

Episode 54

Jason Altmire: Hello, and welcome to another edition of "Career Education Report." I'm Jason Altmire, and today, we're gonna talk about the nursing shortage. We've spent a lot of time focusing on the workforce shortage across America in the different professions, and today, focusing specifically on the nursing shortage, which is an acute problem across America, and our guest today is Patty Knecht. She is vice president and chief nursing officer for Ascend Learning Healthcare. Patty, thank you for being with us.

Patty Knecht: Thank you, Jason, I appreciate it.

Jason Altmire: And the reason I had you on is you are a thought leader in this space, and we very much appreciate you joining us for the episode. You've done a lot of work on this, you've studied it. I saw an opinion piece that you wrote that made some strong recommendations on what we can do about the shortage. I wanna, before starting into the details of the issue, I just wanna ask about Ascend Learning Healthcare. Can you tell us a little bit about what you do?

Patty Knecht: Sure, I would love to. So at Ascend Learning Healthcare, I'll start with our motto, because I think it really tells a quick story, is we help to change lives, and we're committed to accelerating the learning pathway for all people that allow them to move into careers across healthcare, education, wellness, and safety. Essentially, we're a software-based company, we're data-driven educational support, and how we accelerate that learning is we do it through educational technology. We also do it through focused remediation. We use analytics in order to help both the individual learner and the programs, the schools, the universities, improve their outcomes, and thus, create a graduate that will feel more confident and their retention will be improved in that healthcare space. So our sole purpose is to really open up those doors wide to that healthcare education pathway, and allow students to have the great success of being a healthcare provider, which I have loved over the last four decades.

Jason Altmire: And can you talk about, as we think about the shortage of nurses, I think everyone kinda takes for granted that nurses exist in the healthcare ecosystem, you see them wherever you go in healthcare, but, you know, globally, across the healthcare system, what is the role of nurses? And I would include within that discussion the assistants, nursing assistants, physician assistants. There's a lot of public policy debate about what level of education is necessary to carry out certain tasks in the nursing profession. How do you see all of that play out?

Patty Knecht: So I think what's important, first, for the public to know and understand is that there are various entry points for nursing within the healthcare system, and each one of them is unique and important. From that frontline worker, who is that potential certified nursing assistant, could be a medical assistant, what's their first step into a health career? That could occur even while they're in high school, depending on the criteria and the certifications available to them. They could start that career in a technical setting, then, as they take that next step, it could be a career ladder that they choose to follow, or they could decide right out of high school that they're gonna enroll in a university baccalaureate RN program. That's one choice. They're essential within both your acute-

care settings, your outpatient settings, long-term care, you name it. When you enter a healthcare setting, you'll highly likely interact with a nurse, and that nurse could be that RN, or a very important other licensed role is the licensed practical nurse, or in some states, called the licensed vocational nurse. That's a much shorter program, often housed in our career and technical schools, could be in other educational settings, and also could be in our community colleges. So I think, first, what I love to help people understand is that nurses are present in our healthcare settings in order to ensure safe, effective continuity of healthcare. They're often that pivotal wheel, cog in the wheel, that ensures that all of your healthcare is gonna go smoothly, whether it's that entry-level person who's trained at a certificate level, or your licensed LPN, RN, or your advanced practice nurse, who could be your nurse practitioner, or could be your certified registered nurse anesthetist, and then if we go on the medicine side of the house, could be your physician assistant. All of those roles come together as an interdisciplinary team to ensure that we, in the United States, have access to high-quality care that's based on evidence. So in our recent, most intense times, as Covid hit, these nurses, you heard them on the news, you heard about the LPNs that were in the long-term care settings and were dealing with countless hospitalizations that were causing their elderly patients to become more ill. So in many times, in that particular situation, that LPN might have tried to stabilize that patient in that environment, in that long-term care facility, or determined, in collaboration with the RN and the physician, that they needed to move to a higher level of care in an acute care setting or a critical care setting. So all of these different, various points of care involve nurses, and the nurse's ability to interact with the patient is essential to their recovery.

Jason Altmire: So with that as background, we talk about the gap that exists in the available jobs for nurses and the people that are able to fill them. What does the data show? What exactly is the shortage of nurses in this country? What are the numbers?

Patty Knecht: Yep, so we have a lot of different reference points that we can look at, but it's estimated that the United States will have a gap between 200 and 450,000 nurses available for direct patient care by the year 2025. That's right around the corner. Why has that happened? It's happened because the average age of a nurse continued to increase over time from a workforce perspective, so we ended up having a slightly aging nursing population. Thus, these baby boomers are ready and in retirement mode, and so we have seen an exodus of our nurses from a retirement perspective. That alone could have implicated the shortage and could have really caused some unrest in our healthcare system, but what has complicated that is, particularly after covid, although there are many pieces of evidence that will also point to before Covid, we were starting to have some workforce impacts to our nurses, where the amount of burnout, extreme stress, the workplace violence, was increasing, and as a result of that, we know that there's statistics now that are telling us that even our 30-and-under nurse age category is leaving nursing and moving to other, maybe other areas that are still requiring a license, but are less direct patient care, but there are some nurses who are leaving the profession completely, and that's really the part that woke up the country and said, okay, it's not just all about the retirements, it's also about the workplace and our need to ensure that we are creating a safe workplace for our nurses to practice and serve our communities.

Jason Altmire: So as we sit here in 2024, and you said, and you've written, that more than 610,000 registered nurses have the intent to leave the workforce by 2027, so we're talking three years from now, that America, if that is true, would need to double the number of new nurses entering the workforce yearly, every year, for the next three years, just to meet that demand, not incorporating any growth that occurs, so this is a nationwide problem that has real implications, as you have mentioned. And I know that, for example, the Department of Health and Human Services has recognized it. They made an investment of \$100 million prioritizing nursing workforce development. Do you think that that is enough? Is there more that can be done? And how has that \$100 million working to help address the problem?

Patty Knecht: So that \$100 million is honestly just a start, Jason. There are many of my colleagues who are concerned that that's only a little ping in the large ripple of what we need to do. The problem is multifaceted, though. Let me talk about the \$100 investment just for a minute. In that \$100 million dollar investment, there are some fabulous programs. To start with, there's 8.7 million of that that is gonna be used to train LPNs and LVNs to become RNs, so part of where we need some help is to make sure we have really strong pathways so that we're able to bring people into a healthcare career and quickly move them along the pathway so that they recognize that they have a sustainable wage, particularly in the impacts of inflation that we're feeling today. So that's one of the areas that's critically important. There's also 26.5 million that is allocated to the nursing faculty loan program. That's across many types of nursing, I talked about some of them briefly before, and again, it's to encourage individuals that are in a situation where perhaps they couldn't take on the full burden of the cost of education, and it gives them the likely ability to be able to recoup some of that money when they graduate and they provide service to our communities. And aligned with that, remember, we also have even more of a critical shortage in some of our underserved and rural areas, so some of this \$100 million dollars is strategically focused on making sure that we reach those particular areas. The other piece that I would love to mention is there's \$30 million that is invested in residency and fellowship programs, and what we have learned over time is, when someone enters in a nursing program, we are graduating a generalist who is able to practice at a minimum entry level, and remember, when a nurse graduates, they are... Yes, they have an onboarding program, they have a residency program, but not all programs look alike across our country, and what we wanna ensure is that there's a very solid entry point, that the nurses are feeling guaranteed, that they will walk into an environment where they are supported, where they're able to transition to a larger patient load, and really be able to engage as quickly as possible in what we refer to as clinical judgment. Clinical judgment is part of what makes a nurse a nurse, and particularly when you get into the area of licensure. And why is that so important? It's so important because there is evidence that has confirmed for us that 46% of tasks performed by entry nurses are linked to clinical judgment, and 50% of novice nurses are involved in patient safety events and critical incidents. That's a 2020 statistic. So think about that. If you're a brand new nurse and you enter your first job, you're excited, you love nursing, and then you make a mistake, it really is impactful to retention, it is impactful to that nurse feeling very confident in their new career, so the need for nursing education programs and then that segue and some of that invested money to help ensure that we are transitioning nurses from the education environment to the practice environment in a way that is more seamless is essential, right now.

Jason Altmire: And what's the role of nursing schools in this equation?

Patty Knecht: So in the last year, so April 1st, 2023, we have an exam, which is the entry to practice exam, it's called NCLEX, and it is administered by National Council State Board of Nursing. They had done some very extensive research in the previous, probably, about seven years, where they, every couple of years, engage in an in-depth practice analysis. They observe what nurses are doing every day in their healthcare setting, and what they identified is that we needed to ensure that on that exam, we were testing the student graduate for competency in clinical judgment, so what became important is that there were new ways of measuring from a psychometric perspective, so a very fair perspective, of whether a nurse had gained the knowledge, and the skills, and abilities in order to perform those clinical judgment decisions. And so that's what nursing schools in the last two years, in particular, have laser-focused on, ensuring that they were using different types of modalities, like a simulation. Simulations became core to nursing education. You can't expect that every student will have the exact same clinical experience, and one of the barriers to enrollment, one of the barriers to increasing the pipeline of students and being able to get them through a nursing program is the lack of clinical sites, along with the nurse faculty shortage, which I can get to in a minute. And so nursing schools have focused strategically on how do I balance and be able to use educational technology tools, like a simulation. Very similar to what originally grew up in the airline industry, it's how pilots were trained for emergencies that could occur, and now we use it extensively in the healthcare environment, and it allows students to be able to make mistakes, it allows students to be involved in adaptive learning technology so that they're able to really learn real time, with realistic scenarios that then transfer much easily, much more easily, to that environment in healthcare, that that will be very quick to be part of their job role.

Jason Altmire: And you've made a number of recommendations on things that can be done that'll make a real difference in solving the problem of the workforce shortage, and you mentioned the shortage of nursing faculty in schools. You also talk about student support services for a very, very challenging and rigorous academic journey that some students may not be prepared for, and you talk about the general issue of student preparation moving into a nursing education in a higher education setting. What are some of your top recommendations, as we draw to a close, in helping to solve this problem?

Patty Knecht: The one thing I would like to highlight is that there is demonstrated academic learning loss that has occurred as a result of Covid, and we are still experiencing that in all of our schools throughout the country. Now, when I opened up, one thing I didn't mention is that Ascend Learning ATI Nursing, we're in almost 70% of the nursing schools, so we see firsthand what's happening, and the nation's report card confirms that we have delays that are being noted in reading and math skills. In addition to that, we administer an entrance test called TEAS, and in that entrance test, it was clearly noted that the people who did not decide to enroll in nursing schools, the majority of them, 69%, cited that it was a lack of academic preparedness, so top priority is that we prepare and provide for our schools educational technology environments where students can learn and relearn some of those key attributes of math and reading that are critical to their success in a rigorous program. So what does that look like? It looks like immersing a student in some what I'll call very basic skills in math, but then reinforcing it throughout, even, their journey in the nursing

program or healthcare program, making sure that there is focused remediation, that there's a adaptive learning, that we are cognizant of the fact that students no longer learn by just reading information, that we have to meet them where they're at, and they live in a world in which they expect to infuse and become deep in knowledge by having multi-senses being impacted, so animated videos, case studies, simulations, predictive testing that focus them very quickly on short tidbits of learning that they can easily digest, and then we can stack the next piece of learning on it so that we get them to the end result of that comprehensive knowledge base they need in order to make those good decisions at point of care. So that's critical to where we need support. In addition to that, we need support for our nurse faculty. We have had a significant turnover. We have a 9% vacancy rate in our nurse faculty seats across the country, and as a result of that, we're seeing really strong clinicians coming in and joining our nursing faculty, and we love it, but what we know to be true is they maybe didn't have education programs and education principles as part of their journey, they're a strong clinician, so we need to have our government support funding that will immerse these new leaders, these new faculty, in really understanding how to engage students in the year 2024, and making sure that they have adequate resources and infrastructure in order to create those programs, and provide that access. You know, the one point I would also love to make is there is incredible evidence that says people respond better to healthcare when there is someone who looks like them, who they can relate to, who's providing that frontline care, so our ability to diversify our workforce, and have those doors open, and support those students through their educational journey in healthcare is adamant, from that medical assistant, nursing assistant, right on up to that nurse practitioner, physician, whoever it might be, in that healthcare system. Lastly, to expand that capacity of nursing schools, we talked about the need for clinical sites, so our ability to look at new, emerging clinical technologies, telehealth, definitely got wings during Covid, and remains to be a very important part of our healthcare delivery system. Our students need to be educated in those types of environments, and we need to recognize that that's part of the educational process, and thus, the pathway to ensuring that we provide really solid healthcare for all of our people in the United States. And immigration's part of this whole story, too. We can have fabulous impacts to our shortage if we look at really positive ways in which we can support people who might come here through various programs, and how can they enter that health career and get in that pipeline.

Jason Altmire: Well, we have covered a lot of ground here in this discussion, and I think there's probably a lot of folks out there that would like to learn more, both about the data and the problem, but especially the solutions. If they wanted to learn more about the work that you do or Ascend Learning Healthcare, how would they find you?

Patty Knecht: Well, they are more than happy to just go on Ascend Learning Healthcare, and we always have a way that you can chat in and get information. They also can certainly reach out to me directly at Patty, P-A-T-T-Y, dot, Knecht's my last name, K-N-E-C-H-T, at atitesting.com. We would love to connect. We spend a fair amount of effort making sure that we are connecting with our external partners, our associations. There are so many people for which are passionate about this problem right now, and together, we are several million strong as nurses, even larger as a larger healthcare entity, and our voices need to come together to be heard, and really make an impact, and ensure that our legislators consider and move forward, quickly, funding to avert this shortage.

Jason Altmire: Our guest today has been Patty Knecht. She is vice president and chief nursing officer for Ascend Learning Healthcare. Dr. Knecht, thank you for being with us.

Patty Knecht: Thank you so much, I appreciate your emphasis on this issue.

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