

Brenda Cleary

Q: Where did the idea and inspiration for the NC Center for Nursing come from?

Well, I think the idea for a center for nursing came out of one of the cycles of nursing shortages. This one being in the late '80s and legislative remedies were sought for shortages around the nation. Most of those were what I would refer to as the short term fixes, things like some infusion of money into nursing education, that was probably the most common strategy, but there were some visionaries in NC certainly leaders in the nursing community, who realized that we'd been there, done that so to speak and that what was really needed was a long-range solution. And so the vision developed into creating an entity to complement existing structures and nursing agencies to do long range planning for the nursing workforce to really monitor supply and demand, pull people together to look at nursing workforce issues, do policy planning as well as a statewide recruitment and retention program. So that's how the Center was born.

Q: Who were some of the key players getting the Center started?

Judy Seamon really was the spark that created the Center for Nursing. Judy Seamon had been a nursing leader in NC for many years, had the distinction of having been president of the NCNA as well as chair of the Board of Nursing, really understood nursing in NC, but along with that had a remarkable quality of great political savvy, good connections and knowing how to take nursing issues to the policy level. So I think those qualities and just her passion for this whole idea, and having been in nursing long enough, the passion for finding some new kinds of solutions for the nursing shortage really drove the process. Now, there was a legislative study commission and there were many, there were several players involved in that, but Judy really was the consistent spokesperson for a Center for Nursing. She could not have done it alone. It really, the lobbying efforts of the NCNA were critical in really making the Center a reality because it was a tight budget year, situation similar to what we see now, and so for some it seemed like an impossibility, but they helped to make it happen. And then, I think the Center coming into being is really a reflection of the extraordinary ways that nursing leaders in NC work together. I think leaders here in nursing partner more than in any other place I have ever been or seen. And when you get that kind of synergy and that kind of working together, great things happen. The Board of Nursing were clear in that while they collected certain data around licensure they really did not have, it was not part of their mission, nor did they have the expertise internally to do the kind of work that was envisioned for the Center. So that was an important piece. In another state, a Board of Nursing might have raised objections, for instance, why do we need another agency, so that kind of synergy and partnering really gave great power to this effort. And then, of course, you not only needed the entire nursing community behind it, but related disciplines and you always need a champion policy-maker and we had several of those including Martin Nesbitt and Doug Dixon and others who really championed the cause through the legislature. So that's a recipe for success I guess.

Q: Why do you think this had never been done before and how did it happen in NC first?

You know, that's, it's an interesting question why it hadn't happened before, but it was pioneering and there, being the first, there were no models so it took a lot of courage and a lot of work. I think that's why, I don't think anybody would deny that it was a good strategy, but to step out and be the first really takes a lot of courage and a lot of work. I think that the legislative study commission process was helpful in that that really gave some official support and official time to really look at how this might happen, to really develop the idea because, again, there were no models to turn to. I remember the people involved in creating the Center looking for models and there really were none. So they had to use a whole composite, conglomeration of other models, maybe often outside of nursing to look at how they might organize the Center for Nursing.

Q: How the Center an inspiration for other states?

At the present time, there are about 18 states looking at enacting legislation. Some have already, are well into the process, Nebraska's passed legislation, Mississippi has done something similar at the state level, New Jersey, I've been working with the senator from NJ, they have legislation in process and others are in various stages. And I know that the Center is seen as clearly the model for the nation just because of the number of inquiries we get requests to see copies of our legislation to use as model legislation. So I think that was always part of the vision and what happens in these cycles of nursing shortages, unfortunately, is when the supply and the demand is fairly well in balance, sort of what I call a complacency falls across the land and there isn't the impetus to do these kind of creative things. It, we see another nursing shortage, some states are already well into a nursing shortage, all of us are concerned about an evolving shortage and that has people's attention again, so they're really looking at the Center. We've been at it for a while and have a track record that I think we can share.

Q: What is the Center's mission?

The mission of the NC Center for Nursing simply stated is to assure that NC has nursing resources to meet the needs of its citizens. That's an eloquent, simple mission; tall order, but that is the mission of the Center.

Q: How does the Center impact nursing education in NC?

We have several ways that we partner with nursing education. We certainly are working with all nursing education programs in NC in terms of recruiting young people into the profession, in terms of keeping nursing out there as a very viable career option. We also are working closely with nursing education in NC right now to develop better articulation between nursing programs since people may enter nursing at various levels of collegiate work, we want to make sure that there's good articulation between those levels so that qualified students can progress with the goal of increasing the overall education level of the nursing workforce in NC.

Q: How does today's nursing shortage compare with previous shortages?

The nursing shortages typically, and I'll particularly for the last one which was about 10 years ago, was truly a problem that of a disconnect between the demand for nursing services and the supply. It really was not a supply issue. Demand had grown and grown and even though the supply had grown, it had not grown enough to meet the demand. And also, you realize, the gross national product spent on health care was at an all time high. So, we were paying for a lot of services. Well, in the ensuing 10 years, it's changed a bit, we've had managed care, cost containment, the balanced budget act, so it's not like this, there's this continuing to grow supply of money spent of health care. But what we're seeing now is that, it's a it may in fact only be a supply issue, and it has to do with the aging of the nursing workforce. So that's what makes this different and it is in some ways more challenging. We need to produce more and more nurses quicker and quicker. Then, you add to that scenario the aging of the population. I would say those 2 things together, the aging of the workforce, looking at retirement patterns and some decline in interest in nursing, which we are trying to turn that around because it's wonderful, and then the just at the time, that happening just at the time that the demand, real demand, not just because there's money to spend and you know we can provide just about any service anyone wants, the real demand based on the fact that older people are the biggest consumers of health care. They have more health care issues. That's why this is very foreboding in the next 10 to 15 years and that's why I think in NC, I'm very excited, I think we are way ahead of the game. We have the most comprehensive recruitment and retention program in the nation. And we already know that it's helped NC to fare better than other states. We still have a lot of challenges but our hope is that we will continue to be positioned well. And we're not scrambling because, again, these quick fix things have everybody running, but we've been working on this for several years. It's a long term plan and I think it will serve us well.

Q: Can you discuss the emphasis on collaboration taking place at the Center?

We really believe, I think it starts as a basic value, that the only way that you do this pioneering work is through collaboration. Our Board of Directors reflects collaboration. There are 16 of them and they reflect a whole host of different roles, different university, community college systems, etc. So that reflects collaboration. We have an advisory council, that's about 50 members, and that's really, that casts a wider net for stakeholders from business, the legislature, definitely consumers, the various industry organizations, for instance, the Hospital Association. That is an exercise in collaboration. To me, part of the magic of how this works in NC though is that we have collaborative efforts that I think are over and above what one would usually see. For example, it is not unusual for the licensure board and the professional association to, if not, perhaps being at odds is too strong a terminology, but not really working together. Our Board and our Nurses' Association are very close partners. I think that's evident in the fact that they were able to work together to get the Center for Nursing created, to the point that there are several of us representing statewide entities that we meet together monthly just to have breakfast. Just to share resources, ideas, give each other a heads up on what's going on, that's a simple thing but it's very, very powerful. And then there are a whole number of task

forces and steering committees around various nursing issues and you will always find collaborative practices at those tables.

Q: How about a summary statement and a list of the primary entities that come in and collaborate?

Okay, I would say that the kind of work we're trying to do cannot be done well without significant collaboration. Some of the best examples of that kind of collaboration include the Center for Nursing partners with the Board of Nursing. We use their data collected through licensure and we do a real in-depth analysis of it that they would not want to do and would not be equipped to do and in order to really track what nursing looks like in NC. That's a powerful kind of collaboration. We have a really strong with the NC Area Health Education Center system. We have a workforce planning model funded by the Robert Wood Johnson Foundation and it is a partnership. All the regional, local activities work through the AHEC system. So in every 9 of the AHEC regions we have workforce planning groups. Those are a couple of major kinds of things. And then, like I said, the collaboration between NCNC, the Board of Nursing, the AHEC and the Center, in doing things like documenting the history of nursing, a powerful collaboration.

Q: How do legislators and other leaders in the state utilize the information developed by the Center?

I will give you a couple examples of where I think our data directly has affected policy and used by policy-makers. One is there, we were looking at removal of the Sunset for third party reimbursement for advanced practice nurses, and the Center conducted a survey really looking at practices there and the kind of services provided by advanced practice nurses particularly in primary care. And that was, the NCNA used that to really lobby the legislature for removing the Sunset and it was that was fairly smooth sailing. And, I would say, that part of that was because we had good data to support their decisions. Another example would be NC is fortunate to have state-funded scholarships for students funded through the Nurse Scholar's Commission. There was a time when the law was first written that part-time and students could not get scholarships. Well, we were able to show that there was a real and present need to increase the number of baccalaureate-prepared students and RN to BSN, and associate degree to BSN students are typically part-time. So we were able to use the data that we had showing, and especially in rural counties, the real need to change that, to change the Nurse Scholar's Commission law and rule about part-time study.

Q: What does the creation of the Center tell us about the nursing leadership in NC?

To go where someone, where a state has never gone before, requires collaboration between the Board of Nursing, the Center for Nursing, the Legislative Study Commission - which involved nursing leaders and legislators - to commit to coming up with a whole new long-range solution rather than the quick fix solutions of the past to address the nursing workforce in NC.

Q: What is the unique contribution of nurses in NC?

One of my favorite thoughts about nursing is that nurses are invited into the most intimate aspects of people's lives. I also once heard a mother in a neonatal intensive care unit say the physicians wrote orders, they were important, and the administrators managed the budget and the operation of the unit, but it was the nurses who really kept things human. The nurses who made sometimes things that seemed unbearable, bearable. And I just, I think that nursing plays such a unique role. Not only are nurses there around the clock, but they really sometimes make the unbearable bearable as well as share in some of the real joy of human experiences that we see in health care... There's something else I want to say, maybe I'll come back to that.

Q: What is the Institute for Nursing Excellence?

The Institute for Nursing Excellence was actually started by the NC Area Health Education Center system and then brought under the fold of the Center for Nursing when we were created. It is designed to recognize excellence in direct care nurses in NC across settings. So, every other year we can select up to 60 of the best direct care nurses in NC. They come to the Institute for about 5 days and it is a week of peak personal and professional development. It is a life-changing event and it is a huge success in terms of retaining nurses, helping nurses remember why they came into nursing in the first place even when times are difficult.

Q: What can you say about this recent study concerning burnout?

I think what we are seeing in nursing, I think there's a twofold issue here. I think that the health care industry needs to value and empower nurses in whole new ways. I think the time is now to do that. But I think the profession holds a huge responsibility. We also need to have a strong voice in making sure that nurses are empowered. We need to look at our own house, if you will, look at the preparation of nurses. I told you earlier I think there is a real and present need to change the balance of nursing education so that we increase the overall educational level of nurses. And I think those things, I don't think you can separate them out. I think the profession really uniting together and elevating the profession and then industry buying into that. We know from our studies of vacancy rates in hospitals, for instance, that there's a real strong relationship between low vacancy rates and having nurses represented on serious policy-making committees of the hospital. I think that speaks volumes. So I think nurses are leaving, or those who are leaving, don't feel that sense of value, autonomy and ability to participate in some of those most critical decisions.

Q: What is the distinction between diploma and baccalaureate nursing programs?

Well as you are showing, diploma nursing has a rich, rich history. That is where nursing really started in terms of formal training. There was a real beauty of diploma program in that there was this inherent connection between practice and education, it was sort of

built into the process. But over time, it became important for nursing to be a profession and stand toe to toe with other professions, to not be different in terms of how we prepared students of nursing, but to move to institutions of higher learning. So I think that it was a great place to start. It was very appropriate and fitting, and yet the movement toward higher education has been a real important one for the profession.

Q: What role have associate degree programs in community colleges played?

The associate degree nurse was, again, another response to a shortage and was a very important response. I think in NC, our community college programs are essential. We are still, by and large, it doesn't feel like it on I-40, but we are by and large a very rural state, so that our community college system is really second to none in giving access to all North Carolinians to proceed beyond the high school degree. And they are really important. I think what we are recognizing, though, is we want to encourage more and more nurses not to stop there and to maybe, really what we're hoping to work toward, is to better differentiate roles, so that I think we need nurses entering there, but to be clear about what that role is vis a vis baccalaureate and higher degrees and again to have seamless articulation among programs so that it's an easier path for nursing students in NC.

Q: And what is that distinction?

Well actually the, when associate degree nursing was conceived, there was a pretty clear distinction that associate degree programs would prepare a direct care provider. It would be an important, but more circumscribed role. That role has never been differentiated formally at all, it's not differentiated in licensure. So what in fact has happened is while that, to some extent it's true, and depending on the supply/demand equation, depending on the geographic location, that may or may not hold true so we get into that nurse is a nurse is a nurse. So I would submit to you, I think the vision, Mildred Montag was sort of the visionary who created associate degree programs, her vision was a pretty structured, circumscribed, very important role, but defined differently than I think in reality that role has come to be defined.

Q: What do you think about the new study on burnout in nursing?

I know that there are actually some several studies out in the field right now and I know of the one you speak. I always, by nature because I do research, look at everything with a little bit of a skeptical eye. And what I would want to know is about their sampling techniques, what kind of response rates they had because there is a, there may be a negative bias in the study. I don't know that because I haven't seen that so it's not fair to say, but even other national studies when you ask people to voluntarily participate, oftentimes you hear the most vocal people are the most unhappy ones. So that's why you have to sort all that out. One of the things that might help, we're doing a nursing survey in NC and we're asking some of those same things, we're asking, we're really looking at job satisfaction and intent to retire and so maybe I'm showing my bias here, but I would stand, I would feel more confident in that because we are very careful about sampling.

We go, we do handsprings to get response rates up. So what you get really is a reflection of the population as opposed to the opinions of a few. And like I said, I don't know what this study, but that's always these studies come out and the media picks them up and sometimes you need somebody to help wade through it in terms of how representative it really is.

Q: What is significant about NC being the first state to pass nurse registration legislation?

I think it's just a shining, but one of many examples, that NC has always been a good place for nursing and has always been a place that seems to either attract or develop nursing leadership, nursing leaders who really invoke significant change, pioneer and lead the way toward things that have never happened anywhere. I think it's great evidence of that, probably among the first evidence of that, and then there's been many more pioneering efforts to follow.

Q: Why was a nurse registration law necessary in 1903?

Nursing provides an essential public service. That is a great honor and there is a tremendous duty to do that well. And one of the ways to ensure that is to have some formal pieces in place to make sure that if a person holds himself or herself out to be a nurse, they really are competent to offer the public this wonderful thing that we call nursing.

Q: How is the history of nursing in NC most unique?

Well, having, happening to be a relative newcomer, I will first say just being part of learning more about NC's history, I've been sort of like a first time student with some of these things and have been just inspired by the richness of the history of nursing in NC. I think that some of the things that, I'm struck by that may be perceived as challenges here that might not have been as challenging elsewhere, certainly had to do with being in the South. And also the whole Black nursing, African-American women, the things that they had to do. So to me that was a much greater challenge and is a rich part of our history and I think it thrilled all of us that we came, we had people who said they wanted to make changes. I think the other thing is you know nursing has been by and large a women's profession and not always accepted as a legitimate, legitimate women's work. That maybe may have been somewhat more true, I didn't grow up a Southern woman, but my thinking is that must have, those women had to have a little more courage than perhaps women where I grew up in the Midwest had to have in order to do things that weren't typically done by women in the past.

Q: What heroines from the history of nursing in NC jump out at you?

Well, I have a personal heroine and that would be Judy Seamon. And another personal, these are people I have known and experienced although there were many who went before that I'm impressed by, another one is Patty Lewis. Patty was also, just had the right mix of grace and courage and knowing what to do at the right time, ways of

mentoring and motivating people who made a difference in, I think, the lives of countless people either in nursing or involved in nursing. Those two definitely stand out for me.

Q: What was Judy Seamon's motivation?

Well, I think, sort of, being a student of history of nursing workforce, being very involved not only with the NCNA, with American Nurses' Association also, and being thoughtful and perceptive about things that really weren't working and not being willing to repeat the same things that had done before and maybe worked for a little while just, I just think it's that ability to step beyond the business as usual. That's what strikes me about Judy.

Q: What is significant about nursing research?

Another hallmark of a profession is its own body of knowledge. And I believe that nurses' work involves a lot of interventions that are, that don't come from other disciplines, certainly we do borrow from other disciplines, but we have our own ways of helping patients and people that we interact with that we need to develop and test and actually support through collecting data and comparing various techniques, so I think nursing research has been critical to move nursing forward to really becoming a profession. And it's really exciting, there's just some wonderful work by nurses right here in NC that are extremely well-funded by the National Institutes of Health and others are doing important work ranging from helping kids with diabetes to dealing with pain, there's just a whole range of important nursing work. And that sort of ties in with what nurses do that's different, I think things like pain, I really think nurses can be the leaders in helping people manage that because nurses help people manage things and so we also need to be able to document that and show what we do makes a difference.

Q: Any specific examples of research in NC?

That's a good question. You know, off the top of my head I'd be a little hesitant to answer that, I know that there's some great work being done here but whether it's unique. Now I know that there's been historically there's been some unique things, okay, for instance, in NC, this was a collaborative effort, in the early '90s, there were a series of research conferences, but what NC did that was unique, they brought researchers and clinicians together in the same conference because research is only as good as it's utilization. And I thought that was very unique. I actually participated in some of them before moving to NC and the beauty of those conferences were not only to bring people in practice and people in research together, but they produced a series of award-winning books applying nursing research in various issues that are of concern to nurses, for example, the whole issue of dementia and falls, a lot of good work came out about caring for geriatric populations and I think nurses do that very well.

Q: Is there anything else you would like to add?

It's been pretty comprehensive.