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An Investigation of the Interest for a Nurse Re-entry Program in Southeastern Ohio

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An Investigation of the Interest for a Nurse Re-entry
Program in Southeastern Ohio

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at
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in
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Abstract

In the United States and throughout the world there is a serious concern in the growing nursing shortage. Many recruitment and retention techniques are currently being used to ease the nursing shortage. One such avenue is a nurse re-entry program. The primary purpose of this study was to determine the interest for a RN re-entry program in southeastern Ohio.

The data collected during the investigation used both qualitative and quantitative research techniques. Information was received through two survey questionnaires and two focus groups. The instruments were designed with the purpose of determining how many registered nurses were not working in a hospital setting and the number interested in returning to acute care through a nurse re-entry program.

The results showed a significant number of nurses (n=40) interested in returning to nursing. However, the number willing to commit to a nurse re-entry program was much less (n=13). Further research of interest in a re-entry program is suggested after definite re-entry course criteria has been established and a more expanded needs assessment by the local college is accomplished.

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CHAPTER 1

One tradition in the nursing profession is for graduating nurses to recite the Nightingale Pledge as they receive their nursing pins during their graduation ceremony. The pledge states, "I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care" (www.nursingworld.org).

Unfortunately for hospitals, many nurses who devoted their careers to bedside nursing and aiding the physician are leaving the acute care arena to pursue other careers. Registered nurses (RNs) have more opportunities than ever in fields such as management, education, technology, and public health. Working long hours, weekends, and holidays do not attract young people looking for a career. Healthcare facilities are exploring ways to draw nurses back to patient care.

Many recruitment and retention techniques are currently being used to ease the shortage in nursing. Scholarships and loans are available to encourage students to choose nursing as a career. Sign-on bonuses and increasing

salaries to compete with other facilities have been initiated. Flexible shifts and shift differentials are incentives to work evening and night shifts. The use of such techniques have helped, but not alleviated the problem.

The importance of this study was to investigate the interest for a nurse re-entry program. The desire was to recruit those nurses not currently practicing in a hospital setting back to acute care. The researcher believed there was an untapped supply of nurses who hold current licensure in the state, but have decided not to practice for various reasons.

Statement of the Problem

In the United States and throughout the world there is a serious concern in the growing nursing shortage. Clark and Clark (2002) recently completed a two-year world survey of nurses' unions and associations. They found that 90 of 105 nurses' unions and organizations representing 69 nations reported their countries were experiencing a nursing shortage. By the year 2010, a shortage of one million nurses is estimated in this country and by 2020, that shortage is expected to increase to 1.5 million (Barney, 2002). According to the American Hospital Association, 126,000 nurses are currently needed to fill vacancies at hospitals in the U.S. and 75% of all hospital personnel vacancies are for nurses (Rosseter, 2002). Although the number of registered nurses is up by 86,000 from 2.1 million nurses who were licensed in 1996, demand is outpacing supply (Barney, 2002). Unlike past nursing shortages, the current situation is a global problem, showing no signs of improvement.

Significance of the Study

Healthcare facilities are examining recruitment and retention methods for attracting and maintaining nursing staff to ease the nursing shortage. A rural hospital in southeastern Ohio investigated one such program known as a RN re-entry program for those nurses who have been away from the acute care setting and were interested in returning to hospital nursing. Nursing research has shown that refresher nurses, like other adult learners, have diverse goals, learning needs and styles, which require a flexible approach to program design and implementation (Sweetwood, 1986). Nurses who have been away from acute care are concerned with technology and equipment, new medications, difficult schedules, and just fitting in (Smith, 2002). The expectation is that incorporating re-entry nurses into the acute care system will aid in reducing the nursing shortage in the hospital.

Background

One hospital in rural southeastern Ohio is experiencing a nursing shortage. This particular not-for-profit acute healthcare facility has over twenty job postings for registered nurses. The Human Resource Department estimates that the average age of RNs in this particular facility is 39.8 years (L. Halley, personal communication, November 12, 2002). The hospital, like many rural facilities, experiences difficulty recruiting and retaining RNs and is investigating several avenues of recruitment and retention to relieve the current nursing deficit.

One such avenue is a RN re-entry program. The hospital teamed up with a local college and formed a strategic planning committee to brainstorm some possibilities to recruit registered nurses. Before launching into such an endeavor, it was decided to perform a needs assessment. A survey was mailed to registered nurses within a six county area to confirm if such an interest existed. A positive response from the initial survey was obtained. The planning committee formed focus groups from the interested potential re-entry nurses and nursing administration and staff. The planning committee then developed a plan for a nurse re-entry program. The proposal was submitted to Hospital Administration.

Objectives of the Study

The objectives were to:

1. Determine the interest for a RN re-entry program in southeastern Ohio.
2. Establish the association between selected variables and the interest for a re-entry program.
3. Identify the most appropriate learning methods for nurses interested in a re-entry program.
4. Determine if a rural hospital will support the establishment of a nurse re-entry program as one method to ease its current nursing shortage.

Assumptions

The researcher assumed that:

1. A majority of registered nurses were currently employed.
2. A small percentage of registered nurses were not interested in returning to the acute care setting.
3. Registered nurses would answer the survey questions honestly.
4. Registered nurses interested in a nurse re-entry program would return the survey.
5. A large percentage of registered nurses would not return the survey.
6. A small percentage of interested registered nurses would volunteer for a focus group.
7. A small percentage of nursing administration and staff would volunteer for a focus group.
8. The hospital would culturally and financially support a nurse re-entry program.

Limitations of the Study

The research was limited to a six county area including Gallia, Ross, Meigs, Vinton, Lawrence, and Jackson (Appendix A). A survey mailing included names and addresses of registered nurses excluding licensed practical nurses. The survey was limited to only those names and addresses on a list provided by the Ohio Board of Nursing.

It was expected there would be a certain percentage of surveys that were returned as undeliverable. Another percentage was not returned due to lack of

interest. The study was limited to the information provided by the respondents. Another limitation was the individuals' understanding of the survey questions. Respondents' attitudes toward the facilities that produced the survey either positively or adversely impacted their answers. A mailed survey limited follow-up to responses or questions unless respondents chose to include their names and addresses on the questionnaire.

The focus groups were limited to the number of participants willing to participate. If interested participants did not include their names and addresses, the researcher was not able to contact those respondents to attend the focus group. Some staff were not able to take time away from their work areas to attend a focus group. The staff responses were limited depending on their bias or partiality to a nurse re-entry program. The facilitators' attitudes may have affected the response data from the focus groups either positively or negatively.

Definition of Terms

Various terms are referred to within the research investigation. Definitions are given to illustrate meanings of the terms:

1. Acute Care- providing emergency services and general medical and surgical treatment for acute disorders rather than long-term residential care for chronic illness.
2. Continuing Education Units (CEUs) - a unit of continuing education.
3. Delta Scores- a standard of measurement reflecting staffing productivity.

4. Hospital- an institution in which sick or injured persons are given medical or surgical treatment.
5. Inactive Nurse- a nurse who has placed his/her licensure on inactive status; unable to practice nursing.
6. Licensed Practical Nurse (LPN) - A nurse who has completed a practical nursing program and is licensed by a state to provide routine patient care under the direction of a registered nurse or a physician.
7. Nurse Re-entry/Refresher- a course designed to assist active and non-active nurses who have been away from acute care back into that area of nursing.
8. Nursing Shortage- lack of licensed registered nurses to adequately meet healthcare needs.
9. Per Diem- a staff member who works as needed when a vacancy exists, when patient census is high, or when regular staff are unavailable for work.
10. Precepting- working one-on-one with a newly hired or newly transferred staff member for a designated period to orient them to specific job tasks and duties.
11. Registered Nurse (RN) - A graduate trained nurse who has passed a state registration examination and has been licensed to practice professional nursing.
12. Rural Southeastern Ohio- comprised of Ross, Meigs, Vinton, Lawrence, Jackson, and Gallia counties.

13. Strategic Planning Committee-group of healthcare administrators and nursing instructors at a local college concerned with the current nursing shortage in southeastern Ohio.

CHAPTER 2

Review of Literature

Nursing Shortage

Nursing is the largest health care occupation in the country with the total number of licensed RNs being estimated at 2,696,540 (Bureau of Health Professions, 2000). In 2000, of the total RN population, an estimated 58.5% reported working full-time, 23.2% working part-time, and 18.3% not being employed in nursing (Bureau of Health Professions, 2000). In February 2002, more than one in seven hospitals reported they did not have enough registered nurses (Tieman, 2002). Shortages are prevalent in other healthcare fields, but because the nursing shortage is so large, healthcare consumers may experience it more acutely. Recent studies indicate that much of the public believes this as well (www.nurseweek.com). Research conducted by Johnson & Johnson found that two out of three Americans were worried about the quality of healthcare (Lemaire, 2002). Although there is general agreement on the existence of a nursing shortage, not everyone agrees on the underlying causes of the shortage or the best way to alleviate it (www.nurseweek.com).

Some will argue that in fact there is no immediate shortage of nurses in the state of Ohio. According to the Ohio Nurses Association (ONA), the problem is that nurses are choosing jobs other than those in hospitals and nursing homes (Thimangu, 2001). The ONA reported there were 173,691 registered and licensed practical nurses (LPNs) in Ohio in 1993. The number grew to 180,011

by 1997 and, in 1999, there were 182,549 registered nurses and LPNs in the state (Thimangu, 2001). Numerically, Ohio does not have a nursing shortage. The number of nurses per capita in Ohio is one of the highest in the nation (Thimangu, 2001). However, even though statistics may show that the number of nurses in Ohio may be high, hospitals are not benefiting from those numbers.

Factors Contributing to the Shortage

Several factors are contributing to the shortage: decreased school enrollment, increase in the age of RNs, nurse burnout, and how the public views what nurses do. According to the fall 2001 survey, by the American Association of Colleges of Nursing, enrollment in all basic nursing education programs (baccalaureate, associate, or diploma) was down 17% from 1995. Enrollment of entry-level bachelor's degree students in the nation's nursing schools has been decreasing for six consecutive years including a 5.5% decrease in 1998, and another 2.1% decreases in the fall of 2002 (Murray, 2002). Enrollment in five-year baccalaureate nursing schools has dropped 16.6% during the past five years, from 72,452 in 1996 to 60,443 in 2000 (Murray, 2002). Associate degree graduates however, in 1996 made up over 60% of new RN graduates and continue to increase in numbers and percents (Murray, 2002). Of the approximately 2.7 million nurses licensed in 2000, 41 % (1.1 million) are associate degree prepared compared to 29% (792,000) at the baccalaureate level (Murray, 2002).

There are more career opportunities for women than ever before due to the women's movement occurring within the last 25 years. Nearly 95% of the 2.7 million RNs in the United States are women (Condor, 2002). However, evidence shows increased interest of freshmen women in careers outside of nursing since the mid 1970s (Buerhaus, Staiger, Auerbach, 2001). Women graduating from high school in the 1990s were 35 % less likely to become RNs compared to women who graduated in the 1970s (Buerhaus et al.).

The declining interest in the nursing profession has led to an aging RN workforce. According to the latest National Sample Survey of Registered Nurses, the average age of the working registered nurse population was 43.3 in March 2000, up from 42.3 in 1996 (Rossiter, 2002). The RN population under the age of 30 dropped from 25.1% of the nursing population in 1980 to 9.1% in 2000 (Rossiter, 2002).

Even with advances in new technology, nurses are working harder. Fifty-four percent of nurses surveyed said they would not recommend their profession to their children or friends (Murray, 2002). Many health care facilities lack sufficient nursing staff for the care they should deliver. Nurses work short-staffed and they work mandatory overtime. They dedicate themselves to their work, and leave exhausted. This soon leads to burnout. Among a 1998-1999 survey of 43,329 registered nurses at 711 hospitals in five countries, more than 43 % scored high on a "burn-out inventory" used to measure emotional exhaustion and the extent to which they felt overwhelmed by their work (Murray, 2002).

Another factor is that many hospitals are demanding more of nurses without extra pay. Average hospital nurse salaries in 2000 ranged from \$38,456 to \$49,088, depending on the region of the country (Stringer, 2001). Women are choosing careers with larger salaries and better hours. According to the National Science Foundation's "1993 National Survey of College Graduates," the average of other occupations such as insurance, securities, real estate, business services, marketing and sales ranged from \$52,291 to \$57,214 (Chapman, 2002).

Nursing also suffers from a negative public image, and much of the media coverage has been harmful to the profession as a whole (Lahane, 2002). Headlines over the last few years revealing downsizing, consolidating, and reorganization have resulted in negative impressions of nursing's image. Recent surveys suggested that the public no longer sees nursing as a noble profession, but as a difficult, unglamorous, and often unpleasant profession (Murray, 2002). Most nurses feel they are not respected as professionals but rather as handmaidens to male doctors (Barney, 2002). Women who choose to stay in nursing have been steering their daughters from the profession and encouraging them to pursue other careers such as medicine or biotechnology (Barney, 2002).

Nurse Re-entry Programs

One method of addressing the nursing shortage is to tap into those registered nurses who have left the acute care setting or left the practice altogether to raise families or deal with personal needs. According to a survey

conducted by the Bureau of Health Professions, Division of Nursing in 2002, 81.7% of the RNs are employed in nursing positions with 18.3% in non-nursing roles. The same survey indicated that of the RNs working as nurses, 59.1% are working in hospitals with 41.9 % working in non-acute care settings (Gottlieb, 2002). The current nursing shortage, the increase in single-parent families, and the current economic climate may encourage inactive nurses to return to practice.

Some State Boards of Nursing mandate that inactive nurses complete a refresher course as a requirement for hire when they are away from acute care practice for several years. The Ohio Board of Nursing requires that an inactive nurse completes twenty-four hours of continuing education during the twenty-four months immediately preceding application for restoration of licensure (Ohio Board of Nursing, 2002). The nurse is required to show verification of the completion of the continuing education required by this rule on the application for relicensure. Failure to do so will result in ineligibility to restore a license to practice nursing in the State of Ohio until the continuing education requirement is met (Ohio Board of Nursing, 2002). A RN re-entry course would offer an opportunity for those nurses to obtain continuing education and return to practice as well as address the nursing shortage.

RN re-entry courses are not a new concept. Re-entry courses have been offered since the 1940s as a way of allowing inactive nurses to return to practice (Gottlieb, 2002). They have proven to be an innovative way to address the nursing shortage. Re-entry courses have been hospital based,

university-based, or in combination. The courses have been structured to include self-study programs, on-line classes, and formal classroom training. All programs include a major clinical component (Gottlieb, 2002). Some courses provide instructor-guided activities while others use a nurse preceptor to work individually with each RN on the clinical unit (Gottlieb, 2002).

Refresher or re-entry courses provide an opportunity to update knowledge and skills of current nursing theory and practice for those nurses wishing to re-enter the workforce (Smith, 2002). Many facilities have developed successful re-entry programs. The Community Nursing Center's Center for Lifelong Learning in New York State began in the spring of 2002 offering such a course. The course attracted 21 nurses from across the state. Tuition was funded by the New York State Work Training program, which provided grant funding (Smith, 2002). Other courses in the United States and countries such as Britain and Australia report success in recruiting nurses back into the workforce by offering RN refresher courses.

Several refresher courses are available in Ohio. Cleveland State University offers a nurse refresher class that includes 71.5 classroom hours, 100 clinical hours, and 17.1 continuing education units (CEUs). The cost is \$995.00 (www.csu.ohio.edu). Another option is an on-line course offered by Mount Carmel Hospital located in Columbus, Ohio. This course includes 60 didactic internet hours plus 100 hours of clinical experience. CEUs are awarded upon completion of the program. No cost is mentioned except for required texts (www.mccn.edu).

Interest among nurses who want to return to the workforce varies from region to region but seems to be generally increasing according to a spot survey of refresher courses around the country (Domrose, 2001). Regardless of where the courses are offered or the mode in which they are offered, courses are full with waiting lists.

Many of these nurses re-entering the workforce suffer from a lack of self-confidence. They have been away from the acute clinical setting and are concerned about the changes in healthcare. Technological advances, new medications, and restructuring in nursing care delivery are just a few reasons nurses are hesitant to come back (Smith, 2002).

To make any program work, nurses must be involved in the best way to meet their learning needs. Malcolm Knowles believed that learners become more committed to learning when they are involved in making decisions. Any effective program for adults should be based on the learner's needs (Avillion & Abruzzese, 1996). A successful program recognizes the adult's learning experiences. An understanding of educational backgrounds, previous work experiences, years of practice, periods of work inactivity, ethnicities, genders, ages, family responsibilities, and reasons for enrolling in a nurse refresher course are also important to evaluate (Gottlieb, 2002).

Registered nurses re-entering the workforce bring a wealth of knowledge and experience. Those facilities that train and hire re-entry nurses say returning nurses have special qualities that make them valuable to the hospital (Domrose, 2002). However, re-entry nurses who complete a refresher course should not be

expected to go straight into a hospital job. They still need orienting and precepting (Domrose, 2002). They cannot be expected to function independently until they feel comfortable in their new environment. Full cooperation from management and more importantly their working peers is a necessity for a re-entry program to succeed. Everyone involved must remove barriers and shift paradigms. Utilizing re-entry nurses as mentors and preceptors, working out flexible scheduling, and placing them in areas suitable to their background and interests makes for a winning situation for everyone involved.

Summary

A nurse re-entry program is only one answer to the shortage of nurses. If all nurses who left hospital nursing decided to return, it probably would not solve the nursing shortage in the long run (Domrose, 2002). Nurses must continue to promote itself as a profession. Nurses must encourage new people to enter the nursing field. Nurses need to increase their public image by becoming more involved in local, state, and national nursing organizations. If nurses do not step to the forefront in promoting their profession as a worthwhile and satisfying career, who will take care of those nurses and the rest of us in the years to come?

CHAPTER 3

Methodology

Population and Sample

The target population for the initial questionnaire in this study would ideally have been all registered nurses in southeastern Ohio. Realistically, the available population was nurses from a six county area in southeastern Ohio. These counties included Gallia, Jackson, Meigs, Lawrence, Vinton, and Ross (Appendix A). A list of all names and addresses of RNs within these six counties were purchased from the Ohio Board of Nursing. The Ohio Board of Nursing uses this list to mail information regarding changes in the nursing law and for licensure renewal. The list should be fairly accurate. All names from those counties were included in a nonrandom purposive sample. The list included 2,094 names and addresses.

The re-entry focus group target population was those interested nurses who returned the initial survey. The available population was the actual nurses who attended the focus group sessions and/or returned the second survey. The administrative and staff focus group consisted of volunteers. Nursing administrators and staff were asked to participate.

The follow-up survey was confined to interested re-entry nurses who circled "yes" to questions asking if they were interested in returning to nursing and if they would want to take a course to assist them in returning to nursing.

Instruments

Both quantitative and qualitative research techniques were applied. A cover letter and an initial survey was developed to assess the interest of a nurse re-entry program in southeastern Ohio. Having a panel of experts examine the completeness of the survey was one way to determine content validity. A panel of experts was asked to pilot and approve the survey and cover letter. Experts included the director in the education department, the director of nursing operations, a nursing educator, and an education coordinator all from the rural hospital conducting the research. A professor of nursing from a local college was also asked to be a member of the panel. The group piloted the questionnaire since all of the experts were registered nurses. Two testing and measurement experts from a well-known university were included in the panel of experts, but did not complete the study since they were not registered nurses. The panel of experts was encouraged to make comments and suggestions concerning the directions of the survey, omissions of questions relative to the survey, and feedback regarding the cover letter. All feedback was then carefully studied and considered. Changes and corrections were made before the survey was mailed. Endorsement from the organizations involved was obtained prior to the mailing of the survey.

The information received by the initial survey showed a definite interest in a nurse re-entry program. Two focus groups then met individually. From the information gleaned from the focus groups, a telephone and mailed follow-up survey was utilized as a result of the focus group discussions. The survey

questioned those interested nurses who were unable to attend the focus group. The follow-up survey utilized the same method of testing validity and reliability using a panel of experts as with the initial survey.

Design and Procedure

The nurse re-entry initial interest survey consisted of open and close-ended questions including demographic information, checklists, rating and free response (Appendix B). The survey was comprised of seven short structured items that included a fill-in-the-blank, a check-off, two yes or no questions, ranking using the Likert scale, and inclusion of name and address if they wished to be contacted with the survey results. Questions included:

1. The year the respondent graduated from nursing school
2. Years they have been practicing nursing
3. Area of current employment
4. If they are currently not practicing nursing, why they chose to stop
5. Barriers of returning to nursing
6. If they would be interested in returning to nursing
7. Content they perceived as important in a nurse re-entry program
8. Preferred teaching method, if a program is offered
9. Optional name and address

A cover letter accompanied the survey explaining the purpose of the survey, encouraging participation, and a commitment of sharing the results (Appendix C). A name and mailing address of the researcher was included for

those who had questions or wished to comment on the survey. A deadline was included of two weeks to complete the survey. The survey was typed and mailed to the nurses on the mailing list obtained from the Ohio Board of Nursing. After the surveys were returned, data was analyzed from those nurses interested in a nurse re-entry program.

A focus group was formed from those nurses who returned the survey and were interested in returning to nursing. An invitation was mailed to the interested individual nurses (Appendix D). This group was encouraged to discuss barriers of returning to a hospital setting, the topic areas they saw as being important to review, and ideal teaching methods they wanted to see utilized. Several hospital and college representatives facilitated the group. Data was collected and analyzed.

The second focus group was comprised of Nursing Administrators and nursing staff. The group discussed current nursing shortages, how a nurse re-entry program might be facilitated, and if the culture would support such a program. The group consisted of volunteers from the Education Council.

After both groups met, the information was correlated and a follow-up survey developed (Appendix E). The survey was mailed with a deadline of two weeks for a return response. The return was poor so the researcher contacted the subjects by email and telephone using the same questions.

Data Collection and Analysis

Data was collected from the surveys. The respondents, who answered yes to the question, “Would you be interested in a nurse re-entry program?” were the focus of the study. The researcher analyzed information from the initial survey regarding the year in which potential re-entry nurses graduated, the area of nursing in which they previously worked, why they left nursing, what content they were interested in, and their learning style preferences.

Correlation of variables such as year graduated, practice areas, reason for choosing to stop practicing nursing, and barriers to practicing nursing were examined using Pearson's *r*. Frequency counts, percentages, and measures of central tendency were used to organize and summarize data. Since there was a significant number (>20) of interested nurses and the strategic planning committee agreed, two focus groups were formed.

The first group included interested potential re-entry nurses. Representatives from the hospital and a local college collected data from the potential re-entry nurses by discussing barriers to returning to work, learning preferences of the nurses, time schedules and potential costs of the program. Those interested in the re-entry program but not available to attend the focus group were contacted by written survey, email, or phone interview.

The second group was comprised of nursing supervisors, managers, unit nurses, and nursing educators. This group discussed the culture of the facility and whether the currently practicing nurses would be willing to work with and

precept re-entry nurses. Data from the surveys and focus groups was analyzed and then submitted to Hospital Administration.

Chapter 4

Results

The data collected during the investigation was both qualitative and quantitative. Information was received through two survey questionnaires and two focus groups. The instruments were designed with the purpose of determining how many registered nurses were not working in a hospital setting and the number interested in returning to acute care through a nurse re-entry program.

Initial Survey

Surveys were originally mailed from 2,094 labels purchased from the Ohio Board of Nursing. The first survey was mailed September 2002 (Appendix B). The returns from the initial survey are shown in Table 1. The number of surveys returned undeliverable was 34 (1.6%). Over a period of eight weeks, 766 surveys were returned (37%). From the 766 surveys returned, 40 nurses (5%) stated they had considered returning to hospital nursing and were interested in a nurse re-entry program.

Table 1. Returns from Initial Survey

Surveys	Number of Surveys	Percent
Initial Mailing	2094	100.0
Undeliverable Surveys	34	1.6
Returned Surveys	766	37.0
Positive Interest Surveys	40	5.0

Using data from the 40 returned surveys from interested RNs, Table 2 shows frequencies and central tendencies. Out of 40 respondents, 39 (97.5%) completed the first question regarding year of licensure. Year of licensure ranged from 1951 to 1998. The year 1976 accounted for the highest mode. Four (10%) RNs graduated in 1976.

Table 2. Year of Licensure

Licensure	Year	Frequency	Percent
	1951	1	2.5
	1953	1	2.5
	1963	1	2.5
	1964	2	5.0
	1965	1	2.5
	1966	1	2.5
	1967	2	5.0
	1968	1	2.5
	1972	1	2.5
	1973	1	2.5
	1976	4	10.0
	1977	1	2.5
	1978	1	2.5
	1979	1	2.5
	1980	1	2.5
	1981	1	2.5
	1982	2	5.0
	1983	1	2.5
	1985	1	2.5
	1986	2	5.0
	1988	2	5.0
	1991	2	5.0
	1992	1	2.5
	1993	1	2.5
	1994	2	2.5
	1996	2	2.5
	1998	2	2.5
	Total	39	97.5
Missing		1	2.5
Total		40	100.0

Question 2 addressed how many years the nurses had been practicing as a registered nurse. Table 3 below shows all of the respondents answered this

question. Nurses practicing for 1 to 5 years were 6 (15%). Those who had been practicing for 6-10 years were 5 (2.5%). Those practicing over 10 years were 29 (72.5%).

Table 3. Years of Nursing

Years	Frequency	Percent
1 to 5	6	15.0
6 to 10	5	12.5
Over 10	29	72.5
Never Practiced	0	0
Total	40	100

Question 3 asked in what areas they had practiced nursing most recently. Table 4 shows nurses practicing in acute care or hospitals were 3 (7.5%). Those who identified themselves in nursing homes and rehabilitation facilities were 11 (27.5%). Another 6 (15%) responded that they were employed in home health or hospice. Only 1 (2.5%) worked in physician offices, clinics, schools, or community nursing. There were only three nurses (7.5%) that said they either had or were currently employed in psychiatric facilities, working with developmentally disabled, or in prisons. The highest response, 15 (37.5%) chose "other." "Other" responses included industry and occupational health, dialysis, core of engineers, case manager, pre-certification coordinator, and director of nursing for long term care.

Table 4. Areas of Nursing Practice

Areas of Practice	Frequency	Percent
Acute Care: Hospitals	3	7.5
Nursing Home/Rehab	11	27.5
Home Health/Hospice	6	15.0
Physician's Office/Clinic	1	2.5
Psychiatric/MRDD/Prison	3	7.5
Schools/Community	1	2.5
Other	15	37.5
Total	40	100.0

The fourth question gave four choices asking why they had stopped practicing nursing. Possible answers included raising their family, pursuing other careers, hours not compatible with life style, and other. There was a 95% response rate to the question as shown in Table 5. Those who said they stayed home to raise their family were 9 (22.5%). A response of 3 (7.5%) stated they stopped to pursue another career. Four nurses (10%) felt that nursing hours were not compatible with their life style. The largest number, 22 (55%) chose "other." "Other" choices included six respondents who were retired and six who left for health reasons. Two stated they had stopped practicing due to moving to a different location and one had started their own business. Two nurses were laid off and two stated they were burned out and tired of the nursing field. Two participants checked the "other" response, but did not identify a reason.

Table 5. Reasons for No Longer Practicing Nursing

Reasons	Frequency	Percent
Raise Family	9	22.5
Pursue Other Career	3	7.5
Hours Not Compatible with Life Style	4	10.0
Other	22	55.0
Total	38	95.0
Missing	2	5.0
Total	40	100.0

Question 5 wanted to know if respondents were interested in returning to nursing and if so what barriers did they feel would keep them from returning to acute care. Six possible responses were provided which included time, finances, shift work, weekend and holiday shifts, new technology, and other. Thirty-eight participants or 95% of the respondents answered the question. Nine (22.5%) did not know if they would have the time to commit. Two (5%) felt that finances would be a barrier. Eleven (27.5%) stated they were concerned with shift work. Four (10%) stated they were concerned with weekend and holiday shifts and seven (17.5%) felt that new technology would make returning to nursing difficult. Five (12.5%) participants chose “other“ which included college commitments, raising family, spending winter months in areas away from home, family member’s health, being older, and feelings of being “out of the loop” (see Table 6).

Table 6. Barriers in Returning to Nursing

Barriers	Frequency	Percent
Time	9	22.5
Finances	2	5.0
Shift Work	11	27.5
Weekend and Holiday Shifts	4	10.0
New Technology	7	17.5
Other	5	12.5
Total	38	95
Missing	2	5.0
Total	40	100.0

Question 6 was a yes or no response asking if the RNs would be interested in taking a course to assist them in re-entering nursing. They were then instructed to rank order from 1 being most important to 5 being least important the content they would want included in a nurse re-entry course. Choices included pharmacology, technology, bedside nursing skills, review of disease processes, and other. The response rate shown in Table 7 was 95%. Two (5%) offered no preference. Technology was rated first at 55.2% (21 respondents) and needed to be included in the course content. Pharmacology (new medications) was the second choice (7 respondents or 18.4%). The third area of course content chosen was bedside nursing skills (4 respondents or 10.5%). Three (7.9%) felt that they needed a review of disease processes, and

three (7.9%) chose “other.” Other choices included a need for information on starting IVs and legal aspects of nursing.

Table 7. Content for Re-entry Nurse Program

Content	Frequency	Percent
Pharmacology	7	18.4
Technology	21	55.2
Bedside Nursing Skills	4	10.5
Review of Disease Processes	3	7.9
Other	3	7.9
Total	38	95.0
No Preference	2	5.0
Total	40	100

The last question requested the nurses to check a response related to their preferred teaching method. Choices included classroom, videotaped lectures with workbooks, Internet, and other. All participants responded. The majority (17 respondents or 42.5%) were interested in classroom as their preferred teaching method. Ten participants (25%) preferred the Internet. Seven (17.5%) wanted either a combination of classroom and video, classroom and Internet, or video and Internet. Only four RNs (10%) chose video with workbooks. Two (5%) chose other. One respondent checked every box and one said they wanted to do some type of home study (Table 8).

Table 8. Preferred Learning Methods

Preferences	Frequency	Percent
Classroom	17	42.5
Videos with Workbooks	4	10.0
Internet	10	25.0
Combination	7	17.5
Other	2	5.0
Total	40	
Total	40	100

The only significant correlation of variables regarding the first survey was between years in nursing and reasons for why they stopped practicing. Using Pearson's r , a positive correlation of .345 was noted (see Appendix F).

RN Re-entry Focus Group

An invitation was mailed to the 40 respondents who expressed an interest in a RN re-entry program on the initial survey. Two weeks were given for survey participants to respond (Appendix D). Five potential re-entry nurses attended the focus group as well as six representatives from the hospital and the local college. The potential re-entry nurses in attendance identified the following goals:

1. Identify new medications and their indications
2. Apply new hospital technology to the work area
3. Assimilate with current hospital staff

Four of the five potential re-entry nurses were interested in working on a medical-surgical unit at the local hospital. One nurse was interested in the medical-surgical area at a sister hospital located in Jackson, Ohio. The Director of Nursing Services indicated that medical-surgical has the greatest need for re-entry nurses.

Several concerns were identified and listed by the focus group. They included the following in no particular order:

Workload

Lack of Relief

Menial Tasks

Weekend/Holidays

Shift Work

Lack of support from regular staff

The time schedule was the greatest concern. The nurses attending were worried they might be expected to work weekends and shifts that the regular nurses on the units did not want to work. The group discussed flexible scheduling and working during peak times.

Three out of five nurses are currently employed and questioned if a re-entry program was initiated how much time would be involved and where would the re-entry courses be offered. The college representative stated they would offer the didactic portion of the course and the practical experience would be provided by the hospital.

The group discussed the areas of review they felt were the most important in incorporating into a nurse re-entry program. Areas included:

- Nursing/Skills Process
- Clinical Pathways
- Medications
- Diagnostic Studies Review
- Assessment Skills
- Roles of the Healthcare Team
- Conflict Resolution
- Technology
- Nursing Diagnoses
- Pharmacology Math
- Critical Thinking/ Stat Interventions
- Delivery of Care Systems
- Delegation

Learning preferences were identified as the following:

1. A combination of Internet and in-class work would be preferable.
2. Evening classes two times per week from 6:00 p.m. to 9:00 p.m. would be best for those currently employed elsewhere. The hospital and college representatives indicated scheduling of classroom activities and clinical hours would need to be flexible for those working. Classes would probably begin summer 2003.
3. Cost for a re-entry program is estimated at \$1,000 to \$2,000. This would be all-inclusive. Cost would include six weeks of instruction, materials, preceptoring, and contact hours if provided.

Information obtained from Cleveland State University and Mount Carmel University's websites listed prerequisites that were required prior to entry of the

program. All of the nurses in the focus group stated they would not have difficulty meeting the prerequisites discussed. Prerequisites may for the potential re-entry program may include but not be limited to:

1. Active RN licensure, or temporary permit to practice from the State Board of Nursing.
2. Current health insurance
3. Proof of current RN liability insurance to ensure maximum coverage
4. Physical Exam or statement of health from primary care provider (within 6 months)
5. Record of current immunizations
6. Current PPD or Chest X-ray (within one-year)
7. Rubella Titer
8. Hepatitis B vaccine
9. Current CPR certification
10. Completed preceptor/institution agreement contract

Administrative and Staff Focus Group

A second focus group met at the hospital the following week after the RN re-entry focus group. The second focus group was composed of the Director of Patient Care Services, four managers, three staff nurses, and an education coordinator. The agenda was similar to the first focus group in discussing goals, concerns, and curriculum development. The administrative and staff group shared the same concerns that the potential re-entry nurses voiced. The three

staff nurses in the focus group expressed concerns regarding how the re-entry nurses would affect delta scores, whether they would be hospital-based or unit-based, what kind of salaries they would be paid since they would not meet per diem criteria, and how they would be accepted by the regular staff. The Director of Patient Care Services indicated that nurses would most likely be unit-based so each unit would have those re-entry nurses trained for a specific area. The re-entry nurses would not be paid per diem rates since they would not meet the per diem criteria. The affect on delta scores would need to be discussed with the Delta Manager.

The overall consensus from the second focus group was that if presented in the right manner to the hospital staff, re-entry nurses would be accepted as part of the team. The group agreed that re-entry nurses could assist with admissions and discharges, pre-op/post-op teaching, discharge instructions, and pre-op/post-op vital signs. Utilizing re-entry nurses could decrease the workload of the regularly scheduled nurses.

Follow-up Survey

A follow-up survey was mailed to the available population of 40 interested re-entry nurses. The survey included information from the focus groups and open and close-ended responses (Appendix E). Table 9 shows that from the 40 surveys mailed, only 9 (22.5%) were returned. Two of those (5%) stated they were no longer interested in a nurse re-entry program. An email form of the survey was sent to 14 RNs who had included their email addresses on the initial

survey. Two (5%) responded back via email stating they were no longer interested. Nine nurses who had included phone numbers or could be located by their name and address in the phone book were contacted. Six participants surveyed over the phone stated they were still interested, but had not filled out the survey. Three who were contacted by phone stated they were not interested at this time.

Table 9. Returns from Follow-up Survey

Surveys	Number of Surveys	Percent
Initial Mailing	40	100.0
Returned Mailed Surveys	9	22.5
Returned Emailed Surveys	2	5.0
Phone Surveys	9	100.0
Total	20	50.0
Positive Interest Surveys	13	32.5

Using the data retrieved from the follow-up survey frequencies and correlations were calculated. All of the respondents were identified by name on question one. Sixteen shared their age group by answering Question 2 (Table 10). Four of the RNs (20%) were between the ages of 31-40. Seven or 35% were between Three RNs (15%) were in the 51-60 category and two (10%) were ages 61-70.

Table 10. Age Groups of Interested RNs

Age Groups	Ages	Frequency	Percent
	31-40	4	20.0
	41-50	7	35.0
	51-60	3	15.0
	61-70	2	10.0
	Total	16	80.0
Missing		4	20.0
Total		20	100.0

Sixteen of the respondents (80%) answered Question 3 regarding the type of nursing school they graduated from most recently. Six (30%) graduated from a diploma program. Five (25%) stated they graduated with an associate degree (AD). Four or 20% stated they had received a bachelor of science in nursing (BSN) and only one (5%) had a master's degree (MSN) or higher (Table 11).

Table 11. Distribution of Nursing School Graduates

Graduates	Schools	Frequency	Percent
	Diploma	6	30.0
	AD	5	25.0
	BSN	4	20.0
	MSN or >	1	5.0
	Total	16	80.0
Missing		4	20.0
Total		20	100.0

Question 4 was an open-ended response asking participants to add goals, concerns, areas of review, and learning preferences not identified by the RN focus group. Three RNs (15%) replied by sharing a written response. One stated they were concerned with the current pay scale. Another RN was concerned with the length of time they had been outside the hospital. Two participants indicated they needed a review of IV therapy and needed hands-on practice.

The fifth question asked if they were still interested in a nurse re-entry program. Table 12 shows all of the participants responded. Thirteen or 65% stated yes, they were still interested. Seven or 35% were not interested and answered no.

Table 12. Interest in Re-entry program

Interest	Frequency	Percent
Yes	13	65.0
No	7	35.0
Total	20	100.0

Question 6 asked if re-entry evening classes two times a week would be convenient. Table 13 shows that 13 (65%) stated yes and 7 (35%) did not reply due to lack of interest.

Table 13. Convenience of Class Schedule

Convenience	Frequency	Percent
Yes	13	65.0
No Response	7	35.0
Total	20	100.0

Tuition assistance was discussed during the RN re-entry focus group. Question 7 referred to the need for tuition assistance. Nine (45%) stated they would need assistance, four (20%) indicated they would not need financial help and seven (35%) did not respond (see Table 14).

Table 14. Tuition Assistance for Re-entry Program

Tuition Assistance	Needing Assistance	Frequency	Percent
	Yes	9	45.0
	No	4	20.0
	Total	13	65.0
Missing		7	35.0
Total		20	100.0

The last question wanted to know if the respondents if they would have difficulty meeting the prerequisites discussed during the meeting with the RN focus group. Table 15 shows twelve (60%) answered they would not have difficulty. Only one (5%) reported they did not have a current CPR card or immunization record. Seven RNs (35%) did not respond.

Table 15. Difficulty Meeting Prerequisites

Prerequisites	Frequency	Percent
Yes	1	5.0
No	12	60.0
Total	13	65.0
Missing	7	35.0
Total	20	100.0

Correlation of variables using Pearson's r in Appendix F of the follow-up survey shows a highly positive relationship between age and those interested in returning to hospital nursing and attending a nurse re-entry program. The significance was found in the age group of 41-50.

Chapter 5

Summary and Conclusions

Initial Survey

The initial survey used an extensive mailing with a small return of nurses interested in coming back to nursing. Of the nurses surveyed, 95% were currently employed and satisfied with their careers or already retired. The results were not too surprising since four of the six counties surveyed have acute healthcare facilities.

Forty of the 766 respondents stated they would be interested in returning to acute care. The mode for nursing licensure was 1976. If the nurses who received their licensure in 1976 attended nursing school directly after high school, they would now be in their mid-to-late forties. They may have their children raised or at least in school and be more available for a career in acute care.

As students, nurses are familiar with acute care since their schooling is geared more toward a hospital setting. Generally most graduate nurses are hired by hospitals. Therefore, nurses practicing in the acute care setting are often those who have been practicing less than ten years. The majority (72.5%) of the respondents stated they have been practicing nursing for more than ten years.

Over 90% of the interested nurses stated they had been practicing in areas other than hospitals. Areas such as industry and occupational health permitted the nurses to work primarily day shift with little or no weekends and holidays. The better schedule was more conducive to raising a family.

When the nurses were asked why they had stopped practicing nursing in a hospital setting, again the largest response was “other.” Reasons for leaving acute care nursing were mainly related to lifestyle. On one end of the spectrum, the younger nurses either left nursing altogether to raise their families while on the other end some had to leave for health reasons or retirement.

The largest barrier in returning to nursing was working different shifts. The difficult schedule of hospital nursing was one of the main reasons why they left nursing. It would be reasonable that shift work would still be a concern.

Over half of the nurses that were interested in returning to nursing thought technology was the most important point to include in course content. Most nurses are confident in their ability to care for patients. However, with the rapid changes in technology, what is new today is out of date six to twelve months from now. Medications are now dispensed through an automated system. Charting and filling orders are all computerized. A definite amount of learning the latest in technological advances will need to be part of the re-entry course content.

A majority of the nurses chose classroom as the preferred teaching method. Most of the nurses interested in returning to nursing have been practicing for more than ten years and are concerned with technology. RNs of this age prefer the traditional classroom setting.

In analyzing the correlation of variables in the initial survey, a moderately positive relationship (.345) resulted between years of nursing and the reasons they stopped practicing nursing. The relationship of variables may suggest that

the more years nurses have been practicing, the more reasons they have for leaving the nursing field. This would be a logical conclusion since many mature nurses have had health problems either themselves or with family members, a few have retired, several have started their own businesses, and a small number indicated they were “burned out” and tired of nursing.

Low or unrelated positive correlations were noted between years of nursing and areas practiced, years of nursing and barriers, years of nursing and teaching preferences, areas practiced and barriers, and teaching preferences and areas practiced. The results were expected since some variables did not relate to one another. However, the researcher assumed there would be a significant correlation between the year the RNs graduated and their learning preferences.

Negative correlations occurred between year of licensure and areas practiced; years of licensure and years of nursing; years of licensure and reasons for why they stopped practicing nursing. Obviously, year of licensure showed a negatively moderate to low relationship to the above mentioned variables. The year the RNs received their nursing license was not an important variable in investigating the interest for RN re-entry.

Focus Groups

The focus groups including interested re-entry RNs, university representatives, hospital staff and nursing administration were excellent tools to gather qualitative data. Participants volunteered and were in a non-threatening

environment. They were able to speak freely. Ideas were shared and concerns recognized.

Using an agenda as a guideline for the nurse re-entry focus group, information was obtained regarding re-entry nurse goals, concerns related to returning to acute care nursing, and learning preferences for a re-entry program. Brainstorming techniques were used to determine most needed areas of review. The consensus was that the re-entry nurses present wanted a program that would be conducive to adult learning and ease them back into the hospital nurse role.

The Administrative and staff focus group was more informal. No agenda was used. The discussion started with the nursing shortage and how to recruit RNs. One method, the nurse re-entry program was identified. Information from the re-entry focus group was shared and concerns were identified. The group thought that if enough RNs were interested, it would be worth trying a program to get those nurses back.

Follow-up Survey

The follow-up survey was mailed after the focus groups had met. It was much less involved than the initial survey. Surveys were mailed to the 40 participants who had initially shown an interest in returning to nursing from the first survey. Unfortunately, the return response was poor. Nine of the 40 surveys (5%) were returned. The researcher was able to contact 23 of the non-respondents by either telephone or email. Responses were obtained from

11 nurses; two from email and nine from phone conversations. Of the 40 participants who had initially stated they were interested in returning to nursing, only 13 responded positively to the follow-up survey.

The age group of nurses most interested was 41-50. As discussed from the initial survey results, they have their children raised and in school. The nurses are now more available for a career in acute care.

Over half of the interested RNs graduated from a diploma nursing program or with an associate degree in nursing. Most of the nurses currently working in acute care in this southeastern Ohio hospital have nursing diplomas or associate degrees. Nurses with higher degrees are in administration or teaching.

The interested nurses stated on the survey that they preferred evening classes for a re-entry program. Several of the nurses are currently working other jobs. They want to attend a program that will not interfere with their current employment. Some of those with current employment wishing to return to acute care hope to continue in their current positions and work occasionally at the hospital when needed or convenient to them.

Nine respondents stated they would need financial assistance with tuition for a re-entry program. If a re-entry program is developed, tuition will be paid to the University administrative costs and materials needed for the program. The hospital may decide to provide a type of work-study program. The hospital would pay the tuition if the re-entry nurse promises to work a certain amount of time for payment. Further discussion for tuition assistance will need to be discussed after a definite amount per participant is determined.

Once a re-entry program is developed, certain prerequisites will be necessary prior to accepting participants. Potential prerequisites were discussed during the re-entry focus group. One respondent on the follow-up survey stated they would have difficulty meeting the prerequisites. They did not have a current CPR card or immunization record. Those prerequisites would be the two easiest to obtain. Therefore, the participant should not be omitted from the program.

Correlation of variables on the follow-up survey showed a highly positive relationship (.60) between interest in returning to acute nursing and age. The majority of RNs who answered the follow-up survey was between the ages of 41-50. RNs in this age group have sent their children back to school. They are ready for a challenge and feel more comfortable tackling technology and changes in acute care. The age group of 31-40 still has commitments to family and establishing nursing careers. The group of 50 and above is thinking of retirement and is not interested in the shift work and the commitment to working in a hospital.

Moderately positive relationships occurred between the variables of age group and tuition assistance, nursing school and tuition assistance, and nursing school and prerequisites. Those in the age group of 41-50 are trying to finance their children through school and may not have the finances to support a re-entry program. A loan program may be available through the hospital to assist with tuition.

The majority of the interested RNs graduated from diploma and ADN programs (55.0%). The nurses with these degrees are not working in the

nursing field and depending on their current job status may not have the funds for a re-entry program. If they are not working in healthcare, it may be more difficult for them to meet the CPR and Hepatitis B requirements. Arrangements can be made through the hospital to assist with the prerequisites for those who show a definite interest in returning to acute care.

Recommendations

Nurse re-entry programs have been successful in aiding with the current nursing shortage in Ohio and around the country. The hospital where the primary research was performed is experiencing a nursing shortage. From the surveys and focus groups of this study, the results showed a significant number of nurses (n=40) in southeastern Ohio wanting to return to nursing and acute care. However, the number willing to commit to a nurse re-entry program was much less (n=13).

The researcher recommends that the hospital and local college establish more definite nurse re-entry program criteria before pursuing a re-entry program; the survey focus area be expanded to other surrounding counties to include more RNs; and to develop another survey to determine interest and commitment of registered nurses in a nurse re-entry program.

Suggestions for Further Research

An expanded needs assessment is recommended. Including other surrounding counties such as Hocking, Athens, Pike, and Scioto may provide

more information than the six counties previously surveyed. Expanding the research to RNs not registered with the Ohio Board of Nursing who practice in West Virginia and Kentucky may also prove to be beneficial. Needs in other states may be different than those in Ohio. Enlarging the target population may increase the number of interested RNs.

Further research investigation by a local college instead of the hospital is also recommended. The response rate may have been biased since the research was primary accomplished through the hospital. A study initiated by the college may yield a higher response and should be investigated before totally abandoning a nurse re-entry program.

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Appendix A

Southeastern Ohio



Appendix B

RN Re-entry Interest Survey

1. What year did you receive your nursing licensure? _____
2. How many years have you been practicing nursing as a registered nurse?
 - _____ 1-5
 - _____ 6-10
 - _____ more than 10
 - _____ never practiced
3. In what area have you practiced nursing most recently? Choose one.
 - _____ Acute Care: Hospitals
 - _____ Nursing Home, Rehabilitation
 - _____ Home Health/Hospice
 - _____ Physician's Office/Clinic
 - _____ Psychiatric/ MRDD/Prison
 - _____ Schools/Community
 - _____ Other (please specify) _____

IF YOU ARE CURRENTLY PRACTICING NURSING, YOU ARE FINISHED WITH THE SURVEY. THANK YOU FOR YOUR TIME. IF YOU ARE NOT CURRENTLY PRACTICING, PLEASE CONTINUE.

4. Why did you choose to stop practicing nursing? Choose one.
 - _____ Raise family
 - _____ Pursue other career
 - _____ Hours not compatible with life style
 - _____ Other (please specify) _____
5. Are you interested in practicing nursing once again? YES NO
 If yes, what are the barriers in returning?
 - _____ Time
 - _____ Finances
 - _____ Shift work
 - _____ Weekend and holiday shifts
 - _____ New technology
 - _____ Other (please specify) _____

6. Would you be interested in taking a course to assist you in re-entering nursing?

YES

NO

If yes, please list in rank order (**1 being the most important to 5 being the least important**) the content you would like to see included in the course:

- _____ Pharmacology
 _____ Technology (Computer, New Equipment, etc.)
 _____ Bedside Nursing Skills
 _____ Review of Disease Processes
 _____ Other (please specify) _____

7. Check how you would you prefer the teaching portion of the course offered:
- _____ In the classroom
 _____ Videotaped lectures with workbooks
 _____ Via the Internet
 _____ Other (please specify)

Thank you for the completing this survey.

OPTIONAL:

Name _____
 Address _____
 Email address _____

Appendix C

Cover Letter

September 16, 2002

Dear Registered Nurse:

Through a joint venture between Holzer Medical Centers, Holzer Clinic, and the University of Rio Grande, efforts are being made to address concerns related to the nursing shortage. A group is focusing on identifying methods to attract students to the nursing profession and how to retain those Registered Nurses who are licensed in Ohio. Issues such as flexible schedules and increased tuition reimbursement are only two of the areas being investigated.

The purpose of this survey is to gain input from current Registered Nurses in Southeastern Ohio. We are interested in the need of a nurse re-entry program for those nurses who have been out of the workforce for a period of time. We are requesting that you complete the enclosed survey and return it in the postage paid envelope. As this shortage in healthcare workers looms, we are confident that if we all work together we can provide adequate healthcare for the communities that we serve.

Please take a few minutes to complete the survey. If you would like to be contacted regarding the survey results or are interested in re-entry opportunities, please provide your name and address at the bottom of the survey.

Thank you in advance for your participation. If you have questions about the survey, you can contact Marsha Rodgers, Education Coordinator, Holzer Medical Center at 740-446-5247.

Sincerely,

Strategy VII Subcommittee
Donna Mitchell-University Rio Grande
Sandra Hart-Holzer Medical Center
Marsha Rodgers-Holzer Medical Center
Roberta Saunders-Holzer Clinic

Enclosures (2)

Appendix D

Invitation Letter to RN Re-entry Focus Group

Dear Registered Nurse,

Thank you for responding to the nurse re-entry survey last month. We received 40 positive responses stating an interest in returning to acute care nursing. We would like to invite you to attend a RN Re-entry Focus Group meeting on Tuesday, December 3rd from 1:30 p.m. to 3:00 p.m. at Holzer Medical Center-Gallipolis in Conference Rooms A-B located on the Ground floor of Ambulatory Surgery. You may park in the Ambulatory Parking lot behind the hospital and take the elevator inside the door to the Ground floor.

We want you to share your ideas and concerns about returning to hospital nursing and how we can best facilitate the process. Light refreshments will be served. Please RSVP to the Education Department at 740-446-5313 by Monday, November 25th. Hope to see you there.

Sincerely,

Marsha Rodgers, RN
Education Department

Appendix E

Follow-up RN Re-entry Interest Letter/Survey

January 20, 2003

Dear Potential Re-entry Nurse,

A nurse re-entry focus group was held on December 3, 2002 at Holzer Medical Center. Twelve attended the meeting. Five were potential re-entry nurses. Thanks to those who could make the meeting. We discussed goals, concerns, needed areas of review, learning preferences, tuition costs, and prerequisites. They are listed below in no particular order. **Please see information below and respond to the questions at the bottom of page 2. Return the questionnaire to me by January 31, 2003 in the self addressed stamped envelope provided.**

Sincerely,

Marsha Rodgers, RN
Education Department

Re-entry Goals of those present:

1. Identify new medications and their indications
2. Apply new hospital technology to the work area
3. Assimilate with current hospital staff

Time schedule and travel were the two biggest concerns. The group discusses flexible scheduling and working during the "crunch" times. Other concerns are listed below:

- | | |
|---------------------|---------------------------------------|
| 1. Workload | 4. Lack of Relief |
| 2. Menial Tasks | 5. Shift Work |
| 3. Weekend/Holidays | 6. Lack of support from regular staff |

Areas of Review:

1. Nursing Process
2. Clinical pathways
3. Nursing Diagnoses
4. Medications
5. Pharmacology/ Math
6. Diagnostic Studies Review
7. Critical Thinking
8. Assessment Skills
9. Delivery of Care Systems
10. Roles of the Healthcare Team
11. Delegation
12. Conflict Resolution
13. Computer Technology

Learning Preferences:

Most agreed that a combination of Internet and in-class work would be preferable. Evening classes two times per week from 6:00 p.m. to 9:00 p.m. might be best for those currently employed elsewhere. Scheduling of classroom activities and clinical hours would need to be flexible for those working. Tuition for a re-entry program would be somewhere between \$1,000 to \$2,000. This would be all-inclusive. Tuition would include six weeks of instruction, materials, preceptorship, and contact hours if provided.

The following Prerequisites are being considered for the program:

1. Active RN licensure, or temporary permit to practice from the Ohio Board of Nursing
2. Proof of current RN liability insurance to ensure maximum coverage
3. Health History completed and signed or statements of health from primary care physician
4. Record of immunizations
5. Current CPR certification
6. Completed preceptor/ institution agreement contract

PLEASE RETURN IN ENCLOSED SELF ADDRESSED STAMPED ENVELOPE

NAME (PLEASE PRINT) _____

Age group that applies to you. **PLEASE CHECK ONLY ONE.** 20-30 51-60 31-40 61-70 41-50 Older than 70What type of nursing school did you graduate from most recently? **PLEASE CHECK ONLY ONE.** Diploma Associate Degree Baccalaureate Master or higher

From the focus group meeting, what other goals, concerns, areas of review, and learning preferences would you add?

Goals:

- 1.
- 2.
- 3.

Areas of Review:

- 1.
- 2.
- 3.

Concerns:

- 1.
- 2.
- 3.

Learning Preferences:

- 1.
- 2.
- 3.

Are you still interested in a nurse re-entry program? YES NOWould evening classes two times per week be convenient? YES NOWould you need assistance with tuition? YES NOWould you have difficulty meeting the prerequisites? YES NO

Other Comments: _____

We will contact you with the results from this survey. Decisions regarding a nurse re-entry program will be determined depending on the amount of interest and commitment from potential re-entry nurses and approval from Holzer Medical Center Administration and the University of Rio Grande.

Appendix F

Correlation of Initial Survey Variables

Correlations		Yr. of Licensure	Yrs. Nursing	Areas Practiced	Stop Practicing Nursing	Barriers	Course Content	Teaching Preferences
Yr. of Licensure	Pearson Correlation	1	-.263	-.310	-.178	.041	^a	.120
	Sig. (2-tailed)	.	.106	.055	.291	.898	.	.527
	N	39	39	39	37	12	3	30
Yrs. of Nursing	Pearson Correlation	-.263	1	.300	.345*	.148	^a	.127
	Sig. (2-tailed)	.106	.	.060	.034	.630	.	.495
	N	39	40	40	38	13	3	31
Areas Practiced	Pearson Correlation	-.310	.300	1	.076	.196	^a	.126
	Sig. (2-tailed)	.055	.060	.	.651	.521	.	.498
	N	39	40	40	38	13	3	31
Stop Practicing Nursing	Pearson Correlation	-.178	.345*	.076	1	.056	^a	.035
	Sig. (2-tailed)	.291	.034	.651	.	.83	.	.854
	N	37	38	38	38	12	3	30
Barriers	Pearson Correlation	.041	.148	.196	.056	1	^a	.042
	Sig. (2-tailed)	.898	.630	.521	.83	.	.	.909
	N	12	13	13	12	13	0	10
Course Content	Pearson Correlation	^a	^a	^a	^a	^a	^a	^a
	Sig. (2-tailed)	.	.	.	.	.	.	.
	N	3	3	3	3	0	3	3
Teaching Pref.	Pearson Correlation	.120	.127	.126	.035	.042	^a	1
	Sig. (2-tailed)	.527	.495	.498	.854	.909	.	.
	N	30	31	31	30	10	3	31

*.Correlation is significant at the 0.05 level (2-tailed)

^a. Cannot be computed because at least one of the variables is constant.

Appendix G

Correlation of Follow-up Survey Variables

Correlations		Age Group	Nursing School	Interest	Class Schedule	Tuition Assistance	Prerequisites
Age Group	Pearson Correlation	1	.070	.597*	.a	.527	-.030
	Sig. (2-tailed)	.	.796	.019	13	.064	.921
	N	16	16	16		13	13
Nursing School	Pearson Correlation	.070	1	0.00	.a	.425	.368
	Sig. (2-tailed)	.796	.	1.000	.	.148	.216
	N	16	16	16	13	13	13
Interest	Pearson Correlation	.597*	0.00	1	.a	.a	.a
	Sig. (2-tailed)	.019	1.000	.	.	.	.
	N	16	16	20	13	13	13
Class Schedule	Pearson Correlation	.a	.a	.a	.a	.a	.a
	Sig. (2-tailed)	.	.	.	.	.	.
	N	13	13	13	13	13	13
Tuition Assistance	Pearson Correlation	.527	.425	.a	.a	1	.192
	Sig. (2-tailed)	.064	.148	.	.	.	.529
	N	13	13	13	13	13	13
Prerequisites	Pearson Correlation	-.030	.368	.a	.a	.192	1
	Sig. (2-tailed)	.921	.216	.	.	.529	.
	N	13	13	13	13	13	13

*.Correlation is significant at the 0.05 level (2-tailed)

^a. Cannot be computed because at least one of the variables is constant.