NORTH DAKOTA’S NURSING SHORTAGE

A report of recommendations to address the nursing shortage in North Dakota

This report was a collaborative effort by the Nursing Shortage Taskforce, a Subcommittee of the Workforce Development Council

Nursing Shortage Taskforce Author Contributors:

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EXECUTIVE SUMMARY:

In recognition of the shortage of healthcare workers in North Dakota, shortly after being sworn into office, Governor Doug Burgum convened a taskforce comprised of a diverse group of stakeholders to examine the issue, identify causes, possible solutions, and to make recommendations.

The Task Force developed a comprehensive slide deck examining available data for education, supply and demand of nurses in ND. There is a gap between the number of nurses licensed in ND compared to the state-wide need for highly skilled nurses. Vacancy rates range from 4.97% to 13.44% depending on the type of nurse. With projected increases in population throughout the state of ND, nursing jobs are expected to continue to grow through 2026\(^1\) resulting in a need to increase licensed nursing staff of over 200 per year.

Beginning in the summer of 2017 and continuing through the fall of 2018, the taskforce identified the drivers behind the nursing shortage and preliminary observations were presented to more than nine separate stakeholder groups and an online survey for feedback with over 200 individuals providing feedback and suggestions. As well as, to capture new suggestions on how to address the shortage. The taskforce revised the preliminary report\(^2\) to reflect the feedback and develop the original drivers into current themes to allow for synthesizing the recommendations and action plans into measurable outcomes.

The members of the Nursing Shortage Taskforce represent stakeholders across the state. While they sometimes compete during the day, they came together to help solve the nursing issue in North Dakota. The 18 members, met eight times to work toward finding solutions to the nursing shortage. In addition, members spent a significant amount of time outside of the meetings conducting research or reaching out to partners across the state and across borders. Their diligence, commitment and thoughtful approach to solving the nursing issue is to be commended.

Through the work of the Nursing Shortage Taskforce, full implementation of the strategies outlined herein is projected to increase nurse availability by 20% by 2026\(^3\).

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\(^1\) North Dakota Center for Nursing Research Publication #12
\(^3\) North Dakota Center for Nursing Research Publication #12
The taskforce identified three major themes creating barriers and challenges to increasing the nursing professions in North Dakota:

- Barriers to nursing program entry
- Challenges to expanding program capacity
- Low retention of nursing graduates and nursing professionals

To solve the nursing shortage, the taskforce established a set of goals to address these barriers. Activities within these goals require outreach and collaboration, multiple studies and analyses, and involvement from communities and stakeholders.

**Nursing Shortage Taskforce Goals**

Maximize entry into nursing programs

Expand program capacity with a focus on rural areas

Retain nursing program graduates and practicing nurses
GOAL: MAXIMIZE ENTRY INTO NURSING PROGRAMS

In 2016-2017, the fifteen nursing education programs in North Dakota, including preparation for LPN and RN, had 1,177 seats available with 1,633 applicants, 1,378 of which were qualified, representing a shortfall of 201 seats.

Interest in nursing programs in North Dakota continues to remain strong however the distribution of nursing student applications is not maximized throughout the state. Some nursing programs receive many more applications than seats, while others are not full. For example, a student applying at a school with no open seats is not redirected to a school with open seats. Through additional studies and actions, the taskforce identified other barriers to entering North Dakota nursing programs requiring a resolution to maximize nursing program capacity.

1. DEVELOP AND IMPLEMENT A STANDARD NURSING PROGRAM APPLICATION AND REVIEW ACCEPTANCE SYSTEM

Curriculum. Pre-nursing curriculum is not standard across all programs, creating potential confusion and lack of program preparedness for applicants. This leads to diminishment of qualified candidate(s), as well as, possible delays in acceptance to the program of the candidate’s choice.

Application System and Deadlines. Because nursing program application deadlines are not standardized, applicants who are not accepted to a program with a later deadline may miss the deadline to apply to a second school of choice. Further, non-standard applications require additional effort and expense. Finally, the submission of multiple applications to multiple programs by one applicant prevent accurate application metrics (one applicant may be counted many times if they apply to more than one program). The solution was proposed to all higher education institutions and the response was favorable and welcomed. Through collaborative efforts with these institutions, questions for the application were created and an estimate to develop and deploy the application system has been received by the North Dakota Information Technology Department.

Recommendation: Implement a standardized application process and deadline to allow for:

- An accurate count of program applicants;
- Programs to collaborate to ensure the most qualified applicants receive consideration by multiple programs in order of the applicant’s preference; and
- Consideration and acceptance of the most qualified applicants to ND nursing programs.

4 ND Board of Nursing 2016-2017 Nursing Education Annual Report
2. DEVELOP AND DISTRIBUTE A CAREER PATHWAY MAP

While there are ample career growth and advancement opportunities for nurses and those interested in nursing, these opportunities are not well-known or well-promoted due to a lack of understanding from high school throughout the nursing career, resulting in career stagnation.

Recommendation: Develop a documented career pathway map and strategically distribute to reach a broader audience from high school students entertaining the profession to increase recruitment into the profession as well as advance the credentials for practicing nurses.

The College and University Nursing Education Administrators (CUNEA) group created a Careers Pathway map to reduce confusion. The North Dakota Center for Nursing, in alignment with their strategic plan, is in the process of incorporating this map into a Career Pathways website as a resource for students and current nursing professionals. This information is available on the Center’s web page under career paths and can be viewed here: https://www.ndcenterfornursing.org/nursing-career-paths/

3. STUDY IMPACT OF PRIORITIZED ACCEPTANCE AND CTE CONCENTRATOR CLASSES OF ND HIGH SCHOOL STUDENTS

The lack of sufficient data to evaluate the impact of acceptance and attrition rates into the nursing program, required the task force to conduct additional studies to determine if barriers existed. This information is critical to determine whether ND nursing programs may need to adjust admissions standards and give preference to ND high school students, and it’s also crucial to establishing best practices in entry standards, programs, and other support systems to ensure that the nursing program seats are maximized and students are successful.

Study the impact of prioritized acceptance of ND high school students in ND nursing programs. **The taskforce has not yet received the final study.**

Study the impact of health science classes on students entering nursing programs in ND. Using only degrees in the LPN and RN career codes, the study indicated 8.76% of students who are CTE Concentrators (Career/Technical Education student who earned four or more technical credits in a specific career cluster of which one is a completer course) migrated toward nursing programs.

The study indicated students who choose to become CTE Health Concentrators are more likely to complete a nursing degree when compared to non-CTE Health Concentrators.
GOAL: EXPAND PROGRAM CAPACITY WITH A FOCUS IN RURAL AREAS

In 2016-17 there were 312 LPN seats and 865 RN seats across the fifteen ND programs (1,177 seats total). Current projections indicate a shortage of nurses (LPN’s, RN’s, and APRN’s) that will continue for the next ten years due to many factors, including aging nurses, the aging population in general, and the increase in chronic disease that accompanies an aging population. The rural North Dakota landscape makes this shortage particularly acute due to limited program capacity and distance.

4. EXPLORE THE IMPACT TO ND EDUCATION PROGRAMS OF OUT-OF-STATE UTILIZATION OF ND CLINICAL SITES

The ND Board of Nursing (NDBON) monitors in-state and out-of-state nursing education programs to ensure ND citizens enrolled and working toward completion of a nursing degree receive quality education that meets and/or exceeds the requirements for nursing education programs in ND.

Currently, ND nursing programs, including graduate programs, are at or near capacity so there is no impact from lost revenue from out-of-state utilization. North Dakota nurses pursue nursing education outside the state for three reasons: 1) they are unable to get into a ND nursing program due to enrollment and resource limitations; 2) they desire or require the flexibility of on-line learning; or 3) the specialty degree they wish to pursue is not offered in ND.

The majority of distance nursing education program student placements are ND residents who are completing programs outside of ND, but are completing the clinical practice experience in their home state, often in the communities in which they live and at facilities they work and will continue to work upon graduation.

Historically, three nursing programs located in Minnesota (MN) border communities account for the majority of student numbers and placements in ND facilities by out-of-state nursing education programs. These colleges offer both a one-year practical nurse certificate/diploma and a two-year associate degree registered nurse program. Statistics from NDBON reveal an increase in ND/MN border nursing education programs over the past five years, from 441 during the 2012-2013 academic year to 558 during the 2016-2017 academic year. This number represents 87% of the out-of-state students placed in ND facilities for clinical experiences. [See Appendix B for the full Distance Nursing Education Program Recognition Summary 2018 report]

The greatest impact out-of-state education programs have on ND citizens is by providing a means to obtain an education and fill the shortage of nurses in the state of ND. Expansion of nursing education programs and sites could alleviate the need to seek education outside of the state.
5. PROMOTE DEVELOPMENT OF NURSING EDUCATION PROGRAM SITES TO ADDRESS RURAL NEEDS

Statewide longitudinal data system (SLDS) findings indicate nursing students tend to work near where they attend school. Although nursing programs are located throughout the state, newer models have found that smaller rural cohorts and non-traditional delivery systems located within health care facilities are effective and reduces the distance students must travel. These delivery systems include on-site learning labs in facilities which connect with the college. Almost every aspect of the curriculum takes place at these facilities, including labs, clinicals, learning, etc.

Recommendation: Develop a $400,000 State-Sponsored Biennium Grant to increase the number of rural nursing program sites. A toolkit will be developed to encourage and provide information about the benefits of these remote sites. Through this process, facilities and educational sites will jointly apply and will determine costs, needed accommodations, staffing, etc. The recommended amount includes program administration and a minimum of three rural nursing program sites with the following parameters:

- Matching $20,000 investment by the healthcare facility, of which $10,000 may be a contribution of employee time
- Signed agreement between facility/educational institute to outline how rural nursing staff will be utilized in educational process
- Description of how the program will be promoted within the community

6. PROMOTE DEVELOPMENT OF ADDITIONAL RURAL CLINICAL SITES, INCLUDING HOUSING AND COMMUNITY INCLUSION PROGRAMS.

**The Taskforce continues to work on this strategy, including collaboration with NDONE and CUNEA.**

7. DEVELOP A BEST PRACTICE MODEL FOR A “DUAL-ROLE” PRACTITIONER/FACULTY MEMBER AND PILOT

There are an insufficient number of qualified nurses to serve as clinical instructors to increase nursing program capacity to address the shortage. This is especially true in bottle neck areas of specialty nursing practice such as pediatric, maternal child and psychiatric nursing.

Nationwide, academic programs and clinical facilities have partnered to expand programming by creating a dual-role as a practitioner and faculty member. These partnerships offer additional benefits including enhancing the student instruction, providing positive student experiences, and decreasing burden for staff RN’s.
Recommendation: These strategic partnerships provide a mutual benefit to both the clinical facility and the academic program. Recommendations include:

1. Build, develop, and promote a dual-role best practices model to be used by clinical facilities and universities statewide;
2. Support and endorse existing partnerships

A small group explored examples of proposals and agreements that clinical facilities and nursing education programs have used to create a partnership to develop a joint appointment or “dual role” for a nurse working in the facility to meet the educational needs of a nursing program.

For example, one medical center entered into a strategic partnership with area universities to provide a nurse instructor for nursing students. The nurse instructor is responsible for orienting the nursing students from the university to the clinical environment, guiding them through real-life nursing experiences and evaluating through observation and formal reporting. The nurse remains employed by the facility and the university pays the facility a nominal fee based on Fair Market Value for a nursing instructor.

8. PROMOTE INCREASED RECRUITMENT AND RETENTION OF NURSING FACULTY THROUGH SALARY AND TUITION SUPPORT PROGRAMS

The Higher Learning Commission establishes the requirements for higher education to receive accreditation on a regional and national level. Nursing faculty positions require a Master’s or doctorate-level degree. Over the past 12 years, ND’s nursing programs

![Bar chart comparing salaries for ND Public Faculty and National Salaries](chart.png)
have reduced faculty by 4%. This reduction occurred while program capacity was increasing. This “do more with less” ideology resulted in faculty working an average of 62 hours per week (increased from 53 hours per week in 2008 and 55 hours per week in 2003).

Nationwide, ND faculty salaries are 13% below the average and are also substantially lower than the midwestern averages for the same positions (AACN, 2017). Entry level faculty salaries are similar to the entry level RN salaries ($48,480 v. $47,060) despite the required years of experience and additional education and expertise required for new faculty. Faculty salaries are also substantially below the average Nurse Practitioner salary of $88,580, which is a more comparable position.

This challenge is exacerbated by the student loan debt that often accompanies advancement in education. In 2016, 40% of nursing faculty have student loan debt of more than $10,000 and 10% have more than $50,000.

**Recommendation:** The inability to recruit qualified faculty due to low salaries and heavy student debt along with impending retirements places the nursing education programs in jeopardy creating a multi-dimensional problem requiring a multi-faceted solution:

- Create a Nurse Faculty Tuition support program with the following parameters:
  - 25 FT Faculty Members
    - Up to $10,000 tuition/fees
    - Employment commitment
  - 20 PT Faculty Members
    - Up to $5,000 tuition/fees
    - Employment commitment
  - 60 Preceptors for APRN Students
    - Up to $500 incentive (60+Hrs/year)
  - Up to 5 in each category reserved for minority faculty
  - Up to 5 in each category reserved for rural faculty

- Support increasing the ND Higher Education Funding Formula for nursing programs to increase current budgets and allow for nursing faculty increases

**9. STUDY COMPLETION RATES FOR NURSING PROGRAMS TO DETERMINE WHETHER EXISTING CAPACITY IS OPTIMIZED**

A coordinated process between nursing education programs, NDBON, and others who currently collect information on admissions and enrollments would allow the creation of best practices in entry standards, programs and other support systems to ensure program seats are maximized and students are successful.

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5 294 faculty in 2004-05, to 283 faculty in 2015-16.
**Recommendation:** Because no coordinated effort exists today, the recommendation includes a focused effort to develop a standard method to collect completion rates across nursing programs so further strategies may be considered.

- Support efforts to aggregate program data from the various sources
- Develop fact sheet explaining results

The ND Center for Nursing and CUNEA collaborated to develop a standardized survey to collect completion rates. This data was collected during the spring of 2018 and results show 100% completion rates range from 56% to 85%. When adjusted by removing students academically dismissed, 100% completion rates increase to a range from 69% to 94%.

**GOAL: RETAIN NURSING PROGRAM GRADUATES AND NURSES PRACTICING IN ND**

Over the past six years, more RN’s have transferred into the state than were produced through ND nursing programs⁶ – a positive trend that would be beneficial to continue. Data obtained by SLDS, shows ND educated nurses tend to stay in North Dakota post-graduation for a time, but also indicates an increase in the likelihood for a nurse to leave the state two or more years after graduation. By the time a nurse reaches the 5-7 years post-graduation, the average retention rate is 48.68%. (Less than half of RN graduates that graduated in 2010-2012 are still employed in ND.)

**10. ADDRESS SALARY DISPARITY OF RN’S AND LPN’S VS. NATION**

The tight labor market with evident gaps between supply and demand in nursing positions has resulted in higher wages for the nursing profession throughout the nation. For the past five years, ND RN salaries have been below the national average while ND LPN salaries have been below the national average for six years. To be competitive in the recruitment and retention of employees in the nursing profession, ND employers should consider paying at the average national wage. A small group examined reimbursement rates, encouraged healthcare facilities to conduct a root cause analysis regarding the use of travel nurses, and are in the process of conducting a study to determine RN/LPN salaries in comparison to neighboring states for hospitals.

**Recommendation:** Await data from root cause analysis findings and salary study.

**11. DEVELOP COMPARISON CHART OF NURSE LICENSING REQUIREMENTS AND CLINICAL AND CONTACT HOURS**

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⁶ North Dakota Board of Nursing 2016 Annual Report
In an effort to enhance accessibility and mobility of the nursing workforce, the ND board of nursing implemented strategies to limit barriers to licensure from out-of-state nurses. The strategies are listed herein, along with comparisons nationwide.

- ND issues a 90-day work authorization for student applicants. 47% of state nursing boards issue work authorizations/temporary permits for licensure by exam.
- ND issues a 90-day temporary permit for applicants from other non-compact states as the licensure process is being completed. 73% of state nursing boards issue temporary permits for licensure by endorsement.
- ND has been a member of the Nurse Licensure Compact (NLC) since 2004. Currently, there are 31 compact states for LPN and RN licensure. The NLC allows nurses to work in member states with a multistate license, supporting the mobility and accessibility of nurses in the workforce.
- ND is one of 3 members of the APRN licensure compact. This new compact was introduced in 2016 and will be implemented once 10 states join.
- NDAC rules allow temporary permits to be issued to military spouses during application completion.
- ND is one of 16 states with full practice authority for APRNs with no conditions on prescribing or scope of practice. The requirement for a collaborative agreement with a physician was repealed in 2012, removing a barrier to practice in a rural state.
- ND is the only state that has enacted legislation which allows nursing faculty to teach while obtaining appropriate degrees required by state, regional, and national nursing education program accrediting agencies. The NDAC rule passed in 2011 has enabled rural nursing education programs to sustain their existence and increase student enrollment.

A brochure with licensing requirements and comparisons will be developed and shared with the nursing profession and legislators. [See ND Board of Nursing 2018 Report in Appendix C for further comparison information].

12. PROMOTE DEVELOPMENT OF A NURSING LOAN REPAYMENT PROGRAM CONTINGENT UPON ND RETENTION

A best practice used in multiple states for retaining employees are loan repayment programs. These programs typically feature an employer match and a service requirement. There are limited opportunities for loan repayments in the state compared to Minnesota, Montana, Nebraska, South Dakota, and Wyoming, who all have state loan repayment program. [See Appendix D: Nurse Loan Repayment Table].

**Recommendation:** To retain nurses in North Dakota for a longer period and to be competitive with surrounding states, the recommendation is to develop a Nurse Loan Repayment Program to fund up to 200 APRN, RN, and LPN applicants per year. Components of the program include:
• Initial application can be made up to 3 years after graduation and licensure
• Available to APRN, RN, and LPN
• Up to $20,000 in loan repayment over 5 years
  o 5 years represents the service commitment
• $2,000/year healthcare facility match
• Up to 20 reserved for minority nurses (Native American and New American)
• Nurses working in rural and underserved areas will be prioritized
• Must work for a North Dakota employer in the nursing profession

13. DEVELOP BEST-PRACTICES FRAMEWORK FOR ORGANIZATIONS TO IMPROVE WORKPLACE CULTURE

An analysis of feedback from a workplace survey indicates the need to improve workplace cultures to create a more engaging and safe working environment for nurses to encourage longevity and continuity in staffing models.

**Recommendation:** The Taskforce believes designing a framework for employers to assess their culture and be recognized state-wide for best practices would be conducive to retaining nurses in North Dakota.

The small group has examined available designation frameworks and developed a grant application. The ND Center for Nursing and the group has applied to the Blue Cross/Blue Shield Foundation and the Bush Foundation to fund a retreat to develop draft guidelines, hiring a consultant to develop a draft program including applications and materials, pilot test and then finalize the nursing workplace designation.

14. CONDUCT STUDIES TO DETERMINE WHY NURSES ARE LEAVING THE EMPLOYERS AND THE STATE

Ample quantitative data has been collected regarding the retention of graduates in the state, facility level vacancy rates and turnover. However, the reasons nurses are leaving individual employers and the state are unknown. The workplace culture group and a research team are developing a grant application for the National Council of State Boards of Nursing to conduct an intensive two-year study. The study will utilize validated instruments to survey all nurses near graduation to examine their intent to stay, reasons for their employment/education decisions and strategies to encourage ND retention. All nurses in the state will receive a survey to determine factors influencing their intent to stay in relationship with their professional quality of life and work satisfaction. Both groups will have follow-up focus groups to allow for greater dialogue and to determine policy related strategies.

Study reasons post-graduation nursing students are leaving the state:
Study reasons practicing nurses are leaving employer:

15. CONDUCT STUDIES ON POPULATIONS WITH BARRIERS TO EDUCATION AND EMPLOYMENT IN NURSING PROFESSION

Nurses from diverse backgrounds continue to be underrepresented in the nursing profession. Less than 9% of LPN’s and 8% of RN’s in North Dakota are from a minority group7. Native American nurses and African American nurses are the largest minority group in the LPN profession and Asian, African American, and Native American are the largest group of minorities in the RN profession.

Prior to August of 2016, there were three tribal colleges offering nursing programs within the state. One voluntarily closed in August of 2016, and one was on a conditional approval through August of 2017 based on passing scores of nursing students.

Recommendations: With the closure of Native American colleges offering nursing courses and the growth of the New American population, North Dakota has an opportunity to engage minorities in the profession of nursing through specific support programs as follows:

- Support for proposed loan repayment and faculty tuition support program pools specific to diversity
- Develop a statewide Diversity Mentoring and Tuition support program with regionally based mentors, tutoring support, volunteer programs, and annual training.

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# RECOMMENDATIONS

The goals and recommendations previously described are represented in summary format in the table below for ease of understanding.

## GOAL: MAXIMIZE ENTRY INTO NURSING PROGRAM

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>RECOMMENDATIONS</th>
<th>REQUESTED STATE FUNDING</th>
<th>IN-KIND/OTHER</th>
<th>OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct comparison of curriculum, application, and timelines amongst programs</td>
<td>Implement a standardized application process and deadline to allow for a cohesive consideration and acceptance process, collaboration, and accurate program counts</td>
<td>$261,909</td>
<td>Donation of time to develop application through collaboration.</td>
<td>CUNEA NDUS</td>
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<td></td>
<td>One-time funding for system implementation</td>
<td>$17,208</td>
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<td></td>
<td>Ongoing maintenance and support</td>
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<td></td>
<td><strong>Higher Education Budget</strong></td>
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<tr>
<td>2. Identify nursing career pathways</td>
<td>Develop and strategically distribute a career pathway map</td>
<td>$0</td>
<td>Donation of time to develop and distribute</td>
<td>CUNEA ND Center for Nursing</td>
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<tr>
<td>3. Conduct studies to measure ND high school graduate acceptance and impact of health science classes</td>
<td>In process</td>
<td>$0</td>
<td>Donation of time to develop questions and analyze data.</td>
<td>SLDS NDUS ND Center for Nursing</td>
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## GOAL: EXPAND PROGRAM CAPACITY WITH A FOCUS IN RURAL AREAS

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>RECOMMENDATIONS</th>
<th>REQUESTED STATE FUNDING</th>
<th>IN-KIND/OTHER</th>
<th>OWNER</th>
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<tr>
<td>4. Explore the impact to ND education programs of out-of-state utilization of ND clinical sites</td>
<td>Continue to monitor out-of-state utilization of ND clinical sites.</td>
<td>$0</td>
<td>Donation of time to analyze and report data</td>
<td>ND Board of Nursing</td>
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<td>5. Promote development of nursing education program sites to address rural needs</td>
<td>Develop a Rural Nursing Program Grant to increase the presence of rural educational sites.</td>
<td>$400,000 Rural Nursing Program Grant including administration</td>
<td>Donation of time in development of toolkit $20,000 matching facility funds of which $10,000 is employee contribution of time</td>
<td>ND Department of Commerce North Dakota Area Health Education Center CUNEA ND Center for Nursing-administer program</td>
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<td>6. Promote development of additional rural clinical sites, including housing and community inclusion programs.</td>
<td>In Process</td>
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<td>ND Board of Nursing</td>
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<td>7. Develop a best practice model for a “dual-role” practitioner/faculty member and pilot</td>
<td>Develop, distribute, and promote a best practice model. Support existing partnerships</td>
<td>$0</td>
<td>Donation of time to develop best practice models</td>
<td>CUNEA NDONE</td>
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### NORTH DAKOTA’S NURSING SHORTAGE

<p>| GOAL: RETAIN ND NURSING PROGRAM GRADUATES AND ND PRACTICING NURSES |
|------------------|------------------|-----------------|-----------------|-----------------|
| <strong>STRATEGIES</strong>   | <strong>RECOMMENDATIONS</strong> | <strong>REQUESTED STATE FUNDING</strong> | <strong>IN-KIND/OTHER</strong> | <strong>OWNER</strong>       |
| 10. Address salary disparity of RN’s and LPN’s vs. Nation | In process | | Root Cause analysis by individual facilities | NDHA          |
|                  |                   |                     | Hospital salary survey-NDHA | NDLTCA         |
| 11. Develop comparison chart of nurse licensing requirements and clinical and contact hours | | $0 | Donation of time in development of comparison chart | ND Board of Nursing |
| 12. Promote development of a nursing loan repayment program contingent upon ND retention | Develop a Nurse Loan Repayment Program to fund up to 200 APRN, RN, and LPN applicants per year to include program administration | $1,797,122 | | North Dakota Department of Health |</p>
<table>
<thead>
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<th>Description</th>
<th>Funding Request</th>
<th>Description</th>
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<td>13.</td>
<td>Develop best-practices framework for organizations to assess workplace culture</td>
<td>$0</td>
<td>Donation of time to seek and prepare grant application</td>
<td>ND Center for Nursing Workplace Culture Group</td>
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<td>14.</td>
<td>Conduct studies to determine why nurses are leaving the state and employers</td>
<td>$0</td>
<td>Donation of time to develop grant application</td>
<td>Workplace Culture Group and Research Team ND Center for Nursing</td>
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<td>15.</td>
<td>Conduct studies on populations with barriers to education and employment in nursing profession</td>
<td>$800,000</td>
<td>Donation of time to develop program table.</td>
<td>ND Center for Nursing</td>
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**Total State Funding Requests for 2019-2021 Biennium** $4,276,239
SUMMARY

The nursing shortage in North Dakota is not a state issue alone. Through the work of this taskforce and the collaborative efforts of many stakeholders, the recommendations offered will alleviate the impact of not only the current nursing shortage, but also projected nursing shortages should no action be taken.

The taskforce has taken great effort to align the goals and resulting recommendations to the North Dakota Strategic Plan initiatives to ensure connectivity in the deliverables:

- This unprecedented shortage is a multi-faceted issue having a cascading effect on North Dakota’s workforce, communities, and the economy
- The recommendations transcend education through increasing capacity and creating clear career pathways, and offering loan repayment programs
- Embracing diversity through mentoring and tutoring programs and supporting programs with diversity pools touches the tribal community to further engage them within the communities
- The nursing professional opportunities are vast and specialized nurses are needed in public health, hospitals, and prisons, helping those with behavioral health needs
- Focusing on maximizing nursing programs, expanding program sites into the rural communities, and placing emphasis on retention, all citizens benefit from increasing the number of nursing professionals in the state.

However, it must be noted that even if nursing program capacity is increased and retention strategies are effective, there will still be a need to recruit qualified nurses to North Dakota to address the nursing shortage. The taskforce understands that the need to recruit talented professionals from out-of-state to address the workforce shortage is not unique to North Dakota, thus recommends a unified in-migration action plan that differentiates North Dakota from other states with regards to qualify of life, and the nursing profession specifically.