

NATIONAL COUNCIL OF NURSING EXECUTIVE SUMMARY OF THE 1998 IHS NURSE SURVEY

Introduction

The National Council of Nursing (NCON) is a nationwide consortium made up of nurse leaders from the 12 Areas of Indian Health. These representatives are area and national nurse consultants, nurse recruiters, advanced practice nurses, urban nurses, and officers of the National Council of Nurse Administrators (NCONA) from Indian Health Service/Tribal/Urban (I/T/U) programs. NCON provides leadership and advocacy for comprehensive health care delivery responsive to present and future health care needs of American Indian and Alaska Native people. NCON also discusses issues, resolves problems, recommends action for change and keeps abreast of current trends in nursing and health care.

Background

In 1981 the Indian Health Service initiated a Nurse Retention Study. This study, which included identified problems and issues, was presented to the National Council of Nursing. In response, the NCON developed an Action Plan in 1982 to address and improve some of the problems identified. The following deficiencies were identified:

1. Quality of supervision and management changing in staffing patterns.
2. The use of patient classification systems.
3. Alternative work schedule.
4. Autonomy through use of clarification of role definition and responsibilities.
5. Recognition and awards.
6. Development of the Nursing Education Center for Indians (NECI).
7. Housing and safety precautions.

NCON implemented several positive changes during the early 1980's, however the severe nursing shortage present in the US at that time definitely impacted Indian Country also. In an effort to determine the effectiveness of the 1982 Action Plan, a national survey was completed in 1984. After the survey was completed, the original Action Plan for Nurse Recruitment & Retention that was established by the NCON was expanded and then implemented.

Other activities and programs have been reviewed, updated and adjusted continually since then to improve nurse satisfaction, recruitment and retention:

1. A special pay rate was implemented in 1991.
2. Nursing school recruitment and retention grants were developed (Section 112).
3. Specialty training programs were developed and offered in OB, perioperative, wound care and ostomy care, leadership, etc.
4. National nurse recruiter positions were established.
5. Loan Repayment Program was established.
6. Budget and facility expansion to increase nurse staffing.

As a result, the IHS has been able to decrease the vacancy and turnover rates.

Methodology

During the 1990's, tremendous changes have impacted health care delivery in the US and the administration of IHS. To determine the impact of these changes, and to prepare for the predicted new and even more severe nursing shortage in the next few years, IHS Nursing determined it was necessary to repeat and update the original survey of 1984 again in 1998.

The 1984 survey was designed to determine what factors influence nurses to either remain with or leave IHS and what factors associated with both the living and work environments were perceived as satisfying or dissatisfying. With only minor changes the questionnaire used in the 1998 survey was the same as in 1984.

The purpose of the 1998 survey is a comparative study to determine any and all changes that have occurred in policy and nursing practices since the "Registered Nurse Recruitment and Retention Survey" that was completed in 1984. In addition, the survey was intended to determine what improvements have been made, what changes need to be made to continue to attract and retain nurses, and what changes should be made to meet the future patient care needs of Indian people.

In August of 1984, 1,690 registered nurses in the Indian Health Service (IHS) were surveyed to determine what factors influenced them to either remain in or leave the IHS. Of 1,690 registered nurses surveyed, 1,339 or 79.2% returned the questionnaire. The questionnaire was designed to profile registered nurses currently employed by the IHS.

In October of 1998, 2,554 registered nurses in the IHS were mailed questionnaires. Of the 2,554 surveyed, 1,103 or 43.2% returned the questionnaire. Respondents included hospital or ambulatory care based registered nurses who provide either direct or specialized services, and public health nurses who provide care in the community setting. The 1998 Survey questionnaire which included 214 questions was different than the one used in 1984 in the following ways:

- The term Indian Health Service/Tribal/Urban (I/T/U) replaced IHS throughout the questionnaire
- Identification of type of scholarship for payback
- Type of facility in which the nurse is working was expanded to include non applicable, advanced practice nurses and nurse specialists
- "Advanced Practice Nurse" was added to the choices for functional titles (CNP, CNM, CRNA, CNC). Community Health Nurse was also changed to Public Health Nurse
- The 40 hour work week category was expanded to include 12 hours per day in addition to 10 hours per day
- Identification of assigned Service Unit was deleted
- Tribal and Urban were added as employment status options
- A section was added to examine the impacts of changes which have and continue to take place in I/T/U since 1984

Due to the changes in Indian Health Service and Office of Management and Budget clearance requirements, the 1998 Survey did not go out to the majority of tribal and urban programs until the end of 1998 and early 1999. Therefore the results contained here are more reflective of IHS nurses. As soon as the results are compiled from the tribal and urban nurses they will be figured into the Executive summary and tables.

Since this survey instrument is essentially the same and the primary purpose is a comparison to the 1984 results, the basic data analysis techniques are the same as those utilized in 1984. In order to better interpret the responses elicited, responses were often broken down and examined by: 1) the IHS Area and 2) position (nurse specialty).

Significant Findings – 1998 Nurse Survey

It was hoped that the 1998 survey would evaluate the outcome of actions implemented from the 1984 study with respect to recruitment and retention and also identify new problems. Issues specifically identified in the 98 survey were lack of:

1. Local administrative support.
2. Adequate time for supervisory clinical nurses to perform administrative activities.
3. Opportunities to improve skills and knowledge through continuing nursing education.
4. Expectations placed on nursing administrators by facility administration.
5. Opportunity for career advancement.
6. Security precautions at work.

Based on the findings mentioned above and contained in the results of the surveys, the following issues were identified in 1984 and continue to still be present in 1998.

The following table is a comparison between the 1984 and 1998 Nurse Surveys, looking at professional experience and identified issues that still persist as major dissatisfactions.

Identified Issue	1984 Survey Dissatisfaction %	1998 Survey <i>Dissatisfaction %</i>
Local Administrative Support	39%	45%
Adequate time for nursing administrative activities	41%	41%
Opportunities to improve skills and knowledge through continuing Nursing education.	39%	40%
Opportunities to maintain skills and knowledge through continuing nursing Education	34%	36%
Expectations placed on nursing by facility administration	28%	35%

Perform tasks outside nursing scope of practice	65%	65%
Additional work with no compensation	49%	54%
Unpredictable work schedules	62%	62%
Staffing (Inadequate)	62%	62%
Immediate supervisor performance:		
• Recognition for clinical nursing skills	30%	33%
• Staff self-esteem enhancement	29%	30%
• Leadership and problem solving	30%	30%

The average respondent has been in IHS for 9 years, compared to 6.75 years in 1984 Survey. Sixty-five percent of RNs now employed intend to remain in their current positions. The average age of RNs is 45.9 years. Eighty three percent are civil servants, 13% are commissioned officers, 0.8% work in tribal facilities and 0.5% work in urban facilities. Forty two percent graduated from an associate degree program in the 1984 Survey with similar results in 1998; while 32% in the 1984 Survey graduated from a bachelors degree program as compared to 41% in the 1998 Survey.

Respondents were queried with regard to the impact of changes since 1984 that included such factors as restructuring, I/T/U redesign, self-governance, and managed care. “Your ability to do your job” was viewed by a higher percentage of respondents as having a positive influence rather than a negative influence. Three of the top seven top factors influencing 82% of RNs to join the IHS were economic reasons such as salary, fringe benefits, and job security.

Respondents were well satisfied with several aspects of their professional work experience and their area of nursing. These include rapport with patients, quality of nursing care provided, and specific area of nursing in which they worked. Overall, the respondents expressed satisfaction with their immediate supervisor’s performance, being open to nursing staff, fair evaluations, and being prepared for supervisory functions and responsibilities.

A few of the most satisfying factors included climate, acceptance as member of the community, and outdoor recreational activities. Of interest, another satisfying factor included housing and the availability of housing.

Dissatisfactions were in the area of recognition of clinical nursing, self-esteem enhancement, and leadership in problem solving. Respondents indicated that staffing was inadequate to provide quality-nursing care. Of significance, there was probably less satisfaction expressed regarding management than any other factor in the survey. Non-

Indian registered nurses stated that the Indian Preference regulation is a barrier to career advancement.

There was overall satisfaction with security in the workplace; however there are alarming concerns that need to be addressed. Thirty nine percent stated that they were verbally abused by the client to the point of creating fear for their own safety or someone they know and 15% of nurse respondents stated clients physically assaulted them at the workplace.

Salary and fringe benefits were the most frequent factor indicated as a positive influence to remain with I/T/U and was the second most frequent comment area in regards to improving nurse retention in I/T/U. The comments centered on increasing pay and benefits, keeping/bringing back retention and incentive bonuses, increased job security, and higher GS levels for specialty nurses.

Below, you will find two tables listing the top twenty Satisfiers (influences to stay with I/T/U) and the top twenty Dissatisfiers (influences to leave I/T/U). Each table lists factors in the rank of importance respondents gave in both the 1984 and the 1998 Surveys. Recommendations given by respondents are also listed.

Table One – Satisfiers

Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of satisfaction	Survey respondent recommendations
Salary and fringe benefits	1	1	Salary & fringe benefits were the most frequent factor indicated as a positive influence to remain with I/T/Us. This was true for nurses in all roles but especially for supervisory nurses. Sited as a tool that could be used for retention of nurses paired with other incentives.	Continue process the IHS Executive Leadership Group has begun to obtain and implement increase in special pay. Make information available to tribes about comparable salaries in the non-Indian private sectors.
Geographic location of your present assignment	2	2	Location influences both joining and staying at ITU site. Expressed satisfaction with available housing.	Make exerted effort to match potential employee with their desired location. Explain employment options for nursing thru direct tribal hire, the Civil Service System, and/or Commissioned Corp. Encourage HQs to maintain some resources in short-term training funds that would

				allow temporary staff to fill position of a FTE nurse to attend training. Develop partnerships/liasons with universities.
Work Hours	3	14	Highest level of satisfaction among outpatient and ER clinical nurses. 69% preferred compressed workweek.	Continue to compensate for extra hours worked.
Acceptance of your children by their peers in the community	4	4	General satisfaction with acceptance in the community and of the family.	Connect potential employee with community agencies and resources.
Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of satisfaction	Survey respondents recommendations
Health care of your children	5	5	General satisfaction in spite of limited availability of specialists and preferred access to care for American Indians.	Assist and establish contacts with local providers of choice.
Environment in which to raise your children	6	3	59% overall influenced to remain in I/T/Us; 74% influenced to stay in Alaska.	The environment that staff is offered to raise dependent children often influences them to stay. Therefore it is important that the local administration work with the tribal government & adjacent communities to improve the environmental conditions.
Quality of the nursing staff	7	6	High regard for the quality of staff	Maintain high professional standards. Maintain and increase development of cross training programs so nurses feel competent in floating and increase specialty training opportunities.
Work schedules	8	17	Only inpatient nurses, and 24% of them, were influenced to leave. 3% PHNs were influenced to leave while all the rest stayed in ITU's.	Continue to be flexible and open to creative staffing patterns.

Learning about and serving another ethnic group	9	8	Positive influence to decision to join and remain in ITU.	Use as a recruitment tool to bring native nurses home and attract and interest non-native nurses.
Expressed appreciation by patients and the community.	10	15	PHNs, more than any other specialty, were satisfied with appreciation expressed.	Continue to allow more direct interaction between clients and staff.
Climate	11	10	Majority (76%) satisfied with the climate where they are working and living.	Make exerted effort to match potential employee with their desired location. Explain employment options for nursing thru direct tribal hire, the Civil Service System, and/or Commissioned Corp.
Ability to provide quality-nursing care.	12	11	A clear majority of nurses are satisfied with the quality of nursing care they provide. Their ability to provide quality care with available staff & with the available equipment and supplies in a majority of responses positively influenced them to stay.	Optimize current staffing. Continue to nurture and maximize the team approach. Encourage opportunities for career progression and advancement. Focus on retaining versus recruiting new nurses.
Recreational activities for your children	14	9	Varies with area; Alaska 91% satisfied, Nashville 25% satisfied.	Connect employees with community agencies and resources.
Ability to provide quality nursing care	15	11	50% satisfied.	Continue to support the purchase of equipment and supplies allowing nursing staff to do the jobs.
Available outdoor recreational activities.	16	16	75% satisfied in Alaska, which represents highest level of satisfaction.	Connect employee with community agencies and resources.
Quality of education available in the community	17	7	Educational facilities at ITU assignments may be better than those in larger urban areas.	Inform and educate employee as to what is available either in the broader community or the local Indian community.
Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of satisfaction	Survey respondents recommendations
Expectations placed on your patient	18	20	68% satisfied with expectations.	Continue to allow more direct interactions between staff and clients.

Patient Load	19	25	65% described workload extremely heavy, 31% just right, and 4% extremely light.	Prioritize nursing responsibilities to maximize available nursing time for client care.
Physical condition of medical facility	20	21	Tribal members are aware of the condition of the facilities and often work with the tribal government and HIS to restore, maintain, and/or build.	Continue to maintain and restore our facilities.

Table Two - Dissatisfiers

Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of dissatisfaction	Survey respondents recommendations
Equality of opportunity for advancement	1	1	Highest level expressed by Nashville, Oklahoma area & inpatient & ambulatory	Educate staff regarding Indian preference according to laws and HIS mandates. Support and increase educational opportunities to achieve and enhance qualifications and skills.
Quality of Administrative staff	2	4	Administration needs to be more accountable & they are not effective in promotion of job satisfaction.	Provide more qualified, competent administrators who understand the Indian Health Team approach. Administrators who: treat everyone equitably, provide support to nurses and a positive working environment.
Awards, Recognition for service	3	6	Suggest bonus pay, cash awards, time-off and simply pat on the back	Form employee recognition teams at every level . Educate supervisors on awards process for federal employees and tribal programs. (Reference Circular 10-97 for civil service staff). Look at overtime process and see what can be done within regulations to compensate OT. Educate administrators in ways to recognize their staff formally & informally. Develop formal HQs Nursing

				Morale Boosting/Team Building Initiative.
Indian preference policies of ITU	4	3	#1 factor influencing inpatient supervisors and APNs to leave	Educate staff regarding Indian preference according to laws and IHS mandates. Support and increase educational opportunities to achieve and enhance qualifications and skills.
Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of dissatisfaction	Survey respondents recommendations
Training and career development opportunities	5	2	In general, registered nurses are not as satisfied with opportunities to maintain or improve their skills and training through continuing education as they are with the other aspects of their professional work environment.	Inform employees on distance educational opportunities on Internet and through satellite. Bring training to the local service areas so that it is more readily available to staff. Develop new tracks so that staff can stay in direct client care and still be promoted. Educate facility and tribal leaders on importance of educated workforce.
Professional recognition and status	6	5	Dissatisfaction centered on the lack of recognition, respect, and support for nursing as a profession. Nurses felt there should be more value of nursing's contributions to the overall health care process, without which no health facility could function.	Administrators at all levels will promote recognition of nursing achievement and contributions to the facility and the community. Make starting salaries more comparable with local public or private sector pay scales. Provide clear, concise policies that are enforceable and realistic.
Quality of nursing supervision	7	7	Lack of: recognition of nursing skills,	Assure potential and current nursing obtains formal

			enhancement of self-esteem, leadership and problem solving.	training to effective leadership skills (specifically Indian Health ELDP). Administration must listen to comments and input offered by staff and incorporates feedback into positive solutions and actions.
Expectations placed on you by administration	8	14	25% were dissatisfied with expectations of immediate supervisors.	Assist administration in including staff in planning scope of work and assigning responsibilities and being more involved in the bigger picture of Indian Health (Strategic, GPRA)
Relationship with ITU nursing management	9	20	Only slight variation among areas and specialties.	Aggressively peruse open and timely communication and sharing of information and resources.
Quality of education available in the community for your children	10	19	Due to some remote locations, opportunities limited.	Education and inform new and current staff regarding resources available in the context of the Indian community.
Available support for in-services, continuing education	11	8	The opportunity to improve skills and knowledge was the third dissatisfiers among factors presented that influences nurses to leave.	Opportunities to maintain or improve skills must be made available. Provide support for nursing to utilize their training monies and educational leave. Be creative in assisting staff to obtain continuing education.
Availability of child day care centers	12	16	Highest level of dissatisfaction in Navajo & Aberdeen	Educate staff regarding availability of services in the community.
Overall program policies and priorities	13	12	23% influenced to leave	Standardize policies and enforce them consistently. Have nurses participate in establishing priorities.
Factor	98 Rank order of factors	84 Rank order of factors	Survey respondents comments of dissatisfaction	Survey respondents recommendations
Quality of support staff	14	15	22% were influenced to leave.	Be clear in skill level and expectations of support.

Opportunities in nursing administration	15	17	Concerns regarding Indian Preference and continuing education opportunities	Provide cross training into specialty areas. Maximize educational funding opportunities available to nursing administrators.
Professional isolation	16	10	Because of remoteness nurses feel outside the world of nursing.	Expand the Indian Health network, communications between organizations, and opportunities to attend regional meetings.
Requirement to perform nursing tasks that underutilize skills and knowledge	17	9	Required to do non-nursing duties, preventing fullest extent of training.	Educate and demonstrate the nursing scope of practice to reflect the need for nursing to concentrate on own position description.
Recreational activities for your children	18	24	Aberdeen Area had a 20% dissatisfaction rate with this factor.	Educate all employees about organizational and community resources.
Ability to provide quality nursing care with available staff	19	13	Nurses often brought up inadequate staffing and its negative impact on nursing cares. Need to improve the patient/staff ratio to improve optimum nursing care.	Maximize available nursing staff by utilizing the concept of cross training, decreasing non-nursing duties, and maximizing the use of support staff.
Environment in which to raise your children	20	26	Over 20% of nurses in the more remote areas were dissatisfied with the adequacy of housing for their dependent children.	Educate all employees about organizational and community resources. Promote and assist all staff and families to use these resources.

Summary

Nursing represents the largest workforce in the Indian Health Care System and plays a critical role in the delivery of health care. Current nursing statistics reveal that we are already feeling the effects of the predicted nursing shortage. It is imperative that we act now to improve nursing recruitment and retention efforts. Statistics show that two-thirds of the 2,500 nurses currently working for Indian Health Service will be retired or at retirement age in ten years. The IHS vacancy rate for nurses' ranges from 8-12% while the national average is 6-8%.

The average age of RN's nationally is 44.5 years and more than half of the nation's 2.5 million RNs will reach retirement age within the next 15 years. According to the

American Association Of College of Nursing (AACN), if the current trends continue, rising demand for nurses will outstrip the supply beginning in 2010. They are predicting 114,000 jobs for full-time RNs to go unfilled nationwide. Over the past four years, there has been a 5.5% yearly decline in nursing school enrollments. The AACN feels this has been due in part to headlines several years ago of hospital downsizing and RN layoffs in various markets, which created lasting but outdated perceptions in many potential students.

For the past several years there has been a national shortage of experienced nurses, especially in ICU, OR, ER, and Labor & Delivery so that many agencies have used sign-on bonuses ranging from \$1,000 to \$10,000 nation wide. Many hospitals are now offering new graduates sign-on bonuses to get them into their own training programs. Nursing shortages are cyclic and occur about every ten years but this one is predicted to be one of the “worst” as it is difficult to predict the shortage compounded with the “aging of the population and aging of the nurse population” and the demands this is placing on the health care industry. The I/T/U is already feeling the nursing shortage in specialty nursing areas.

Salaries and benefits continue to be a positive factor in the retention of nurses. The current salaries are now at the lower end of the national average nurse salary range. Advanced practice salaries are not competitive and fall up to 35% below the national average. The American Association of Nurse Midwives states that beginning salaries for advanced practice nurses directly out of school is \$65,000 nation wide compared to \$43,170 as a GS 9 in IHS. After one year’s experience these salaries increase to \$48,320 in IHS, which is still 26% below national average. Nursing salaries need to be made a priority. They must remain competitive in order to continue our ability to recruit and retain qualified nursing staff.

The survey shows that overall, the RN’s responding to the survey are a highly motivated and satisfied group. Based on the results of the survey, management at Headquarters, Area offices, and at the local service area must make an effort and commitment to address and improve in many areas. These areas include:

- Continuing education availability
- Equality of opportunity for career advancement
- Management that values input of nursing staff
- Minimizing non-nursing functions
- Improving the quality of supervision
- Improved communication at all levels so all nurses will have input

Throughout this process, communication and timely dissemination of information is essential to achieving retention; as is the need to pay attention and be aware of the upcoming national trends affecting nursing both in and outside of Indian country. We must look closely at what nurses currently working for I/T/U are saying in the 1998 IHS Survey about recruitment and retention. Administrators need to start planning now for the future and have an effective plan to meet the supply and demand of nurses needed to effectively deliver healthcare in Indian country.

This Executive Summary was presented and approved by the NCON and NCONA at their June 2000 meetings. This Executive Summary will also be presented by the NCON Chair, Pat Smith, to the IHS Executive Leadership Group (ELG) by August of 2000. The NCON Strategic Plan is currently addressing recruitment and retention issues in several of their identified goals.

The complete “Factors Influencing Recruitment and Retention Of Registered Nurse: A Survey of Registered Nurses in the Indian Health Care System – 1998” is available for review at each area and soon will be available on the IHS Web Site. Recruitment and Retention is such a broad and complex issue that it must be addressed at all levels. This means that it is strongly recommended that Recruitment and Retention Committees and Initiatives be established at the National, Area, and Service Areas.

This report completed in June of 2000 was done by a national Committee composed of:

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