

Judy Seamon

Q: Why was the Center needed?

Well, again we had had typically in nursing, every 10 years there is some sort of shortage. It was very severe in the '80s and not only was there a shortage in a number of facilities, but the enrollments in nursing courses were falling. And so there wasn't the continuing supply to come in and the legislature was aware of this because in their home counties, they are familiar with the hospital administrators concerns and health department concerns and so they realized that this was becoming a serious issue, plus it was getting a lot of publicity and it was a sort of called a hot topic, you know and legislators frequently like some of those around so that something so that if they have a solution can be seen and is visible and they can get recognition for that, for the work they do which is certainly legitimate in my estimation. And so the other thing that became, it was important for those kinds of reasons and the AHECs were having piloting an excellence program. The BON and NCNA and the AHECs had tried to do some workplace studies, but that was not their primary mission, of any of those, of those organizations, so we just as we studied the problem and talked with nurses and employers and all of the resources that needed and used nurses, we realized that we needed something that was not so much piecemeal but rather that was a focus that could be continued on an on-going effort to deal with the problem, anticipate the problem, and have some strategies to deal when we saw it was coming again. So, it seemed like a really, it was the time to do something long term for it basically. And what worked to the advantage of the nurses also that year was the fact that there had been a total reorganization of the internal structure of the General Assembly, especially in the House of Representatives and many of the leaders did not have memberships on committees and chairmanships of the committees and so they were still very prolific leaders and they became interested in that and wanted to use their energies and it was to the advantage to the healthcare dealing with the nursing shortage of the citizens. I mean it was to the citizen's advantage for dealing with the healthcare problem. And I believe that the time was right to deal with this because it, as I said, it occurred every 10 years, just almost predictably.

Q: Again.

In 1980's, late '80s, the shortage was ...

In 1988, the shortage was reaching its peak and it was felt across the state. At that time, the AHECs were working on some part of this, the professional association was trying to deal with some part of it and the BON was, but none of them had that as their primary mission. And it became apparent to the legislative study commission very quickly that for long term effective results regarding this issue, we needed one entity that had that as its primary goal and objective that would work collaboratively with the existing resources of the professional association, NCNA, the BON and the AHECs so that together we would all be able to come out with solutions.

Q: How did you convince legislators?

Well, I think we had made our case in a very careful fashion, the facts were there, we had come up with very workable solutions with the details in place, but I have to be honest, no one was as surprised as we were in that year of revenue shortfalls that we indeed were getting everything we asked for, including the scholarship fund, the Center for Nursing to do the research and the strategizing for workplace issues as well as the program for excellence, renewal and retention. That was I think they saw that as doable the legislators did because they already had a model which they had established for teachers at the facility in Cullowhee. And they were also impressed with the, how many more nurses there were in NC than there were teachers. And I believe that was a factor in it. So when we, when we, the commission sent forth its recommendations, we prioritized them and had simply said if nothing else is funded, the scholarship, you know, thing would take, the scholarship piece would take priority. And I was the most surprised when I got a call in late July saying you better get ready for the Center for Nursing because it's going to happen. And it was a thrill and we couldn't have been more pleased, but we were surprised, too, because we thought it was unrealistic at this point.

Q: Another first for NC...

Alright, well, NC is well known for it's firsts and a lot of those firsts have been created or made way for by the legislators and we used that and said, because indeed this would have been a first, in fact it was the first and only state-supported center for nursing in the nation, and I think that appealed to them, also it was very visible, a very visible thing to address a serious problem and the legislature certainly should have had credit for making this happen. I believe having the format already in place with the teachers was an, opened the door for why couldn't we do something with nurses. The other thing that was attractive about this was that we were not asking for a huge facility. We were asking for funding for programs and we would use existing facilities and so that was a major factor in getting it funded.

Q: firsts...

We reminded the legislators that NC had a series of firsts - we were first in flight, we indeed had the first nursing practice act in the nation, and it was only reasonable that for this issue, we would have the first Center for Nursing and even serve as a model for other states. And I believe they responded to that because that's a very, it's a distinction that NC enjoys and certainly has earned.

Q: How bad was the shortage in the '80s?

Well, when there's a nursing shortage, usually the vacancy rate increases in most facilities and hospitals particularly because they have to close down units if they do not have staffing and some of the legislators had experienced for themselves or with their families or with friends that they couldn't get in to have elective surgery or it had to be put off and that only emergency kinds of issues or cases were being taken because that

was all the staffing they had. And when people's resources start being modified or altered like that, then of course, everybody notices when it happens to them and so they were very aware of it. They were, many of them were very aware who had older parents that they couldn't get them in long-term care facilities because they didn't have the staffing and that made a tremendous difference because it had been indeed a personal experience.

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Q: Growth of the Center?

Well, yes I did dream that it would become what it is and it will become even more. I mean, that was what we saw as the vision part of it if we could get it, get it going. And how does it make me feel? It makes me feel very pleased and satisfied that indeed we were on the right track and that what we envisioned is working and it will continue to work and yes, NC has another successful first and I think the legislators appreciate that fact. You know the funding is modest by most standards in government today and actually, it is the same as it was in 1991 and the Center enhances that with grants, which was the plan, the original plan. I don't think I answered that real well.

Q: Again.

I knew that the Center had the potential to grow into what it has become today and much farther. I knew that if we set it up properly and had the structure, and then critically, got the right people to staff it and have the leadership in the executive directors and the rest of the staff and the board and the advisory council, that it had no where to go but to be successful. And we have done that and I contribute all of that success to the people who are there now, have been there and are there now who do the day-to-day operation and continue to have the vision constantly renewed. How does it make me feel? Of course, I'm very pleased. That effort was one of my last hurrahs in organized nursing and rightly so because I had had tremendous leadership opportunities and I knew that it could work and some people thought I became obsessed about it but I had been the Mouth of the South about it, but I somehow knew that this was going to be an answer that could be developed and could be renewed and continue to grow.

Q: Current shortage?

Well, I think one of the reasons the Center and NC can cope as well is because we have baseline data that has been created over the past number of years. Actually, with this shortage, NC is fairing better. They're having some serious problems, and particularly in certain work settings, but in today's, but our number of RNs is continuing to be increasing or is continuing to increase. But in today's market, young nurses, nurses who have been in practice for a while, have tremendous opportunities as far as where they will practice and what kind of nursing they are going to do. In former days, nurses are

perceived especially by the public and nurses themselves perceived, you went to work in a hospital, possibly a health department, or a physician's office. And other than that, those were pretty much the opportunities, or you could teach in a school of nursing. Now with the master's preparation and the different tracks, nurses are fulfilling enormous new practice settings and having opportunities to practice that we didn't even dream of before and it's frankly more attractive than having to rotate shifts in a hospital setting and having to deal with the bureaucracy of the hospitals. So the hospitals are very definitely having to compete with many more resources that provide opportunities to nurses for their practice.

Q:

Well clearly this shortage has received enormous attention, both nationally and within NC. And of course where it is felt immediately and where it is perceived to be by the public is in the hospital settings because that is where the public has the primary contact with nurses and the hospitals now are having to compete with many other practice settings that are now open to nurses that were not open in the past, so NC has an increasing number of registered nurses, but they are not all going to hospitals as we used to all do where you started your practice in a hospital setting for the most part. And

nurses are having opportunities that were unheard of a number of years ago, and are choosing those opportunities because they have more control over their schedules, they have more control over their life, more opportunities for advancement. So the hospital as the primary practice setting, although it employs many many nurses is not the only game in town any more and I believe that's why the hospitals are having more difficulty and also they have to be competitive, they have to offer, to be competitive they have to make their practice setting within the hospital more attractive and more competitive with other practice settings, I believe.

I think one of the primary ways is that they have a database from which to work and although some people...

I think one of the primary ways that the Center is helping deal with this is that they have an acquired database over now 11 years and so that keeps them aware of all of the facts of enrollment, the numbers of RNs and a variety of other things in nursing.

In addition, the Center for Nursing has established very good relationships with the professional association, with the BON, and with the AHECs so that they can collaborate much more quickly and much more effectively in addressing this problem. I'm sure there are other things that they can do but because I am not intimate with the everyday operations that are available to them, but I would think that the database, having the facts keeping those updated and working in a collaborative fashion with other resources for nursing that have to deal with these problems would probably be some of the primary reasons they are able to do that.

Q: First elected BON.

Well, interestingly, when we were getting the ..

Interestingly, when we were getting the new nursing practice act, we put into that model that we were going forth with everything that we would like to have in the practice of nursing, if we could have it all and we could deal with nursing, the nursing practice act as a model one, what would that include? And it included electing the board of nursing. Prior to that, the BON had had 2 physicians, 2 hospital administrators on it and it was appointed. Actually, we didn't expect to get that, it was put in as a bargaining chip because we knew we would have to have bargaining chips. But even with all the hurrah and carrying-on and opposition, that never became an issue, except right at the end it became an issue when someone in the governor's office decided he shouldn't lose all those 12 appointments and it held it up, in fact, I went to see the governor on the spur of the moment about that and by the time I got there, it was resolved. And so that was to our advantage. I think that probably nurses in other states cannot believe that we have that. And I'm very glad we have it. Now our responsibility is to get nurses to participate in much higher numbers.

Q: lobbying

In your wildest fantasies that might have been the case, but when we were lobbying on behalf of nursing, usually sitting across the table from us on the other side was the hospital association, the medical profession, the nursing home profession and the Board of Medical Examiners and usually we were on the other side. The BON frequently supporting the NCNA. And I believe what made the difference is that when we lobbied the legislators, Frankie Miller taught us well how to lobby. And we learned to be polite and courteous, we wrote thank you notes for their giving us the time, we provided them with very concise, tried to get it in one page information sheets, about each part of the issue that came up or the overall issue. We always told them factual, truthful information. And the last thing, we never, never threatened them if they didn't vote our way. And so we were able to build credibility with the legislators and so they wince necessarily when they saw us coming or try to get out of seeing us. Now that wasn't always true and we had to be largely persuasive, but I believe the credibility factor and the courteous and in fact one time a chairman of the committee wrote me a thank you note for my thank you note and I think that spoke volumes.

Q: NC history

I believe starting with Mary Lou Wyche...

I believe we have to look back to the women who began lobbying for nursing years ago, Mary Lewis Wyche who put the basics down. In my leadership positions, I was always very aware that everything I had the opportunity to do was because of all the efforts that had been made before me and fortunately for me I had a very sterling experience because

the opportunities were at the right point where we could take action for them. I believe we should never forget that because every nurse that has had leadership positions and every nurse that has practices in this state and done a good job has set the standard for us and when people think of healthcare and they think - frequently studies have shown when they think of the person they can trust the most in the healthcare system nurses are right up there at the top. So people know who nurses are, they trust nurses and I think we have had wonderful leadership that has made opportunities continue to be a reality in this state.

Q: Center's mission

I think in the '80s we realized there were lots of efforts being made by the AHECs, by the professional association, by the BON, but that wasn't their primary mission and at best it was a piecemeal solution to the problem. The AHECs were having an excellence program, they were doing workplace study kinds of things. The Board had data. The professional association took certain initiatives on that road, in that manner regarding that issue. But there was no one entity that would have that as its primary focus that could consolidate these efforts and add to them. And that's where we began to see there needed to be an agency, an organization with the primary goal regarding supply and demand issues for nursing in the state of NC who would work in a collaborative fashion with the existing resources of these organizations - the AHECs, professional association, BON. But who would have as its primary focus and also leadership in dealing with workplace issues and supply and demand of registered nurses in this state.

Q: Again

During the shortage of the '80s, there were efforts being made to find out why, to address it by the AHECs, the NCNA and the NC BON, but at best, because that was not their primary focus, that was a piecemeal effort to get at the problem and try to solve parts of it at least. We realized that there needed to be one organization that would have the workplace issues, supply and demand of nurses in NC as its primary focus and goal and objective. And then work in a collaborative fashion to address this issue with the existing resources. And that's where the concept of the Center came together. The issue was the shortage, the shortage means there are not enough nurses to meet the needs of the healthcare of NC citizens. And to get at that and have a long standing and effective solution, we needed an organization that would have that as its primary goal and be supported in that and work collaboratively with the existing organizations.

Q: Why state supported?

That entire possibility and that entire question of should it be state-supported, should it be privately-supported was considered very seriously. From other states, from some other states, SC in particular, we had learned that just to have the state monies to start it and then to try to get private funds to continue it meant that all of the efforts of the Center were into raising money and the work couldn't continue. And so that's where we came back full-circle almost to say we need operating funds from the state allowing us to get going, to get started and then work to get grants for the specific projects.

I don't know that we've spoken enough about the collaboration, but you know that is a 2 way street. And I wonder if maybe someone else is mentioning this, that I think NC, frequently I mean this is just for our conversation...

Another important issue is this business about collaboration. We've talked about the Center collaborating with other organizations, but we both know, we all know that that's a 2-way street and the fact that the AHECs and the BON and the NCNA were willing to reciprocate with that collaboration, and for all of us to work together made all the difference and makes all the difference in this state because in many states there is not cooperation from one or several of the organizations and I believe that is the hallmark of nursing in NC is the willingness to work together to come out with a solution that works.