

A Diverse Nursing Workforce Supports Our Care Delivery Mission

Savanna Carroll, BSN, RN-BC, Patient Care Manager, UKHC, Lexington, KY
 Sandy Rogers, PhD, MBA, RN, CNE, Assistant Professor, UKCON, Lexington, KY
 Lisa K. Thornsberry, DNP, RN, CNML, Nursing Operations Director, UKHC, Lexington, KY



Learning Objectives

- 1) Describe new ways to introduce and sustain a multicultural nursing workforce.
- 2) Identify methods to create resiliency within an international nursing model.

Background

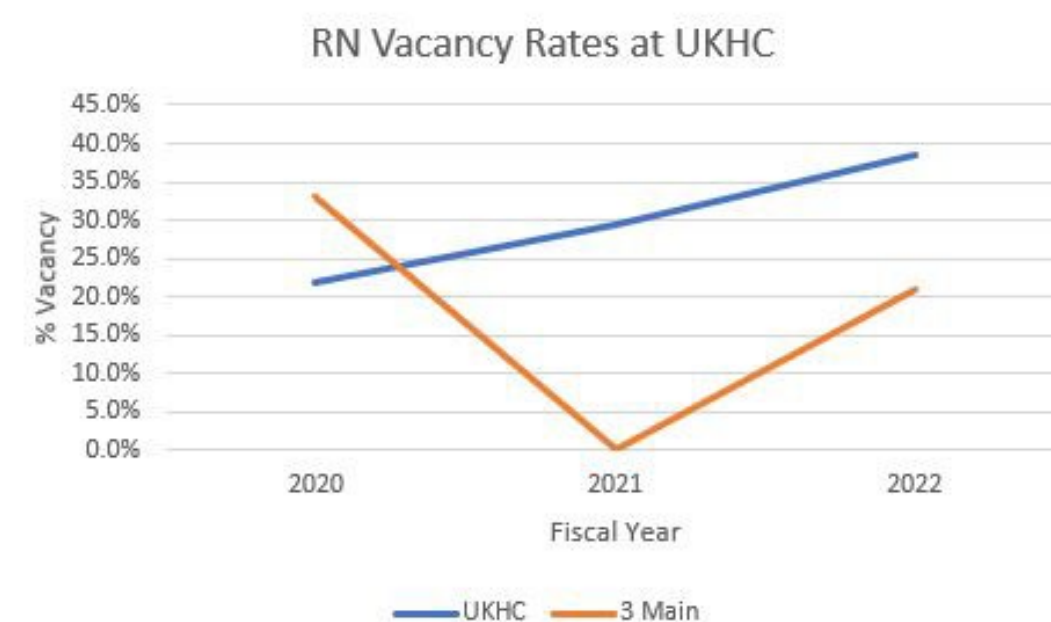
3 Main is a 30-bed acute/progressive care unit at University of Kentucky Healthcare (UKHC). The unit opened in March 2021 and is staffed with primarily international and domestic agency Registered Nurses. Prior to COVID-19, a national nursing shortage already existed.

At the national level:

- Annual number of RN graduates has stabilized at about 155,000 per year.¹
- A projected 194,500 average annual openings for registered nurses between 2020 and 2030, with employment projected to grow 9%.²
- In 2020, the median age of RNs was 52 years with more than one-fifth indicating intent to retire from nursing over the next 5 years.³
- The rapid growth of the advanced practice nurse workforce.

At the local level:

- For UKHC, RN Vacancy Rate for FY20 was 21.9%, 29.3% for FY21, and 38.4% for FY22.
- For 3 Main, RN Vacancy Rate for FY20 was 33%, 0% for FY21, and 21% for FY22.
- 3 Main is staffed with 50% international nurses, as of July 2022.



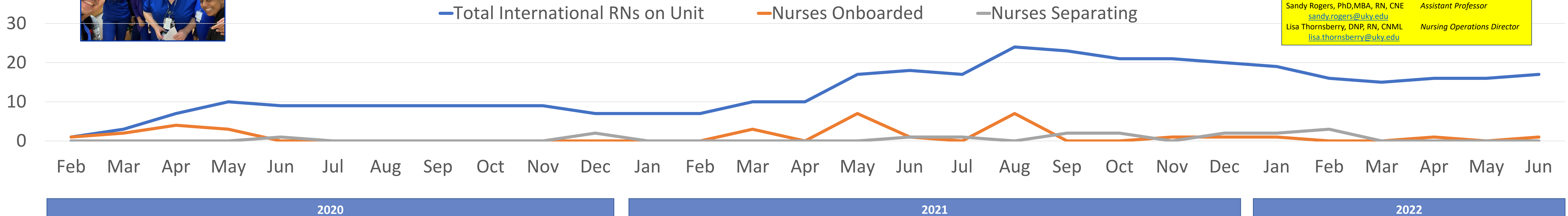
The supply and demand issues with domestic nurses have increased the need to staff with internationally-educated nurses and to recognize both the challenges and benefits associated with this process.

Staffing with internationally educated nurses is beneficial for not only the staffing shortage challenges, but it can potentially improve the overall experience of the nursing workforce⁴

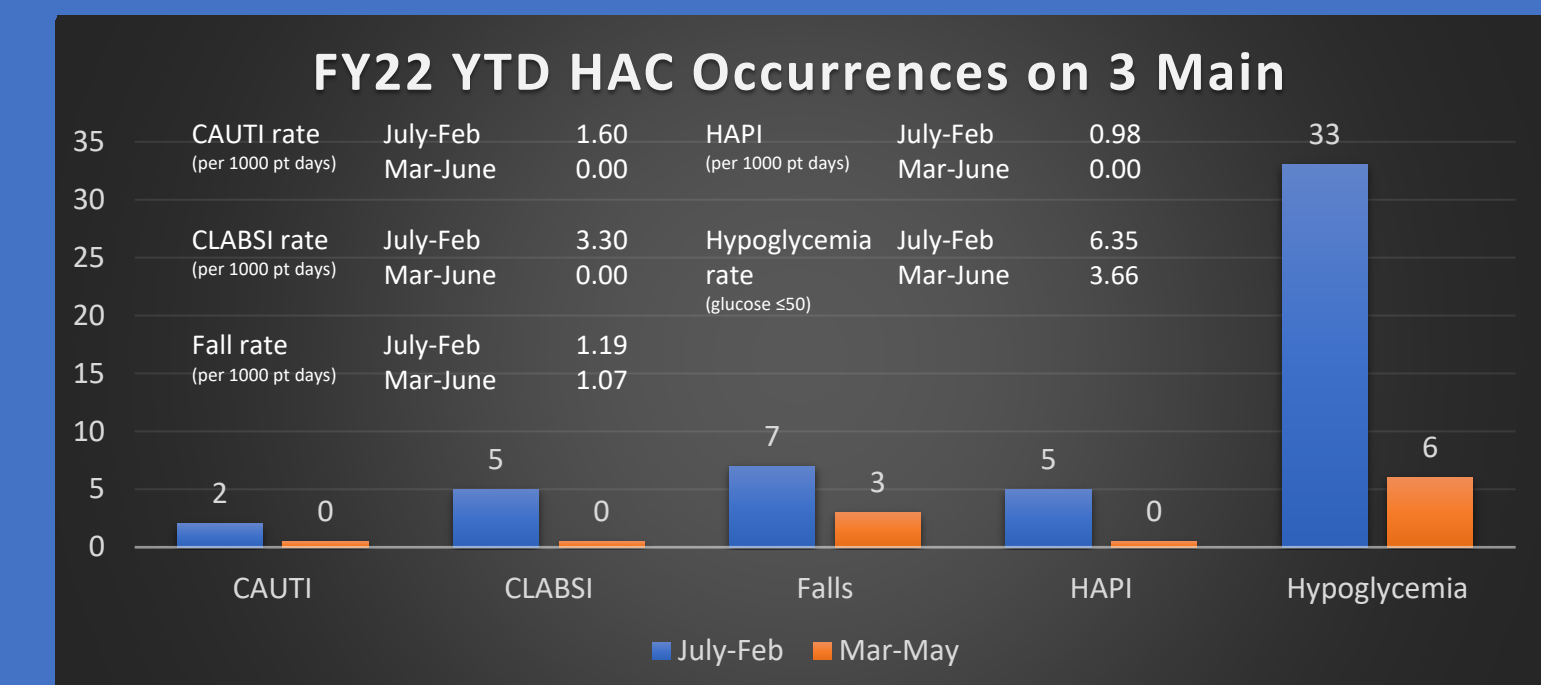


"Now we are working with confidence."
-a unit International nurse

Timeline of International RNs on 3 Main



Problem/Issue	Changes Implemented	Outcomes
Delay in opening new unit <ul style="list-style-type: none"> Initially, targeted open date was July 2020. However, due to supply chain problems, demolition findings, and construction plan changes 	<ul style="list-style-type: none"> Rounding by Patient Care Manager and Staff Development Specialist in multiple locations. 	<ul style="list-style-type: none"> Unit opened March 2021. Additional units adding international staff
Prolonged visa wait times	<ul style="list-style-type: none"> Executive leadership connected with lawmakers to leverage their relationships to expedite arrival of international nursing staff. 	<ul style="list-style-type: none"> Continuing to examine this with Executive Nursing Leadership and agency leadership.
Intent to stay <ul style="list-style-type: none"> Affected by COVID-19 pandemic peaks Feelings of isolation Strained relationships between the nurses and their agency 	<ul style="list-style-type: none"> Partnered with Chief Diversity Officer to plan, guide, and advise on creating an inclusive environment. Added surge incentive pay for international nurses. The Patient Care Manager and Director initiated monthly small group meetings with the international nurses to discuss their concerns and answer their questions. The Patient Care Manager, Director, and Chief Nursing Officer met with the international nursing agency to discuss specific situations and overall drivers for early contract terminations. The Patient Care Manager collaborated with the Workforce Schedule Manager to change the listed job role for international nurses to prevent house officers from pulling international staff to other areas of the hospital outside their scope and expertise. Identified peer mentors to partner with international nurses 	<ul style="list-style-type: none"> Chief Diversity Officer attended a unit huddle and provided resources to staff. No early contract terminations since March 2022. Improved communication between Nursing Leaders and International nurses. Improved relationships between agency and international nurses. Successful implementation of change in listed job role. Improved acculturation of international nurses while facilitating mentoring relationships.
Overcoming practice differences between our AHS and the nurses' countries of origin <ul style="list-style-type: none"> Missing harm prevention bundle components during rounding Missing harm prevention bundle components identified after harm occurred. Difficulty navigating and understanding nurse-driven practices and protocols. 	<ul style="list-style-type: none"> Extended orientation to 11 weeks (instead of 8 weeks) The Leadership team collaborated with staff development, Clinical Quality Specialist, and Clinical Nurse Specialist in guiding practice and performance with the international nursing role. Incorporated international nurses in Performance Evaluation process to ensure consistency in major job responsibilities. 	<ul style="list-style-type: none"> Significant difference in outcomes shown with educating international nurses



Goals

1. Synthesizing practice and competencies among the International nurses with the roles and responsibilities of the bedside nurse at UKHC.
2. Leadership engagement to gain understanding of the cultural differences among the international nurses compared to domestic nurses.

References

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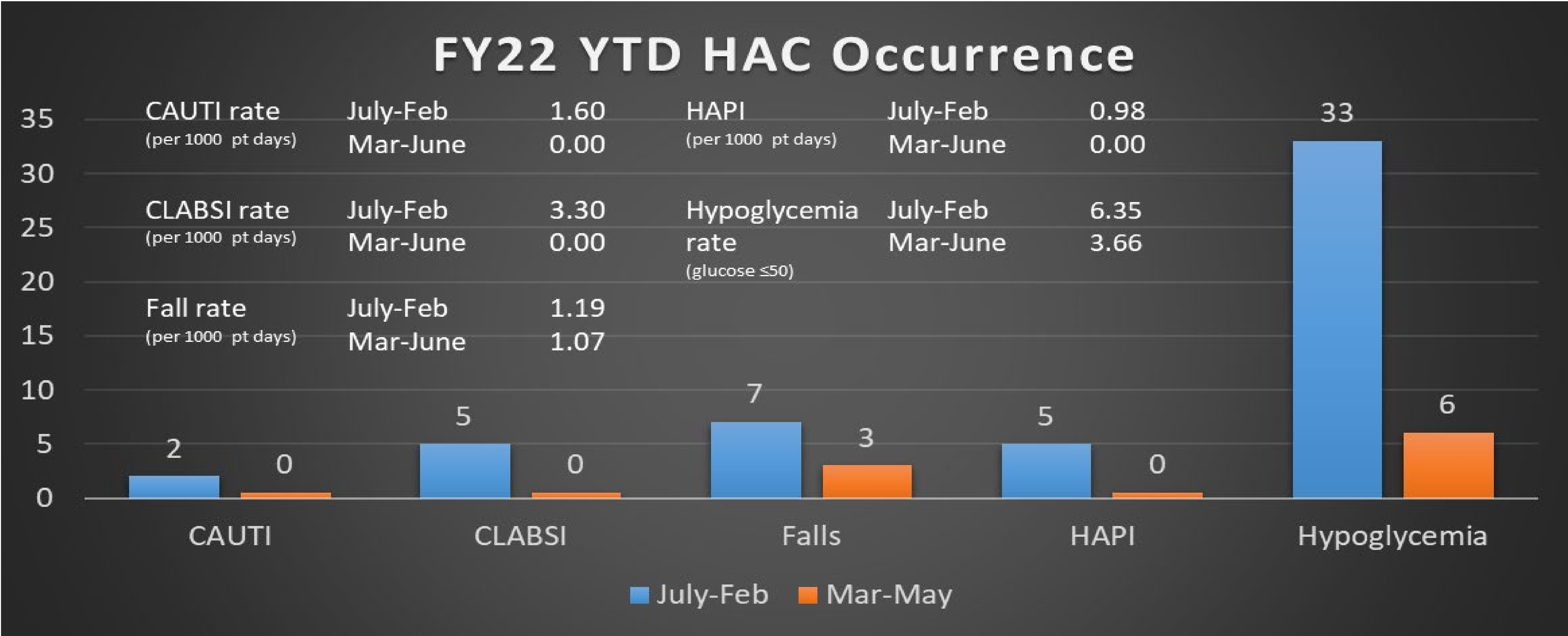
Speaker Contact Information

Savanna Carroll, BSN, RN-BC *Patient Care Manager*
savanna.carroll@uky.edu

Sandy Rogers, PhD, MBA, RN, CNE *Assistant Professor*
sandy.rogers@uky.edu

Lisa Thornsberry, DNP, RN, CNML *Nursing Operations Director*
lisa.thornsberry@uky.edu

FY22 Hospital Acquired Conditions for 3 Main



UKHC Good Samaritan Hospital /3 Main

Next Steps

- Continue strategy of adding international nursing staff as new units open or existing units have higher vacancy rates (currently adding 25 to new inpatient trauma surgical unit)
- Utilize mentorships from experienced staff members for new international staff
- Apply previous experiences and competencies to promote standard practice
- Continue to monitor and evaluate the orientation process to ensure that international nurses are competent to function independently at the end of the onboarding period
- Continue to collaborate with staff development, clinical quality specialist, and clinical nurse specialist in guiding practice and performance
- Continue to partner with the Chief Diversity Officer
- Optimize leadership support to engage new international nursing staff through the onboarding process