strategies to ensure that the supply of nurses meets the demand for nursing service will have to address multiple factors affecting the supply immediately and over the long-term. Focus groups in Michigan said that the health care industry needs to "step up"—create partnerships between nursing schools and employers—and involve multiple stakeholders to find solutions. They suggested that there is a need to raise public awareness of the critical nature of the nursing shortage and the link to quality, access and outcomes of health care.

Nurse educators and nursing leadership/administration in Michigan also said that the supply and demand/need for nurses must be defined more precisely. The health care industry and nursing schools should be involved in the development and implementation of good data collection and analysis on an ongoing basis.

ENCOURAGING MORE WOMEN, MEN AND MINORITIES TO ENTER NURSING

Focus groups of nurse educators said that, in the short-term, emphasis should be placed on improving the image of nursing, recruitment, scholarships and loan forgiveness, and compensation packages. In the long term, the focus should be on clarification of the role of nursing, redesign of the work setting, involvement of nurses in decision-making roles, improved interaction of nurses with colleagues in health care, and matching the design and size of the nursing workforce with population health care needs.

Focus groups suggested that a more positive image of nursing could be marketed by emphasizing the positive aspects of a nursing career, such as

- Variety of work opportunities within nursing

- Flexibility (i.e., a nurse can often adjust his or her schedule to meet family needs)
- Decent pay with opportunities to work anywhere in the country
- Satisfaction of helping people

Nursing leadership/administration, staff nurses and educators all offered specific suggestions for improving recruitment of nursing students:

- A coalition of nursing organizations could do more public relations targeting of counselors and schools, do more press releases on the nursing shortage, and try to overcome the negative image of nursing.
- High-school health academies should be established (similar to special-focus academies developed in Detroit and Lansing).
- Information should be provided in grades K–12 to make sure that students are aware of careers in health professions (e.g., career days in hospitals statewide, school-to-work programs with health care focus, shadow days).
- School counselors must be involved, beginning in middle school, to convey nursing as a positive career opportunity.
- An extensive workshop could be held at locations around the state to bring in employers and give students an opportunity to explore heath careers. (This would be an expansion of the two-week workshop on health careers being held this summer at Michigan State University with funding by the Michigan Department of Career Development.)

Nursing leadership/administration and educators identified a role for the health care industry in recruitment of students. Educators suggested that employers provide scholarships and guarantee the first year of work. Funding currently used by employers for sign-on bonuses could be shifted to scholarship activity, particularly since sign-on bonuses alienate long-term employees. Employers could provide part-time employment with benefits while nursing students attend school. Nursing leadership/administration noted that the health care industry also should support student recruitment efforts by providing more respect for nursing in the work place. Educators recommended employers give more visibility and credibility to advanced practice nursing roles in order to improve the image of nursing.

Nevidjon and Erickson (2001) describe some efforts underway in other parts of the country aimed at increasing the number of women and men entering nursing:

- *Collaborative efforts among health care organizations, government, nursing associations and nursing schools* In San Diego, six hospital systems have committed $1.3 million to support a program called, "Nurses Now," which will add faculty and additional student slots to San Diego University. The Dallas-Fort Worth Hospital Council raised $600,000 to expand student enrollment at local schools.
- *Special recruitment efforts to reach minority students and young men* In Boston, *Choose Nursing!* is a state, privately, and federally funded project designed to recruit public high school sophomores into a comprehensive two-year hospital program to foster and maintain their interest in nursing and prepare them to apply to collegiate nursing programs.
- *Utilization of current nursing students as recruiters* Cedar Crest College in Allentown, Pennsylvania offers a four credit course that requires students to make presentations in local schools, participate in elementary school clinics, update public libraries on nursing books, and create displays about nursing as a career.

PREPARING NURSES FOR PRACTICE

Focus groups of staff nurses, nurse educators and nursing leadership/administration were in agreement on the need for additional on-the-job training for all nurses after they complete their schooling. Nursing leadership/administration said there is nothing much the nursing schools can do about this, as it has always been this way. They said some hospitals are re-instituting mentoring for new nurses. Educators and staff nurses said both internships and mentoring are needed, and the staff nurses pointed out that the mentors should be rewarded. Staff nurses praised internships where the student nurse's last semester is spent in a hospital in training. The bonus to the students, in addition to the valuable work experience, is that they are paid during their last semester of school. In exchange, the employer may require the student nurse to stay on two years as an employee at the hospital. Another option is the development of closer links between hospitals and nursing schools so that nursing students can get credit for working in a hospital. One example in Michigan is the combined classroom and clinical program provided for nursing students by Grand Valley State University and a Grand Rapids hospital during the summer. Nursing leadership/administration also mentioned that Sparrow Health System in Lansing has a nursing residency program with four months of training in the hospital at full pay, which attracts the most qualified incoming nurses.

The involvement of employers in providing internships may have a benefit for the employer as well. According to the Mercer survey, the most common and most highly rated tactic for recruiting nurses as employees involves intern/extern programs with nursing schools. (William M. Mercer, Inc., 2001)

Nursing leadership/administration and nurse educators pointed out that nursing programs need resources for advertising, recruitment, faculty development, and scholarships. Educators suggested a government subsidy to schools for nursing education. They also suggested support for development of on-line technology, which is necessary because of the high expense of purchasing programs for on-line clinical training. Resources for technology are needed as a way to bring continuing education and distance learning programs to rural areas and other smaller settings. Nurse educators also said the State Board of Nursing should provide nursing schools with a report of individual students' areas of strengths and weaknesses on the nursing licensing exam so the schools can strengthen curriculum as necessary.

IMPROVING THE WORK ENVIRONMENT

While many factors come into play in improving the supply of nurses, the first step must be to make the workplace environment more attractive and conducive to nurses being able to practice. In the survey conducted by Peter D. Hart Research Associates (2001), three out of the four nurses who said they expect to leave the field in the next five years (for reasons other than retirement) would consider continuing in patient care longer if conditions at their job improved. Participants in all of the Michigan focus groups had a wealth of ideas for improving the practice setting, but they emphasized they meant "real work force environment improvements, not just sign-on bonuses and cookies during nurse's week." Jose Pagoaga, consultant with William M. Mercer, Inc., (2001) states that "While pay raises are often an excellent short-term solution, they frequently are insufficient as a long-term approach unless augmented by changes to the work environment. It's the total package of offerings that leads to the best attraction and retention [of nurses]."

Changing the workplace environment will require a collaborative effort involving all stakeholders—nurses, physicians, hospitals, payers. Focus group participants also suggested that nursing education programs should collaborate with the providers and employers to improve the practice setting.

Focus group participants offered several specific ideas for improving the work environment:

- Provide greater flexibility in scheduling
- Distribute responsibilities more equitably (i.e., nurses should not be responsible for so many aspects of service delivery)
- Reduce paperwork required of nurses
- Staff units according to acuity levels of patients, rather than numbers of patients
- Use interdisciplinary teams (e.g., for help in moving patients)
- Provide nurses more control of their work environment (e.g., participating on practice committees, participating with physicians on individual and aggregate patient care decisions)
- Utilize technology to reduce physical strain and improve communications
- Recognize and pay for different competency levels
- Guarantee work during periods of low patient census and utilize nurses for other support during those times (e.g., writing policies and protocols)
- Develop mechanisms for independent reimbursement for nursing services, rather than including them as part of the room charge

The theme of "valuing nurses" is repeated throughout current articles and recommendations on addressing the nursing shortage. "Nurses really want to be thought of and treated as, and have practice arrangements that validate that they really are providers, and not just part of the room rent. They need that acknowledgment," said Carolyn Williams, dean of the College of Nursing at the University of Kentucky, Lexington, and president of the American Association of Colleges of Nursing. (BNA, 2001) Professionals suggest that past economic solutions such as sign-on bonuses, relocation coverage, or new premium packages will have limited and temporary effect because they simply redistribute the supply of nurses, but do not increase it—and the shortage of nurses now and in the future is not a result of maldistribution. (Nevidjon and Erickson, 2001)

Experts suggest that one of the challenges for the work environment is "redesign of patient care delivery models that are built to support the practice of an older workforce. Nursing, a physically demanding profession, must address this challenge by initializing new technology into practice. Hospitals must support the aging nurse by offering flexibility in scheduling, increased time off, and sabbaticals." (Nevidjon and Erickson, 2001) They also point out that numerous studies on delivery models and restructuring demonstrate that different staff mixes and approaches work in different settings. There isn't a one size fits all" model. What must remain constant is the guarantee that every patient has a nurse.

Buerhaus and colleagues (2000) also recommend that efforts to restructure patient care delivery must be more ergonomically sensitive to older RNs, who are more susceptible to neck, back, and foot injuries and have a reduced capacity to perform certain physical tasks, compared with younger RNs who once dominated the workforce. Buerhaus also suggests that older and more experienced RNs may have higher expectations of working conditions and require greater autonomy and respect than has typically been afforded to nurses.

Nevidjon and Erickson (2001) say that healthcare executives, including nursing leaders, must learn new skills for valuing employees—seeing them as an asset on the balance sheet instead of an expense. They suggest that administrators and educators must learn what the "satisfiers" are for staff, and when roles are redefined, they must help staff identify new sources of satisfaction. They cite a recent study by

McNeese-Smith reporting that nurses found satisfaction from direct care, yet their role was changing to be the organizer and coordinator of care. They also found that nurses who provide poor care, have a negative attitude, or are burned-out create dissatisfaction for their co-workers. Nevidjon and Erickson recommend involving nurses in defining and developing the practice of care in the organization, since they are the closest to the patient.

MONITORING THE SUPPLY AND DEMAND

The capacity for tracking the supply and demand for nursing services is limited at the national level. Experts have called for the establishment of workforce data collection centers at the state level—many states only collect data every 4 years and may know the number of licensed nurses but not the number actually practicing. Michigan has an established data collection system on the supply of nurses (MDCIS Licensure Survey), but data are very limited on nursing education (students and faculty) and the demand for nurses in the workforce. Therefore, the capacity to project supply and demand is non-existent.

Recommendations For Further Study and Action

Nursing professionals and other health care experts have recommended multi-pronged, collaborative approaches to address the current and long-term shortage of nurses in the national labor force. For example, the American Organization of Nurse Executives (AONE) published *Perspectives on the Nursing Shortage: A Blueprint for Action* in October 2000. The recommendations it contains are founded on the premise that all parties involved in the delivery of nursing services must collaborate in the development and implementation of strategies to improve the quality and efficiency of health care delivery in order to successfully address the nursing shortage. (American Organization of Nurse Executives, 2000) A panel on *The Future of the Health Care Labor Force in a Graying Society* recently released its report with wide-ranging recommendations including partnerships between the public and private sector. (University of Illinois at Chicago, 2001)

The following recommendations for Michigan are offered as a starting point for discussion among stakeholders on the many issues surrounding the needs of the professional nursing workforce. It is clear that the issues cannot be addressed by nurses alone—health care employers, regulators, legislators, health care payers, educators and nurses will need to work together to assure the optimum quantity and quality of the professional nursing workforce in Michigan.

CREATION OF A MICHIGAN HEALTH WORKFORCE PLANNING CENTER

Policy experts and nursing professionals have called for the creation of state-level health workforce planning centers to build the capacity for valid and reliable state-level research and work force development. The efforts underway to develop collaboratives through the Robert Wood Johnson Foundation *Colleagues in Caring* program can serve as models. Michigan has good data, available periodically on the licensed nurse population, and a funding source (nursing licensure fees) for research. Reliable data on the demand and use of nurses—based on hospital/health system, nursing home, physician office, and other employer assessments—is needed in order to develop forecasts. Collection and analysis of data on preparedness of nursing graduates is needed to refine curriculum and training opportunities. Michigan stakeholders should establish an ongoing collaborative, partnership body among nurses and nursing organizations, educators, employers of nurses, health care payers, legislators and regulatory bodies to:

- Work on specific recommendations for improving data collection, coordination and dissemination of information on workforce trends at the facility, regional and state level;
- Develop/implement a forecasting model for the supply, demand and need for nurses;
- Create a feedback/communication loop between educators, employers, and regulators; and
- Monitor and implement responses to the changing demand and supply of nursing services.

EXPANSION OF PARTNERSHIPS BETWEEN NURSING SCHOOLS AND EMPLOYERS

The work environment and recruitment and education of nursing students are intertwined factors affecting the supply of nurses. Several Michigan nursing programs and employers in the health care system have created partnerships for recruitment of nurses and improvements in the work environ-

ment. These partnerships could be expanded to create a collaborative, statewide approach. Some of the following suggestions have been made by the American Organization of Nurse Executives (AONE, 2000) and could be adapted for implementation in Michigan. Through expanded partnerships, nursing programs and employers should

- Identify and cultivate work environments that improve work-life quality for all nurses and support the changing demands of an older workforce;
- Facilitate supervised exposure to clinical experiences as part of the nursing curriculum and/or as an internship program for new graduates;
- Provide additional training for new graduates to prepare them to supervise other health care providers;
- Provide nurses with incentives and access to post-graduate degree-granting education to retain maturing staff and ensure an adequate pool of nurses to move into education, management and advanced practice roles;
- Support recruitment efforts to attract future generations to the profession of nursing and enhance the diversity of the nursing workforce;
- Advocate for increased state and federal support of nursing education programs and tuition assistance for students;
- Identify and advocate for implementation of technology to improve the work environment and increase access to education;
- Highlight "best practices" in nursing education and employer-based training opportunities; and
- Develop statewide and local public image campaigns to attract more people to nursing.

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Attachment A

Nursing

APRC 2003-2004

Extra pages: 1

Ap I **Are nursing faculty members required to teach courses other than courses in the ADN and BSN programs?** Yes—CAHS core courses. **What impact does this have on the staffing problems cited in this document?** Increases use of adjunct faculty and faculty overload.