Washington Center for Nursing - Research Study Kick-Off Meeting
November 20, 2020

DRAFT **NOTES – Kathryn Bost, Halcyon Northwest**

Steering Meeting Kickoff to discuss Research Project: COVID-19 Impact on the Nursing Workforce, Through an Equity Lens

Meeting Time: 1:00 pm – 3:00 pm, via Zoom

Facilitator: Sofia Aragon facilitated Katherine Boyd, MPA, PMP, Halcyon Northwest was not present due to a medical emergency.

With Assistance by: Frank Kohel, Program and Support Associate, Washington Center for Nursing; Kathryn Bost, Notetaker, Halcyon Northwest

Presenters:
- Sofia Aragon, Executive Director, Washington Center for Nursing
- Jenny Nguyen, PhD, Survey Information Analytics
- Ben Stubbs, UW Center for Health Workforce Studies

Attendees (from chat log):

Alpha order by last name

RICK ALLGEYER	Research Director, Oregon Center for Nursing
SOFIA ARAGON	Executive Director, Washington Center for Nursing
JULIE BENSON	Associate Dean for Nursing, Tacoma Community College
SUE BIRCH	Director, Washington State Health Care Authority (HCA)
JANA BITTON	Executive Director, Oregon Center for Nursing
KELLY COOPER	Policy Director, State of Washington Dept. of Health (DOH)
VICTORIA FLETCHER	Advanced Registered Nurse Practitioner (ARNP), Representative, WCN
CANDACE GOEHRING	Director, State of Washington DSHS Residential Care Services
ANNIE HETZEL	School Health Services Consultant, State of Washington Office of the Superintendent of Public Instruction (OSPI) School Health Service
DORENE HERSH	Chief Nursing Officer (CNO), Public Health Seattle-King County (PHSKC)
VICKY HERTIG	Dean of Nursing, Seattle Colleges
KISTIN HOSEY	Director of Nursing, Wenatchee Valley College
DARCY JAFFE	Senior vice President, Safety & Quality, Washington State Hospital Association (WSHA)
SHANA JOHNNY	DNP student with WCN; Member, Nursing Care Quality Assurance Commission (NCQAC)
FRANK KOHEL	Program and Support Associate, Washington Center for Nursing
FRANKIE MANNING	Mary Mahoney Professional Nurses Organization (MMPNO)
PAULA MEYER	Executive Director, Nursing Care Quality Assurance Commission
SHARONNE NAVAS	Co-Founder, Equity in Education Coalition

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CHRISTINA NYIRATI	Director of Nursing, Heritage University, CNEWS member
REBECCA PIZZITOLA	MPH, Health Equity Program Manager
LIZ PRAY	President, School Nurse Organization of Washington (SNOW)
TATIANA SADAK	Associate Professor, UW School of Nursing
SUE SKILLMAN	Deputy Director, UW Center for Health Workforce Studies
BEN STUBBS	Research Scientist, UW Center for Health Workforce Studies
SUZANNE SWADENER	Senior Health Policy Analyst at Washington State Health Care Authority
JANE TIEDT	Associate Dean of Nursing, Gonzaga University
SALLY WATKINS	Executive Director, Washington State Nurses Association (WSNA)
HILARY VONCKX	RN at Harborview, and Doctor of Nursing Practice (DNP) student with Public Health Seattle-King County (PHSKC)
LAURA WIDDICE	Director of Health Services, Renton School District
TERI WOO	Director of Nursing, Saint Martin's University, President of the Council on Nursing Education in Washington State (CNEWS)
KYLA WOODWARD	PhD Student, University of Washington School of Nursing

Comments have been edited lightly for clarity.

Meeting Start: 1:05 pm. The presenters followed the prepared agenda. The meeting was recorded and it, along with the chat session and meeting notes, will be made available to attendees and interested parties not in attendance.

A. Presenter: Sofia Aragon, Executive Director, Washington Center for Nursing

- Sofia Aragon introduced herself and acknowledged and thanked those that contributed research and data to the DOH Report. Prior to the meeting, attendees received a copy of the DOH Study Request that described the goal of this committee to develop a plan to study the effects and implications of COVID-19 and equity on nursing workforce development.
- She reviewed a slide presentation that outlined the meeting's objectives, the mission and vision of WCN, and the purpose and background of this proposed research study.
- The meeting was held on the request of the State Department of Health to look at the impact of COVID-19 on the nursing force. The feedback gathered today will help inform the study direction. The research study must include issues of racial equity as well as social determinants of health. This is core to the mission of WCN
- Sofia reviewed how data is used for workforce initiatives and its implications on nursing workforce development.
- End Product: Prepare and publish a final report on the impact of COVID-19 by May 31, 2021

B. Presenter: Jenny Nguyen, Survey Information Analytics

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- Jenny presented her findings on the Impact of COVID-19 on the nursing community. She interviewed groups of stakeholders and participants in September-October 2020, asking: Where are we to date? What type of data has been tracked? She reviewed her methods and groups contacted, and the use of primary and secondary, qualitative, and quantitative data.
- Resulting themes: access to PPE, adapting/transitioning, burnout, diversity, and equity.
- She showed quotes from nurses on the impact of COVID-19, both personally and for their organizations.
- Recommendations from conversations of the impact study:
    - Primary and secondary sources of data
    - Quantitative and qualitative data
    - Capturing the voices of nurses and their experiences
    - Tracking how groups are working together behind the scenes
    - Collaboration & coming together.

Attendee comments:

- Emphasis in the presentation was on degree programs for students, on the traditional educational system. Need to provide training, education, and support to the incumbent workforce. *(1:36)*
- Is there any work to identify how COVID is impacting nursing student populations from diverse backgrounds? A significant number of students are of color and come from diverse families that are being disproportionally impacted by COVID-19, which is interfering with their nursing education. *(3:08)*
- Is this disproportionally affecting women, since women are dropping out to care for children at home? Women are primarily in the nursing workforce. Jenny commented in her study on the need for childcare and behavioral care for the workforce. *(4:41)*
- Need to find a voice for people with disabilities in this conversation. *(6:00)*

Post-meeting, Sofia met with multicultural nurse's organization representatives and collected ideas specifically on the racial equity element of the research. Sofia will share this input at the next steering committee meeting.

C. Presenter: Ben Stubbs, UW Center for Health Workforce Studies (6:30)

- Ben gave a brief summary of his upcoming report. He is Director of Operations for Health Workforce Sentinel Network. At the Center for Health Workforce studies at the UW, he reaches out to employers statewide every six months to gather information on the health workforce. This includes demands for new employees, needs for incumbent employees, as well as changes in training and orientation for their workforce, and new roles for current employees. He has had very good participation from behavioral health organizations, community health settings, primary care, long-term care facilities, and large and small hospitals, and receives information across multiple settings
- His study ran from the first week in October to the first week in November 2020. He is analyzing the gathered information over the next couple of weeks and his report will be available on his website by November 30.
- Main themes discovered in his research regarding the nursing population:

    1) Some nurses are using this opportunity to retire early, some are changing professions, and some are taking leave to restrict the exposure of COVID to themselves or their families. He received many comments on taking care of kids and family members who are high risk, and lots of reports of nurses feeling burned out. *(9:04)*

2) COVID-19 effects on the nurse workforce depend on the setting, Nurses in emergency care, acute care, behavioral care, or long-term care are reporting more negative effect on workforce; more feelings of burnout as cases are rising. (*10:01)*
3) Some other work settings may not be impacted by COVID-19 as much, including ambulatory care, primary care, rehab care. These are seeing a lessening of demand for services, resulting in furloughs or decrease in hours for nurses, or assigning new roles to people without having to furlough them or lay them off. *(10:47)*
4) Positions in lower wage jobs, such as LPNs and Nursing Assistants, may be disproportionally affected by the pandemic, such as discontinuation of training (an existing trend being exacerbated by COVID). There are some reports of lower-wage earners filing for unemployment. Some employees may be deciding to not come back to work due to those risks. *(11:41)*
5) Also, the processing of paperwork in licensing may be slowing down at the state level. (*12:51)*
6) Existing trends are being worsened by COVID-19., such as educational pipeline issues, reimbursement rates affecting wages. *(13:16)*
7) Data will be available within 2-3 weeks at https://wa.sentinelnetwork.org.

Attendee comments:

- Will the data show the proportion of nurses leaving the workforce for these reasons? Ben replied he had reached out to a broad network of employers across state but is not able to determine proportions and counts of vacancies; the data was focused on qualitative, long-form answers describing issues and potential solutions. This is a way to systematically capture information that we know about through anecdotes and can be used to take issues to the Legislature, talk with agencies, and talking with students. The latest information they are seeing is that COVID has had a profound impact. They received lots of quotes from employers and supervisors about what it is like to hire and supervise nurses during this time. (*15:20)*,
- Can we compare the racial diversity of the nursing workforce pre-COVID to today's workforce? I suspect many non-white nurses for economic reasons were unable to leave clinical nursing even if they had underlying health problems or were 65 and older, or otherwise vulnerable Sofia noted that there is some pre-COVID data, and that that data can be captured again, post-COVID-19. The speaker would also like to capture "During COVID-19" data. Other ideas or questions (discussed) should be captured for future research/studies. *(18:37)*
- We need to help people understand the timeline on this. All of these ideas are important, but the report is deadline-driven and needs to be delivered to DOH by [May 2021]. We only have time for a secondary analysis of existing data, and maybe some focus group for primary research. What may be helpful is to use Jenny's and Ben's work as a baseline and take some of today's ideas and use them for intensive research in subsequent phases for this project. That will help us stay on schedule, as well as maximize the benefit of that additional research. *(20:47)*
    - *From chat:* thank you for bringing us back to the realities of the study for the DOH deliverable, other ideas or questions should be captured for future studies/ researchers

D. Sofia Aragon: Is there existing data that Jenny hasn't captured yet? (22:08)

- Sofia and Jenny discussed licensure applications and examination rates of students: there is some data but she doesn't have those numbers at the moment (*22:51*)
- Clinical placements are going away. However, this data is very dynamic and changes day-to-day. Someone wondered what it would take to bring nurses back into the clinical placement system. Another attendee noted that the clinical

placement units that have been devoted to COVID-19 care will not be returned to their pre-COVID status. (*24:03) From chat:*

- Clinical placement changes = chaos.
- Agreed. This week the survey would be very depressing. Lots of sites this week cannot handle students because of resident/staffing COVID-19 positive cases
- Two weeks ago, we were doing okay...
- I concur... Clinical placements are declining rapidly.

- Do we have a sense of how clinical nursing turnover is affected by PPE available by site and nurse/patient ratio? *(from chat, 27:40)*
- What are employers thinking, and how can we work with employers to address their concerns? *(28:09)*
- From the employee perspective, and operations, there are multiple concerns about COVID-19 and quarantined staff; we must make sure we have enough PPE to use. Staff are stressed because of the COVID spike, especially when students are there. Post-COVID, we want to go back to clinical placements because those are our pipeline. People are just trying to deal with what is happening in-the-moment at this time. Sofia agreed that decreasing risk to others is the current goal. *(28:30)*
- There needs to be a methodical way of identifying the experience that nursing students are having, and what hospitals and administrators are thinking about students. There is a dichotomy experienced by clinical partners: 1) They are already stressed about taking on nursing students; and 2) they see nursing students and partnerships with them as an asset. That second group has had a different response and are grateful for students. How does that baseline perspective on having nursing students affecting the decisions that are being made right now about whether students detract or enhance the existing systems? *(30:35). From chat:*
    - I agree it is both.
    - Thank you for that comment, I think or would hope that school nurses share that sentiment and are continuing to welcome nursing students for practicum or clinical hours
    - And understanding how students detract or add to settings help us identify policy options to create new incentives for clinical placement participation.
    - School nurses have been very responsive to partnering with nursing students, even now in the COVID time.
- With hundreds of students graduating in December and taking their boards, onboarding the new graduates without clinical experience will impact the stress level in the workplace. Students did not have hands-on clinical experience (during COVID) and ARE now moving into residencies where they need to gain experience. Are employers planning for this lack of clinical experience? *(32:35)* An attendee agreed, speaking for Providence and Swedish.
- There are worries about leadership and academic nursing programs: deans and directors being exhausted managing COVID and running an education program. There is a fear of boomers aging out; and if there will be a mass exodus because nurses don't have the ability to give more. Nurses are fleeing from the bedside and seeking other positions. For patients that need care at the bedside, this is a real concern. Sofia referred to the yearly survey that include a question on plans for retirement and see if that number has changed drastically. *(34:35) From chat:*
    - Thank you for bringing up the concerns about Nursing Directors.

E. Sofia Aragon: Education environment vs. the workplace; how to address nurse education? (36:45)

- Sofia asked how simulation has filled the gap, and if there are any lessons learned.

- You can only have so many students in one in-person learning situation at a time during COVID. Students have reported that virtual sims have given them a lot of experience in terms of critical thinking, but students are tired of it and it is too routine. Students clamor for clinical settings or in-person simulations. *(37:09) From chat:*
    - Good point - we need to consider both clinical placement and post-graduation training for settings in behavioral health (mental health/SUD) and public health/school nursing/ community health.
    - Are there digital needs for nurses, students, placements, and telehealth?
    - Agree - public health practicums can provide great opportunity for students to learn about disparities and how to address
    - Our Wi-Fi connectivity is a challenge in the Okanogan region especially.

F. Sofia Aragon: is there a cost factor associated with simulations? (38:51)

- Simulations must be taught at the same ratio of student to faculty as clinical placements. Student numbers are affected because they are screened out in the morning, or were exposed to COVID, or teachers/faculty are exposed to COVID. There are module costs of $50-75 (low end) on top of the costs of running the program; some schools pass it along to their students. You still need the same number of faculty. In summary, there are costs on top of the regular program. The data shows that simulations are as good as clinical practice, in terms of quality of student learning. (*39:00)*

G. Sofia Aragon: What policy changes have been helpful, as we navigate COVID? (41:51)

- Up to 50% of program clinical hours can be simulation, and that has made the difference for us to be able to keep our students going. Our ability to meet the intent of what the Nursing Commission wants to do – we understand it, but we can't do it right now. We are still nervous about losing direct patient care hours for students, however. *Post-meeting follow-up from the speaker: I was referring to the current WACs where 50% of the clinical hours for EACH COURSE can be simulation. But I was speaking to the fact that we can't meet that expectation right now, there are not opportunities to have direct patient care hours for each course. The waiver has allowed us to go forward since we can now have 50% of the OVERALL PROGRAM CLINICAL HOURS be simulation. (42:22). From chat:*
    - Virtual sim is helping us run through some complex patient scenarios that we may not see out here at our rural access hospitals, but the confidence f2f is needed too
- I've been a registered nurse for 42 years. A snowstorm is not a pandemic, but when we experienced a snowstorm (in a past situation), the students ran the hospital when the nurses couldn't get in due to the snow. When a staffing problem arose, the students became the nurses temporarily. Because the pandemic is here, we need to think out of the box. A lot of what nursing student learning is kinesthetic. So, how can we insert students into practical settings without kinesthetic training? *(43:28). From chat:*
    - it is kinesthetic and relational - need to ensure students have opportunities to practice motivational interviewing and care coordination
    - In addition to kinesthetic and relational, there is a body of knowledge that drives nursing education. There is a need to consider what aspects of our work is 'apprenticed' versus what is 'critical training of the mind'. Nursing education moved into the academy because of the need for nurses to be frontline critical thinkers capable of acting across rapidly changing clinical situations.

- The change for the NAR Rules for NAC clinical hours was extremely helpful. I also agree that the waivers were important. *(from chat, read by Frank, 45:06)*
- LTC is having a hard time hosting students due to COVID-19 risks. We actually provide LTC experiences to NA and Assoc degree nursing programs, but these are the ones most likely to be shut down. Once you have staff with COVID-19, they have to refuse students along with guests. This is our most unstable factor. Jails also have a higher risk. We have been working on creative approaches as well: public health work regarding health education, drive-up COVID testing, exploring the equity piece as a Hispanic-serving institution. Nearby communities are suffering disproportionately, including Colville – getting bilingual, bicultural people working have helped us expand. However, our long-term cares all closed this week. (*from chat, read by Frank, then elaborated upon during call 45:20)*
- About curricula preparation: How are we preparing our nursing students for how are BIPOC being disproportionately affected by the pandemic? This will not be our last one; we will be increasingly faced with other cyclic illnesses/pandemics. Concern: Nurses are saying they are not being prepared to handle people who have been inequitably-impacted by COVID, such as families of color. We should be looking to include this in course work and how to teach primary prevention. *(47:40)*
- What are the digital needs for nurses, students, placements, and telehealth? What are some inequities being seen? *(from chat, read by Frank, 49:30)*

H. Sofia Aragon: Digital needs of students in terms of accessing nursing classes in this remote environment? (50:06)

- There are students really struggling with having a good Wi-Fi and adequate internet connection, especially in rural areas. Households are all doing online learning and there's competition for the one computer in the family, or even the broadband shared by families who are all doing online learning. Students are impacted by this. *(50:23). From chat:*
    - That would be awesome to improve rural connectivity!
- Our connectivity to Wi-Fi has been a real challenge in Okanogan. We had done parking lot expansions of Wi-Fi, but the snow is disrupting that. (*51:10*)
- Are we going to connect with the State Dept. of Commerce on this study, since they are heavily invested in the need for rural broadband expansion? These issues are unique to education because of the needs around clinical placements and access issues. *(51:49)*
- I am working with Commerce on a rural connectivity plan. I will send suggestions of folks to add to the conversation. *(52:40)* The previous speaker agreed that this would be a powerful partnership.

I. Sofia Aragon: We've discussed the impact on nursing education, now let's talk about the impact on those providing public health services, or out in the community such as school nurses. What would you like us to know about your experiences around COVID-19? (53:25)

- In public health, we have high-risk nurses choosing not to work; they have been furloughed or on leave. That's been a huge impact. We have 450 nurses now, and 100 new hires since March. We've never had this type of experience before, such as doing nurse isolation quarantines, or call centers. We've doubled nursing supervisors in order to get everyone trained and onboard, and to provide a meaning clinical experience for students. At first everyone backed out, and then everyone wanted to come. Each school seems to have different standards or regulations on where people can work and what they can do. Wages are a problem especially for nurse practitioners. Some are getting at least $20 more per hour than our top steps as a result, public health can't compete for staff. Many of our experienced nurses have all been redeployed into COVID-19 efforts, which has decimated our regular workforce as well. *(54:26)*

J. Sofia Aragon: Public health is key and central to picking up on disparities in communities due to COVID, such as the elderly in LTC or racial disparities. What are your observations?

- COVID is exacerbating pre-existing disparities. Public health has stood up committees to address specific ethnic communities, and locations such as south King County, which has an infection rate of 20%, compared to 2% in other parts of the county. Public perception is an issue as well. We had a lot of complaints regarding Resources have shifted to south county, and now there are complaints from other parts of King County: *why are you putting more testing centers there*? A united effort from a national level would have been helpful, instead of competing within our own communities for resources. Many of the people we've hired need training: long-term care facilities, other congregate settings with outbreaks, contract tracing. It has been voluminous. One lifesaver is having been able to staff our call centers with UW nursing students. Other schools of nursing have reached out regarding our mass vaccination clinics. We need consistency, and lots of hours, to get people trained. That would be really helpful for us in future pandemics. *(56:58) Comments from chat:*
    - Our nursing students would be available for several hours a week. Please let me know how we may collaborate with you.
- Call center work does give broad exposure, but not specialized experience. Could we provide specialty-specific opportunities for volunteers? That is a way to address the issue of training. The previous speaker noted that finding preceptors to work with students has been a real challenge, considering all of the staffing challenges. *(9:50)*
- Are students taking advantage of employment in hospitals, nursing homes, or other healthcare settings, and can they get college credit be applied? A previous speaker noted that it was not clear if you can work and get credit for classes. There are a ton of students who want to take on roles of nurse tech, with a unique scope of practice that sets them up for employment at that site. Nursing assistants can now be hired as NARs, and complete hours toward their clinical requirements. *(1:01:07)*
- Can you count clinical hours if the student working under an RN in a facility contracted with an educational institution? This is happening at a college, and it was called an academic practice partnership approved by the nursing commission. The national council is looking at this right now as an option for getting students back into clinical sites/practice. This is a short-term option while this external pressure is happening. They would be employed by the facility but supervised by nursing faculty. All of these pieces have got to come together. There is work progressing right now. The previous speaker noted that her experience in a similar program as a nurse in training was foundational for her. *(1:02:40) From chat:*
    - Practice/Academic Partnerships NCSBN webinar https://journals.lww.com/ajnonline/Pages/videogallery.aspx?autoPlay=false&videoId=156.
    - thanks - this area of emphasis was important to the community health nursing strategic planning action steps in last Friday's NCQAC meeting.
- The creation of the scope of practice for medical assistants, while needed, has prevented them from hiring enough MAs. Another attendee noted the idea of the healthcare team is as a deliverer of care. What we don't talk about is the role of the nurse as a leader of that team. She thought that that might be important to emphasize in practicum and emphasize the leadership role (*1:05.55*). *Comments from chat:*
    - To add on to the comment about team-based care, that strategy is consistent with the National Academies report on staffing considerations during the COVID crisis. Their example is more ICU-related, but it brings to mind team models where faculty and staff RNs form a team with a group of students to provide care for a larger group of patients than those staff RNs could cover individually. And that could be applicable to multiple settings. I think for the assessment piece we're talking

about today would involve identifying organizations who are open to that or perhaps have implemented a new team-based model to alleviate staffing issues.

- The school nurse workforce is facing aging and retirement. They'll need to be replaced. There is a shortage of school nurses as kids are coming back to school. The only way to fill open spots is to hire nurses coming out of nursing school. We are seeing issues with PPE shortages. School nurses are on the front line also; they need PPE. Also, there is a big change in the school nurse job description as they are now working hand-in-hand with public health. They are doing contact tracing based on phone trees. And they are facing a funding issue at the State level. Rural nurses are struggling; we are seeing burnout across the state, not just in rural areas, though. We are struggling. *(1:07:48)*
    - This area of school nursing and public health was an emphasis for the strategic planning activity, as well as the study that WCN is leading. Many of these things that the speaker highlighted are included in that document.
    - *From chat:* Are you seeing nurses leaving positions to take traveler jobs in other states (esp. higher paying COVID-response jobs?) Still unemployed nurses from ambulatory care - do you expect them all to be hired back?
    - *From chat:* We haven't laid off any ambulatory care nurses, and we have increased our use of agency, generally not travelers
- Some issues driving burnout are the lack of clear guidance when students return to buildings. Some students cannot wear a mask, particularly those with special needs. Ambiguity, especially during COVID-19, is much worse for school nurses. For remote learning, there is no telehealth model for school nurses to provide healthcare to students. Anecdotally, I'm hearing about unfilled school nurse positions, as well as unfilled leadership positions. Sofia asked about skill mix. There are no clear models in Washington about school nurses beyond having an RN (RNs, LPNs, some ARPNs practicing as RNs, etc.) *(1:11:30)*
- Another attendee has a somewhat contrasting opinion: In my District, things are fully remote for students, and nurses are having difficulty connecting to kids; not able to offer as much as they could be. What can we do with telehealth? Since there is lack of students to care for, nurses have spent time on professional development, and update school policies and procedures. There is inconsistency in PPE rules. I appreciate L&I understanding what is happening in school settings and the partnerships formed are great, but there are inconsistencies. I spoke with a contact tracer from public health and they discussed how, in a hospital where they worked, which masks are being used for different activities. I feel guilty using PPE/N95's when working with asymptomatic children. Nursing students are having to show up with their own PPE in order to do clinical placements. Another gift of the whole pandemic is that connections between school nurses throughout the states have really grown. School nurses have had a chance to grow. However, the hardest families to connect with, generally, are the ones that have the most determinants of health. It's a big challenge and we are working through it as best we can. (*1:13:46)*
    - Our district is opposite from this, we have students back in person at all levels
    - Not every school has access to N-95s. This speaker's district is well-resourced. Schools are very inconsistent throughout the state because of resources so PPE access varies.

K. Sofia Aragon: What about using a mask that exceeds the activity that is called for? What is the ability of the school nurse to provide feedback? What is the best approach? (1:19:09)

- We are guided by L&I, OSPI, DOH, CDC documentation, defining low/medium/high/extremely high transmission risk. based on the transmission risks documented. Working with students with special needs is high contact, so it requires PPE. School employee unions would have everyone using an N95 mask. We are having trouble getting staff back in

schools because of a lack of understanding of the PPE needed. It Is hard to parse differing guidelines from different entities (include public health and CDC); Sofia noted that it sounds like they are trying to at least coordinate, and Laura agreed. She would like them to coordinate on PPE vs. Cloth face coverings; across industries would be great. *(1:19:42)*

- There is a traditional lack of recognition that healthcare happens in schools. When we started working with them, L&I had no idea that school nurses are doing trach suctioning or tube feedings, or other procedures that happen routinely. A positive is L&I learning a lot about what we're doing in schools. Relationships have deepened with DOH as well. *(1:21:56)*

L. Sofia Aragon: What else can you provide us regarding research needed on COVID-19 impacts? (1:23:44)

- Nursing faculty are being valiant and nimble in this time of COVID. But we are exhausted; we are beyond what any educator should be asked to do. College/university administrators do not understand the difference between nursing and other educational fields, and the kinds of changes we have had to make to ensure that we have a future nursing workforce. Our ability to stretch limited resources cannot go on forever; we are seeing decreased finances, decreased energy in faculty, and increased grief among practicing nurses and how that affects student nurses. I fear students will leave nursing before they finish their education, because they see how shaken the practicing nurses are, and how deeply exhausted and aggrieved they are. I have never experienced this sustained level of exhaustion among my colleagues. *(1:23:04). From chat:*
    - Thank you for these comments about the stress and workload increase with COVID-19.
    - And we cannot get together to support each other. Zoom is not the same as sitting around and offering support
- I agree. I've never been in the position of having to make more rapid decisions with less data available to me in my career. It is emotionally exhausting. Deans are in a position of trying to maintain belief in the organization while being held accountable for process/decisions that are constantly changing. We are hurting. *(1:27:37)*
- We're seeing nurses still in the unemployment claims data - interesting to figure out where there's available nurses vs need to hire from temp agencies, etc.
- *From chat:* Nurses are filing for unemployment when they get furloughed awaiting COVID test results or low censused due to non-urgent cases being canceled or are in a high-risk group so unable to work. *From chat:*
    - Thanks - I think that's right on target. Would like to learn more about the proportions in each...we'll keep tracking the UI benefit claims.
- If we have access to this data, can we look at nursing errors and the possible secondary marker of stress, understaffing, high demand; it would also be interesting to stratify by brand new vs. resident nurses. And compare pre and during pandemic, to quantify this effect on performance. *(1:29:03)*
- When we lay off or furlough, who comes back? Do they come back at the same work level? Do they change jobs? What are their reasons? We should be documenting the impact. What are the ethnic and diversity issues playing out in who chooses to come back and at what levels? What are the impacts? When we furlough people, what happens when we ask them to come back? That's a short term-measure of, not dissatisfaction, but real change in people's work and their willingness to continue in those roles. *(1:31:21)*
- We do not have data to answer those questions. If any special studies are developed down the line, that is one of the questions that we most want answered. You can get to some of those questions with interviews and more detailed data collection. We don't have the resources at this time to address all of these really important questions that are coming up. But boy are those good questions *(1:32:11)*

- What is the impact of COVID on students? Referring to the earlier story about students are working with nurses who are dealing with stress and exhaustion. Health care is important to economic recovery; do we need to change how we are attracting people? We should be studying what is attracting students to nursing. *(1:33:30)*
- *From chat*: Maybe comparison of studies in resource-poor settings to see how nurses cope, etc.? The lack of ventilators and staffing is a common occurrence in some countries. Just a thought.

M. Sofia Aragon: This brings us back to "resilience". Nurses have been many challenges over the years, and there will be more crises. Comments on resilience? (1:33:10)

- We should ask questions about what helped. What's good? One good thing: lifting of restrictions to go from 50% of a course in sim and 50% of a program. A second good rule change: Counting simulation ratios on a 1:2 level: these are evidence-based decisions that are working for us. Both of these changes are temporary, however. And finally, when schools had to go from teaching completely in person to completely online, we turned on a dime. That is worth celebrating, even if there is no data to go on. Finally, the relationship between deans and DOH: over time there has been a lessening in requirements of paperwork to make changes. *(1:34:57)*
- Burnout and resilience are one aspect but also consider engagement in the turnover and retention data, such as, *I'm engaged with my work in a meaningful way*. *(1:36:38)*

Meeting End: 3:00 pm. Sofia Aragon closed the meeting.

- She will check in with participants and non-attendees to gather additional comments.
- She invited all participants to join the steering committee if they would like to. There will be regular monthly meetings on progress on the research. The timeline is between now and June.
- Sofia will continue to communicate with participants via email and encourages feedback and engagement in the data collection process.
- The goal is to help define policies so that the nursing workforce is better prepared, can respond better in the future, and we can build a stronger nursing workforce.
- Also, if there was someone who wasn't here today but should have been, we would love to take that recommendation as well.
    - *From chat:* I think it would be helpful to have someone on the steering committee from long term care and behavioral health.