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Seeking a Remedy:

*Growing Need for Nurses Requires a
Collaborative Approach*





Seeking a Remedy: Growing Need for Nurses Requires a Collaborative Approach

As the largest sector of the healthcare workforce, nurses represent a key component of an effective healthcare delivery system. Yet the ability of the healthcare system to perform at peak capacity is threatened by a looming shortage of nurses that is expected to intensify in the future. Addressing the issue encompasses not just increasing the number of nurses in the workforce, but also ensuring sufficient faculty are available to train nursing students.

As people live longer and the demand for healthcare services rises, policy solutions to address the nurse shortage will be crucial. Following is a look at the national, state and local supply of nurses, factors contributing to the growing demand for nurses, how lawmakers at all levels are responding, and additional ideas to stem the nurse shortage.

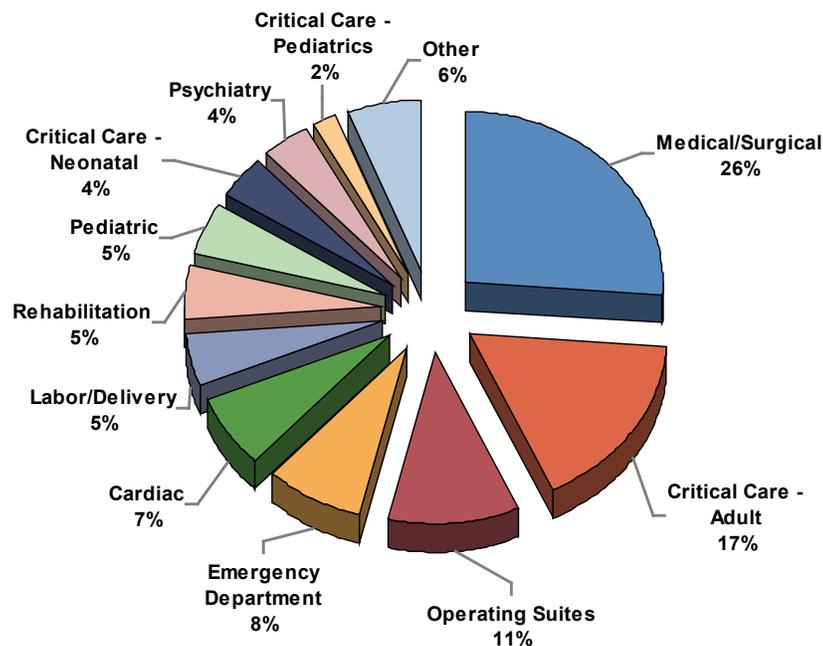




Supply of Nurses

Northeast Ohio hospitals employ more than 15,000 nurses.¹ They fall into three general categories of training and education: licensed practical nurses (LPN), registered nurses (RN) and advanced practice nurses (APN). The vast majority of nurses employed by hospitals are RNs, and more than half of hospital nurses work in medical/surgical units, adult critical care units or operating suites.²

Percent of All Budgeted Nursing FTEs at Northeast Ohio Hospitals



Source: The Center for Health Affairs. "Northeast Ohio Nursing Workforce Facts: Nursing Supply and Demand." June 2006.

Nursing Shortages Persist Locally and Nationwide

In recent years, some progress has been made in improving vacancy rates in Northeast Ohio hospitals. Vacancy rates for RNs are down from 13 percent in 2001 to about 7 percent in 2004. Similarly, vacancies for LPNs have also declined, although there's been a slight uptick in APN vacancies regionally. The table and graph below illustrate trends in vacancy rates and compare local statistics to state and national vacancy and turnover data.³

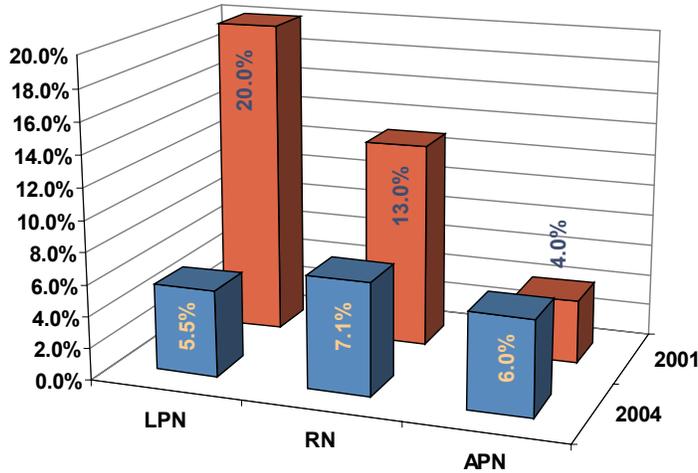
Nurse Education and Training

Licensed Practical Nurse (LPN): To become a licensed practical nurse, an individual must take roughly one year of post high school educational coursework focused on basic nursing care and pass a licensing exam.

Registered Nurse (RN): There are three educational routes available for becoming a registered nurse, including bachelor's degree programs, associate's degree programs and diploma programs.

Advanced Practice Nurse (APN): A registered nurse who has completed advanced clinical education and has a minimum of a master's degree is an advanced practice nurse.

Nursing Vacancy Rates at Northeast Ohio Hospitals



Source: The Center for Health Affairs. "Northeast Ohio Nursing Workforce Facts: Nursing Supply and Demand." June 2006.

| | Northeast Ohio | Ohio* | United States** |
|--------------|----------------|-------|-----------------|
| RN Turnover | 8.5% | 10.9% | 13.6% |
| RN Vacancy | 7.1% | 4.8% | 8.1% |
| LPN Turnover | 15.2% | 16.2% | 14.3% |
| LPN Vacancy | 5.5% | 6.5% | 6.7% |

*Source of Ohio data: Ohio Hospital Association **Source of United States data: American Hospital Association and Hospital and Healthcare Compensation Service
 Note: Registered Nurse (RN); Licensed Practical Nurse (LPN)

Source: The Center for Health Affairs. "Northeast Ohio Nursing Workforce Facts: Nursing Supply and Demand." June 2006.

Despite local RN and LPN nursing vacancy rates having fallen recently, the U.S. Bureau of Labor Statistics predicts that by 2014, 1.2 million nurses will be needed across the country and in Ohio a shortfall of 32,000 is expected.⁴ In Northeast Ohio, it is anticipated that 3,887 nurses will be needed by 2010, a 35 percent increase in the current level of nursing full-time equivalents. Keeping with the current trend, adult critical care and medical/surgical nurses are expected to be the most difficult positions to fill in five years.



Factors Contributing to the Growing Demand for Nurses

Why the heightened demand for nurses? The answer is not a simple one because there are many contributing factors. To begin, people are simply living longer, creating an increased demand for healthcare services. The average life expectancy rose from 70.5 years in 1967 to 77.8 years in 2006.⁵ Meanwhile, the nursing population is also aging, and the number of new nurses entering the workforce isn't keeping pace. In Ohio, the average age of registered nurses is 47, and 48 for licensed practical nurses. In Northeast Ohio, the median age of both RNs and LPNs is 43.

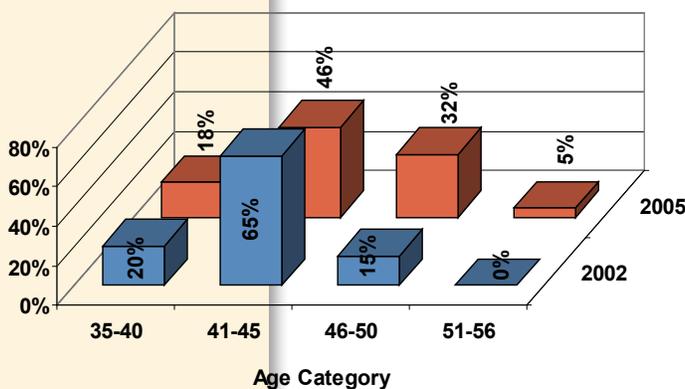
Schools of nursing have had to contend with trying to lure young students to enter the field of nursing in the not-so-distant past, as many college students were more interested in other careers and the perception of the nursing profession was often negative.⁶ Yet various nurse recruitment efforts have paid off and now there are many students who would like to enter a nursing degree program, but find themselves on waiting lists as schools of nursing are unable to meet the demand. In 2005, 32,617 qualified applicants were turned away nationwide due to insufficient faculty, clinical placement sites, and classroom space. Locally, in the 2002-2003 academic year, more than 550 qualified students were turned away from area nursing schools because the programs were at capacity.⁷

Salary disparities within the profession also affect the supply of nurses. Many nursing faculty are lured away to clinical settings because they can command higher salaries. The average annual salary for an advanced practice nurse in the U.S. reached \$74,812 in 2005, yet the average salary for APNs working in academia trailed at \$66,925. Discrepancies are even larger when looking at average

annual salaries of \$79,393 for APNs employed in hospital settings.⁸ Aside from the lower average salaries nurse faculty make in academic settings, a looming wave of retirements is just around the corner for many nursing faculty. Recent data show that the median age of full-time nurse faculty is 51.5 years.⁹

Also impacting the ability to retain nurses is the burnout that many nurses experience because of the long hours they often work and the stress of the job. Injuries also impact the ability to retain nurses; the physical strain can lead to back injuries and other musculoskeletal problems. Other nurses experience job dissatisfaction because they have high levels of responsibility, but often feel their profession is not afforded the level of respect that it deserves.

Average Age of Registered Nurses at Northeast Ohio Hospitals



Source: *The Center for Health Affairs.*
"Northeast Ohio Hospital and Nursing Facts." June 2006.

End to the Cyclical Nature of the Nurse Shortage?

While the healthcare industry has always experienced ebbs and flows in the supply of nurses, the convergence of a variety of factors is signaling that the current shortage is more complex and different, and that it will only intensify over the next 20 years. Many people believe that we are witnessing the “perfect storm” as a variety of forces – including an aging nurse workforce, a decreasing supply of nurses, and an increasing demand for healthcare services as baby boomers approach retirement age – combine to make addressing this shortage more challenging than at previous times in history.¹⁰

Finding solutions to the nurse shortage is more important than ever. The implications of a nurse shortage extend from longer waiting times for patients to an increased workload on existing nurses, which can intensify the nurse shortage issue. We know that shortages can impact a hospital’s ability to serve the community in a cost-effective way. Crowding in emergency rooms is an example of one effect of a nursing shortage. Not only do insufficient numbers of emergency room nurses slow a hospital’s ability to treat patients in this area, but shortages elsewhere in the hospital can have an effect as well. When other areas of the hospital, such as critical care and medical/surgical units, are short nurses, this hinders the ability of the hospital to transfer emergency room patients to these other areas and thus exacerbates the problem of crowding.



The Federal Response to the Nurse Shortage

History has proven that measures taken to address the nurse shortage can be successful given the right political will and motivation. World War II intensified the demand for nurses and helped draw attention to the growing need to address the nurse shortage occurring at that time. In response, U.S. Rep. Frances Payne Bolton of Ohio worked with a coalition of nursing groups and introduced legislation to establish the Cadet Nurse Corps.¹¹ The intent of the federal bill was to encourage young women to choose nursing as a career through the provision of scholarships and stipends in exchange for providing essential nursing services in the military or civilian life for the duration of the war. The bill also proposed allotting certain funds to participating state-accredited nursing schools.¹²

The Nurse Training Act became law on July 1, 1943. Any woman between the ages of 17 and 35 who earned good grades, graduated from an accredited high school and was in good health qualified for the Cadet Nurse Corps. Recruitment of cadets was most visibly promoted by corporations, cinema, radio and magazines and was highly successful. This program, which existed between 1943 and 1948, succeeded in graduating 124,065 nurses. Subsidies provided to certain nursing schools were used to enhance existing school facilities, enrich the curricula and increase faculty size.¹³



At the federal level, Title VIII of the Public Health Service Act: Nursing Workforce Development is the primary authorization of existing federal nursing programs. Passage of the Nurse Reinvestment Act of 2002 amended Title VIII and authorized new programs.

More recently, the key federal response to the nursing shortage has been passage of the Nurse Reinvestment Act of 2002, which focuses on recruitment and retention of nurses. Public service announcements promoting nursing as a profession are just one piece of this legislation. The law also authorizes cancellation of a large portion of loans for nurse faculty students who agree to teach at a school of nursing for a specified amount of time. The act permits educational scholarships to be given to nurses who agree to serve at a healthcare facility designated as having a critical nurse shortage.

Career ladder programs are also a focus of legislation, as another way to help those wishing to advance within the profession. In particular, grants are available to enable home health aides to pursue training to become certified nursing assistants, LPNs, RNs and APNs. To ensure the nursing profession is equipped to handle the aging population, the law also establishes comprehensive geriatric training grants.¹⁴ While passage of the Nurse Reinvestment Act was a victory for nursing advocates, funding for the new programs, which occurs through a separate appropriations process, has never reached the levels hoped for by the bill's sponsors.¹⁵

Ohio's Response to the Nurse Shortage

While advocates have worked hard over the years to address the nurse shortage, state lawmakers have not responded by passing a cohesive set of proactive policies designed to bolster the supply of nurses. Ohio has yet to invest significant state dollars or resources to address the shortage.¹⁶

However, passage of the most recent state budget bill did contain language which essentially earmarked \$1.4 million of federal Workforce Investment Act funding for nurse education. Discussions are ongoing about how to disburse the money. As of this writing it is thought that the earmark will be used to provide grants to individuals who are willing to be nurse educators in Ohio following completion of a minimum of a master's degree program.

The state budget bill also authorized creation of a Nursing Education Study Committee, which includes lawmakers in its membership, to examine the current nurse faculty shortage and lack of clinical placement sites. A report outlining strategies to increase the supply of nursing faculty and address the issue of clinical site placements is due by December 31, 2008.

Meanwhile, the Ohio Nurses Association, the Ohio Hospital Association and the Ohio Organization of Nurse Executives have been involved in a collaborative effort, the Nursing 2015 initiative, to recommend strategic tactics to enhance the nursing profession in the state. The four key areas the collaborative is addressing relate to: nursing education; work environment and work flow; nursing leadership development; and practice culture, conditions, benefits and staffing.

The Ohio Nursing Education Study Committee is required to consider all of the following before issuing its report by year end 2008:

- Salary disparities for nursing faculty members as compared to faculty members in other disciplines and as compared to salaries for master's degree-prepared nurses in health care settings;
- The feasibility and financial implications of providing a refundable state income tax credit to nursing faculty members for a specified limited period of time;
- The feasibility and financial implications of providing assistantships at a stipend level to nurses pursuing master's degrees or doctoral study who agree to become nursing faculty members in Ohio;
- The extent to which clinical simulation devices could be used to decrease the number of hours nursing students are required to spend providing care directly to patients in a clinical setting, including the portion of clinical hours that could be obtained in a clinical simulation laboratory;
- The disparity in the number of clinical hours students are required to complete in Ohio nursing education programs;
- The extent to which nursing education programs are adequately preparing nurses to provide care in community or public health settings, particularly to the geriatric population;
- Ways in which nurses may be more effectively utilized to train or educate healthcare workers providing care in community or public health settings.¹⁷

What Other States are Doing to Grow their Workforce

With the inadequate supply of nurses anticipated to continue to be an issue facing the healthcare profession, it is instructive to take a look at the innovative ways in which other states are addressing the nursing shortage. The case studies below offer a glimpse of the success achieved by both North Carolina and Mississippi.

North Carolina

Concern about the nursing shortage prompted North Carolina to become the first state to establish and fund a nursing workforce center. The state's General Assembly created The North Carolina Center for Nursing in 1991 as an agency whose primary focus is on ensuring there are sufficient nursing resources to serve the state's population. Since its inception, the Center arguably has created the most comprehensive state-level database on nursing supply and demand. While useful in their own right, these studies are powerful in that they are used to inform policy decisions that impact the state's nursing workforce.¹⁸

The North Carolina Center for Nursing serves as a model for the nation and 37 states have since followed suit and created a workforce center, each with differing levels of resources, focuses and outcomes. Some state workforce centers have sprung out of legislation, while others are non-profit entities.



Unfortunately, Ohio is one of just a dozen states which have yet to create a state workforce center.¹⁹ However, discussions over the past several years with regional and state workforce representatives across Ohio indicate strong interest in forming a virtual nursing workforce center that will serve a similar purpose.

Beyond creating a defined network of regional and state initiatives in Ohio, one of the single most important benefits is to allow Ohio to apply for membership in the national Forum of State Nursing Workforce Centers. Over the past five years, the Forum has gained increasing prominence as a resource center to its members by providing a Web site that supports sharing programs, ideas and data about the nursing workforce.

To date, 24 states have joined the Forum. Furthermore, the Forum's annual conference, which is open to non-members, is considered one of the most valuable resources in addressing nursing workforce shortages on both local and state levels.

Mississippi

For those looking for ways to address the salary disparities that exist between nursing faculty and nurses working in clinical settings, Mississippi offers an innovative solution. The state's nursing workforce center, the Mississippi Office of Nursing Workforce, has been instrumental in gathering and analyzing data on the supply of nurses and anticipated shortages for the past nine years. As part of their research into the supply of nurses, the workforce center has also been collecting and analyzing nursing faculty workforce data for seven years reflecting resignations, retirements, and projected vacancy rates with 100 percent of the deans and directors responding to the surveys.

The Mississippi Council of Deans and Directors of Schools of Nursing collected data on the salaries of faculty teaching at the associate, bachelor's, and advanced degree levels. This information was then compared to average nursing faculty salaries throughout the southeastern United States, and also to advanced degree nurses working in hospital clinical settings across the state to get a sense of the disparities in earnings. This benchmarking revealed that nursing faculty earned significantly lower salaries than other southeastern faculty. Additionally, nurses with advanced degrees working in non-education positions may earn as much as two times that of educators.

The Mississippi Office of Nursing Workforce reports this workforce data to state lawmakers annually in an effort to continue building a relationship of trust and reliability. Nurse advocates have continued to inform the legislature of the growing nursing shortage issue. With the average age of nurse faculty being five to ten years older than nurses working in clinical settings, the state was staring at an anticipated 25 percent vacancy rate for faculty in two years in the absence of proactive measures.

Being armed with solid data and research demonstrating the anticipated future nursing shortages was key to the success that the Mississippi Nurses Association has had in lobbying the legislature for additional funding to supplement nurse faculty salaries. Working collaboratively with a diverse group of stakeholders, including the state hospital association, state medical association, and Governor's office, a task force was created to develop recommendations for improving the supply of nurses in the state. One of the recommendations of the task force was for nurse faculty at both community and four-year colleges and universities to receive a \$12,000 increase in their salaries over three years.



An awareness campaign was launched to help educate lawmakers and the public about the importance of addressing the nursing shortage in the state. Themed “Saving Nurses Saves Lives,” the media campaign was successful at building support for the nurse faculty salary raise and state lawmakers approved \$12,000 additional funding per full-time nurse faculty working in public hospitals over 2006-2007. This is a significant investment as there are between 450 and 500 full-time nurse faculty employed at public hospitals in the state.²⁰

What NEONI is Doing to Grow the Nursing Workforce

Locally, a coordinated, strategic effort has been underway to solve the nurse shortage issue. Seven years ago, The Center for Health Affairs created the Northeast Ohio Nursing Initiative (NEONI) to address the growing nursing shortage. NEONI represents the nursing workforce interests of 183 members representing 55 healthcare organizations to create and sustain a strong professional nursing workforce in the Northeast Ohio region. A variety of programs have been created under NEONI to help boost the supply of area nurses.

The career shadowing program, a staple NEONI project, allows high school students to experience a healthcare profession by interacting with healthcare professionals in their workplace setting. Since the program’s inception in 2002, 2,700 students from over 100 area schools have shadowed a nurse or allied health professional at one of 28 hospitals in the region.

An impediment to increasing the capacity of nursing programs is the administration of clinical site placements for nursing students. Every student nurse must complete experiences in clinical settings as part of the education process. The scheduling of these students can be time-consuming for both hospitals and schools of nursing. In response to this problem, NEONI has implemented an online clinical placement program, StudentMAX™, designed to improve clinical placement capacity, increase access to new clinical sites, and allow greater ease in matching nursing students with clinical placements. Having finished the pilot project, 16 schools and 17 hospitals are now taking advantage of this online clinical placement tool. StudentMAX™, which was developed by The Oregon Center for Nursing, has successfully reduced staff time and increased the number of placements by 25 percent in Oregon.

Helping students achieve academic success, and thus increase the nursing supply, is another goal of NEONI. BluePrint for Success is a Web-based resource created by NEONI that is designed to provide nursing students with a variety of useful tools and information. Whether a student needs help with dosage calculations, is having a personal crisis and requires financial assistance, or simply needs help preparing their resume, www.NEONI.org is a one-stop-shop for nursing students.

Classroom Faculty vs. Clinical Faculty

Nursing students receive instruction from two types of faculty: those who are instructing them in the classroom, and those who are instructing them as they are doing their clinical training in healthcare settings.

While dependent on the type of nursing program, classroom faculty have a minimum of a master’s degree in nursing and may require a PhD, while clinical faculty have a minimum of a bachelor’s degree.





One of the newest NEONI programs is aimed at addressing the shortage of nursing faculty. Funded by the Robert Wood Johnson Foundation and administered by the Northwest Health Foundation, NEONI worked with local partners, The Mt. Sinai Health Care Foundation, the M.E. & F. J. Callahan Foundation, the Frances Payne Bolton School of Nursing at Case Western Reserve University and the Mt. Sinai Skills & Simulation Center, to form the North East Ohio Nursing Faculty Corps Program. Over the next two years, programming will be created to attract and mentor registered nurses to become clinical and classroom nursing faculty. Another unique feature of the program will be to offer intensive education in the use of simulation as a teaching methodology to new and existing nurse faculty in an effort to maximize the abilities of educators to clinically educate nursing students.

How Area Hospitals Are Addressing the Nurse Shortage

Career Promotion

Northeast Ohio hospitals are keenly promoting nursing as a rewarding career choice. In addition to being involved in NEONI's Career Shadowing Program, one local hospital has a nine-week summer camp to host high school students interested in nursing and also offers paid internships to high school students.

Student Nurse Education

Area hospitals have also been actively involved in student nurse education. There has been a huge movement in hospitals to work with local schools of nursing to assist in the clinical education of nursing students by providing clinical site experiences, preceptors, and even using qualified staff nurse employees as clinical instructors.

One Northeast Ohio hospital provides staff nurses and master's-prepared Clinical Nurse Specialists to serve as faculty for at least four area schools of nursing to help students fulfill both clinical and preceptor experiences.

Yet another local hospital has been working collaboratively with local schools of nursing to harness the use of technology to help solve the problem of insufficient nurse faculty. An online software program designed to recruit and maintain a database of qualified hospital nurses has been created to meet the demand for clinical instructors at schools of nursing.



Preceptors are experienced licensed nurses who meet the Ohio Board of Nursing requirements and provide supervision of a nursing student's clinical experience at the clinical agency in which the preceptor is employed.

Preceptors work with no more than two senior level nursing students at any one time and implement the clinical education plan at the direction of a faculty member participating in the course in which the student is enrolled.

The computer program was launched in May 2007 and will hopefully not only fill current faculty vacancies, but also help to increase the number of students schools can enroll. A one-day “boot camp” was created to attract hospital nurses interested in becoming a clinical educator. Recently, the hospital has been talking to other hospitals about the potential of using this program in their own facilities.

Meanwhile, another area hospital has created a communication network with their staff nurses to offer preceptor training and incentives to complete it. This hospital has also created a program to provide summer employment to student nurses. Efforts are made to attract nursing students who grew up in Cleveland but attend college elsewhere to entice them to come home and work at the hospital when they graduate.

Tuition Reimbursement

Beyond being involved in student nurse education, virtually every hospital in the region has some type of tuition reimbursement program to allow nurses to further their education or to provide an incentive for employees who wish to become nurses. For example, one area hospital is partnering with a community college to carry out a federal grant aimed at supporting hospital employees seeking to become registered nurses or radiology technicians. Another local hospital has a scholarship fund to provide educational funding to nurses to support baccalaureate or higher education.

Nurse Retention

Northeast Ohio hospitals are also working hard to retain nurses. One area hospital has made considerable strides to hold onto mature or retired nurses. Grant funding enabled the hospital to create the “Wisdom Works” program, which keeps older nurses either employed or involved as volunteers. The hospital has older nurses who also serve as admission nurses for patients, thus relieving staff nurses, especially older nurses with limited mobility.

Another area hospital has thought creatively about ways to retain working parents in the workforce. Several years ago it instituted the “Parent Shift” to attract nurses who can work while their children are in school. With shifts as small as two hours, the hospital created this shift as a way to help relieve staff nurses when patient loads are heavy.



Conclusion

With all signs pointing to a rising demand for nurses, the importance of finding solutions to address the nurse shortage cannot be overstated. Nurse shortages threaten hospital operating margins, because of the associated increase in personnel expenses, and can lead to overcrowding and subsequent increased wait times.

While legislative strategies designed to combat the nurse shortage have historically been reactive and meant to fix short-term problems, the looming shortage and unprecedented convergence of factors demands proactive solutions. State lawmakers have taken a step in the right direction by earmarking federal funding to support nurse education and forming the Nursing Education Study Committee to examine the current nurse faculty shortage and lack of clinical placement sites.

Yet Ohio lags behind other states, like North Carolina and Mississippi, that have gone farther and created a state nursing workforce center. Having a state nursing workforce center would create a vehicle to provide non-partisan nursing supply and demand data, research and disseminate successful nurse recruitment and retention techniques, as well as explore strategies to boost the supply of nurse faculty.

Policy solutions to address the shortage of nurse faculty members, such as increasing funding for nurse education loan programs and providing education tax credits, are also important. Further relating to education, exploring the feasibility of funding simulated learning labs is another exciting opportunity to help address the shortage of clinical placement sites.

Addressing the nurse shortage remains one of the greatest challenges to an effective healthcare delivery system. As the baby boomers approach retirement age, it is imperative that steps are taken to ensure a sufficient supply of qualified nurses.



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The Center for Health Affairs is a hospital trade association representing 35 hospitals in Northeast Ohio and serving those organizations and others through a variety of advocacy and business management services. CHA also works to inform the public about issues that affect the delivery of healthcare. Formed by a visionary group of hospital leaders 90 years ago, CHA continues to operate on the principle that by working together hospitals can ensure the availability and accessibility of healthcare services. For more on CHA and to download additional copies of this brief, go to www.chanet.org.

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