



To: The House Labor and Industry Committee
Regarding: The nursing workforce crisis from the nurses' perspective
Hearing Date: Tuesday, May 7, 2024, at 9:45 AM

My name is Annmarie Chavarria, and I am currently the Chief Nursing Executive at Lehigh Valley Health Network. I have been a nurse leader for over 20 years, and I have extensive experience dealing with the nursing workforce crisis. Prior to moving to Lehigh Valley, I was a Chief Nursing Officer for Tampa General Hospital in Florida. There I was appointed to the board of directors for the Florida Center for Nursing. The mission of the Florida Centers for Nursing was to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. Safe nurse staffing and building our workforce has been of utmost importance to me, and I appreciate the opportunity to provide my testimony on this topic here.

Sustainable, effective, and affordable healthcare comes at the cost of an adequately educated, supported, and a sufficiently staffed nursing workforce. With more than three million nurses at the front lines of patient care, there are still professional vacancies that are expected to total almost one million nationally, in the next five years. To date, there have been significant efforts made to mitigate the nursing shortage by addressing student enrollment and the nurse faculty shortage. Reformation of the nursing educational system is undeniably a necessary element in addressing the nursing crisis and we need to continue to focus on building our pipeline of nurses. However, the bigger problem is that regardless of the number of new nurses graduated each year nationally, the number of nurses leaving the profession is surpassing graduation rates. Education is necessary, but if the profession of nursing does not find a way to retain both novice and expert nurses, then the efforts will have been in vain. Retaining nurses is paramount and it requires empowering nurses through reformation of the work environment. The most critical solution for the nursing shortage requires the development of policies that aim to reform the nurses' work environment. I appreciate the opportunity to offer some ideas.

Legislative action is needed to create policies for the following imperatives:

- Create a special state board consisting of nurse leaders and nurse educators from across the state who can assess issues of supply and demand of the nursing workforce including education, barriers to full scope practice, proper reimbursement structures, recruitment, and retention. This board would make data driven recommendations to policymakers and the governor.

- Standardize and require staffing data from healthcare organization be reported to the board so the most pressing and statewide workforce issues can be identified and addressed by the state board and ultimately policymakers.
- Mandate healthcare organization implement staffing committees, that consist of bedside nurses who report data to the state board. This will keep frontline nurses engaged and part of the ongoing efforts to improve the current workforce.
- Remove barriers to full scope of practice for RNs and APRNs in all states and remodel payment systems to reflect the value of nursing care.
- Enhance current policies that support nursing educators, nursing programs and nursing students. Provide funding for nurse educators in the way of stipends that will align their salaries with inpatient nurses. Increase grant dollars for potential nursing students with a special focus on minority and underrepresented populations. Increase funding in the way of loan forgiveness for all nursing graduates who work in hospitals and short- and long-term care. Create reimbursement funding that supports hospitals that work with universities to increase their student nurse population.

Despite the amount of literature and data that exists regarding the importance of the work environment for nurses, there has been little effort to create policy to stabilize the work environment for nurses. Chronic workplace stress is causing 62% of nurses in the profession to report feelings of burnout. Nurses near retirement age, which report feeling burned out, are opting to retire early. Nurses believe they need to be more involved in driving innovation, providing data-driven healthcare, and broadening technological capabilities.

Nurses report sources of stress in the work environment are unreasonable workload demands, inadequate staffing, unethical work climate, inadequate training and professional development opportunities, and ineffective leadership. Despite the evidence suggesting the need for aggressive work environment reform, a plethora of suggestions and ideas overshadow legislative and policy action.

Historically, the main attempt in “reforming” the nurse work environment, came in the form of regulating nurse to patient ratios. With its many pros and cons, it is a short-sighted effort at best, to improve the work environment for nurses. Although multiple studies have been conducted there is no evidence that mandated ratios improve nurse retention or improve patient outcomes. Furthermore, mandating ratios during a nursing shortage would have detrimental effects on our profession and on our communities. Mandating ratios robs nurses of their professional autonomy by taking decision making away from nurses. More importantly, mandating ratios will cause hospitals and other healthcare facilities to close units or services which will have damaging effects on our communities and add further stress to our emergency departments. Increased stress on our emergency departments could adversely impact safety/quality for some of our sickest and most critically ill patients. We learned during the pandemic that when nurses were in the highest demand it caused nurses to move into travel nurse positions. We entered a bidding war that crippled and devastated many hospitals. Most hospitals are just starting to recover from this, and mandated ratios will send us right back into that tailspin.

In addition to mandated ratios legislation usually includes a requirement of public reporting regarding staffing levels. Nurse staffing is extremely complex and considers multiple factors such as patient type, acuity, nurse experience and training. The public does not have enough information to evaluate nurse staffing effectively. Public reporting of nurse staffing will cause confusion and may deter people from seeking treatment at the most appropriate facility. It may even discourage people from seeking treatment all together if they fear they will not be cared for appropriately.

The Improving Care and Access to Nurses (ICAN) Act was introduced in April 2023; its purpose is to expand the scope of practice for APRNs by removing barriers that restrict practice. Nurses need to practice to the fullest extent of their training. As we break down barriers to full scope practice, legislators have made no effort to ensure payment systems are redesigned to reflect the value of key nursing roles through proper reimbursement for services rendered. Dr. John Welton, Professor Emeritus, University of Colorado, states, "The current financial model for nurses dates back to the 1930s, one that rolled nursing services into room rates for insurance reimbursement and placed nursing services as a cost to healthcare systems. The way the nursing reimbursement model is constructed contrast starkly from other professionals. All other healthcare professionals bill for services except nurses.

In closing, I want to thank the committee for learning more about this complex issue and look forwarding to working with you to make sure the Commonwealth builds and retains its healthcare workforce.

Annamarie Chavarria, DNP, MSN, RN
SVP and Chief Nursing Executive
Lehigh Valley Health Network

Contact:
Mary Tirrell
Vice President, Government and Legislative Affairs
Mary.tirrell@lvhn.org
610-202-8052
Lvhn.org