



Hospitals and Philanthropy as Partners in Funding Nursing Education

Executive Summary

- ▶ Important public sources of institutional funding for nursing education have shifted over the years.
- ▶ Federal funding has nearly vanished, and state funding has become less dependable because of budget shortfalls and economic declines.
- ▶ Nursing education needs a new strategy for sustaining itself and growing to meet the demands of health care today and tomorrow.
- ▶ Collaborations with private sector hospitals, foundations, and government are proving effective in a number of states and have the potential to lead nursing education into a strong future.

THE DRIVE TO EDUCATE MORE NURSES HAS BEEN ONE response to the nation's nursing shortage, which is projected to reach 340,000 practicing nurses by 2020 (Auerbach, Buerhaus, & Staiger, 2007). Yet funds for education are becoming scarcer, while the need for more nurses keeps growing. The workforce consists largely of nurses over age 40, with the number of younger nurses down substantially over the last several decades (Health Resources and Services Administration [HRSA], 2004).

The National League for Nursing (NLN) found the number of people interested in enrolling in nursing schools has increased, but in 2005, more than 147,000 qualified applications were turned down, largely because nursing schools faced faculty shortages (NLN, 2005). A 2006 survey by the American Association of Colleges of Nursing (AACN) reports insufficient faculty as a driving factor for turning away nearly three-quarters of qualified applicants at institutions with baccalaureate programs (AACN, 2005, 2006a).

Meanwhile, important public sources of institutional funding for nursing education have shifted over the years. Federal funding has nearly vanished, and state funding has become less dependable because of budget shortfalls and economic declines.

Nursing education needs a new strategy for sustaining itself and growing to meet the demands of health care today and tomorrow. Collaborations with

private sector hospitals, foundations, and government are proving effective in a number of states and have the potential to lead nursing education into a strong future.

Importance of a Collaborative Private Sector

The development of new working partnerships between nursing education, hospitals as nurse employers, government, and private foundations is bringing change to the nursing profession in several regions and localities across the country.

The practical responsibility to maintain an available workforce to serve the growing demand for nursing care resides with the providers that employ nurses — mainly hospitals. With greater frequency, hospitals are finding it essential to collaborate with foundations, nursing educators, and often state governments to gain funding, new workplace improvement and retention skills, policy support, and a direct pipeline of trained nurses to fill their nursing workforce needs.

Nationwide, hospitals are supporting scholarships for a variety of nursing education programs; support is generally attached to students' willingness to work in the institution post graduation. Hospitals are also lending clinician leaders to schools of nursing to supplement faculty positions. Innovative, largely local partnerships between hospitals, foundations, and academic organizations have increased the training capacity of many nursing schools. To better understand and address nursing shortage issues unique to their regions, several states also have formed partnerships with area hospitals, foundations, and schools of nursing. They have created nursing workforce commissions and data centers. They have also provided supplemental appropriations and workforce investment funding for nursing education and career development.

In the end, creating local and regional partnerships with nurse employers, foundations, and other stakeholders to address the root causes of the current nursing shortage, while designing new models of care and requisite training that reflect consumer needs, will emerge as the sustainable strategy needed by the nursing profession. Marla Salmon, dean of the Emory University School of Nursing and trustee of the Robert Wood Johnson Foundation (RWJF), summarized the challenge by saying, "Nursing shortage problems are beyond the control of any one institution, so partnerships are the only way we will arrive at solutions" (RWJF, 2005).

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What Collaborative Funding Partnerships Mean to Nurse Leaders

Collaborative funding partnerships present important new opportunities for nurse leaders. Within the field of nursing, participation in these collaborative arrangements may change nurses' perception of themselves as leaders solely in one area, such as practice, education, or public policy. Working jointly with leaders from each of these different settings may help nurses to effectively influence nursing spheres other than their own.

Collaborative funding partnerships will introduce nurse leaders to important new contacts in the larger workforce investment community of industry, education, and government. Association with these contacts, because of their diverse backgrounds and experience, will enrich nurses, exposing them to different ways of thinking about and solving problems. Moreover, their role working with philanthropy may spotlight nursing leadership and uniquely influence the grant-making agenda of regional and national foundations.

Successful Collaborative Approaches

Foundations and hospitals with schools of nursing. Following is a sampling of some promising partnerships involving hospitals and foundations as chief supporters of initiatives to strengthen or expand the nursing workforce.

Nationwide

- In partnership with the Institute for Healthcare Improvement, RWJF supports Transforming Care at the Bedside (TCAB), an initiative that helps nurses redesign hospital medical/surgical units to strengthen work safety and reliability, patient-centeredness, and workforce vitality. RWJF now supports innovations in 10 hospitals, but the concepts of redesign and innovations have spread to an additional 170 hospitals in 2006 and it is anticipated that spread will occur well beyond that in 2007 (RWJF, 2007d). Recently, 14 schools of nursing nationwide were selected to participate in TCAB's school of nursing partnership, which provides a vital link between the classroom and the medical/surgical units in hospitals. As the number of hospitals spread so will the schools of nursing.
- In 2006, RWJF announced a 5-year, \$10 million initiative called Partners Investing in Nursing's Future. In collaboration with the Northwest Health Foundation, RWJF is funding local foundations to make significant investments in the nursing challenges in their communities. Local foundations will use their own matching funds to collaborate with nursing leaders and other partners such as workforce investment boards.

Arizona

- In 2006, the Hospital Council of Southern Arizona partnered with Grand Canyon University in Phoenix to establish a fast-track nursing degree program for Tucson-area students. The pilot program enables students with 90 hours of prerequisite coursework or bachelor's degrees to earn a nursing degree in 20 months, instead of the 4 years required by most programs. Students attend classes at one of nine participating hospitals in Nogales and Tucson, and may receive tuition assistance from local hospitals, where they will be guaranteed employment opportunities after graduation. The council is planning similar accelerated nursing education partnerships with other nearby nursing programs (RWJF, 2007b).

California

- In 2005, the Gordon and Betty Moore Foundation provided \$2.2 million in funding to support the launch of the Bay Area Patient Safety Collaborative. Led by the Hospital Council of Northern and Central California, the collaborative has provided a peer-to-peer learning community for hospital clinicians and executives to share best practices in implementing guidelines to improve patient outcomes. To build local capacity for continuous improvement in care, the collaborative develops and leverages local expertise, including frontline nurses. Thirty-three hospitals representing 75% of the Bay Area's hospitals actively participate in the collaborative. Phase II of the collaborative, scheduled to launch in 2007, will focus on implementing proven best practices and educating a critical mass of Bay Area hospital clinicians on the science and tools of continuous quality improvement (Gordon and Betty Moore Foundation, 2003).

Florida

- The First Coast Nurse Leaders Consortium in northeastern Florida, composed of chief nursing officers from the area's major hospitals, other nurse executives, and nursing school officials, aims to increase the number of nurses in the five-county region by focusing on four primary goals: recruiting more nurses to the workforce, increasing the number of nurse training opportunities and instructors, retaining practicing nurses, and recruiting nurses who have left the field back to clinical work. Consortium participants meet monthly at member campuses to strategize ways to bolster the nursing workforce and increase state legislators' awareness of the nursing shortage (RWJF, 2007a).

Michigan

- Several metro Detroit hospitals are collaborating with nearby nursing schools and auto manufacturers to create accelerated and second-degree programs geared specifically toward former auto workers. Henry Ford Health System is collaborating with Ford Motor Company and Oakland University School of Nursing to offer an accelerated degree program in which Ford covers tuition costs, Oakland offers classroom instruction, and the health system provides clinical training. Henry Ford Health System is also partnering with Henry Ford Community College to establish a program that enables students to earn an associate nursing degree in 16 months, 8 months faster than typical programs. Meanwhile, St. John Health is using state grants to partner with Oakland to run a satellite nursing program for workers who have already earned bachelor's degrees. Under the partnership, Oakland provides instructors and manages the curriculum, while St. John provides the classroom and clinical training space (RWJF, 2006g, 2007c).

Oregon

- In 2003, the Oregon Consortium for Nursing Education (OCNE), a consortium including Oregon Health & Science University (OHSU) School of Nursing and seven community colleges, was created to prepare nurses with the competencies needed for changing health care demographics. The aim of OHSU is to increase the capacity of the state's nursing programs and to provide both expanded associate degree and baccalaureate nursing education throughout Oregon. Funded by NWHF, the U.S. Department of Health and Human Services, Kaiser Permanente, and the William Randolph Hearst Foundation, the initiative comes in response to projections that half of the state's nursing workforce will reach retirement age within a decade. To gain admission to OCNE, students take prerequisites at any participating institution and begin consortium nursing coursework in the 2nd year of full-time study. Their acceptance as an OCNE student ensures dual enrollment in OHSU, providing access to upper-level nursing courses in the 3rd year that are accessible through distance education technology or taught by consortium-trained instructors at their home (and often rural) campuses. This inter-collegiate collaborative effort is the first of its kind in the nation and is currently being replicated in six states (NWHF, 2005; RWJF, 2006a, 2006d).

Texas

- In 2006, Austin-based St. David's Community Health Foundation, a community-owned charitable foundation working to improve the health of Central Texans, donated \$6 million to Texas State University-San Marcos to create a new nursing school. The St. David's grant will cover 75% of the school's start-up costs, including faculty salaries and lab equipment. The nursing school expects to receive about \$36 million from the state in additional support. Officials plan to complete construction and admit the first 100 students by fall 2010. In addition, St. David's HealthCare, a partnership between not-for-profit St. David's HealthCare System and the Hospital Corporation of America, Inc. to serve the residents of Central Texas, and other area hospital systems plan to offer students clinical training opportunities (Greater Austin Chamber of Commerce, 2006; RWJF, 2006i).

Hospitals and foundations with state governments and schools of nursing. An increasingly important player in many nursing partnerships involving hospitals and foundations are *workforce investment boards* (WIBs) based in state and local governments. Receiving U.S. Department of Labor funds authorized by the 1998 Workforce Investment Act (WIA), WIBs support activities to improve recruitment and retention of the workforce in short supply in many high-demand industries such as health care (University of Washington Center for Health Workforce Distribution Studies, 2004). Initiatives include careers promotion, career ladder development, expansion of educational capacity, improved workforce retention, and increased skills training.

The structure and financing of the WIA facilitates assessment, planning, and implementation efforts to address nursing shortages in a growing number of states. In 2004, such efforts existed in at least 20 states and their local boards. States with model WIB nurse workforce initiatives that involve both baccalaureate and associate degree RNs, as well as LPNs, include Washington, Georgia, Texas, California, and Wisconsin. In general, WIA performance measures favor interventions that route workers to jobs rapidly rather than to more time-consuming training and education. However, because few of the health sector jobs that are in high demand can be obtained without a professional degree or other specialized training, there are opportunities for nursing education to be important partners. The following are examples of partnerships involving WIB funding and other public and private support (HRSA, 2004).

Florida

- In 2006, the Florida Department of Education awarded approximately \$7.3 million in new and continuing grants to community colleges and universities across the state to improve training opportunities for nursing students and instructors. The funding is part of a larger \$33.4 million pool awarded to institutions and career centers through the state's SUCCEED Florida! program, which aims to support career education programs for fields in critical need of a more robust labor pool. In 2005, the SUCCEED program awarded 17 nursing grants, which helped to attract 328 new students and produced almost 200 additional faculty, increasing educational capacity at community college nursing programs (RWJF, 2006f).

Georgia

- In 2006, nurse training programs in Georgia were awarded more than \$5 million from the state's Board of Regents, the higher education governing authority for public universities and colleges, to increase the number of nurses and nurse educators. The initiative is expected to expand capacity at 21 participating colleges and universities, resulting in an additional 400 graduates during the 2006-2007 school year. The funding will expand accelerated undergraduate nursing programs at five universities and allow the Medical College of Georgia to offer its doctoral nursing program as an external degree program at eight state campuses. In addition, the initiative will extend nine institutions' associate's degree nursing programs, support Georgia State University's partnership with five colleges to establish a statewide doctoral nursing program, and fund new laboratory equipment for two universities. Milledgeville-based Georgia College is using \$50,000 in state funds to hire more part-time faculty and to create a Web-based nurse doctoral program to increase the number of nurses in south and central Georgia who are qualified to teach (RWJF, 2006b, 2006e).

Maryland

- In April 2006, the Health Services Cost Review Commission (HSCRC) awarded grants to seven academic institutions totaling \$6 million over 5 years as part of the first round of funding through the state's newly created Nurse Support Program Assistance Fund (NSP). NSP aims to expand the supply of nurses in Maryland by increasing training capacity in two phases. Phase one provides funding for graduate nursing faculty scholarships and living expenses, new nursing faculty fellowships, and state nursing scholarship and living expenses grants. An additional

500 undergraduate students and 250-300 graduate students are expected to be trained. Phase two of the program, the competitive institutional grants initiative, will expand nursing capacity through shared resources, enhancing nursing student retention, and enlarging the nursing faculty pipeline. Funding for the initiative comes from a 0.1% rate increase by HSCRC to all Maryland hospitals retroactive to July 2005 (AACN, 2006b).

Mississippi

- The Mississippi Department of Employment Security in partnership with The Bower Foundation and two area hospitals, North Mississippi Medical Center and Mississippi Baptist Health System, have successfully created high school nurse academies. This program exposes high school youth (some at-risk) to nursing through shadowing experiences in hospitals and long-term care facilities, in addition to providing classroom lectures from nurse aide curriculum and hosting speakers from various nursing specialties. Following high school graduation, students complete the state-approved certified nurse aide curriculum and testing, are recruited by partnering health care employers, and receive assistance entering the health career and educational program of their choice (M. McKay, personal communication, February 27, 2007).

Pennsylvania

- In 2006, Governor Edward Rendell agreed to invest \$41 million in efforts designed to alleviate the statewide nursing shortage. The funding, including \$10 million from the state and \$31 million from the Pennsylvania Higher Education Foundation (PHEF), will be used to provide incentives for hospitals to allow qualified RNs to serve as nurse faculty in an effort to boost educational capacity and enrollment at state nursing programs. The funding also will help expand nursing programs by creating new clinical education opportunities and providing planning grants. PHEF awarded \$550,000 in grants from local hospitals each to 11 nursing schools across the state in 2006 to fund nurse educator salary lines, scholarships, and loan forgiveness (RWJF, 2006c, 2006h).

New Thinking, New Visions, New Roles

The nature and complexity of today's nursing shortage varies widely across states and localities, suggesting that leadership, policy, and funding at the national level to alleviate the shortage has been and will continue to be scarce and ineffective. Much of the leadership and support to address nursing workforce

issues are rooted in local or regional settings and institutions, which often are more suited and motivated to assess local circumstances and implement local solutions.

How can local and regional strategies based in cross-sector partnerships driven and supported by hospitals, foundations, and state governments be made to work in other communities and settings?

Several hospitals desperate to recruit and retain nurses have stepped forward with the insight, resources and willingness to collaborate. Others have shown less determination, perhaps because of a lack of vision and funds or simply the desire to “go it alone and do it the way they’ve always done it.” A number of national and local foundations are generally aware of the nursing shortage, but many do not understand its critical nature, lack an effective understanding of what to do or who to work with, or have not been asked to help. Many nursing schools and state governments also lack the will or resources to do more to remedy the shortage while facing growing pressures to be more publicly accountable.

The task at hand is to identify and demonstrate a new array of incentives (both private and public) that will stimulate the broad scale development and application of these regional partnerships. Private incentives may exist in the form of cash grants (matching or non-matching) or loans to institutions, educational (individual) scholarships or forgivable loans, and in-kind use of personnel, data, equipment, and facilities. Public incentives include supplemental or line-item appropriations, WIA grants, revenues from provider taxes or licensure fees, Medicaid state and federal matching funds for service reimbursement and educational costs, and educational scholarships or forgivable loans. Public incentives also could include new or revised regulation(s) affecting nurses or nursing care institutions. Private or public incentives can also act as leverage. These incentives may be used to develop and demonstrate the effectiveness of the following strategies:

1. *Leadership development.* Engage national and local foundations to support fellowships and educational forums for teams of local nurse leaders (from industry, academia, and government) that stress learning new skills in areas such as health care economics and systems development, labor-management relations and work environment reform, evidence-based decision making, clinical instruction and curricula reform, workforce planning and data analysis, and public policy advocacy.
2. *Integrate and transform nursing education.* Engage local foundations, hospitals, and state governments to support creation of a regional or statewide nursing education continuum that integrates the full range of practice-entry education programs and nurse employers, bound by a

fully articulated curriculum and career pathway and supported by optimal training capacity.

3. *Create nurse “workforce markets.”* Engage local foundations and hospitals to support creation of regional workforce markets governed by economic principles and new regulatory and teaching models to effectively link nursing education with area industry workforce needs.
4. *Conduct research on nursing care quality and establish workforce data and planning infrastructures.* Engage local and national foundations to (a) fund evidence-based research on nursing care quality, and (b) support area hospitals to implement new patient safety and nursing performance policies and procedures. Gain support from local foundations, hospitals, and state governments to create or strengthen statewide centers for nursing workforce analysis that are responsive and credible.
5. *Strengthen state government accountability and innovation.* Urge state governments to work with foundations and hospitals to institute new financing arrangements with schools of nursing that more effectively address area workforce needs. Encourage state governments, in collaboration with relevant accrediting bodies and with support from local foundations and hospitals, to revamp the regulation of: (a) *Nurses and nurse employers*, so that constructive, high-quality work settings, competency-driven continuing education, and evidence-based decision making are indicative of standard operating requirements; and (b) *Nursing education programs*, to strengthen the consistency and quality of clinical instruction.

Conclusion

The current nursing shortage is complex and varies widely across the country, and remedial approaches lack adequate funding from the federal government. For that reason, pressure is mounting to develop new resources and solutions in local and regional “markets,” each with their own unique challenge of balancing nurse supply and demand, as well as other issues related to the quality of nursing education and clinical practice. Increasingly, these challenges are beyond the control of any one institution. Lasting remedies must originate from new and different partnerships between multiple institutions with complementary missions in these markets. Hospitals as major nurse employers and foundations that leverage critical sources of financing have a vital role in partnerships. Together they promote and require new entrepreneurial skills, innovative educational strategies, and greater accountability in meeting area workforce needs. \$

Recommendations for Forging New Partnerships

Unlocking the Potential of Nursing: A Guide for Grantmakers is a resource guide developed by the Center for the Health Professions at the University of California, San Francisco through support from the Robert Wood Johnson Foundation (RWJF) and the Johnson & Johnson Campaign for Nursing's Future. Below are seven recommendations from this guide that foundations, hospitals, schools of nursing, and state and local governments might consider when forging new partnerships or strengthening existing relationships (RWJF, 2007d).

1. Encourage more integration between nursing education and clinical practice to generate new resources, improve education and, most important, to address quality and safety issues.
2. Link educational opportunities and resources regionally and connect them to the practice community.
3. Use market forces, particularly private investors with venture capital.
4. Recognize nursing's roles in the future health care system, especially considering the system is likely to make better use of teams, connect to families and communities, depend more on self-care, recover a population-based approach, manage resources more effectively, and draw together the broad psycho-social-behavioral dimensions of disease and health. Nursing is central to each of these components.
5. Focus on a culture of care for improved worker satisfaction, safety of care, and an enhanced healing environment.
6. Reframe the shortage as opportunity to improve local economies and provide job opportunities, particularly for underrepresented groups.
7. Create an integrated nursing continuum to create independent nursing professional practices that could sell services to providers, much as medical specialty groups do.

To learn more about *Unlocking the Potential of Nursing: A Guide for Grantmakers*, visit <http://rwjf.org/portfolios/features/featuredetail.jsp?featureID=1524&type=3&iaid=137>

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