

# Recent Developments in the Nursing Workforce

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## A. Nursing Supply and Demand

A new study by Peter Buerhaus and colleagues on the *Health Affairs* web site reports that the number of nurses entering the workforce rose rapidly for a second consecutive year, but the current growth spurt will not be able to address the longer-term shortage of registered nurses (RNs). Wage increases, relatively high national unemployment, and widespread private-sector initiatives aimed at increasing the number of people who become nurses have been the major influences for the continued growth, the study found. Women over age 50, and to a lesser extent foreign-born RNs, accounted for a large share of the employment growth between 2001-2003, but there were also surges in employment by women in their early 30s and men. Although hospitals and medical facilities have hired about 205,000 nurses since 2001 (including about 119,000 in 2003), the nurse workforce is expected to peak at 2.3 million in 2012 and shrink to 2.2 million in 2020, an increase of just 60,000 nurses above current forecasts. [www.healthaffairs.org](http://www.healthaffairs.org)

In November 2004, the International Council of Nurses, the Florence Nightingale International Foundation, and the Burdett Trust for Nursing released *The Global Shortage of Registered Nurses: An Overview of Issues and Actions*. The report provides a global overview of the nursing workforce; discusses the challenges associated with shortages; and describes a policy framework for interventions. [www.icn.ch/global/shortage.pdf](http://www.icn.ch/global/shortage.pdf).

In partnership with Advance Publications, the Bernard Hodes Group conducted a survey of nurses and allied health professionals through mid-December 2004. The purpose is to gain an understanding of work preferences, job seeking/media habits and general attitudes about employment. Advance Publications ran ads in its publications inviting people to take the survey. Results of the surveys will be available in January 2005. [www.hodes.com](http://www.hodes.com)

In January 2004, the Hodes Group released the results of a poll of 151 health recruiters to determine turnover rates, cost-per-hire and vacancy rates for various health professionals, including RNs. The survey found that the average RN turnover rate was 15.5%, the vacancy rate was 13.9%, and average RN cost-per-hire was \$2,651—approximately 11% higher than the cost of recruiting allied health workers. Eighty percent of the recruiter respondents worked in/for hospitals; survey results were not segmented by recruiter's type of facility. [www.hodes.com](http://www.hodes.com)

The American College of Healthcare Executives reported in October 2004 that 72% of hospital CEOs were experiencing a nursing shortage at their facilities. <http://www.ache.org>

Also released in October 2004, an annual survey of hospitals by the American Society for Healthcare Human Resources Administration found that though the time to fill RN vacancies at small to medium facilities decreased by 18% in 2003, the average time to fill RN vacancies at hospitals employing 2,500 or more workers increased from 60 to 61 days. <http://www.ashhra.org>

According to the annual nurse salary survey by the journal *Nursing 2004* released in October 2004, the average annual income reported by more than 1,700 respondents in 2004 is \$54,574, significantly higher than the average of \$49,634 reported in 2003, or \$10,000 above the reported average in 2001. Part-time employees earned on average \$27/hour—significantly higher than in 2003. Advanced practice nurses earned \$72,400; nurse administrators, \$67,100; nurse case managers, \$56,700; and charge nurses, \$54,700. Nursing faculty reported an average annual salary of \$52,000 in 2004. [http://www.nursingcenter.com/library/journalarticleprint.asp?Article\\_ID=529000](http://www.nursingcenter.com/library/journalarticleprint.asp?Article_ID=529000)

According to the 2003 National Salary Survey of Nurse Practitioners completed by *ADVANCE for Nurse Practitioners* magazine, the average salary of a master's prepared nurse practitioner working in an emergency department was \$80,697. In contrast, the American Association of Colleges of Nursing (AACN) reports that master's prepared nurse professors in 2003 earned an annual average salary of \$60,357. [www.advancefornp.com/](http://www.advancefornp.com/) [www.aacn.nche.edu](http://www.aacn.nche.edu)

State/Regional Health Workforce Centers: 2004-2005 Research on the Nursing Workforce. Federally-funded centers in six states—California, Illinois, New York, North Carolina, Texas and Washington—are currently conducting nursing studies on trends in labor force participation; aging of the workforce; geographic distribution and work patterns of foreign graduates; supply, demand and use of LPNs; applying HRSA RN supply and demand models; enrollment and graduation trends; nurse staffing levels; and effects of unions on patient outcomes. <http://bhpr.hrsa.gov/healthworkforce/>

## **B. Nursing Education**

### **(i) Conferences, Commissions and Collaborations**

The Health Professions Roundtable of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), convened as a follow-up to the IOM report on core competencies of health professionals, will meet for the final time in January 2005, then produce a paper and convene a national conference in Spring 2005. The Roundtable's work has examined opportunities to apply microsystems of quality care indicators ([www.clinicalmicrosystems.com](http://www.clinicalmicrosystems.com)) to education of nurses, pharmacists, physicians and health administrators in magnet-like supportive practice environments (starting with hospitals). The paper is expected to include recommendations to enhance the quality of nursing education and leadership.

At the October 2004 meeting of the National Quality Forum (NQF), NQF discussed plans to draft a position statement on the need to develop nursing education quality measures that can be correlated with health care quality measures.

On September 20, 2004, the Sullivan Commission on Diversity in the Healthcare Workforce released its report, *Missing Persons: Minorities in the Health Professions*, which provides detailed recommendations on how to increase the representation of minorities in the nation's nursing, medical and dental workforce. A number of strategies are identified to make education and training in the health professions more attainable and affordable for minority students, including shifting from student loans to scholarships, reducing dependency on standardized tests for admission to schools of nursing, medicine and dentistry, and enhancing the role of two-year colleges. AACN has endorsed the report. The work of the Commission was administered by the Duke University School of Medicine and funded by the W.K. Kellogg Foundation. [www.sullivancommission.org](http://www.sullivancommission.org)

AACN, in collaboration with Partnerships for Quality Education (PQE) and the Association of American Medical Colleges, participates in the PQE *Achieving Competence Today (ACT)* initiative, a 2-year program to drive curricular change to address new requirements in clinical practice improvement and interdisciplinary systems-based practice. ACT, a Robert Wood Johnson funded initiative, is in the first phase of demonstration in 5 sites. [www.pqe.org](http://www.pqe.org)

The National League for Nursing (NLN) *Centers of Excellence in Nursing Education* is designed to recognize schools of nursing that have achieved a level of excellence in one of three designated areas—creating environments that 1) enhance student learning and professional development, 2) promote ongoing faculty development, or 3) advance research in nursing education. All schools receiving national accreditation are eligible to apply for recognition.

Data collection surveys of nursing education programs by NLN for the NLN Accrediting Commission and AACC (American Association of Community Colleges) will be coordinated and consolidated starting in fall 2004. [www.nln.org](http://www.nln.org)

AACN and the University Healthsystem Consortium (UHC) are piloting a one-year post-baccalaureate residency program at 21 UHC member hospitals and associated schools of nursing in 18 states. Eligible residents are graduates of a generic BSN program within 6 months and are to be paid the salary of beginning staff nurses. All residents are assigned to a clinical unit and carry patient care responsibilities under an assigned preceptor. [www.aacn.nche.edu](http://www.aacn.nche.edu)

AACN Working Paper on the Role of the Clinical Nurse Leader (CNL) (May 2003, revised June 2004) supports the need for educating a new type of nursing professional prepared for clinical leadership in all health care settings and prepared to implement outcomes-based practice and quality improvement strategies. The collaborative design of the CNL role has involved a broad array of constituents within the health care system. [www.aacn.nche.edu](http://www.aacn.nche.edu)

The *Healthcare Career Advancement Program (H-CAP)* is a labor-management partnership formed by the Service Employees International Union (SEIU) and its employers to address workforce needs, specifically the nursing shortage. Initially funded by a grant from the Alfred P. Sloan Foundation, H-CAP has developed a national education program to address issues of internal career mobility and prior learning and to take advantage of the possibilities of online learning. H-CAP's first educational program enables LPNs/LVNs to upgrade their education and skills to become RNs. The program is being piloted in California, Massachusetts, New York, and Washington. Certain SEIU local unions and employers participate. [www.h-cap.com](http://www.h-cap.com)

### **(ii) Local and State Level Strategic Partnerships to Expand Nursing Education**

There is unprecedented interest among nursing leaders in forming academic–service partnerships. These partnerships share resources to benefit patient care services and improve student enrollment and academic preparation, stimulating positive changes in curricula and in faculty development and enriching service-based agencies with critical intellectual capital.

Numerous examples of successful collaborative arrangements have been documented among nursing programs, nurse employers, public workforce programs, and public policymakers.

Hospitals, in particular, have been active participants. Many facilities support scholarships for a variety of nursing education programs; support is generally attached to students' willingness to work in the institution post-graduation. Hospitals are also loaning clinician leaders to schools of nursing to supplement faculty positions. Nationwide, hospital donations to nursing schools are increasing because health care systems cannot wait for cash-strapped states to increase funding for nurse education. Two recent examples of such developments in California:

- In November, Sutter Roseville Medical Center announced a \$750,000 donation to Sierra College to expand its online associate degree nursing program. This donation follows more than \$15 million Sutter has pledged to spend educating hundreds of new nurses at Sacramento City College. In 2003, Sutter, Kaiser Permanente, Catholic Healthcare West, and the University of California Davis Medical Center joined forces to give \$3 million to American River College for tuition-free nurse training.
- Earlier in 2004, California State University at Long Beach signed a five-year, \$15 million dollar contract with Long Beach Memorial Medical Center (LBMMC) to double enrollment in the school's "Trimester" BSN program. Students in the program attend classes full-time, year round, and graduate with a BSN (132 semester units) in two years after being admitted to the program in their sophomore year. The grant consists of both funds and in-kind contributions. LBMMC will provide all clinical instructors, some classroom space, and use of a newly built, six-bed, simulated laboratory as part of the agreement.

A lesser-known player in many of these local partnerships are state and local Workforce Investment Boards (WIBs). Receiving Department of Labor funds authorized by the 1999 Workforce Investment Act (WIA), WIBs support activities to improve recruitment and retention of the high-demand workers, including (in the case of nurses and allied health workers) health careers promotion, career ladder development, expansion of educational capacity, improved workforce retention, and increased health skills training. According to a recent study by the University of Washington, the structure of WIA and its financing features facilitate health care workforce development in over 20 states and their local boards. Washington, Texas, California and Wisconsin have model WIB workforce initiatives that include RNs (both baccalaureate and associate degree) as well as LPNs. In general, WIA performance measures favor interventions that rapidly route clients to jobs rather than to more time-consuming training and education. However, few of the health sector jobs that are in high demand can be obtained without a professional degree or other specialized training. <http://www.nawb.org/asp/wibdir.asp>

## **C. Nursing Practice**

### **(i) Conferences, Commissions and Collaborations**

The New World Alliance on Patient Safety was launched in October 2004 by the World Health Organization. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) is tasked with creating an international collaborating center for patient safety and an international patient safety taxonomy.

An October 2004 Agency for Healthcare Research and Quality (AHRQ) invitational 'think tank' meeting addressed a FY 2004 Congressional Conference Report (108-401) that encourages AHRQ to do more research on nursing and patient safety issues.

A September 2004 JCAHO-sponsored-conference, *Critical Linkages: Patient Safety, Nurse Staffing, and Leadership Solutions for Tomorrow*, offered leadership strategies to address the nursing shortage and thereby improve patient care and organizational fiscal health. The agenda included recent JCAHO initiatives to address workforce issues and improve patient safety, findings from experts who have studied staffing/patient safety relationships, solutions to ease nurse staffing and nursing education, and organizational models creating work environments that foster staff retention and recruitment.

The National Commission on Nursing Workforce for Long-Term Care, expected to release its final report in early 2005, was established to develop recommendations for practical steps to recruit and retain a skilled workforce to care for the nation's frail elderly and disabled. Recommendations will focus on the design and development of new partnerships and initiatives to develop the long-term care workforce at the state and local, facility and local provider, and national levels.

### **(ii) Standards Development and Recognition**

National Quality Forum (NQF) [www.qualityforum.org](http://www.qualityforum.org)

- In October 2004, NQF announced its publication of 15 new national consensus nursing sensitive standards. JCAHO has received a RWJF grant to translate these new measures into enabling measures.

- In March 2004, NQF issued a report on national voluntary consensus standards for nursing home care to improve the quality of care in nursing homes. CMS will use the 16 NQF-endorsed standards to collect information from all nursing homes and provide information on its website.

#### JCAHO [www.jcaho.org](http://www.jcaho.org)

- As of September 2004, 'insufficient staffing levels' were listed as a causal factor in 64% of sentinel event cases entered in JCAHO's database. In its examination of root causes of sentinel events in hospitals from 1995-2003 in all categories, over 60% of all events had 'breakdowns in communication' as a cause.
- JCAHO is currently revising for 2005 its National Patient Safety Goals (NPSG), first developed in 2002. Reducing nosocomial infections was added as a goal in 2004. Devoted entirely to NPSG, JCAHO's 2003 Special Report of the *Joint Commission Perspectives on Patient Safety* is available online.
- JCAHO is currently revising its nurse staffing effectiveness standards for hospitals including the development of performance measures that will include the new NQF nursing sensitive measures. The standards were introduced for hospitals in July 2002, and in 2004 for long-term care and assisted living organizations.
- Draft standards for external nurse staffing agencies have been developed and are being field-tested. To date, over 150 external staffing agencies have received accreditation.

As of October 2004, American Nurses Credentialing Center (ANCC) has granted Magnet recognition to 125 facilities, and 240 facilities are in the application stage. ANCC hosted the eighth annual magnet conference in Sacramento, CA in October 2004 with about 2,000 participants. [www.nursingworld.org/ancc/](http://www.nursingworld.org/ancc/)

In August 2004, the National Council of State Boards of Nursing approved the use of a minimal dataset for evaluation of international nurses representing the minimal level of data needed by state boards to make informed licensure decisions regarding foreign nurses. [www.ncsbn.org](http://www.ncsbn.org)

### **(iii) Health Care Provider Initiatives**

#### Voluntary Hospitals of America (VHA) [www.vha.com](http://www.vha.com)

- Center for Research and Innovation has published several papers on improving the practice environment for nurses. An April 2004 report on the perceptions and roles of VHA's chief nursing officers (CNOs), *Shaping The Future Of Patient Care Delivery*, envisions CNOs as critical players in ensuring a quality and holistic patient-focused acute care industry for the future. The report recognizes that CNOs will need greater clinical and business knowledge, enhanced research and analytical skills, and superior communication and planning skills.
- VHA Foundation has several programs and publications aimed at encouraging worker diversification.
- At least 56 VHA hospitals actively participate in *Tomorrow's Work Force* targeted workplace improvement initiatives.
- Since creating the *Nursing Leadership Institute (NLI)* in 2000 for the development of front line nurse managers, over 3,000 managers have graduated. VHA recently implemented the *Advanced Nursing Leadership Institute* for graduates of the basic NLI program and other prospective and current nurse leaders.

#### Ascension Health: [www.ascensionhealth.org](http://www.ascensionhealth.org)

The *Call to Action* began in 2002 to improve patient safety in 6 member hospitals and eliminate preventable injuries and deaths by 2008. Clinical priority areas for action include hospital-standardized mortality rate (HSMR), nosocomial infections, falls, pressure ulcers, birth trauma injuries, and surgical complications as well as JCAHO NPSG and adverse drug events.

#### Kaiser Foundation Health Plan of Colorado: *Zero Tolerance Campaign* [www.kp.org](http://www.kp.org)

The Campaign established physician leadership in creating abuse-free workplace since 1997. Considerable change has occurred.

The Veteran's Health Administration (VA) has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry-level beginning in 2005, and has committed \$50 million over a five-year period to help VA nurses obtain baccalaureate or higher nursing degrees. [www.va.gov](http://www.va.gov)

### **(iv) Regulation**

In April 2004, the U.S. Department of Labor issued a revised Fair Labor Standards Act (FLSA) rule that affects overtime compensation of RNs. Part 541 of the new rule redefines workers considered as salaried professionals, administrative managers, and executives and therefore exempt from federal overtime protections. The ruling changes the definition of a

salaried employee to allow salaried compensation to be calculated on an hourly or a shift basis, but does not consider that most RNs are paid on an hourly basis. Nursing groups are concerned that if the economic disincentive of paying time-and-a-half is removed, employers are more likely to rely on mandatory overtime as a regular nurse-staffing tool. [www.dol.gov](http://www.dol.gov)

In February 2004, DHHS Centers for Medicare and Medicaid Services issued proposed rules requiring nursing homes to post the number of licensed and unlicensed staff per shift. CMS is also conducting a “robust measures project” examining how best to use a comprehensive set of performance measures for hospital public reporting. The NQF nursing sensitive measures have been submitted for consideration. [www.cms.gov](http://www.cms.gov)

California Hospital Nurse Staffing Regulations. In November 2004, California’s Department of Health Services (DHS) announced that it will give hospitals a 3-year reprieve from meeting the stricter nurse staffing rules originally scheduled to take effect in 2005, citing concerns about hospital closings and delays in critical patient care. Until 2005, hospitals are required to maintain a *one-nurse-to-6-patients* ratio in medical-surgical units; beginning in 2005, the medical-surgical ratio was scheduled to drop to 1-5. Rules specifying nurse-staffing levels for California’s 450 acute care hospitals went into effect in January 2004. <http://www.dhs.ca.gov/lnc/NTP/default.htm>

DHS acknowledges that the staff ratios requirements encouraged 11 hospitals to close or eliminate emergency rooms and psychiatric wards, and have caused hospitals at times to turn away ambulances, leaving critical care unit beds empty. The California Healthcare Association, which supports the 3-year reprieve, states that 85% of the state’s hospitals are unable to comply with the current 1-6 ratio. The California Nurses Association opposed the emergency regulation and plans to fight the changes. DHS is now planning to begin a 2-year study examining the effect of staffing ratios. A state report on staffing ratios was originally due in 2008, but DHS will now accelerate its study because of a lack of reliable data about the effects of nurse-patient ratios.

#### **(v.) Research**

A 2004 AHRQ report summarizing the latest findings of AHRQ-funded and other research on the relationship of nurse staffing levels to adverse patient outcomes concludes that:

- Lower levels of hospital nurse staffing are associated with more adverse outcomes.
- Patients have higher acuity, yet the skill levels of the nursing staff have declined.
- Higher acuity patients and added responsibilities increase nurse workload.
- Avoidable adverse outcomes such as pneumonia can raise treatment costs by up to \$28,000.
- Hiring more RNs does not decrease profits.
- Higher levels of nurse staffing could have positive impact on both quality of care and nurse satisfaction.

The largest of these studies found significant associations between lower levels of nurse staffing and higher rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, urinary tract infections, and failure to rescue. Other studies found associations between lower staffing levels and pneumonia, lung collapse, falls, pressure ulcers, thrombosis after major surgery, pulmonary compromise after surgery, longer hospital stays, and 30-day mortality. However, researchers stress that, at present, such “nursing-sensitive” adverse outcomes should be viewed more as indicators or sentinel outcomes than as measures of the full impact of nurse staffing on patient outcomes.

The report also found that research findings indicating minimal nurse staffing ratios within the hospital or within its various subunits are not available. Researchers believe that more accurate and consistent measures of acuity and quality and more complete data on staffing for all types of nursing personnel are needed to explain the complex relationship between nurse staffing and the quality of care. <http://www.ahrq.gov/>

According to results of a new consumer survey released November 2004 by the Henry J. Kaiser Family Foundation, AHRQ and the Harvard School of Public Health, 4 in 10 people say the quality of health care has gotten worse in the past five years, while 1 in 6 say the quality of care has gotten better, and 38% say it has stayed the same. After being read a common definition of a medical error, 34% say that they or a family member had experienced a medical error at some point in their life. Consumers are most likely to cite workload, inadequate staffing and poor communication among healthcare providers as causes of medical errors—with 74% saying workload, stress, or fatigue of health professionals is a very important cause of medical errors. Nearly as many say that doctors not having enough time with patients (70%), too few nurses in hospitals (69%), and health professionals not working together or not communicating as a team (68%) are very important causes of medical errors. [www.kff.org](http://www.kff.org)

In the July/August 2004 issue of *Health Affairs*, Rogers and colleagues found that the use of extended work shifts and overtime has escalated as hospitals cope with a shortage of RNs. Little is known, however, about the prevalence of these extended work periods and their effects on patient safety. The risks of making an error were significantly increased when work shifts were longer than 12 hours, when nurses worked overtime, or when they worked more than 40 hours per week. [www.healthaffairs.org](http://www.healthaffairs.org)

A 2004 survey by the marketing research firm Spyglass Consulting Group of 100 nurses considered early adopters of information technology (IT) finds that the IT needs of these nurses have been neglected by health care organizations and IT vendors alike. The study found that these early adopters are largely dissatisfied with the technologies currently available, and feel that their IT needs are often overlooked due to other IT priorities in their organizations.

<http://www.eweek.com/category2/0,1738,1595294,00.asp>

A recent analysis of more than 600 research studies by the Center for Health Design of Concord, CA concludes that better hospital design can prevent medical errors and improve patient outcomes. Examples of findings include:

- Patient falls decreased by 75% in the cardiac ICU at Methodist Hospital in Indianapolis after it spread out its nurses' stations to place nurses closer to patient rooms.
- Infections acquired in the hospital dipped 11% in new wings at Bronson Methodist Hospital in Kalamazoo MI, where each room is private and has sinks for handwashing conveniently located.
- Medical errors dropped 30% at two new inpatient units at The Barbara Ann Karmanos Cancer Institute in Detroit after medication rooms were expanded, medical supplies were reorganized, and acoustical panels were installed to decrease distracting noise. <http://www.healthdesign.org>

About 95% of physicians who manage hospitals, group practices and clinics said they must deal with disruptive physician behavior on a regular basis, and that the bulk of the bad behavior is vented on nurses or physician assistants, according to a recent nationwide survey of 1,600 medical administrators by the American College of Physician Executives. Most of the incidents, the study noted, involve the same few doctors, and disrespect was by far the most frequent problem cited. About 40% of respondents said physicians in the organization who generate more revenue (by bringing in more patients or performing more procedures) are treated more leniently than those who bring in less revenue. [www.acpe.org](http://www.acpe.org)

## **D. Current Funding Initiatives**

### **(i) National Private Funders**

The Johnson & Johnson Campaign for Nursing's Future has included national television, print and interactive advertising; a public relations component; recruitment materials (distributed to hospitals, high schools, nursing schools and organizations); fundraising (scholarships fellowships, and grants to nursing schools); celebrations at regional nursing events; a website, and activities to create and fund retention programs (designed to improve the nursing work environment. In February 2004, a new public awareness campaign was launched to generate interest in careers as nurse educators. [www.nursesource.org](http://www.nursesource.org) / [www.discovernursing.com](http://www.discovernursing.com)

The Robert Wood Johnson Foundation [www.rwjf.org](http://www.rwjf.org)

- *Transforming Care at the Bedside (TCAB) Program, in partnership with the Institute for Healthcare Improvement (IHI).* Initially a small pilot grants program in 2003 focusing on redesigned medical/surgical units to achieve outcomes associated with work reliability, patient-centeredness, increased value (including reducing paperwork), and workforce vitality, TCAB has expanded to include 13 hospitals. IHI assists participating hospitals to establish better work environments to deliver patient care and reduce worker error.
- *Nurse Executive Fellows Program, begun in 2000, is designed to prepare a select cadre of outstanding nurse executives for leadership roles in clinical service, education, and public health.* The program is administered by the University of California, San Francisco, Center for the Health Professions.
- *21<sup>st</sup> Century Hospital* comprises a series of small grants that help to foster a comprehensive approach to improving hospital work environments, as endorsed by the Institute of Medicine in *Keeping Patients Safe: Transforming the Work Environment of Nurses*. As important as the work process improvements undertaken by TCAB are, several additional aspects of the hospital environment are also critical to maximizing nursing satisfaction and retention as well as quality and patient satisfaction. These other factors are the hospital's physical structure, design and allocation of space and its "corporate culture." RWJF has undertaken several projects to document and disseminate information about the need for this comprehensive approach and broaden the network of support for it. In June 2004, there was an invitational conference for health care, quality, and architecture/design leaders from a variety of organizations to discuss the existing state of our nation's hospitals and a vision for the future. A focal point of the discussion was a new RWJF-funded analysis of more than 600 rigorous studies – that clearly showed that improved physical settings can make hospitals better places to work, as well as safer and more conducive to healing. The costs of these improvements also were addressed; evidence suggests that higher up-front costs are recouped within one or two years. Also presented were updates on the IHI's work and TCAB, and the importance of having an institutional culture that respects and supports staff and is patient-centered.

W.K. Kellogg Foundation [www.wkkf.org](http://www.wkkf.org)

- *The Health Leadership, With an Emphasis on Diversity* initiative has broadened its focus on health care workforce development to include a wider range of health leaders to build effective and diverse leaders among decision makers and change agents within communities, health professional and engaging institutions with communities. Current funding for nursing include grants to the *American Nurses' Foundation* to 1) improve nursing practice and education by assuring participation of minority nurse leadership in professional health care, nursing policy, and program meetings nationally and internationally (\$200,000), and 2) support implementation of the Leadership Enhancement and Development Project for minority nurse educators who are receiving training at historically black colleges and universities (\$1,735,196). In addition, the Foundation funded *Duke University* in 2003 to plan and convene the Sullivan Commission on Diversity in the Healthcare Workforce.
- *The Improving Quality of Health Care Services* initiative may provide additional funding opportunities for nursing. It supports new ways to improve design, delivery and oversight of systems and services that promote and maintain access to quality health care; emphasis is on new uses of communications and information technologies. Specific approaches include 1) creating systems for consumer-centered care, 2) community mobilization and action, and 3) focus on primary and secondary prevention.

John A. Hartford Foundation's Training in Geriatric Nursing initiative provides funds to improve care through research and in-service training for nurses at baccalaureate, advanced practice, master's, and Ph.D./post-doctoral levels. Grants of up to \$100,000 annually are provided to nurse scholars (21 selected in the latest round) to support their studies and research in the field of gerontological nursing. [www.geriatricnursing.org](http://www.geriatricnursing.org)

Helene Fuld Trust, the nation's largest private foundation devoted exclusively to student nurses and nursing education, provides grants to provide financial aid for nursing students in baccalaureate degree programs at 10 nursing schools (10 endowment grants of \$547,500 payable over 3 years). The Trust also supports the AACN *Leadership for Academic Nursing Program*, designed to develop and enhance leadership skills in new and emerging administrators in baccalaureate and graduate nursing programs. The scholarship provides participants with a one-year focused assessment experience, a range of content and case studies related to successful leadership, and the opportunity to establish networks with mentors and peers. AACN is also funded to develop a program that will test the competency of graduating baccalaureate degree nurses (\$100,000 payable over 2 years). [www.fuld.org](http://www.fuld.org)

Atlantic Philanthropies' Aging Program enhances health and support services for older adults through human capital development in nursing and other key health professions. In 2004, the *Carnegie Foundation for the Advancement of Teaching* was funded to conduct a study of nursing education examining key educational goals, basic practices of teaching and learning, and assessment of student learning. [www.atlanticphilanthropies.org](http://www.atlanticphilanthropies.org)

The National League of Nursing Nursing Education Research Grants Program intends to facilitate the development of the science of nursing education. NLN will award a limited number of small grants in 2005. [www.nln.org](http://www.nln.org)

Bank of America's Neighborhood Champions program is designed to provide flexible mortgage financing for numerous types of service professionals including full-time health care professionals (nurses, nursing assistants, medical technicians or employees of a hospital, nursing facility or doctor's office employees.)  
<http://www.bankofamerica.com/newsroom/press/press.cfm?PressID=press.20040715.02.htm&LOBID=4>

#### **(ii) Private Funders: Local/Regional**

Nursing Initiative, Gordon and Betty Moore Foundation. In November 2003, the Foundation approved a 10-year, \$110 million initiative to improve the quality of nursing-related patient care in San Francisco area hospitals. Two examples of recent awards include:

- Two grants totaling \$5.5 million to San Jose State University's School of Nursing for programs to increase the number of new nursing graduates and to educate additional nursing faculty.
- \$4.2 million grant to California Pacific Medical Center Foundation to fund a partnership between California Pacific Medical Center, St. Luke's Hospital, and City College of San Francisco to launch the Betty Irene Moore Strategic Partnership for Associate Degree Nursing Education. [www.moore.org](http://www.moore.org)

The California Endowment's Workforce Diversity Program aims to increase the diversity and improve the distribution of California's health workforce by supporting approaches that expand the number of underrepresented minorities in nursing, medicine and oral health professions who practice in underserved areas. [www.calendow.org](http://www.calendow.org)

California Healthcare Foundation: Workforce Initiatives. [www.chcf.org](http://www.chcf.org)

*Health Care Leadership Program* (May 2004). This two-year fellowship offers clinically trained health care professionals the experiences, competencies, and skills necessary for effective vision and leadership of our health care system.

*California Workforce Initiative* (May 2004). The goal of this multi-year initiative is to improve understanding of California health care workforce issues and to advance the ability of health care workers, at all levels, to contribute to improving the health of Californians.

Northwest Health Foundation has funded Oregon colleges to develop and implement strategic plans for building nurse training capacity. Initially, the Foundation funded a 2001 report and conference to address Oregon's nursing shortage and the establishment of the Oregon Center on Nursing. [www.nwhf.org](http://www.nwhf.org)

Jewish Healthcare Foundation's Health Careers Future is a collaborative effort in southwest Pennsylvania to attract, support and retain nurses and other health care workers in the region. [www.jhf.org](http://www.jhf.org)

Blue Cross Blue Shield of Michigan Foundation supports research, demonstration and evaluation projects to reduce the nursing shortage and increase nurse faculty supply at Michigan colleges and universities. [www.bcbsm.com/foundation/](http://www.bcbsm.com/foundation/)

Josiah Macy, Jr. Foundation funds the University of Michigan to develop a new accelerated academic nursing program moving nurses directly from undergraduate to Ph.D. and careers in nursing education. [www.josiahmacyfoundation.org](http://www.josiahmacyfoundation.org)

### **(iii) Public Sector Funders**

National Institute of Nursing Research (NINR) [www.nih.gov/ninr](http://www.nih.gov/ninr)

*Research Themes:* Changing lifestyle behaviors for better health; managing the effects of chronic illness to improve quality of life; identifying effective strategies to reduce health disparities; harnessing advanced technologies to serve human needs; and enhancing end of life experiences for patients and their families. In FY 2005, NINR plans to expand its emphasis on translational research, the means by which basic findings relating to behavior, molecules, and genes can be tested in the clinical setting and translated into medical practice and improvements in public health.

*FY04 Appropriation: \$134.76 million*

*FY05 President's Request: \$139.00 million*

***FY05 Appropriation: \$138 million***

Title VIII of the Public Health Service Act (Nursing Workforce Development), HRSA. [www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

Title VIII is the largest source of federal funding to schools of nursing to educate the future nursing workforce, providing financial support for nursing education and retention programs as well as individual student support. Programs favor education that prepares nurses to practice in medically underserved communities and nursing shortage areas. Grants support nursing education through the continuum, from entry-level preparation through graduate study.

*FY04 Appropriation: \$141.92 million*

*FY05 President's Request: \$147 million*

*FY05 Senate Request: \$161.8 million \**

***FY05 Appropriation: \$150.7 million***

\* In November 2004, 46 U.S. Representatives urged House appropriators in a letter to support at least a \$20 million increase in FY05 Title VIII funding similar to the Senate request. [www.aha.org](http://www.aha.org)

Scholarships for Disadvantaged Students, HRSA. This program provides funds to disadvantaged and minority health professions students. It is the major federal source of scholarships for undergraduate nursing students and reduces the financial barriers that could prevent them from joining the nursing workforce. In FY 2004, \$9 million was awarded as student scholarships or stipends, pre-entry preparation, and retention activities. [www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

*FY04 Appropriation: \$47.52 million*

*FY05 President's Request: \$10 million*

Agency for Healthcare Research and Quality. Nursing research funding opportunities appeared in the August 2004 edition of *Nursing Outlook*. Focus is on health services, patient outcomes, and translation of research into practice and policy. The health services focus includes health care research training, health care quality and effectiveness research, health care technology and decision sciences, health systems research, and health research dissemination and implementation.

[www.ahrq.gov](http://www.ahrq.gov) *FY04 Appropriation: \$301.91 million*

*FY05 President's Request: \$304 million*

***FY05 Appropriation: \$318.7 million***

Health Care High Growth Job Training Initiative, U.S. Department of Labor. The initiative supports model programs to improve the largely entry level health care workforce. [www.doleta.gov](http://www.doleta.gov)

- *FY04 Unsolicited Funding Awarded: \$24 million*
- *Another \$10 million in solicited demonstration grants will be awarded in FY05 to address labor shortages, innovative training strategies and other workforce challenges in the health care and biotechnology fields. Projects considered must address shortages of qualified faculty to teach nursing and other health care-related skills in community colleges, focus on new and untapped labor pools, or competency models and career ladders for specialty nursing and allied health fields. (10-12 grants of \$750,000-1 million)*

Centers for Medicare and Medicaid Services (CMS), DHHS [www.cms.gov](http://www.cms.gov)

Conducts and sponsors innovative demonstration projects to test and measure the effect of potential program change. Demonstrations study the likely impact of new methods of service delivery, coverage of new types of service, and new payment approaches on beneficiaries, providers, health plans, states, and the Medicare Trust Funds. Evaluation projects validate research and demonstration findings.