

Maintaining the Position of Chief Nurse Executive: Leadership for Health Care in Michigan

Developed by RN-AIM (Registered Nurses Association in Michigan)

RECOMMENDATION: RN-AIM, the Registered Nurses Association in Michigan, recommends continuation of the position of the Michigan Chief Nurse Executive, and strongly encourages the administration, legislators, organizations, and individuals supporting a healthier citizenry to do likewise.

Issue Statement

Michigan, as well as the United States, is experiencing a shortage of registered nurses (RNs) that is expected to intensify as the population ages. In the November 26, 2008 Journal of the American Medical Association, Dr. Peter Buerhaus predicted that “over the next 20 years, the average age of the RN will increase and the size of the workforce will plateau as large numbers of RNs retire. Because demand for RNs is expected to increase during this time, a large and prolonged shortage of nurses is expected to hit the US in the latter half of the next decade.” Data from the 2008 Survey of Nurses, conducted by the Michigan Center for Nursing, confirms that the national trend is also evident in this state:

- The percentage of employed RNs reporting an age of 55 years or older grew from 18% in 2006 to 31% in 2008
- The percentage of employed RNs expecting to stop working in 1-10 years grew from 33% in 2006 to 39% in 2008
- The percentage of employed LPNs reporting an age of 55 years or older grew from 25% in 2006 to 39% in 2008
- The percentage of employed LPNs expecting to stop working in 1-10 years grew from 39% in 2006 to 41% in 2008.

While many industries are experiencing job losses, the health care segment of the American economy continues to grow. In February 2009, a month when 681,000 jobs were eliminated nationwide, 27,000 new health care jobs were created (U.S. Department of Labor). Since nurses represent the largest segment of the health care workforce, they will likely be recruited to fill a large portion of those new positions. Michigan has more workers employed in health care than in any other field, and nurses are the largest group of licensed health care professionals. In 2008 the State of Michigan had 152,926 licensed nurses, of whom 125,402 were registered nurses and 27,524 were license practical nurses. In 2009 the Center for Nursing estimated that 75 percent of nurses licensed in each category work full or part time in Michigan, and that the demand for nurses will continue due to the aging of our general population and our nurse workforce. Investing in Michigan nurses strengthens the state economy.

Historical Background

The position of Chief Nurse Executive was established by Governor Jennifer M. Granholm, to provide leadership and coordination in nursing workforce and health policy development. Working within the Michigan Department of Community Health, the Chief Nurse Executive focuses on policy and legislation that will maintain and improve health care in the state. This expert nurse works directly with Michigan educational institutions and health care providers to assure the availability of qualified nurses to meet Michigan's current and future needs.

Initiatives developed with guidance and leadership from the first Chief Nurse Executive include the Nursing Agenda for Michigan, the MDCH Task Force on Nursing Regulation, the MDCH Task Force on Nursing Education, and the Michigan Nurse Corps.

- In 2006 *The Nursing Agenda for Michigan: 2005-2010: Actions to Avert a Crisis* was developed by the Coalition of Michigan Organizations of Nursing (COMON), which is composed of 28 nursing organizations in Michigan. The report was endorsed by the Michigan Department of Labor and Economic Growth, the Michigan Health Council, and Michigan Home Health Association. It describes the multiple causes of the nursing workforce crisis, with supply in Michigan affected by:
 - aging of the nursing workforce and faculty
 - anticipated retirement of many nurses and nurse faculty over the next 10 years
 - difficulty filling faculty positions due to low salaries and the limited availability of nurses with graduate preparation in the discipline
 - limited enrollment, retention, and graduation of qualified students due to the faculty shortage
 - lack of clinical sites, and/or
 - limited educational infrastructure.

Short, mid-range, and long-range recommendations focused on the workplace, nursing education, the health system, and the regulatory and licensing system. They were designed to address the nursing crisis and improve the health of Michigan's people, while also contributing to Michigan's the economy through:

- an improved health care workplace environment
 - new nurses added to the workforce
 - improved understanding of the health care and economic roles of nursing
 - strengthened professional nursing standards of practice, and
 - increased ethnic and cultural diversity of the nursing workforce.
- The Michigan Nurse Corps, launched in 2007, provided the opportunity for graduate nursing education programs to request state funding to support their initiatives to increase their capacity to produce nurse educators prepared at the MSN or doctoral levels. In exchange for financial support students signed contracts to teach in Michigan nursing education programs. Universities designed accelerated programs, to speed the process of program completion. Employers provided flexible work schedules and financial support, to facilitate student progression. Michigan's investment in preparing nurses committed to providing nursing education has contributed in the short term to the economic health of the state, and in the long term to improved health care for its residents.
 - The MDCH Task Force on Nursing Regulation (TFNR) was commissioned in 2007 to provide a forum in which representatives from the Michigan Board of Nursing could work with professional nursing representatives and other stakeholders on regulations to protect the health and safety of Michigan citizens. They were charged to do so by making recommendations to the Director of MDCH on needed changes in statutes, roles, and policies to improve the education and practice of nursing in Michigan. Their Final Report (2008) contained Nursing Regulatory Position Papers recommending:
 - Public Health Code changes to:
 - increase flexibility in use of nurse licensing fees, including continued use of those fees to support the Office of the Chief Nurse Executive
 - establish a liability exemption for retired nurses and physicians willing to provide volunteer services
 - define Advance Practice Nursing , to reflect current standards of practice in nursing specialties.

- Policy changes to:
 - assure timely licensure of nurses, by exempting from hiring freezes the Bureau of Health Professions employees funded by licensing fees
 - improve safety and quality of school health by resolving inconsistencies among relations in the Public Health Code, the School Code and MIOSHA Statutes.
- Establishment of the Task Force on Nursing Education, followed by a Task Force on Nursing Practice, to analyze regulations affecting nursing safety and quality, especially in relation to:
 - delegation of nursing tasks
 - educational requirements for practical nursing students
 - standardization of nursing education curriculum
 - student-faculty ratios in clinical nursing education
 - consistency of definitions in nursing education
 - public health nursing shortage.
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- The MDCH Task Force on Nursing Education (TFNE), established in 2008, brought together representatives from nursing education, practice, and the State Board of Nursing to study and make recommendations to the Director of MCDH on state regulations affecting nursing education and practice. The goal of the task force is to assure the health and safety of Michigan residents through strengthened nursing standards, education, and scope of practice. A Stakeholder's Council was developed in collaboration with the MCDH-TFNE, to provide the support needed for realization and implementation of recommended changes in state policies and regulations. The council is composed of health care employers, purchasers, payers and consumers who provide input from their constituencies on nursing education issues.

Many states have acknowledged the need for an identified nurse leader and established permanent positions within their regulatory structure, often within their Board of Nursing or Public Health division. The model developed for Michigan, a Chief Nurse Executive responsible to the Director of the MDPH and the Governor, provides a much stronger structure and the authority required to lead and coordinate public policy initiatives of interest to multiple stakeholders concerned with the health of Michigan's residents. The position of Chief Nurse Executive is fully funded by licensing fees, paid in 2008 by over 90,000 RNs and over 20,000 LPNs (Michigan Center for Nursing).

Policy Recommendation

The Office of the Chief Nurse Executive was established to improve health care in Michigan through public policy initiatives developed in partnership with health care organizations and educational institutions in the state. In *Working Toward a Healthier Michigan* (www.mi.gov/mdch) the Chief Nurse Executive is identified as an expert advocate on nursing, health policy, patient safety, quality care, nursing education, licensing, and clinical evaluation. To address these matters a plan of action has been established, and regulatory and educational initiatives are in progress. Continuation of the position of Chief Nurse Executive, and the Nursing Agenda for Michigan, is essential if the state is to avoid the health care access and quality crisis that would result from the anticipated nursing shortage. Nursing needs such a spokesperson in state government, to provide leadership in development and coordination of statewide initiatives to address the nursing shortage. An investment in nursing is critical to maintaining and improving quality health care to Michigan residents, and sustaining the ability to do so into the future. As the largest group of licensed professionals in the health care field, an investment in nursing is also an investment in the state economy.

RN-AIM (Registered Nurses Association in Michigan) recommends that Michigan officials support continuation of the Chief Nurse Executive position, and encourage individuals and organizations interested in a healthier Michigan to do likewise.

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