

Industry Trends

Battling the Neuroscience Nursing Shortage

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If you practice in a small community or rural facility, such as a certified stroke center, chances are you feel the strain of the nursing shortage more acutely than your colleagues at larger academic medical centers, says Lynn C. Goodloe, MSN CNRN CNA-BC, AANN Director-at-Large. “Unless you’re allied very closely with a school of nursing or you have a recruitment pipeline, [the nursing shortage] probably is getting worse,” she says. “Without a consistent way to funnel nurses into your organization, there are going to be gaps.”

It’s a point certainly not lost on Susan Brooks, nurse manager at Millard Fillmore Gates Circle Hospital, a Joint Commission-accredited certified stroke center in Buffalo, NY. She cannot find staff for the new neuroscience intervention care unit, which is slated to open this fall. Her facility already has a designated stroke unit, a neuroscience-surgical unit, and a neuroscience intensive care unit (ICU). “I have been able to fill only 3 of 24 positions, and all [three hires] are new graduates with no nursing experience, let alone neuro experience,” Brooks says. Despite widespread recruitment efforts and “exponential growth” of the hospital’s stroke program, she expects the nursing shortage to worsen in the coming year.

In contrast, Goodloe says that her facility, the Medical College of Virginia Hospitals in Richmond, VA, is in the unusual position of having more applicants than available positions, thanks in large part to its link with a school of nursing. It wasn’t always the case, she says. Before forming ties with the nursing school, “there were times when we were running a vacancy rate of 30% or greater because we were a specialty.”

Keys to Retention

Today, Goodloe and a colleague, a clinical specialist, serve as adjunct faculty to the school, teaching students about neuroscience nursing. Those who experience the field tend to like it, Goodloe says, and often stay on at her facility as student nursing assistants and eventually as nurses. “I have had as much as 100% return on investment,” she says. “One year I hired seven student nurses from my rotations, once they were completed, and all seven stayed on with me. The retention period is greater because they know that they love neuroscience before they do it.”

Likewise, Kathy Baker, MBA BSN RN CCRN CNRN CNA-BC, nurse manager at Penn State Milton S. Hershey Medical Center in Hershey, PA, finds that education plays a key role in recruiting and retaining nurses at her 2-year-old neuroscience ICU. “While I have not been successful in hiring true-blue neuroscience nurses, we have been able to create our own neuroscience nursing course and orientation so that nurses become neuroscience nurses after a few months of being here,” says Baker, who is AANN President. “It provides them with a better understanding of where neuroscience nursing is today.”

Regardless of your size and location, Goodloe says that to retain nurses, facilities should try to do the following:

Send nurses to national conferences. “Once nurses become involved in professional organizations and [get] certified, neuroscience nursing becomes more a profession than a job,” says Goodloe, who sends up to five nurses a year to conferences. “Very slowly you can begin to budge [downward] that turnover number and you keep people over a longer period of time.”

Meanwhile, Penn State Milton S. Hershey Medical Center provides each of its staff nurses \$250 annually for education, whether it’s for attending a conference or purchasing books.

Baker says the hospital sent 5 of the 40 nurses in the neuroscience unit to the AANN Annual Educational Meeting this past year.

Provide neuroscience nurses adequate support services. Given the labor-intensive nature of neuroscience nursing, support services provide nurses time to pursue other professional roles, such as educator or patient safety officer, and allow nurses time to devote to patients and their families.

Promote age diversity. Today's incoming nursing students are older, more experienced, hard-working people seeking a second career. "This has been absolutely delightful," Goodloe says. "A whole different breed of nurse is coming—in a very positive way—and they're forming great relationships with newer nurses, most of whom are traditional nursing students fresh out of high school or college. It's creating a wonderful dynamic on the unit where you have a great mix of staff, a very positive culture, and an orientation toward teamwork. She adds that, "I don't see the 'horizontal violence' we've seen for years, in which the old try to eat the young. I'm seeing some great positive changes."

Whenever possible, implement whole systems of technology. If economically feasible, whole systems of technology should be implemented rather than introducing new software and hardware through constant upgrades. That means including, for example, bar-coding capabilities with new medication dispensing systems so that nurses don't have to manually match drugs to patients, which is both labor-intensive and fraught with error. "We're going to find ourselves continuing to try to deliver more nursing care with the same amount of nurses, and that will drive people out of nursing," Goodloe says. "If you want a culture of patient safety and you want nurses to be able to take great care of patients at the bedside, you've got to make smart investments in technology and that means complete, not piecemeal, investments."

Encourage leadership. "An often quoted adage is that most nurses don't leave a unit; they leave the manager," Goodloe says. "Even if it's a tough period due to a vacancy gap, if you are beside your nurses, leading them, supporting them, and removing barriers, they're going to stick through the tough times with you. If they don't see you there, supporting them, then they're going to find somewhere else to practice," says Goodloe, who stresses the importance of thanking staff for a job well done.

"Those of us who are true neuroscience nurses need to lead and show others our passion about our patients," Baker says. When her hospital opened a designated neuroscience unit, she and her staff actively engaged physicians in, and created a course on, neuroscience nursing.

What the Future Holds

As to whether the shortage will continue in coming years, both Baker and Goodloe remain cautiously optimistic. "This is going to get worse, even for our area," Goodloe says. Right now "we have consistently more applicants for the [nursing] school than we have positions, but at some point people will begin to change their minds. If we don't increase the number of qualified instructors and open up the number of spots we have to train nurses, then we're going to continue to worsen the shortage."

Baker also predicts that the shortage will get worse before it improves. In the meantime, she says, "it's our responsibility to engage the nonneuroscience nurses, to be passionate, and to

show them that neuroscience nursing is everywhere.” She continues, “There’s a neuroscience patient in every single bed in every single hospital. It’s our responsibility to assist our fellow nurses to care for those patients because we are the clinical experts.”