

The 2023-24 Legislative Priorities were created with the goal of supporting Iowa's nursing workforce by advocating for the stability, safety, and mental well-being of our nurses while removing barriers to care faced by nurses in Iowa and the patients they serve. Research shows that a healthy work environment can lead to more engaged nurses, decreased burnout, lower turnover, and better patient care³. Aligning our priorities with the ANA and focusing on the nurse in order to provide high-quality care for all patients in Iowa is the intention of the 2023-24 legislative priorities.

OVERVIEW

- 1 Support Legislation that Addresses the Nursing Workforce**
- 2 Support Legislation that Addresses the Nursing Work Environment**
- 3 Support Legislation that Addresses the Well-Being of Nurses**
- 4 Support Legislation that Addresses the Value of Nurses**



SUPPORT LEGISLATION THAT ADDRESSES THE NURSING WORKFORCE

Action Items:

- 1.1 Support legislation that provides funding to the nursing workforce with an emphasis on staff retention and proper talent pipelines.
- 1.2 Support legislation that would provide healthcare dollars for increasing faculty to:
 - Enroll and retain nursing students;
 - Support educational programs, including creating and modernizing curriculum and establishing nurse-led intradisciplinary and inter-professional educational partnerships;
 - Hire and retain a diverse faculty to educate the future nursing workforce;
 - Modernize technological and educational infrastructure;
 - Support schools of nursing, in partnership with facilities that provide health care, to establish or expand clinical education and;
 - Support schools of nursing as they help prepare future nurse scientists and researchers who are essential as health challenges arise.
- 1.3 Support legislation that would provide critical funding to modernize educational programs and increase the number of faculty for the education of nurses.



SUPPORT LEGISLATION THAT ADDRESSES THE NURSING WORK ENVIRONMENT

Action Items:

2.1 Support the development of policies and identify strategies to address barriers to nurses and other health care workers reporting violence and abuse and strengthen 'zero-tolerance' policies.

- This under-reported epidemic has devastating results on the healthcare industry. Studies show that workplace violence can affect the quality of care and care outcomes, contribute to the development of psychological conditions, and reduce the RN's level of job satisfaction and organizational commitment¹².
- A recent Press Ganey survey showed that, on average 2 nurses are assaulted every hour².
- Only 20-60% of incidents are reported¹².
- 13% of missed work days are due to workplace violence¹².
- Nurses are more abused than police officers and prison guards².
- Nurses are four times as likely to experience violence at work than any other profession².
- In 2022, the rate of assaults in U.S. hospitals increased by 23%. A recent study of RNs found a significant proportion of nurses who cared for patients with COVID-19 experienced more physical violence and verbal abuse, and had more difficulty in reporting the incidents to management².

2.2 Support recruitment and retention efforts by increasing the availability of nurse residency programs for every new graduate RN starting their career in Iowa.

- Established nurse residency programs have been proven to positively impact the individual nurse, the care they provide, and the organization.
- Benefits of a nurse residency include increased stability in staffing levels, enhanced morale, improved patient safety, and reduced costs stemming from decreased expenses associated with recruitment and orientation of replacement staff⁴.
- Studies have found structured, evidence-based transition programs benefit the new graduate with improved competence and confidence, reduced stress, and increased job satisfaction¹¹.
- New graduate RNs need support during their transition from their formal academic program to the practice setting.
- New graduates face many challenges when transitioning to the workforce, especially in acute care environments, because of greater patient acuities, rapid patient turnover, technology advancements, and demanding workloads¹⁰.
- 18% to 30% of new graduates will leave their current position in the first year. 37%-

57% will leave in their second year. High turnover rates can have a lasting negative impact on staff morale, work productivity, and patient outcomes^{1,9}.

2.3 Increase access to funding for healthcare organizations to implement and maintain transition-to-practice programs.

- The Iowa Action Coalition created an affordable, online nurse residency program accessible to new graduate nurses regardless of the practice setting leading to comparable outcomes to more traditional programs^{13,14}.
- Many organizations in Iowa do not have the human or financial resources and infrastructure to implement a transition-to-practice program.
- 67.1% of Iowa hospitals responded they do not provide a nurse residency program for new graduate RNs⁵.
- Cost is the most significant barrier to adopting nurse residency programs in Iowa⁷.
- Government and philanthropic funding options are needed to support nurse residency programs⁴.

2.4 Prohibit the use of mandatory overtime to compensate for staffing shortages.

- Federal regulations require Medicare-certified hospitals to ensure that "adequate numbers" of nurses are staffed to provide patient care "as needed." This vague regulatory language has led to state-enacted legislation regarding nurse staffing levels, including those mandating specific nurse-to-patient ratios. A nationwide nurse shortage has created situations where hospitals and clinics impose mandatory overtime to meet these legislative requirements³.
- Iowa imposes mandatory overtime³.
- This cost-savings tool contributes to nurses' occupational stress and increased risks to patient safety².
- Being forced to work more hours in a shift or over the course of a week than an individual nurse determines is safe for patients and their own mental and physical well-being contributes to burnout.

2.5 Support safe-staffing legislation

- Being assigned unsafe patient workloads beyond what a nurse feels they can manage based on factors such as patient acuity levels, education and experience, and support staff available².
- 89% of nurses indicated a shortage at their facilities². Of the nurses who indicated a shortage, 54% said it was a 'serious problem,' and 49% said it was a 'moderate problem.'²



SUPPORT LEGISLATION THAT ADDRESSES THE WELL-BEING OF NURSES

Action Items:

3.1 Support legislation that will identify and disseminate best practices to reduce and prevent mental and behavioral health conditions, suicide, and burnout, as well as increase access to evidence-based treatment for nurses and other health care professionals.

- 60% of acute care nurses report feeling burned out, and 75% report feeling stressed, frustrated, and exhausted¹. Two-out-of-three nurses under 35 report feeling burned out².
- High levels of work-related stress affect nurses' mental well-being, including feeling a lack of resources or capacity to provide the highest level of care to their patients.
- Only 19% of nurses under 35 believe their organization cares about their wellbeing².

3.2 Support legislation that identifies strategies to promote resiliency in Iowa nurses.

- One year ago, 40% of nurses said they intended to leave or were considering leaving their position². Today that has jumped by 30% to 50%².
- In 2030 there will be a projected demand for 35,300 nurses in Iowa².



SUPPORT LEGISLATION THAT ADDRESSES THE VALUE OF NURSES

Action Items:

- 4.1 Support legislation that would permanently remove barriers to care and increase access to services provided by Advanced Practice Registered Nurses (APRNs) under the Medicare and Medicaid programs and private healthcare facilities.
- 4.2 Work with key stakeholders to change current payment structures to finally recognize nurses as a value instead of 'overhead.'
- 4.3 Include nurses in the process of creating and amending healthcare and organizational policy in Iowa.
 - Nurses are often treated as inconsequential during decision-making rather than as highly educated and capable professionals in healthcare who contribute value to the patient outcomes and success of the healthcare facilities.

REFERENCES

1. Chandler, G. E. (2012). Succeeding in the first year of practice: Heed the wisdom of novice nurses. *Journal for Nurses in Staff Development*, 28(3), 103–107. doi:10.1097/NND.0b013e31825514ee
2. *Covid-19 survey series results*. ANA. (2020, September 10). Retrieved from <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/>
3. Deering, M. (2022, August 29). *Understanding mandatory overtime for nurses*. NurseJournal. Retrieved from <https://nursejournal.org/resources/mandatory-overtime-for-nurses/>
4. Goode, C. J., Reid Ponte, P., & Sullivan Havens, D. (2016). Residency for transition into practice: An essential requirement for new graduates from basic RN programs. *Journal of Nursing Administration*, 46(2), 82–86. doi: 10.1097/NNA.0000000000000300
5. Iowa Center for Nursing Workforce. (2021). *Iowa nursing demand survey report*. https://nursing.iowa.gov/sites/default/files/documents/2021/04/2020_nursing_demand_survey_report_final_release_2021_04_23.pdf
6. Iowa Workforce Development. (2021, November 20). *Occupational projections*. <https://www.iowaworkforcedevelopment.gov/occupational-projections>
7. Lose, D. T. (2019). Nurse leaders decision-making to adopt an online innovation: A decision support tool. *Nurse Leader*, 17(6), 509–515. <https://doi-org.proxy.lib.uiowa.edu/10.1016/j.mnl.2019.09.008>
8. NCSBN. (2021). *Report 1 – Number and percent passing of first-time candidates educated in NRB jurisdictions*. https://nursing.iowa.gov/sites/default/files/nclx_rn_results_q4_2020.pdf
9. Potts, J., Brouder, P., Helm, S., & Leach, K. (2020). Predictive hiring to maintain excellence in patient care. *The Journal of Nursing Administration*, 50(4), 232–236. doi: 10.1097/NNA.0000000000000873
10. Rush, K. L., Janke, R., Duchscher, J. E., Phillips, R., & Kaur, S. (2019). Best practices of formal new graduate transition programs: An integrative review. *International Journal of Nursing Studies*, 94(2019), 139–158. <https://doi.org/10.1016/j.ijnurstu.2019.02.010>
11. Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., ... Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, 5(4), 24–38.
12. Ulrich, B., Cassidy, L., Barden, C., Varn-Davis, N., & Delgado, S. A. (2022). National Nurse Work Environments - October 2021: A Status Report. *Critical care nurse*, 42(5), 58–70. <https://doi-org.proxy.lib.uiowa.edu/10.4037/ccn2022798>
13. Weathers, N. M., & Forneris, L. A. (2020). Innovation in nurse residency: Blazing a trail with online technology. *Nursing Education Perspectives (Wolters Kluwer Health)*, 41(5), 312–314. <https://doi-org.proxy.lib.uiowa.edu/10.1097/01.NEP.0000000000000710>
14. Wilson, T., Weathers, N., & Forneris, L. (2018). Evaluation of outcomes from an online nurse residency program. *The Journal of Nursing Administration*, 48(10), 495–501.

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