Alaska Colleagues in Caring

Nursing Employer Survey, 1998, 2000, and 2002

February 2003

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Prepared by

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Consortium Members

The following agencies or organizations were consortium members at some time since 1996:

Alaska Board of Nursing
Alaska Center for Rural Health
Alaska Native Medical Center
Alaska Nurse Practitioner Association
Alaska Nurses Association
Alaska Nurses Foundation
Alaska Region Veterans Administration
Alaska Regional Hospital
Bartlett Regional Hospital
Charter North Star Behavioral Health Systems
Denali Center/Fairbanks Memorial Hospital
Elmendorf Air Force Base Hospital
HealthCorps Associates Inc.

Mt. Edgecumbe Hospital (SEARHC)
Municipality of Anchorage
Providence Alaska Medical Center
Sitka Community Hospital
St. Ann's Care Center
State of Alaska DHSS Section of Nursing
State of Alaska Pioneers' Homes
Theta Omicron Chapter, Sigma Theta Tau
UAA, School of Nursing Steering Committee
UAA Student Nurses Association
Valley Hospital
Wrangell General Hospital
Yukon-Kuskokwim Health Corporation

Steering Committee Members

The following individuals are current members of the Steering Committee:

Lynn Towner, Co-Chair
Alaska Nurses Foundation

Sheryl Washburn, Co-Chair
Bartlett Regional Hospital

Janet Buness
Wrangell General Hospital and LTC Facility

Martha Clinehens
HealthCorps

Cathy Feaster
Municipality of Anchorage

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Veterans Administration

Elaine McKenzie
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Introduction

Alaska Colleagues in Caring (ACIC) is a statewide consortium of individuals, agencies, and organizations. ACIC was organized in 1996 in response to a Robert Wood Johnson Foundation initiative.

The project has been funded with two three-year grants from the Robert Wood Johnson Foundation, and from contributions from the consortium members. The consortium began with 14 members and has grown to currently include 24 agencies concerned with promoting nursing workforce development.

The purpose of ACIC is to plan for an adequate number of nurses with a mix of educational levels in the workforce for all Alaskan settings.

ACIC conducted surveys at the time of relicensure or recertification to enable the development of accurate snapshots of the Alaska nursing workforce, including

Registered Nurses (RNs) (1996, 1998, 2000, and 2002), Licensed Practical Nurses (LPNs) (1996, 2000, and 2002), and Certified Nurse Aides (CNAs) (2002).

Surveys of employers of nursing personnel in the state of Alaska were conducted in 1998, 2000, and 2002. These employer surveys differed each year in the questions asked, due to revisions made by the Steering Committee. Therefore, comparison data are not always available across all three survey years. In addition, the 1998 and 2000 surveys were mailed out as quantitative surveys, while the 2002 survey was conducted entirely by telephone interviews and employed a primarily qualitative design.

Further information about ACIC or the survey results may be obtained from the Alaska Board of Nursing at 907-269-8402.

Key Findings

Between 2000 and 2002, the total vacancy rates for RNs, LPNs, and CNAs increased, from 6% to 12% for RNs, 14% to 16% for LPNs, and 8% to 29% for CNAs.

In 2002, a higher percent (73%) of organizations employed LPNs than did in 2000 (60%).

In 2000 and 2002, 54% of RNs had a baccalaureate degree or higher.

In 2002, organizations reported having the most difficulty hiring in the following specialties: long-term care, obstetrics, and critical care.

Responding Organizations

■ Location of Responding Organizations

The following graphs summarize the regions in which the responding organizations were located during the surveys in 1998, 2000, and 2002.

Responding Organizations by Region
Employer Survey: 1998, 2000 & 2002

Region	1998 (n=121)	2000 (n=42)	2002 (n=36)
Statewide			2.8%
Outside	1.7%		
Interior	14.9%	4.8%	8.3%
West & North	9.1%	9.5%	5.6%
Southeast	22.3%	21.4%	30.6%
Southcentral (except Anch)	16.5%	28.6%	25.0%
Anchorage	35.5%	35.7%	27.8%

Percent of Organizations
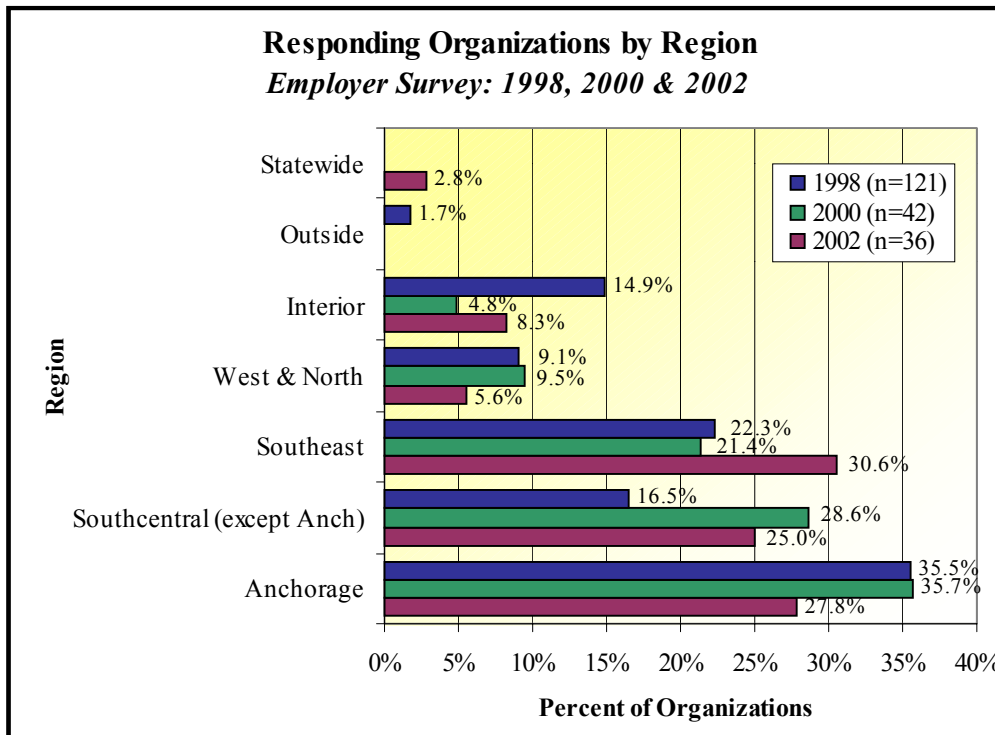
■ Number of Responding Organizations

Number of Responding Organizations	
Year	**N**
1998	121
2000	42
2002	37

Note: In 1998, a large number (58.7%) of the 121 returned surveys were from ambulatory care organizations, such as physician offices, which employ few or no nurses and thus offered little facility data. Consequently, the 2000 mail-in survey and the 2002 telephone interview survey were directed toward inpatient facilities that employ large numbers of nurses.

■ Type of Responding Organizations

Type of Organizations Responding to the Survey
Employer Survey: 2000 & 2002
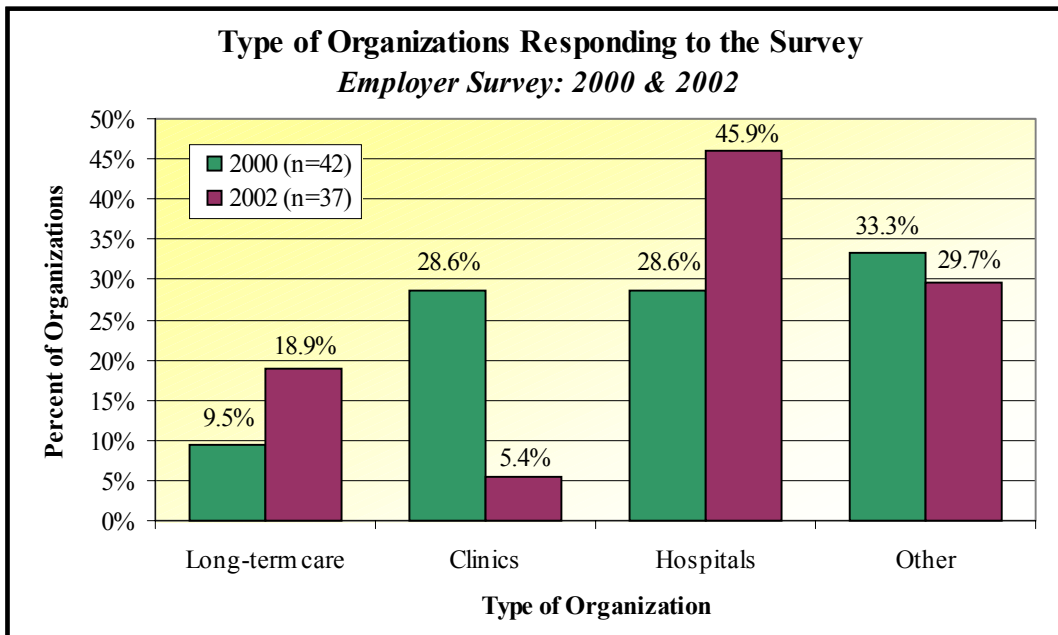
Note: "other" includes the following organizations: 2000 - school districts, independent living facilities, temporary help agencies, corrections facilities, hospice, home health, and public health; 2002 – school districts, corrections facilities, home health, public health, and facilities that have combinations of inpatient, LTC, ERs, and clinics.

Type of Organizations Responding to the Survey
Employer Survey: 1998 (N=121)
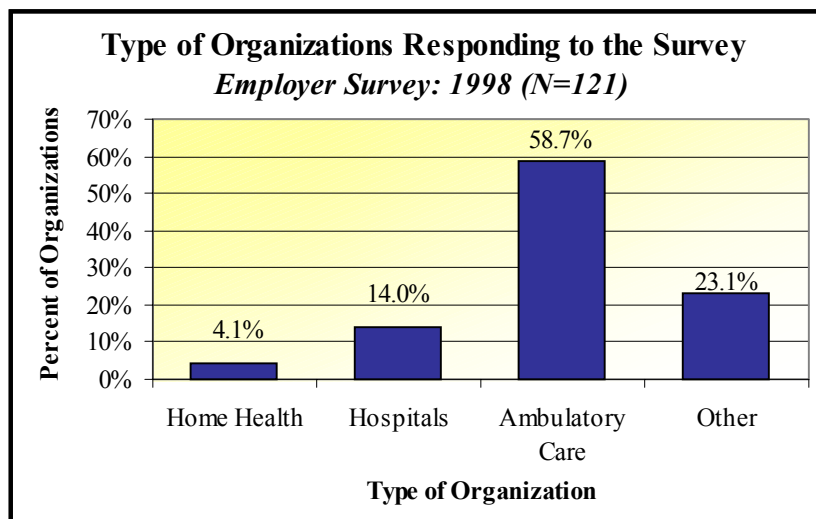
Note: "other" includes the following organizations: school districts, independent living facilities, and temporary help agencies.

Vacancy Rates

■ **Total Vacancy Rates for RNs, LPNs, and CNAs**

Total vacancy rates for RNs, LPNs, and CNAs increased over the past 2 years.

Total Vacancy Rates for RNs, LPNs, and CNAs
Employer Survey: 2000 & 2002

	2000	2002
RNs	5.7%	11.5%
LPNs	13.8%	16.2%
CNAs/NAs	8.1%	20.0%

Chart: Percent of Organizations by Type of Nurse
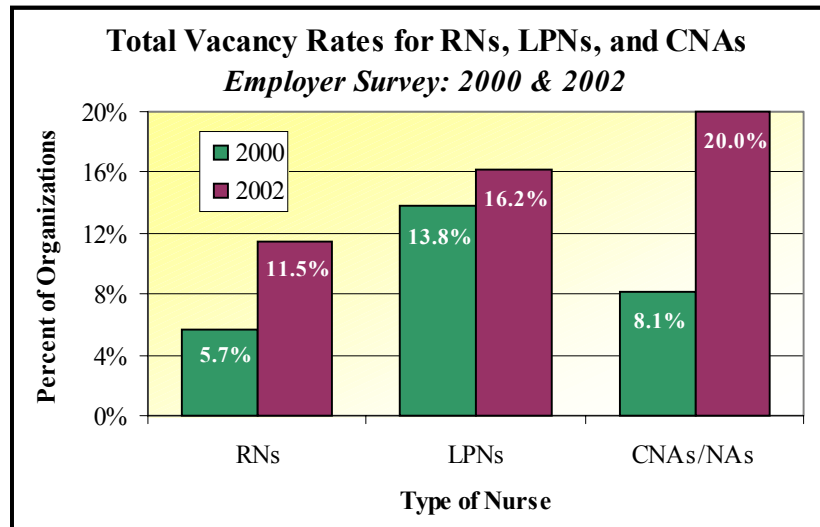
■ **Vacancy Rates for RNs**

The total vacancy rate for RNs doubled over the past two years, from 6% to 12%.

Vacancy Rates for RNs by Region
Employer Survey: 2000 & 2002

Region	2000	2002
Anchorage	5.8%	10.5%
Southcentral	3.8%	10.5%
Southeast	6.8%	17.2%
Interior*		7.9%
West & North*	9.3%	20.8%
Total Vacancy	5.7%	11.5%

Chart: Percent of Organizations by Region

Note: In 2000, "Interior" is combined with the "West & North" region
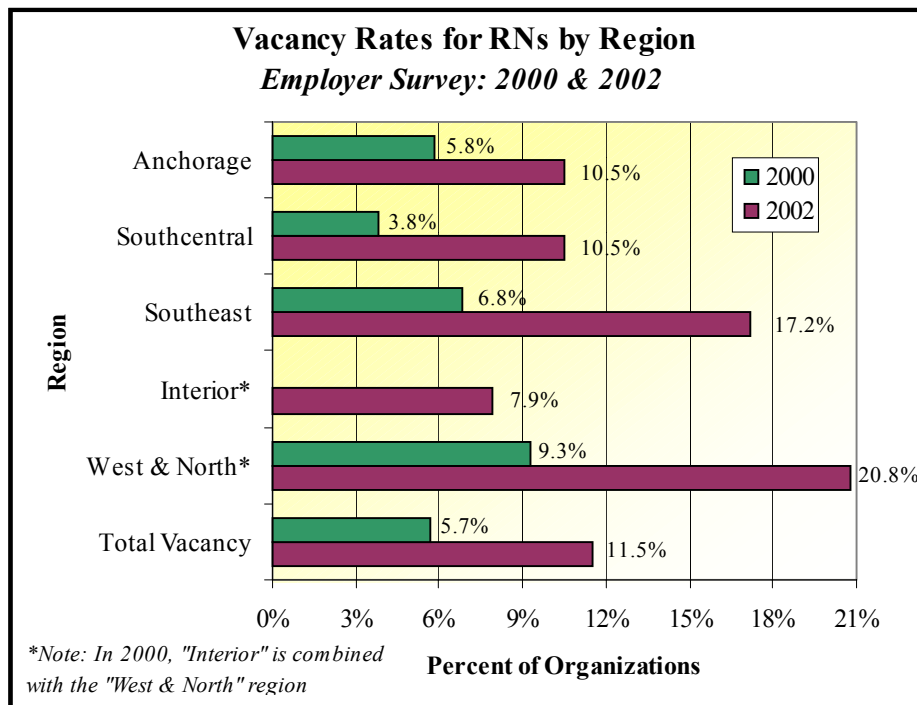
■ Vacancy Rates for LPNs

The vacancy rate for LPNs in the southcentral and southeast regions increased greatly over the past two years, which may be a reflection of an increase in the number of LPN positions. In 2000, the southcentral and southeast respondents indicated no LPN vacancies, while the 2002 respondents from the same region reported 54% and 36% vacancies, respectively.

Vacancy Rate for LPNs by Region
Employer Survey: 2000 & 2002

- Anchorage: 8.5% (2000), 10.0% (2002)
- Southcentral: 0.0% (2000), 53.8% (2002)
- Southeast: 0.0% (2000), 36.4% (2002)
- Interior*: 0.0%
- West & North*: 25.0% (2000), 27.3% (2002)
- Total Vacancy: 13.8% (2000), 16.2% (2002)

Note: In 2000, "Interior" is combined with the "West & North" region

Percent of Organizations
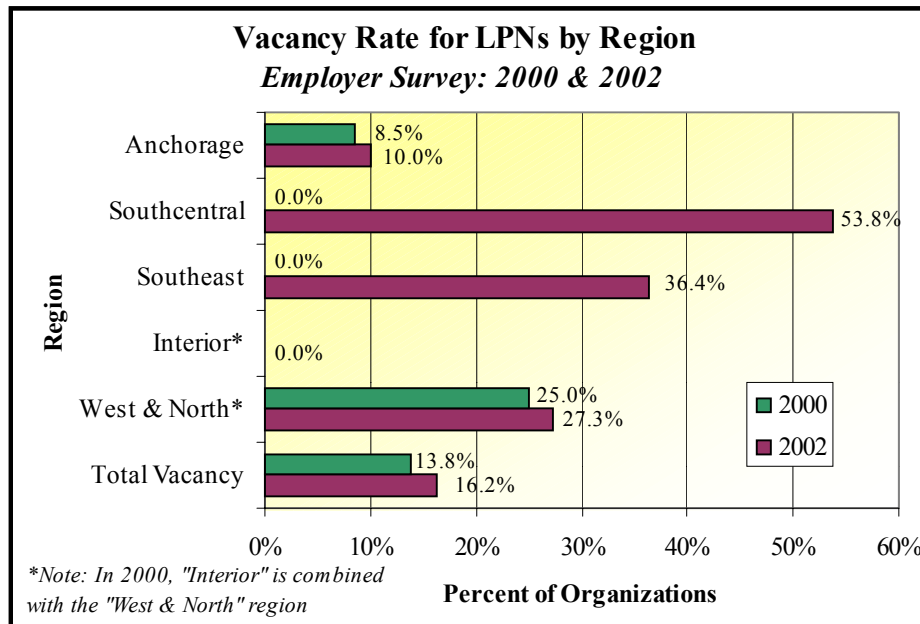
■ Vacancy Rates for CNAs

The total vacancy rate for CNAs more than doubled in the past two years, from 8% to 20%.

Vacancy Rate for CNAs/NAs by Region
Employer Survey: 2000 & 2002

- Anchorage: 13.1% (2000), 34.8% (2002)
- Southcentral: 3.8% (2000), 9.8% (2002)
- Southeast: 1.7% (2000), 7.5% (2002)
- Interior*: 6.9%
- West & North*: 22.2% (2000), 16.0% (2002)
- Total Vacancy: 8.1% (2000), 20.0% (2002)

Note: In 2000, "Interior" is combined with the "West & North" region

Percent of Organizations
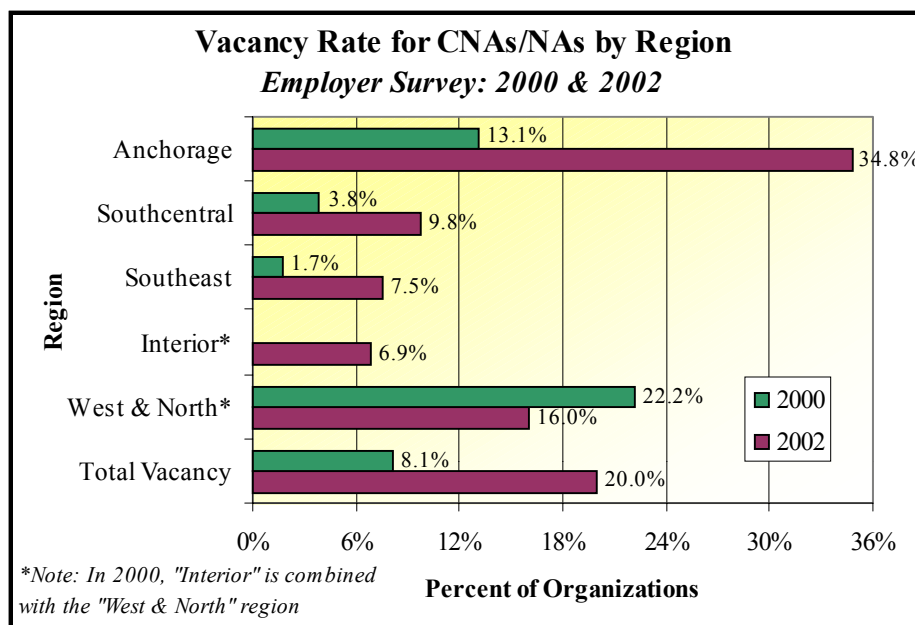
Turnover Rates

■ RN Turnover Rate, 2002

In 2002, 42% of employers reported that the turnover rate for RNs stayed the same, while 32% reported an increase in the turnover rate.

Change in Turnover for RNs in the Last Year
Employer Survey: 2002 (N=31)
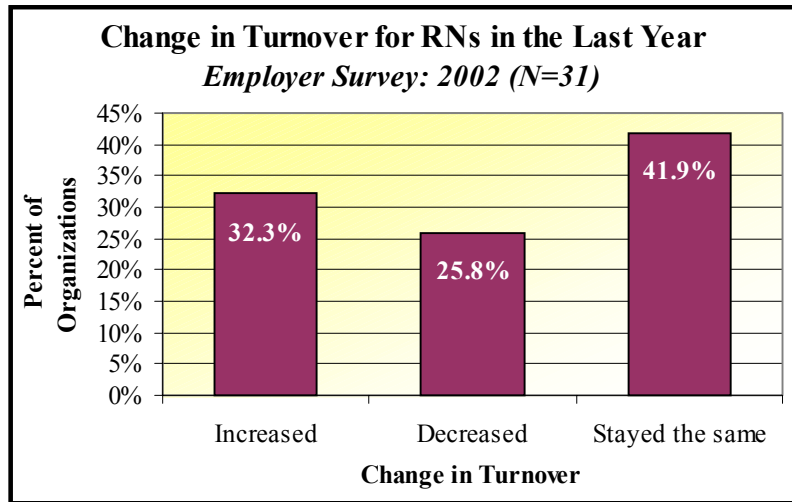
Note: Data on turnover rates were not collected in 1998 or 2000.

■ Average Turnover Rate by Nursing Category, 2002

Average Turnover Rate for RNs, LPNs, & CNAs
Employer Survey: 2002
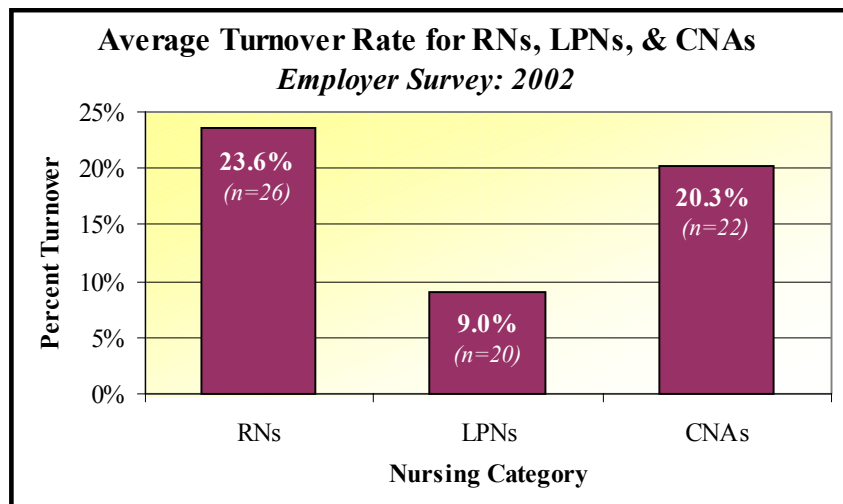
Note: Data on turnover rates were not collected in 1998 or 2000.

Employing Temporary Nurses and LPNs

■ **Employing Temporary Nurses**

In 2000, 18 organizations reported employing a total of 163 FTE temporary nurses, with a range of 1 to 29 nurses. In 2002, 21 organizations reported employing 169 FTE temporary nurses, with a range of 1 to 45 nurses.

Organizations that Employ Temporary Nurses
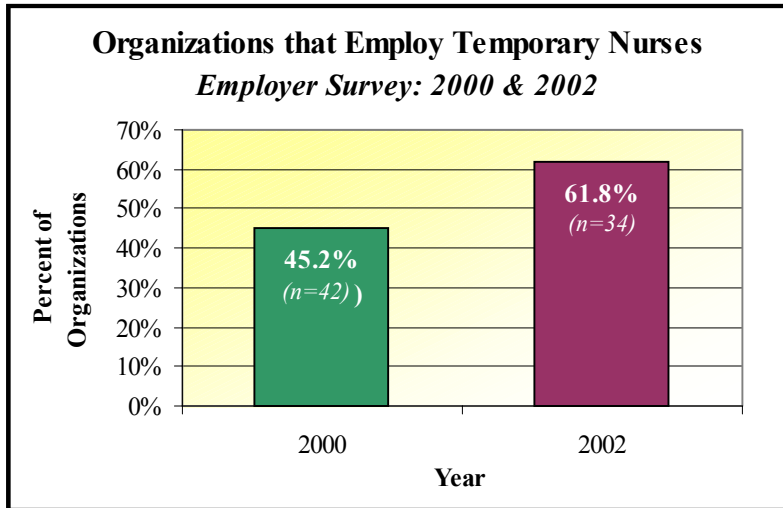*Employer Survey: 2000 & 2002*

[Bar chart showing Percent of Organizations by Year. 2000: 45.2% (n=42); 2002: 61.8% (n=34). Y-axis ranges from 0% to 70%. X-axis labeled "Year".]

■ **Employment of LPNs**

In 2002, a higher percent (73%) of organizations reported employing LPNs than did in 2000 (60%).

Organizations that Employ LPNs
Employer Survey: 2000 & 2002

[Bar chart showing Percent of Organizations by Year. 2000: 59.5% (n=42); 2002: 72.7% (n=33). Y-axis ranges from 0% to 80%. X-axis labeled "Year".]
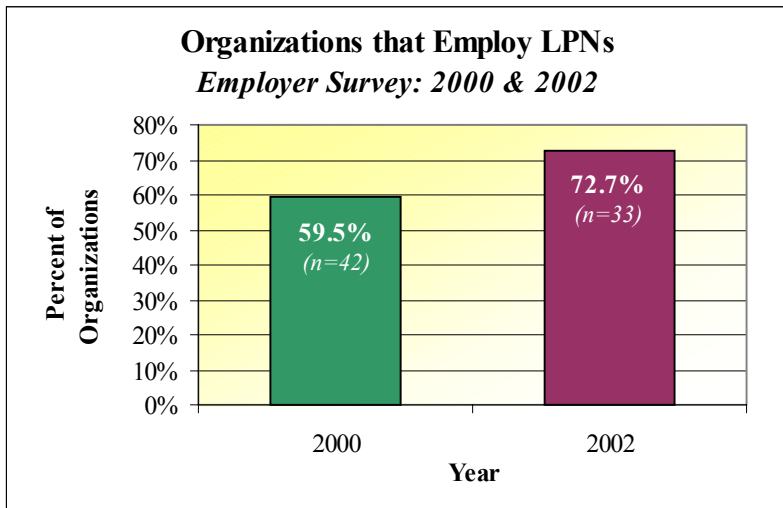
Substitution of LPNs and RNs

■ Substitution of LPNs

Of the organizations that employ LPNs, more reported employing LPNs in RN positions if RNs were not available in 2002 (57%) than did in 2000 (27%). Within the 9 organizations that responded yes in 2000, 21 FTEs were substituted during the last fiscal year. Within the 15 organizations that responded yes in 2002, 37 FTEs were substituted.

Employ LPNs in RN Positions
Employer Survey: 2000 & 2002
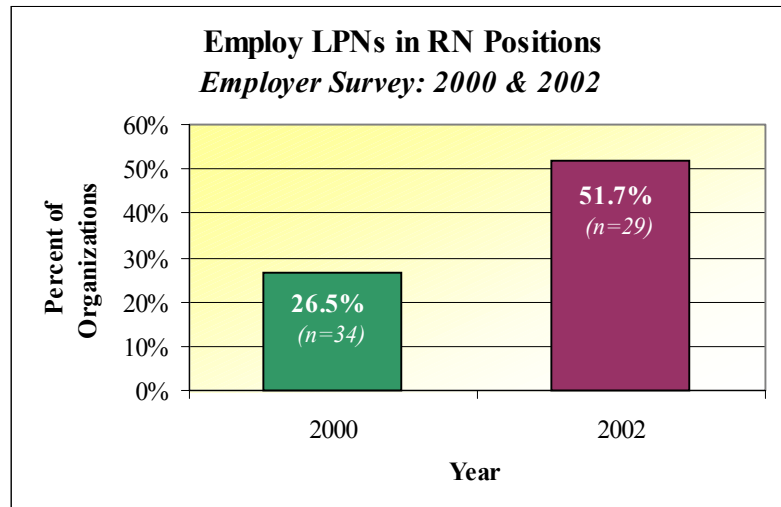
■ Substitution of RNs

Of the organizations that employ LPNs, the same percent in 2002 (37%) and 2000 (38%) reported employing RNs in LPN positions if LPNs were not available. The 12 organizations that reported employing RNs in LPN positions substituted 11 LPN FTEs during the last fiscal year. In 2002, only one (1) LPN FTE was substituted during the last fiscal year.

Employ RNs in LPN Positions
Employer Survey: 2000 & 2002
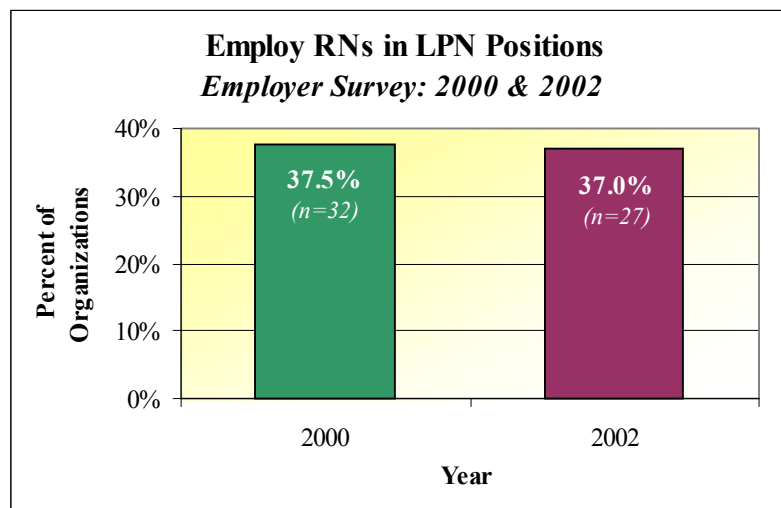
Hiring New Graduates

■ Hiring New RN Graduates

In 2002, most (73%) of the organizations indicated that they hire new graduates.

The total number of new graduates who could be hired at a single point in time was 99 for the 31 organizations responding, with a range of 1 to 16 new graduates.

Organizations would be willing to hire new graduates either 1, 2, 3, or 12 times per year. Of the 28 responding, 57% said they would be willing to hire new graduates twice a year.

Organizations that Hire New Graduate RNs
Employer Survey: 2002 (N=37)
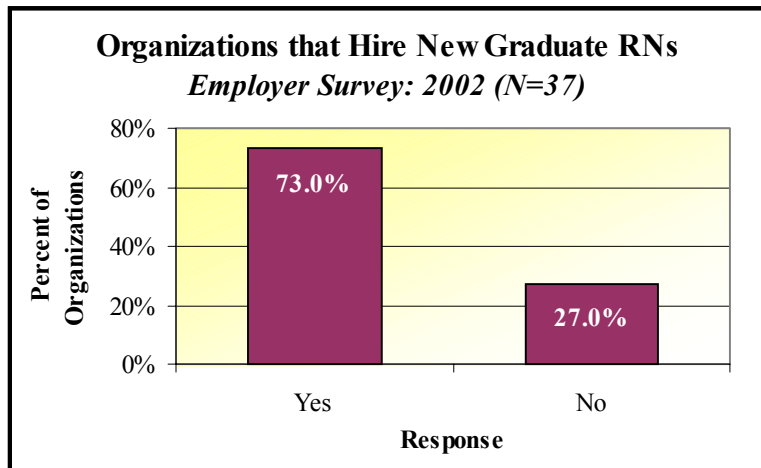
Exit Information

■ Exit Interviews, 2002

Most (86.1%) of the responding organizations conduct exit interviews for RNs who are leaving their facility/agency. Generally, these interviews are verbal and/or written interviews with Human Resources, or questionnaires and personal interviews. Exit interviews were also described as "face to face with the chief nurse" or "with the nurse recruiter."

■ Nurses Retiring, 2002

In the past year, 35 RNs retired from the 15 responding organizations.

Recruitment of Nurses
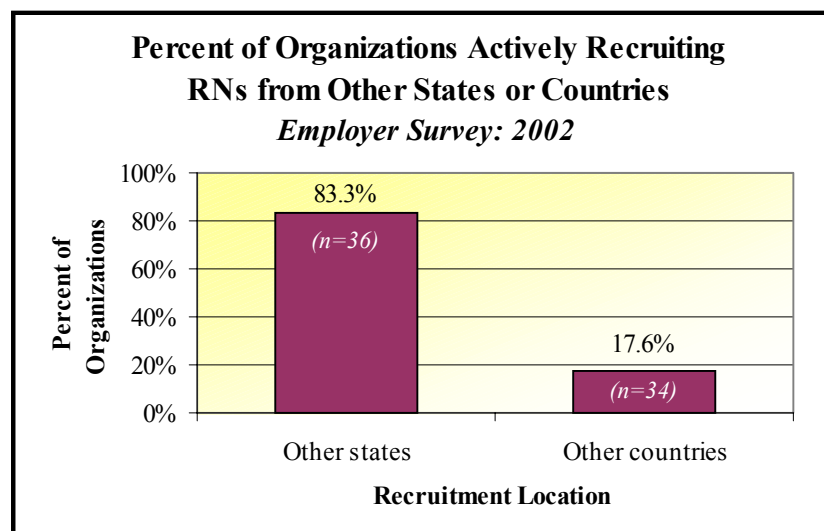
■ **Recruitment of Traveler Nurses**

In 2000, 99 full-time employee (FTE) traveler nurses were employed by 14 organizations, with a range of 1 to 29 FTEs. In 2002, 81 FTE traveler nurses were employed by 9 organizations, with a range of 1 to 25 FTEs.

■ **Recruitment of Local Agency Nurses**

In 2000, 188 FTE local agency nurses were employed by 8 organizations. In 2002, 38 FTE local agency nurses were employed by 5 organizations.

■ **Recruitment of FTEs Outside of Alaska**

In 2000, 47.6% of the 41 responding organizations reported being in the process of recruiting RNs from another state or country. Of the 36 organizations that reported actively recruiting in 2002, 83% were recruiting from another state and 18% were recruiting from another country.

Percent of Organizations Actively Recruiting RNs from Other States or Countries
Employer Survey: 2002

Recruitment Location	Percent of Organizations
Other states	83.3% (n=36)
Other countries	17.6% (n=34)

■ Recruitment Incentives, 2002

In 2002, organizations reported using the following categories of recruitment incentives: 1) monetary, 2) staffing and scheduling, 3) advertising, and 4) educational.

Recruitment Incentives Used by Organizations (N=29)	
1. Monetary incentives	• Increased salaries and benefits (n=15) • Relocation allowance, moving pay, and relocation waiver (n=14) • Sign on, recruitment, and a hiring bonus (n=13) • Housing assistance (n=4) • Student loan repayment (n=4) • Increased pay for specialties (n=2) • Certification pay (n=1)
2. Staffing and scheduling	• Decreased nurse-patient ratio (n=6) • Flexible time and self-scheduling (n=4) • Low patient/nurse ratio (n=2) • Time off (n=1)
3. Advertising	• Specialty journal ads (n=1) • Job fairs (n=1) • Web sites (n=1)
4. Educational incentives	• Educational reimbursement (n=1)
5. Other	• Promotion of excellent working environment (n=2) • Commitment to respond to applicants by phone within 24 to 72 hours (n=1) • Clinical ladders (n=1)

■ Most Successful Recruitment Incentives, 2002

Organizations reported that monetary incentives were the most successful for recruiting nurses.

Most Successful Recruitment Incentives (N=26)	
1. Monetary	• Salary increases (n=6) • Sign on and cash bonuses (n=6) • Moving/relocation assistance (n=5) • Benefit packages (n=3) • Housing assistance (n=2) • Interest free loans (n=2) • Finders fee if recruit stays one year (n=1)
2. Staffing & scheduling	• Flexible scheduling (n=1)
3. Advertising	• Advertising in Nurse Week (n=1)
4. Educational	• Educational benefits (n=2)
5. Other	• Commitment to respond to applicants within 48 to 72 hours (n=1) • "Grow your own" nurses (n=1)

■ Difficulty Recruiting Nursing Specialties, 2002

In 2002, organizations reported having the most difficulty recruiting nurses in long-term care, obstetrics, and critical care.

Nursing Specialties Most Difficult to Recruit (N=30)	
1. Most difficult	• Long-term care (n=7) • Obstetrics (n=7) • Critical care (n=5)
2. Next most difficult	• Generalists (n=3) • ER nurses (n=3) • OR nurses (n=3)
3. Others mentioned	• Med-surgical (n=2) • Mental health (n=2) • Substance abuse (n=2) • Supervisory positions (n=2) • Home health nurses (n=1) • Pediatrics (n=1)

Possible reasons given for having difficulties recruiting specialties are listed in the table below.

Reasons for Difficulty Recruiting Nursing Specialties (N=22)	
1. Monetary	• Not enough money (n=6) • Sign-on bonus and benefits are not high enough (n=3)
2. Staffing & scheduling	• Specialists don't have experience in other areas (n=3) • All nurses work as generalists (n=2) • Specialists don't want to work in other areas (n=2) • Hours of work (n=1)
3. Work environment	• Geographic location (n=2) • LTC is not a preferred area (n=2)
4. Other	• High demand nationally (n=3) • No school available (n=2)

■ Recruitment Costs, 2002

In the last year, organizations reported spending a mean of $27,502 on recruitment of nurses, with a range of $100 to $200,000. Two of the total number of organizations reported spending no money on recruiting nurses.

Retention of Nurses

■ Retention Incentives, 2002

In the past year, organizations used the following types of retention incentives: 1) monetary, 2) staffing and scheduling, 3) educational, 4) workplace environment, and 5) staff recognition.

Retention Incentives Used by Organizations (N=32)	
1. Monetary incentives	• Salary increases (n=15) • Benefits increase (n=2) • Bonus (n=2) • Shift differential increases (n=2) • Certification pay (n=1) • Collective bargaining/ benefits (n=1) • Contract requiring monetary pay back if you leave (n=1) • Travel money (n=1) • Relocation pay/ Relocation bonus (n=1) • Salary increase for specialty nurses (n=1)
2. Staffing & scheduling	• Flexible scheduling (n=6) • Pool nurses to decrease overtime (n=1) • Vacation increases (n=1)
3. Educational incentives	• Education reimbursement (n=4) • Education on site (n=2) • Career development (n=1) • Internship program (n=1) • Scholarship application (n=1)
4. Workplace environment	• Promote a positive working environment (n=2) • Addressing intrinsic issues (n=1) • Survey staff regarding concerns (n=1) • Good staffing (n=1) • Good management (n=1) • Increased empowerment and interpersonal relations between management and staff (n=1) • Wellness program (n=1) • Workplace violence program (n=1)
5. Staff recognition	• Award committee (n=2) • Appreciation bulletin board (n=1) • Employee recognition (n=1) • Gifts and Christmas party (n=1)

■ Most Successful Retention Incentives, 2002

Organizations identified the following categories of most successful retention incentives: 1) monetary, 2) staffing & scheduling, 3) educational, and 4) workplace environment. The most frequently mentioned successful retention incentive was: providing generous salaries.

Most Successful Retention Incentives (N=23)	
1. Monetary incentives	• Generous salaries (n=7) • Overtime for more than 8 hours (n=1)
2. Staffing & scheduling	• Scheduling options (n=3) • No mandatory overtime (n=1) • Flexible schedules (n=1) • Low patient-nurse ratio (n=1)
3. Educational incentives	• Career development (n=2) • On-site and in-house education (n=2) • Education incentives (n=1)
4. Workplace environment	• Increased interpersonal management and staff relations (n=2) • Temporary contracts (n=2) • Management involvement (n=1) • Manager education on employee relations (n=1) • Positive work environment (n=1) • Ties to the community (n=1)

■ Retention Costs, 2002

In the last year, organizations reported spending a mean of $57,500 on retention of nurses, with a range of $4,000 to $500,000.

Educational Development

■ **Accepting Student Nurses, 2002**

Fourteen (14) of the 32 organizations reported that they accept UAA student nurses for clinical experiences each year. These organizations can accommodate a total of 345 students at one time, with different organizations accepting a variable number of students, ranging from 1 to 120 students.

Twelve (12) of these 14 organizations said they could accommodate 184 additional student nurses each year, with different organizations accepting a variable number of students, ranging from 1 to 120 students.

Ten (10) of the 18 organizations that are not currently accepting UAA student nurses reported that they would be able and willing to take a total of 31 students, approximately 3 to 10 students per organization.

Eleven (11) organizations accept 75 student nurses each year from nursing programs other than UAA, with a range of 0 to 14 student nurses.

■ **Mechanism for Educational Development of Nursing Specialties, 2002**

About half of the organizations (51.5%, N=33) reported having an internal mechanism for the educational development of nursing specialties. The internal mechanisms included the following:

- 15 week ICU course/ICU training
- Critical care and PICU
- Mother/baby one-to-one orientation program
- OB training off site
- Competency training
- In-service training
- In-house CMEs
- Nursing grand rounds
- Nurse intern program for ICU, ER, and OB
- Preceptor program
- Cross training to all units
- New hire program

■ Type of Educational Development Supported, 2002

Most of the responding organizations reported offering some form of tuition or paid time off for employees to take courses external to the organization.

Percent of Organizations Offering
Tuition or Paid Time off for Types of Education
Employer Survey: 2002
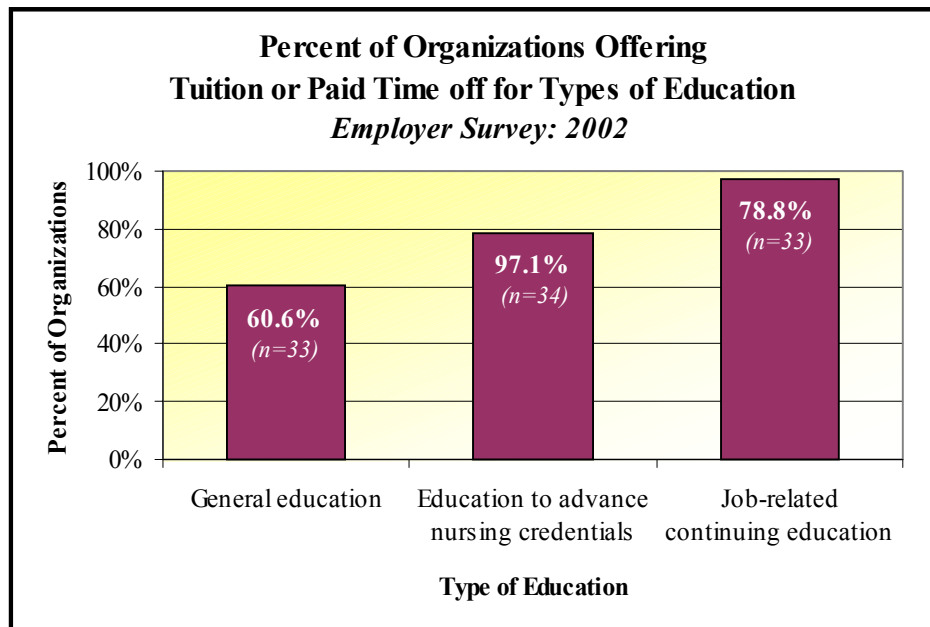
The following comments describe the basis on which organizations grant reimbursement for job-related continuing education, education to advance nursing credentials, or general education:

- Half tuition reimbursement upon completion
- Twenty-eight hours CE per year per nurse
- Five days and up to $2,5000 CME per year for FNPs
- Fifty percent of cost to $350 to $450 after 1 year of employment
- Based on organizational need and employee benefit
- Case by case or class by class
- Pre-approved successful class completion
- Loan repayment by commitment to work
- May use personal time off
- Must continue employment
- State, in general, reimburses college credits related to job

In addition, several respondents provided the following comments describing the extent of reimbursement, return obligations, and methods of determining eligibility:

- One-hour study time per day paid for approved program
- Return and share information or do in-service
- Review of need and fit
- Seniority, grade of B

■ Formal Mentor or Preceptor Programs, 2002

Nearly half (47%) of organizations offer a formal mentor or preceptor program. Most are offered to new graduates (67%), followed by new hires (58%) and employees changing specialties (44%).

Type of Formal Mentor/Preceptor Programs Offered to Employees
Employer Survey: 2002
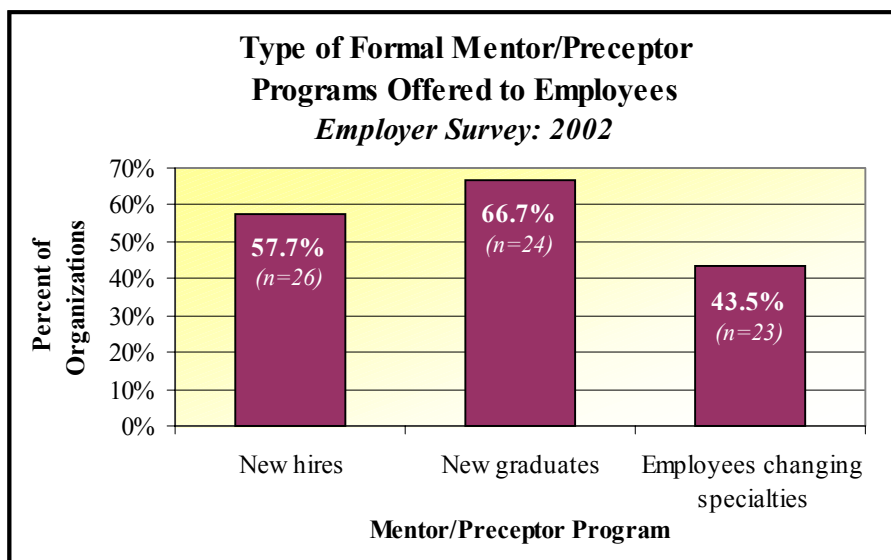
Less than a quarter (23%) of the organizations said there is a difference between formal mentors and preceptors in their facility/agency. These five organizations described the differences as:

- Documentation requirements: preceptors need to document more
- Mentors have a mentee with structured goals/projected outcomes and scheduled meetings for feedback
- Preceptor = for new hire; mentor = for new graduate
- Preceptor is close in rank and experience; a mentor is senior staff
- Preceptors for formal preceptorship only; mentorship is only on an informal basis

Over a third (35%) of the responding organizations reported that their facility/agency has a formal training program for current staff to become mentors or preceptors. The training to prepare for these roles was described as follows:

- Two day didactic classes
- Four hour program on adult learning principles
- Eight hour training on role and education
- Courses are offered for mentors, not for preceptors
- Done by Education Department
- Head nurse course; advanced nursing leadership course
- Just developed 2 day training for adult learning role model facilitator
- Leadership, teaching, criticism, follow-through
- Preceptor program based on ANMC model
- Train the trainer

Education of RN Employees

■ Highest Educational Level of RN Employees

The distribution of the highest educational level of RN employees was similar in 2000 as in 2002, with over 40% of RNs possessing a Baccalaureate degree and around one third possessing an Associate degree. It should be noted that many employers in 2000 indicated that they did not have information on educational levels. However, more organizations reported tracking this information in 2002.

Highest Educational Level of RN Employees
Employer Survey: 2000 & 2002
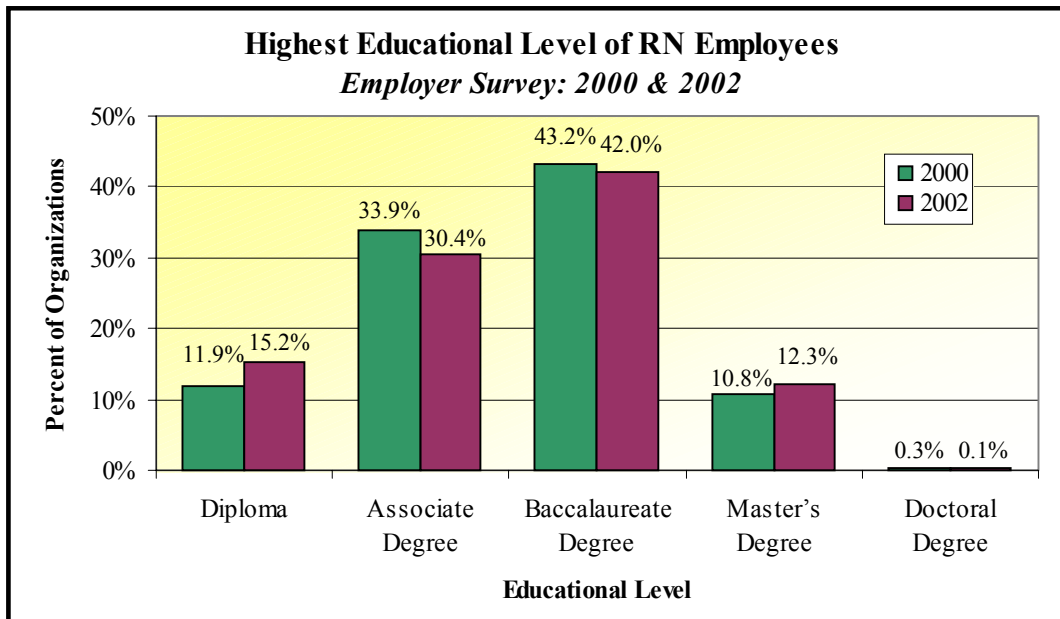
Workforce Issues

■ Anticipated Changes in Demand

Over the next 2 years, organizations anticipate that the following aspects will affect the overall demand for nurses in their facility/agency: 1) increase in medical services used and the number of patients; 2) aging nursing population/increased retirement; 3) increased need for nurses, especially RNs; 4) potential closures; 5) new facilities built/facility expansion; and 6) increased difficulty recruiting/retaining nurses.

Anticipated Changes in Demand for Nurses (N=34)	
1. Increase in services & number of patients	• Increased census and staffing ratios (n=2) • Increases in services being offered (n=2) • Increase in numbers of patients, increased complicated patients (n=2) • Increased population and hospital census (n=1) • Increase in medical procedures on site (n=1) • Increase in medical procedures on site, recruiting more physicians (n=1) • Increased demand of nurses with expansion of services provided (n=1) • Continued incremental level of expansion of services, requiring current level of RNs (n=1)
2. Aging nursing population/retirement	• More retirements (n=2) • Aging population (n=2) • Aging nurse population (n=1) • Age diversity, roots in community (n=1) • About 50% of RNs are close to retirement age (n=1) • Increased demand with retirement, services continue to grow (n=1) • More RNs nearing retirement, more competition than in the past (n=1)
3. Increased need for nurses, especially RNs	• RNs in short supply (n=1) • Need 2 more FTEs - RNs, not LPNs (n=1) • Will need at least 2 more nurses in the next year (n=1) • Generalist nurses needed, while nurses are specializing more (n=1) • Increased need for OR nurses (n=1) • Rising patient acuities (n=1) • Increased staffing ratios (n=1) • Increased use of contract staff (n=1)
4. Potential closures	• Agency could go under as a result of shortage (n=1) • Perhaps closure of inpatient (n=1) • Home health may be closed (n=1) • Low patient census (n=1) • Local economy stagnation (n=1)
5. New facilities/facility expansion	• Possibly adding assisted living facility and senior daycare facility (n=1) • Building a new hospital will double the numbers of aides, no change in RN status (n=1) • Opening 2 new OR rooms (n=1)
6. Increased difficulty recruiting/retaining nurses	• Increased national competition for recruitment (n=1) • Increased difficulty in recruitment and retention (n=1)
7. Other	• High hourly wage (n=1) • Nurses moving from rural to urban due to high cost of living (n=1) • Hope to decrease turnover with LPN distance courses (n=1) • Increased turnover from military personnel rotation (n=1) • Anticipate growth in need, will explore offering Medicaid services rather than skilled nursing (n=1) • Nothing dramatic expected (n=1) • Decreased need for agency nurses (n=1)

■ Other Nursing Workforce Issues

Organizations identified the following nursing workforce issues that might help in planning for employers' demands for nurses: 1) difficulty recruiting nurses in specific areas, such as long-term care; 2) need to focus on retention and recruitment; 3) need for more nursing-related educational programs; 4) high costs for training, certification, and recruitment; and 5) high salary and scheduling demands.

Other Workforce Issues that Might Help in Planning for Employers' Demands for Nurses (N=20)	
1. Difficulty recruiting nurses in specific areas	• Nurses specializing, so difficult to attract generalist nurses (n=2) • Difficult to recruit LTC nurses; need to make geriatrics more exciting, call them "geriatric specialists" or something; LTC is not where nurses choose to practice (n=1) • More nurses in positions outside direct patient care (e.g., QI, UR, infection control, education) (n=1) • Need more nurses in outpatient, ambulatory treatment, public health education; funding agencies look to increase budgeted salary scales for nurses in non-profits (n=1)
2. Need to focus on retention/recruitment	• Need to focus on retention issues, work environment, flexible scheduling, competitive wages/benefits (n=1) • Nursing retention/recruitment will continue to be the focus especially for small clinics (n=1) • Retention will require more flexible system & variety of schedules (n=1) • No access to large work pool, just recruiting nurses from other facilities (n=1)
3. Need for educational programs	• Need new graduate internship programs (n=1) • Need nursing program to serve community needs (n=1) • Need more educational opportunities; employers need to continue to assist local communities regarding education by supporting nursing programs (n=1) • Older people can't go to school due to job & family responsibilities (n=1)
4. High costs for training, certification, and recruitment	• Cost of licensing and certification, especially CNAs (n=1) • High demand, increased cost of training and hiring (n=1) • Limited funding to attract quality people into non-profits (n=1)
5. High salary and scheduling demands	• Increased salary demands, wanting to work part time and make own schedules (n=3) • Higher salary expectations, schedule accommodations same as across the US (n=1)
6. Other	• Weber State exit will be problematic unless UAA steps up to plate (n=1) • Every 2-3 years, group of nurses leave to see Alaska and a new group comes in (n=1) • Most school nurses like their jobs and stay in them (n=1) • Moving from rural to urban due to high cost of living (n=1) • Use of paramedics for ER and medivac (n=1)