

A: Sindy Barker
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Q: What's the NCNA?

A: The North Carolina Nurses Association is the professional association for registered nurses. And we advocate for nursing issues but also for healthcare issues, both at the general assembly and in the workplace.

Q: How's it different from the Board of Nursing?

A: The North Carolina Board of Nursing is the regulatory agency that deals with all of the practice issues for nurses, the legislation, the regulation of nursing practice. The NCNA is the advocate for nursing practice, and we're the ones who promote the professionalism in nursing and make sure that the people are comfortable with the legislation and are practicing in a manner in which they should be. So we are really promoting the whole profession of nursing.

Q: Again?

A: The NCNA, the North Carolina Nurses Association, is the professional association for registered nurses. The Board of Nursing is the regulatory body that makes sure that nurses are practicing within their scope of practice, and we promote practice and promote good practice among our nurses and among the whole, the whole community of nurses.

Q: Major issues facing NCNA today?

A: Well, I think probably the key issue, it's being brought about by the nursing shortage, but it is an issue that continues to play throughout the years, can I start over again? I think the primary issue that NCNA is dealing with at this point is workplace advocacy, and it becomes more critical in times of nursing shortage. We have, at a time when you think that, okay, there's a shortage of nurses, we ought to be really catering and trying to attract nurses, get nurses into the profession, to keep them there, it's the same time that all of a sudden there are shortages in units so that there are not enough nurses to cover the floor. There are complaints from patients that there was not enough care given in a certain situation. And at the same time, institutions are trying to create more nurses by providing scholarships, they do that, but they also are providing sign-on bonuses for new graduates, and you may have a nurse that has been practicing for 5 years who all of a sudden finds that the new graduate is within pennies of their salary. So we keep looking for innovative ways that workplaces can attract good, competent nurses and to retain those nurses. I will say that Duke has just put in a new system of a retention bonus, so that the nurses who come on board and agree to stay for 3 years are given a bonus at the end of that 3 years, they are not given a bonus at the front end. And some of those bonuses are as high as \$10,000. So a good incentive for being there. A second issue that I think we are always looking at with our nursing population is trying to promote the practice of nursing and

advanced practice nurses in the general assembly. So we do workplace issues and we do legislative issues.

Q: Increasing the number of school nurses?

A: We have now for 7 years been trying to increase the number of school nurses within the state, and we have some of the legislators saying, "This is a manpower issue, you're just trying to get jobs for nurses," but we have always viewed it as a health issue for the children in the schools, and for years tried to get Jim Hunt to include school nurses as part of his Smart Start program, that we felt that children needed a healthy start, they needed to feel good when they were at school in order to be able to learn, and that school nurses play a key role in that. So we were not able to convince, we are still working at it, it is a very costly endeavor, we're looking at an appropriation issue of \$6 million that we would like to do to get 300 school nurses in place and another \$12 million next year to do that. And our ultimate goal is to have one school nurse in every school.

Q: The school nurse legacy?

A: I think in looking back at when I was growing up, there was indeed a school nurse in every school, and I think people just got used to having that kind of attention, you knew exactly where you needed to go when you were, when you were not feeling well, and they really did take care of you. And I think we are missing that in so many schools, plus at this point, with the mainstreaming of so many children who have special needs, the need, the increased need for school nurses, has just quadrupled. We have students in the back of the room that are being tube fed while students in the front are trying to learn how to read and to write. And it is a very precarious situation for a lot of those students, and certainly it is very distracting I think to both the teachers and to the students in there. So we do believe that there is a tremendous need for additional school nurses, but also maybe some nurse aides that could help out in addition to that. But we feel very strongly, a school nurse must have a baccalaureate degree and must be certified, and we feel very strongly about that, because they are acting independently, they are out there, they are, they don't have a list of protocols to follow so that they really do need to use their judgment and we need more of them.

Q: How does NCNA impact nursing education?

A: NCNA has a commission on education. I think one of the more controversial issues for nursing and has been and will continue to be for a long time, is the various routes that a person can become a nurse. You may go and get a 4-year degree in a baccalaureate school, a 2-year degree at a community college, a 3-year diploma at a hospital school, and once you have graduated, everyone takes the same exam, so there is no differentiation in practice once you are out of school.

Our commission on education is composed of educators in all three of those educational systems, and what we are trying to do is really, how do we best address this issue, how can we articulate the ADN to the baccalaureate in a more smooth way. There are moves

in that direction, but there are still barriers to that. So we provide a forum for people to be able to talk, and we also on this particular issue work very closely with the Center for Nursing, because they too are concerned about that, they are concerned about the manpower issue and we believe this really plays into that. I think one of the pieces that you hear from time to time, the controversial issue of entry into practice, and that was a proposal 30 years ago, that the entry level for a nurse should be a baccalaureate degree. Well, the issue is still there, we are still looking. There are now some who believe that perhaps possibly the entry level ought to be a masters degree in nursing and that the associate degree and the baccalaureate are direct caregivers but they may not be registered nurses. So lots of issues out there.

Q: What's NCNA's position on that?

A: Well, we had, for years, we had a steering committee on entry into practice, and it became a no-win situation for us, 74% of the nurses in this state are associate degrees. And they were feeling extremely disenfranchised, both by their profession and by the Board of Nursing, and everyone else who was involved, so we really put that on a back burner. The National Council of State Boards of Nursing is beginning to look at the possibility of having 2 levels of exams, the NPLEX exam at 2 levels, so possibly, if that comes into being, then the whole issue will be a moot point, that there will be 2 different exams and then there will be 2 different types of scopes of practice for the nurses.

Q: NCNA lobbyists?

A: We have a director of government relations, who really coordinates all of the lobbying efforts for NCNA, and NCNA is the only nursing association that has a full-time lobbyist there at the general assembly. There are a couple of others who hire contract lobbyists, but our lobbyist is there full-time, and when I mean full-time, she is there. They come in each afternoon at about, I mean on Monday afternoon at 4:00, and are there through Thursday, sometimes she's there at 8:00 or 9:00 at night, but in addition to just checking in on committees and attending sessions, she is also going to events so that she gets to know them better. She has individual appointments on various issues. With our association, we have, as I say, a director of government relations, I am also a registered lobbyist, so there are times that I get down there to help her, but in addition, she is training other members, volunteer members, to become what we call grassroots lobbyists. So we have a whole program on that, and they go with her on Wednesday mornings and attend committee meetings and visit with legislators and see how it all works.

Q: How and why does NCNA collaborate with the Center and the Board of Nursing?

A: I think we are really fortunate in North Carolina in a number of ways. I think to start with, NCNA and the Board of Nursing have a very close relationship, and I was thinking about that earlier, when there is an issue that comes up either from our point of view, from the professional point of view or from the regulatory point of view, that we communicate back and forth on that, find out, is this an issue that we can both agree on? And where do we need to compromise on either side, if it is not an issue that we can

agree on. The Center for Nursing is more esoteric, it provides really the research that backs up a lot of the issues that we are bringing to the general assembly, we, they are great at providing manpower, statistics, and salary data and that sort of thing, and they work in conjunction with the Board of Nursing too to gather the data. So the Board gathers it and the Center interprets it, so it is a benefit to all of us to work this closely as we do together.

Q: Is it rare to see this collaboration?

A: North Carolina's relationship between the Board of Nursing and the professional association is close, I also believe that it is not totally unique. I would guess that there are maybe 5, maybe 8 states that have that kind of working relationship between the board and their professional association. It is not the norm, obviously, if you only have that many. A lot of times there are issues that come up at the general assembly in a state where the 2 organizations are really fighting against each other, which is never a good thing to have happen. And at the national level, there does not seem to be the level of trust between the National Council of State Boards of Nursing and the American Nurses Association. I would cite an example of that, both in, at the national level of not working well together, and at the state level working well together, is the Multi-state Licensure Compact, which North Carolina passed in 1999. The American Nurses Association is still opposed to that concept. At this point there are 13 states that have passed it, there are another 5 states where it's pending. And North Carolina passed ours in 1999, along with 4 other states, but in order to get to that point, we met with I think it was 11 other states, the Boards of Nursing and the professional association together, we met in Utah and again in Texas, to really hammer out what we felt had to be right with that Compact. And so Polly Johnson with the Board, and I, traveled together, worked together, and we then were one of the first states to pass the Compact in '99.

Q: Why's the Board need NCNA on board?

A: There's a real political fine line between what the Board of Nursing can do down at the general assembly and what NCNA can do. So although the Boards decide what regulations they need, and what legislation they need, they have got to have the professional association to lobby for them. We are the voice down there.

Now again, we go together. Polly is there to answer questions, if asked directly, but she really cannot go and ask for support of legislation, we can go and do that. So we always sit together so the people connect the 2 organizations very strongly, and she will sometimes go with me on calls, but will only answer questions. It really is a fine line for her.

Q: Why's the Compact so important?

A: We really feel like it is a tremendous benefit to our members, our NCNA members, to be able to practice with, across state lines. And we are waiting now patiently for our neighboring states to get on board, at this point Maryland is the closest state. But we,

interestingly enough, have a lot of nurses who have licenses both in Maryland and in North Carolina. So Virginia is one of the states pending, which will then give us 3 states in a row, and of course we looked at it in terms of nursing in North Carolina and you would expect, with Charlotte being on the border, that you would have a lot of nurses, but I was really surprised that almost 24% of the nurses in North Carolina border, live in the border counties of Virginia, Tennessee and South Carolina. So right now, South Carolina's now considering it and Tennessee is not, but hopefully as the move continues that they will get on board.

Q: Again?

A: It allows nurses to be able to practice more freely, it, they still have the same scope of practice, they still have to practice under the Practice Act of the state where they are practicing, but it allows them the mobility that was not there, and one of the big issues that we see is, and especially again in the border counties, in Charlotte in particular, that so many of their patients are from South Carolina and they are actually caring for them across the border. So at this point they must still have a South Carolina and a North Carolina license. Once South Carolina has joined, then it will be seamless in the care, but a lot of the care is given over the telephone, and so they must indeed have 2 licenses in order to do that.

Q: How did the Center come into being?

A: Well, the Center for Nursing was the very first center for nursing in the whole country that was totally state funded, and remains the only center that is totally state funded, which is the real attribute I think to our general assembly and the support that we have had. The Center for Nursing came about at the last nursing shortage, which was really beginning to be fairly severe in 1988. And the general assembly did some quick fixes in the session of 1988, and then in 1991 they passed legislation that, can I back up? Okay.

Q: Again?

A: The Center for Nursing is the only nursing, center for nursing, in the country that is totally state funded, and it was funded in 19-, again.

Q: Okay, again.

A: The nursing alliance, Center for Nursing, was founded in 1991, created by the general assembly, and it is the only center for nursing in the country that is still totally state funded. There are other centers that have been funded by grants and have continued to be fairly effective, but the general assembly really bought into the North Carolina Center for Nursing and the whole concept, and it really came about as a result of the last nursing shortage, which was beginning to be severe in 1988. In 1989, the general assembly had a study commission on the nursing shortage, created the nursing scholars program, which was based on the teaching fellows here in North Carolina, and I think one of the pieces for me that is really critical on that is, we did have legislators that were saying, "Why

would we want to do this for nurses? Only 5% work in state hospitals.” But the advocates for the scholars program said that they care for all the citizens of North Carolina, it’s not public/private, they’re caring for all of those. So I think that was really critical. Then the next legislative session was 1991, we were facing a budget shortfall again of about \$683 million, about half of what it is this year, in 2001, and we were really concerned about, would nursing be able to maintain anything in that sort of environment, and when you have a program that is put into a budget, it needs to be there for 4 years before it becomes permanent. So our nursing scholars program had only been in place 2 years, so that was a really critical piece. And the new commission for nursing had studied the issue and decided that, that there were about 11 items on the list that they really wanted the general assembly to take care of. And so representative Martin Nesbitt from Asheville was the chair of the appropriations committee, and had been chair of the first commission on nursing, and a very strong supporter of nurses in the state. And so I approached him and said, “You know, I know we have a budget shortfall, what type of money do you think might be available for the recommendations from this new center, new commission on nursing?” And he said, “Well, I don’t know, how much do you want?” And I said, “Well, I don’t know, how much do you have?” And he said, “Well, why don’t you think about maybe \$6 million?” Well, I mean, \$6 million was a tremendous figure and so we looked at the nursing scholars and we could continue that program, and then I said, “Well, I think the other thing that would be wonderful would be a Center for Nursing,” and he said, “Well, I believe it would be too, because as much as we love nurses down here, we really don’t want to have a commission every year on nursing, and if we can create a body that is going to look at the issues, see what can be done to maybe prevent another nursing shortage, that is the way to go.” So he was really the one that made that decision, and it was a very good decision.

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Q: Why is the Center for Nursing so valuable?

A: The Center for Nursing is really valuable for the nursing profession, because they concentrate on looking at what is happening, what could be better, how do we go about fixing it, and then they pull together groups that might be able to really work on an issue or a problem. So that’s, for nursing, I think that’s what’s really critical. In terms of the legislature, they do keep them informed on issues and on the statistics to back up the issues that we’re trying to convince them of a way to go. And an example of that is back in 1998, we had a sunset clause on the legislation that allowed advanced practice nurses to be reimbursed, which meant that we had to remove that sunset clause in order for them to continue to be reimbursed. So we worked with, we NCNA, worked with the Center for Nursing to put together a survey of nurses and we were able then to back up information on the type of care of that was being provided in the rural areas, how many nurse practitioners were in each county and how many patients were they seeing. So that was really critical for us to be able to talk with the general assembly about that. I think one of the key programs of the Center for Nursing in addition to their survey and statistical work

is the promotion of nursing. And they have a tremendous new program, really going out for recruitment of young people into nursing. They are concentrating right now on the middle school and the high school, but we have found that most children these days, even at young ages of 9 and 10, have made some career choices, and so we really need to get to them in the middle schools, not wait until high school. And the Center has a tremendous program going with that.

Q: What's it say about NC that it led the nation in nursing law?

A: I think back to that often, we have in our library the very first license that was issued in the whole country, and so we take people in to show them Josephine Burton's license. And I think back to Mary Louis Wyche, who founded NCNA, and what it meant for someone to have such vision that they knew what they needed to do. I mean, I'm a political junkie, and I can only think that Mary Louis Wyche was too. She knew how to work the system. And she knew she had to have an organization of like-minded people, nurses, to go to the general assembly in order to pass what she considered to be necessary for safe practice in nursing. And so she called together a group of women and they organized in 1902 the North Carolina Nurses Association. We were one of, actually we were the 7th nursing association to be formed in the country. But here was a woman that formed it and then instantly went for legislation and accomplished it within 6 months and left the other states just kind of sitting there, waiting for their legislation. There were 2 other states, New York and Virginia, that did pass nursing practice acts in 1903, but they had been around for several years and had just not had someone to galvanize them as much as she did.

Q: A story about her?

A: We had, in just reading through her papers, and she write a story of the first, a history of the first 50 years of nursing in North Carolina, and that she had invited people in the Raleigh area to come to a meeting, registered nurses to come to a meeting to form a new association. Now she did not tell them the purpose of the association, it was going to be for legislation but she just felt that it was time, and she sent these notices out and nobody came to the meeting. And so she waited 2 or 3 weeks and sent them out again and said, "We had a great first meeting, and these are the kinds of things that we are going to be doing, and so this is, the next meeting date is," and they all came. So, and she told them instantly that she had done that. And they thought that was great, that they were willing to work with her on that, and it was, she was a great person, I would love to have known her.

Q: NC's the first state to elect it's Board of Nursing?

A: North Carolina elects, is the only state that elects their Board of Nursing, and that came about in 1981 and I think, I was thinking about different legislative initiatives through the years, and I'm not familiar with some of the earlier legislation, but on this particular legislation, we have got copious cupboards full of information about how this particular rewrite of the Nursing Practice Act came about, and it really came about through the

North Carolina Nurses Association. I don't believe at that point they had as much closeness with the Board of Nursing, so that they held forums, they had draft after draft of what they wanted this legislation to look like. And the 17th draft was the one that was approved by all of the people who'd been involved, and that's what went to the general assembly for bill drafting, and that is the legislation that created an elected board of nursing. Now it did a number of other things, but what we hear as a story on that is, that you know they did get it through, there was a tremendous amount of support from nurses across the country so that they did come to the general assembly, they did lobby. The legislators understood that nursing was really together on this, and so it was passed. And when it got to Governor Hunt's desk for signature, during his first 8-year term, it was the first time he realized that he was no longer going to get to appoint the Board of Nurses, that he got to appoint 2 people of the board but the rest were all going to be elected by registered nurses and licensed practical nurses. We continue to be the envy of all the other states, I mean, we go and we are very smug about the fact that we elect our Board of Nursing, and they are very jealous of us. So it's a real tribute to the nursing leaders of the time, but also to the general assembly, that they were willing to allow nursing to take control of their practice, because I believe that's what it's all about.

Q: Why's it good for NC citizens to have an elected board?

A: Well, I think that the nurses who sit on the board understand what practice is about. They come from specified practice areas so that there are nursing administrators and office nurses and staff nurses, and that it's important that they each bring their own perspective to discussion. And as public members, well we do have 2 public members, I'll say.

Q: Again?

A: I think probably the key for North Carolina's nursing representation on the Board is that they come from a variety of practice settings. There is, there are nurse educators, there are nurse administrators, staff nurses, office nurses, and they really can address all of the different areas of nursing practice. Now, we have 2 public members that are appointed by the governor. The governor went, in other states and in North Carolina, did appoint nurses, but they were as many appointments are political type of appointments, so that you could not assure a good, across the board representation of practice sites for nursing. So I think that's one of the keys for us.

Q: [word] so important to NC's healthcare system?

A: Advanced practice nurses, and there are 5 categories of those, the largest, actually there are 2 large groups, the nurse practitioners, and the nurse anesthetists, they each have, I think it's 1600 for nurse practitioners, 1200 for nurse anesthetists. And then we have certified nurse midwives, clinical nurse specialists and psychiatric mental health clinical nurse specialists that gets to be a real mouthful. But there are 5 advanced practice nurses, and what we see happening in the practice setting of, in North Carolina, is that these nurse practitioners are not just practicing in rural areas, they're practicing in urban areas, but for a long time, they were serving a tremendous need in the Medicaid population,

where for a nurse practitioner the Medicaid reimbursement was something that they could live with very easily, and that was not something that a lot of the physicians were willing to take on as a major portion of their practice. What did happen, however, is that physician practices were hiring nurse practitioners and physician assistants to kind of supplement their role and take on some of the Medicaid patients, so that was helpful. They are, they give more time to their patients, advanced practice nurses, that's really one of the keys. They spend more time, they really do a lot of education and a lot of that comes from their education as a nurse first, and then they add on the other piece of becoming a nurse practitioner or a nurse anesthetist, but they really do spend an awful lot of time with patients and that's just a value that you can't measure in dollars.

Q: How is NC a leader in developing advanced practice nurses?

A: North Carolina was not one of the very first states that had nurse practitioners, but we are just celebrating our 32nd anniversary in that, so we were one of the first. And it was designed at that point to really encourage people in rural areas to go into, into advanced education for a nurse practitioner to practice in the rural areas that needed more, I need to start again.

Q: Again?

A: North Carolina has always promoted advanced practice nurses. I think, I was talking with California the other day and I had been so proud that we have 1600 nurse practitioners and they said they had 10,000 and I said, "10,000 what do you do with them?" But our nurse practitioners take their practice very seriously, and they are active in both the state level but also in the national level, so several of our nurse practitioners are serving at the national level in the American Academy of Nurse Practitioners, the American College of Nurse Practitioners, they, they are always fighting for their practice, and to make it stronger. They have worked extremely hard, and very advanced I think in terms of other states, with the medical association to, is that a problem, sorry.

Q: Insurance companies are required to reimburse advanced practice nurses?

A: Advance practice nurses got reimbursement from insurance companies in 1993, and we have billed that, NCNA works hard on that, we were able to pass legislation to achieve that, and I will have to say that because of the nursing shortage of 1988-on, that there was a new awareness of what nurses were doing and what they were all about. So in 1993, when we came with legislation to secure reimbursement from insurance companies for advance practice nurses, we had a lot more support, people knew what nurses were about. We call it our overnight success story, because we had for a 10-year work, because we had really started in 1981 with reimbursement from insurance companies and had always been, never even got out of committee. So that in 1993 my goal was not to get it passed, it was to get out of committee, because I figured if we could ever get out of committee at least we would have some opportunity for, for some dialog, and had good supporters on that. We were able to secure reimbursement for all advance practice nurses, except for the CRNA, the nurse anesthetists. We had billed it as an access to healthcare issue that

these nurses could indeed deliver care in areas where physicians were not willing to serve, and that was true. But when it came to the nurse anesthetists, that was not true, because they were not providing primary care. They were not providing access to care, so we did have to take them out of the bill, which was unfortunate. I would say, again unfortunately, it was at a time when indemnity insurance companies were also on the way, so although we achieved the reimbursement from private insurers and from the state health plan, all of a sudden we were beginning to get HMOs and other kinds of healthcare providers out there. So we are still fighting a reimbursement battle, our new battle is with, trying to get advanced practice nurses on provider panels with HMO organizations. So right now, the governor has a bill in the general assembly, we had thought we had gotten an amendment on it on the senate side, but it did not pass. We are still hoping that we will have an amendment, which would allow advanced practice nurses to be listed on provider panels. The way it is listed now, the way the legislation reads now is, yes indeed, they can be listed if their employer says it's all right to be listed. So if they are working in a physician's office, if that physician's practice says, "Oh, yes, and we also have 2 nurse practitioners or certified nurse midwives, and here they are," it is critical for our nurses to be listed, because when someone has seen a nurse practitioner, they are actually practicing, they're in the office, they're seeing people, they're signing prescriptions, when the patient goes to the pharmacist to fill this prescription, the pharmacist looks up in the HMO book and this person's not listed as a practitioner. So then they have to call back to the office and get authorization. So it's a big issue and since HMOs are also a big part of healthcare delivery, it is a bigger issue.

Q: What's it mean, bring all of nursing under the Board of Nursing?

A: We have worked for several years, actually about 8 and a half years, advance practice nurses have been meeting together, talking about bringing all of nursing under the Board of Nursing. And what that means is, in North Carolina, the nurse practitioners and the certified nurse midwives are, their scope of practice and their approval to practice is handled by a joint sub-committee. For the nurse practitioners, they're joined with physicians in a joint sub-committee, and for the certified nurse midwives, they are teamed up with family physicians and OB-GYNs. North Carolina, because it was so early on the nurse practitioner practice, had this sort of joint sub-committee arrangement, because nobody knew whether these people were really gonna be able to practice good nursing or not, and so they wanted to make sure that they really had some control over that. As states have gotten nurse practitioners around the country, that has not been necessary, so right now, there are 44 states whose nurse practitioners are solely under the Board of Nursing. There are 37 states where CNMs, the certified nurse midwives, are under the Board of Nursing. So North Carolina is definitely not a leader in this, and although the arrangements in that joint sub-committee have loosened in recent years, I mean, there is no longer a very strict formulary of what drugs could be prescribed by a nurse practitioner, they now have a wider range for that, and they now have their requirement of one face-to-face visit with your back-up physician every 6 months, as opposed to having the physician sign the charts every 7 days. There's still some control there by the medical profession over the practice of the nurse practitioner, and so we are trying to bring them all under the Board of Nursing so that they really can practice to the full scope of their

practice. There is a real concern on the part of the medical community that they also would then become more competitive and really go into independent practice. And we only have a handful of nurse practitioners who really are on their own at this point. Most of them are in collaborative arrangements with physicians and are very happy to be there. So there's, that's the issue.

Q: How's the average citizen benefit from centralizing nursing under the Board of Nursing?

A: I'm not sure the citizens of North Carolina would notice any major difference in that kind of practice. I do think what would happen on that is that it would be easier, as I mentioned earlier, to get APLNs on provider panels for HMOs, so that an individual who really wanted to go to an advanced practice nurse could look through the panels and say, "Ah, here's someone I would like to go to," rather than just going to the practice and being told, yes or no, they did not have a nurse practitioner. So I think there would not be a whole lot of change in the practice, for citizens.

Q: Nursing shortages?

A: Well, it's interesting because I have been with the association now since 1987, and so I had not heard directly about nursing shortages first-hand before that, but I understand that they take place about every 10 years, that we had a woman say the other day that, as she was graduating back in, I guess it was 1959 from her nursing program, that she had given a speech on the nursing shortage, and that she pulls it out every 10 years and still gives the same speech, that it is very, it is cyclical. And a lot of what happens is that you end up with people really going after students, really promoting schools, trying to get full student bodies. And all of a sudden you glut the market, and so then you get graduates who are not getting the kind of salaries they thought they were gonna get, and they begin talking to their friends and saying, "Well, you know, it's not all that great because I can't find a job or I can't find a job that I want." I think **what we're seeing in this shortage is the real concern about the aging nursing population, and the fact that although the shortage is here and it's 2001, they know it's gonna be much worse in 10 years and even really critical in 20 years, and how can we attract these young people into nursing? Because a lot of whom we are attracting at this point are not the 18-year-olds, we are attracting a lot of second-career people who are entering the profession at 30, 35, 40, so in 20 years they are certainly gonna be looking at retirement.** So there's a real concern there, and that's I think why we are looking at recruitment efforts toward the middle school child, you know, to see if we can't get them to look at nursing as a viable career. There are just so many options at this point for people, and I don't know.

Q: Other nursing heroines?

A: I think the other person for me that is truly special is Patti Lewis, Eloise Lewis, who at the time I got to know her actually was retiring from UNC-Greensboro, but she had been at UNC-Chapel Hill, and she just was so vivacious and such a gracious person. She always made you feel really valued, and I can imagine what that must have done for her students

and her faculty through all those years. She was just a spectacular woman, so I always think of, I really do think of her as nursing in North Carolina.

Q: Any memories of Patti?

A: No, I have another funny story though, can I tell you another funny story? I think the other person that comes to mind is Beverly Malone, who moved here in the late '80s, and she came as dean of NCA&T. I had only met her once since I had not been with the association very long, but again, with the nursing shortage in 1988 erupting, the governor at that point was Jim Martin, and he decided to appoint a committee on the nursing shortage too. And again, because it's political, you know you have to have the right political party. And I thought it would be great if we could have Bev Malone be on that committee, and I knew she had not lived here long, so I called her on Friday afternoon about 2:30, and said, "Okay, Bev, have you registered to vote yet?" And she said, "No, she had not." And I said, "Can you get down and register to vote as a republican by 4:30 this afternoon?" And so she thought that was great because her current husband was a republican and she had always fought against that. She said, "Oh, he will die." So anyway, she got down there, registered, we sent her letter in and she was appointed to Jim Martin's committee on nursing. But she too is a very special nursing leader, she's contemporary, she's now working in England. She's extremely motivational, I mean she's just a very special nursing leader too, and I think North Carolina is fortunate to have had her for 10 or 12 years.

Q: Why's legislation been so important over the years?

A: Well, I think so much of what has to be done for nursing practice has to be done through law, and really through law, not just regulation. So the whole design of the system is that the North Carolina Board of Nursing should protect the safety of the citizens, so that that really does then become much more, it's not, it has to be concrete, it has to be something that the general assembly does look at. I think the other piece to that is that it is just about the only way you can, that you can get someone's attention, I mean there are a lot of times that it would be very easy for hospitals or medicine or insurance companies to do the right thing, and to decide, you know, that this is going to work, but they don't do that. And so the only mechanism that is left to nursing is to go to the general assembly and make it a public issue, which is unfortunate, but that's the way politics are played.

Tape 36

Q: Why's nursing need public advocacy?

A: I think a lot of times nurses can tell their story, but they really can't tell it as effectively as perhaps one of their patients. And back in 1983, when we were working on the midwifery bill at that point, one of the most effective things was the number of young mothers who showed up with their babies who had been delivered by certified nurse

midwives. And they spoke and were able to explain what it was that these nurse midwives did for them.

We do try to bring in our patients, the clients, with us when we go and talk with legislators, because they're able just to put a different interpretation of what nursing is all about. We have not been terribly successful in getting groups like AARP to take on nursing's agenda, it would be awfully nice if they would do that, but we haven't been able to do that yet, they have their own agenda. And although they acknowledge that nurses play a key role for their healthcare, they're just not out there advocating for us. But we do have, for instance on the school nurse piece, we do have an awful lot of groups, consumer groups, who are supportive of that initiative, because they really do realize that this is a key issue. So we do depend upon them to bring a different perspective to the picture.

Q: What should the public do generally to support nursing?

A: Certainly I think one of the pieces, and was just in yesterday's News & Observer, where there was, Dix Hospital has been threatened with closing with the shortage in the budget and that was one of the big cuts. And yesterday, there was a full-page ad in the News & Observer which were really good citizens, who were obviously willing to pay X amount of money to have their name listed to save Dix. So I think that it's important for citizens to really stay abreast of what's happening, to make sure that what kind of care they're getting is the best care. I think clearly the public, when they go to the hospital, or when a family member goes to the hospital, they do understand immediately what it's like to have a nursing shortage, what impact it's going to have on their care or their family member's care.

So I think that just an increased awareness on their part, and the willingness to write letters to the editor or just do what they can do in their own communities to support, to support healthcare, nursing and healthcare.

Q: The challenges facing nursing?

A: I think probably the workplace is the biggest challenge that we are looking at. We are having so many things happening because of the nursing shortage, there are so many issues that are surfacing in hospitals and other facilities for that care. How do we maintain our nurses, how do we keep them in place? I mean, it is a hard, hard profession, and as nurses grow older, it becomes harder for them.

There is a new program in place, probably has been in place 4 or 5 years now, that is the Magnet Hospital Recognition Program, and North Carolina at this point, as of yesterday,

now has 3 hospitals who have been recognized for that. We believe that that is a key to really providing a good environment for nurses.

Q: The Magnet program?

A: I think one of the most effective ways we're dealing with the nursing shortage and really to increase patient satisfaction, has been the development of the Magnet Hospital Recognition Program. Currently in North Carolina we now have 3 hospitals, as of yesterday, the 3rd one reached magnet recognition, and what it truly means, and this has been in place 5 or 6 years now, so when hospitals that were designated that 6 years ago, they are seeing tremendous amounts of,

Q: Again?

A: For the hospitals that have had magnet hospital recognition for the last 6 years, they are seeing a huge increase in patient satisfaction, retention of the nurses, there's a real emphasis on nursing playing a key role in decision making. There are fewer needle stick injuries, I mean, it is just a wonderful program because it really focuses on nursing practice and their interaction with their patients. And right now we do have 3 hospitals, I understand that we have 2 other hospital systems, the whole system is trying to achieve magnet status, so that that would be the primary hospital and then its satellite hospitals, and there at this point is only one of those in the country, and that's in Colorado. So I think what we're looking at is really the need to change the environment for nursing, and when we do that, then it really has a real snowball effect in terms of getting far more patient satisfaction.

Q: What's a magnet hospital?

A: The American Nurses Credentialing Center is who provides the magnet hospital status. And they go through, they have to have participated in the quality indicators survey, which is about 22 points where a hospital doesn't have to do all 22 points, but they need to participate in enough of those quality indicators so that the information is available on a national level. So that they really can make changes in practice based on those indicators. The whole emphasis is on nursing, and the way, for instance, one of the key pieces is the way the chief nurse executive's role is within the facility. I mean, do they sit in with the board of trustees, what kind of decision making do they have, what ability do they have to make a difference in salaries, scheduling, all of that, for their nurses, and I will tell you the hospital that was best known yesterday is High Point Regional, and they have the lowest vacancy rate in nursing in the state, and one of the reasons is, although it must be a monumental nightmare to do, they have nurses who are working the hours they want to work, so if they want to work 4 hours, they have teamed them up with another nurse who wants to work 4 hours, so there's a lot of flexible scheduling. Catawba Memorial Hospital in Hickory was just named this, and I was there in May for their recognition. And I was just astounded, 80% of their direct caregivers are registered nurses. Now that is just almost unheard of in this day of a nursing shortage. But they really do show exemplary practice. And as I say, they include the nurses in the

discussion, there's, you know, career ladders for nurses, there's just a real sense of commitment to the fact that nurses are who deliver the care in the hospital. They have got a banner.

Q: Is the shortage a negative feedback cycle?

A: Nursing shortages, as I said earlier I think, that you know you would think in a time of a nursing shortage, that facilities would be bending over backwards trying to keep their nurses, but there is a huge stress level throughout a hospital that is experiencing a shortage. You know, you go on your shift and all of a sudden there's not enough nurses to care for the patients that are there. Although we have not had many instances of mandatory overtime in North Carolina, that is happening in many places across the country and in fact there's legislation both at the national level and in several state legislatures to prohibit mandatory overtime. Well, in some ways it has not been necessary in North Carolina, and I think a lot of that has to do with kind of the personality of the nurses in North Carolina, I mean they are accommodating, they really don't want to inconvenience anybody, so they really do work maybe extra shifts, try to figure out how to work something out within their own unit. However, when it gets really tough, and when they're looking and realizing that patient safety is going to suffer because there are not enough people, then at that point they say to their unit managers, "We just cannot have people, they have got to be sent to other units, either that or we have got to have some additional people." One of the pieces that the Board of Nursing has just done and has really just clarified, because it's kinda been in their rules and regulations for a long time is, a statement on patient abandonment, because a lot of times what's happening in these situations where a nurse says, "I cannot work under these conditions," they are being told that's patient abandonment. Well, the board has come out very clearly and stated what constitutes patient abandonment, and in a lot of cases it's not. So we have publicized that, certainly the board has publicized that. We have got a booklet called 'Accepting and Rejecting a Work Environment' so that people who call and say, "What do I do? This is not a safe situation. How do I handle this?" You know their option is to say they just will not handle it, and the option of the employer is to say, "Okay, you don't have a job." And so they really have to weigh that. Now, it does not come to that often, but it has come to that, and of course then that's a real problem for the system and for the individual nurse that it's happened to. But a lot of states are looking at whistle blower legislation where the individual nurse would be protected if she or he reported unsafe practice, but again, in North Carolina, I really think because of the culture, we have had less of this.

Q: Why are nursing education programs so expensive compared to other programs?

A: I probably don't know the answer to that. Are they? Compared? That's not my field.

[end of interview]