Nursing Recruitment and Retention in New York State: A Qualitative Workforce Needs Assessment

Carol S. Brewer, PhD, RN
Luis E. Zayas, PhD
Linda S. Kahn, PhD
Mary J. Sienkiewicz, MBA

This study's objective is to determine major barriers to nursing recruitment and retention as a basis for the New York State Area Health Education Center (NYS AHEC) System's strategic plan for its nursing recruitment and retention initiative, using qualitative assessment with maximum variation purposeful sample. Nine focus groups were conducted in eight rural and urban regions. Three analysts evaluated data following a theory-driven immersion-crystallization approach. Fifty-six practicing nurses, nurse managers, nursing educators, and health care administrators participated. Participants identified workforce recruitment challenges, including labor market dynamics, professional image in the media, and workforce education and training. Workforce retention challenges were also identified, including working conditions, workforce compensation, and barriers to continuing education. Findings confirm documented national and state nursing workforce issues, identify rural-urban distinctions not evidenced in previous research, and provide priorities for the NYS AHEC System pertaining to access to formal and continuing education, faculty shortages, workplace best practices, and recruitment.

Keywords: *nursing workforce shortage; personnel recruitment; personnel retention; needs assessment; focus groups; Area Health Education Center*

New York State (NYS) is a diverse state with a large population of nurses, yet it nevertheless faces a nursing workforce shortage. It has highly urbanized areas—notably, the New York City metropolitan-downstate area and several other smaller urban areas—as well as extremely rural areas in the northern and the southwestern parts of the state. Nursing workforce problems in the state can be quite different in these two types of areas in terms of job availability options, wage differentials, and perceptions of job opportunities for nurses (Brewer, Feeley, & Servoss, 2003; New York State Education Department, 2003b). For example, only 35% of rural nurses think it is very easy or quite easy to find a new job in their area, whereas 50% of downstate urban nurses believe this is true (New York State Education Department, 2003a). Despite these rural-urban distinctions, the entire state is facing a significant registered nurse (RN) shortage, which is projected to be 10% in 2010,

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16% by 2015, and 23.6% by 2020 (U.S. Department of Health and Human Services, 2002). The accelerating retirement of older nurses has been cited as a primary contributing factor to the anticipated shortage (U.S. Department of Health and Human Services, 2002). In 2002, about 23% of registered nurses in New York planned to leave their jobs within the subsequent 5 years (New York State Education Department, 2003a). Solutions to problems in the nursing workforce center on both recruitment and retention issues and need to be both focused and sustained.

The NYS Area Health Education Center (AHEC) System mission is to enhance the quality of and access to health care, improve health care outcomes, and address health workforce needs of medically underserved communities. This federally and state-funded NYS AHEC System encompasses a statewide office, three regional offices, and nine freestanding 501(c)3 AHEC organizations with governing boards representative of their respective communities. Through local centers, the NYS AHEC System has a capacity to address statewide health workforce issues at the community level. The NYS AHEC System conducted this project to help establish a strategic plan for its nursing efforts across the state. The purpose was to obtain new insights; validate concerns of nurses, educators, and administrators; and ultimately use the findings to engage workforce leaders in developing a strategic plan to prioritize the AHECs' nursing recruitment and retention programs and resources.

The NYS AHEC undertook a qualitative nursing workforce needs assessment and considered several theoretical approaches in developing the needs assessment. Researchers have followed different theoretical models to appraise nursing workforce dynamics, such as organizational, work-identity, and critical theories. Organizational theorists have studied job satisfaction and organizational commitment extensively because of their impact on turnover (Price, 2004). These studies largely focused on how the workforce functionally adapts to the work environment. In studies of nurses in NYS, hospital and nursing home RNs were least satisfied; among direct care RNs, satisfaction was inversely related to time spent on paperwork (Brewer & Nauenberg, 2003; New York State Education Department, 2003a). Hospital and ambulatory care RNs ranked stress as the main reason for leaving their job. Stressful environments, moreover, can normalize aggression in the workplace and negatively affect recruitment and retention (Jackson, Clare, & Mannix, 2002).

Recently, work identity theorists have conceptualized nursing professionals as entrepreneurial employees responsible for developing and maintaining transferable skill sets. The professional employee may identify with and commit to a professional community, a particular work group, or even commitments beyond the job to family or friends rather than to a particular organization (Baruch, 1998; Baruch & Winkelman-Gleed, 2002; Kirpal, 2004). In this model, organizations that repeatedly damage trust with employees because of downsizing and practices designed to improve profitability regardless of employee considerations may experience in time a decrease in organizational commitment (Baruch, 1998). Thus, one way to interpret nursing retention and recruitment difficulties is that nurses have learned to market their acquired skills to select other employment that meets their needs and balances their diverse commitments. Kirpal (2004) found that after an initial period of highly dedicated and focused commitment, nurses use various strategies to retreat from nursing—changing jobs, organizations, and level of time commitments as well as temporary or permanent quitting—that permits them to balance their work life with other commitments. To retain nurses, employers should recognize that they need to repair the relationship and increase organizational and other kinds of commitment.

A critical-theory perspective that is concerned with systemic differentials in power relations also presents a framework for understanding workforce development issues (Scambler, 2001). This framework considers workforce recruitment and retention problems given patterns of domination, exploitation, and discrimination in the workplace and in society involving gender, race, class, or employer-employee relations, among other variables. Barbee (1993), for example, noted the role of institutional racism in nursing in the United States as "a factor in the low numbers of Black registered nurses and Black students in the baccalaureate nursing programs" (p. 358). McLain (1988) assessed how gender and social class differentials

TABLE 1: Focus Group Sample

Date	*AHEC*	*Rural or Urban*	*Focus Groups*	*Participants*	*n*
March 3, 2004	Brooklyn–Queens–Long Island	Urban	1	Nurse educators and practicing nurses	4
March 11, 2004	Manhattan–Staten Island	Urban	1	Practicing nurses	7
			1	Nurse educators	6
March 29, 2004	Northern	Rural	1	Nurse managers	8
April 9, 2004	Western New York Rural	Rural and urban	1	Nurse managers and educators	7
April 13, 2004	Central New York	Rural	1	Nurse educators and administrators	6
April 15, 2004	Hudson Mohawk	Rural	1	Nurse managers and educators	11
			1	Practicing nurses	4
May 26, 2004	Erie Niagara	Urban	1	Nurse educators	3
Total			9		56

NOTE: AHEC = Area Health Education Center.

can breed poor collaborative practice between nurses and physicians, which can have workforce retention implications. Differing professional attitudes, highly variable training, and social class differences also have contributed to conflict in the workplace that can affect workforce development. D'Antonio (2004) points out that nursing historically has been an avenue for upward social mobility for many nurses who began as a diploma or associate degree nurse or who started their careers as licensed practical nurses (LPNs) or nursing aides. Differences between nurses who "move up" and those who do not also reflected class and racial status differentials in society's social and occupational structure.

Improving recruitment and retention is related to multiple factors, such as improving nursing's image, providing early role models and exposure to careers in nursing, improving working conditions and wages compared to alternative careers, professionalism, and better access to education (Chandra, 2003; Janiszewski Goodin, 2003). However, no one organization can do everything, and prioritizing resources is essential. To help AHEC stakeholders prioritize resources in addressing the nursing shortage in NYS, we interviewed in focus groups a sample of nursing professionals regarding what they believe to be the important nursing workforce issues in their area. This qualitative workforce needs assessment focused on the following principal question: What are the major barriers and facilitators to nursing recruitment and retention in NYS?

METHODS

This study involved a total of nine focus groups conducted by eight NYS AHEC System centers in their respective regions (Table 1). Five focus groups were conducted in rural regions, three in urban regions, and one was mixed. A focus group methodology was employed because of exploratory interests in "obtaining general background information about a topic of interest . . . learning how respondents talk about the phenomenon of interest . . . [and] stimulating new ideas and creative concepts" (Stewart & Shamdasani, 1990, p. 15), particularly regarding recruitment and retention challenges and opportunities. It allows the participants to openly offer their opinions and experiences on the issues and to discuss them with the group as the moderator probes and compares their responses for depth and breadth. A "maximum variation" sampling strategy designed to include distinct categories of informants who could address the issues from different vantage points across focus groups was used to obtain a "broad range of perspective" (Kuzel, 1999, p. 39). To recruit participants of diverse professional status, each center identified and invited practicing nurses (RNs, LPNs, nurse practitioners [NPs]), nurse managers, nursing educators, and nurse health care administrators. Participation offered no incentives and the only eligibility requirement was current employment at the identified location. A university institutional review board approved the study.

Different moderators trained in facilitating group discussion conducted focus groups in each region following a standard protocol with specific probing strategies to ensure consistency in their facilitation. The research team was a nurse educator-researcher and two medical anthropologists. They devised a moderator's guide consisting of eight open-ended questions that centered on eliciting perceptions of regional nursing workforce development issues. The questions were framed by professional category. Examples of these were "What are the principal concerns of (nurses/educators/employers) regarding nursing workforce development in this region?" "What are the main challenges to nursing recruitment in your region?" and "What are the main regional challenges to nursing workforce retention?" The focus groups lasted between 1 and 2 hours, and all were audio recorded for analysis except one, which was conducted via telephone conference call and for which precise notes were taken.

The research team analyzed the data following a theory-driven immersion-crystallization approach (Borkan, 1999; Miller & Crabtree, 1992). This approach consists of a systematic iterative process of text interpretation and categorization to derive patterns and connections. Conceptually drawing from their respective disciplines and from the nursing workforce development literature, the analysts first reviewed each transcript independently to identify relevant data units or statements that reference workforce development issues. Then, they compared their preliminary findings and developed a catalog of workforce development experiences and opinions per query. These itemized statements were differentiated by group composition (professional status and rural vs. urban) and classified into coding categories by consensus before the team established the themes bearing on recruitment and retention. Interpretive disagreements were resolved by presenting supportive contextual evidence. Last, the analysts combed through the transcripts in search of evidence that conflicted with the findings as a measure of trustworthiness (Kuzel & Like, 1991).

RESULTS

Fifty-six nursing professionals of different regional and professional backgrounds participated in nine focus groups (Table 1). Study findings are presented as themes in narrative form in the two major research domains of workforce recruitment and retention challenges (Table 2). Each thematic category represents multiple referents. Some themes are not new and validate expected findings, whereas others have not received adequate attention in the literature, particularly those more pertinent to nursing in rural areas. Several themes are interrelated within and across domains. Together, they represent an ecological array of forces that are believed to hinder nursing workforce recruitment and retention in NYS.

TABLE 2: Summary of Findings

Workforce Recruitment Challenges	*Workforce Retention Challenges*
Aging of workforce	Work intensity
Nonlicensed versus licensed personnel	Staffing and scheduling
Rural-urban recruitment issues	Lack of empowerment
Competing employment opportunities	Traveling nurses
Media gender stereotypes	Workforce compensation
Public misunderstanding of nursing	Barriers to continuing education
High school pipeline barriers	Work culture
Professional expectations and culture	
Inadequate education or specialty training	
Faculty shortages	

Recruitment Challenges

Aging of the workforce. Participants from both rural and urban areas expressed concern about the growing nursing shortage in NYS in light of an aging nursing workforce and the difficulties of attracting qualified new recruits. An urban respondent, for example, pointed to the anticipated exodus of experienced nurses:

> The average age of a staff nurse is 47 or 48 now. . . . You're going to see a large exodus at the same time. . . . It means that the volume or the mass that will leave within 2 to 3 years is going to be high. . . . For the first time we are going to see . . . at least one third of the group leaving . . . and you're

> talking about one third who are experienced nurses. That's where the shortage is.

Nonlicensed versus licensed personnel. Several nurses commented that the existing nursing shortage has prompted employers to fill nursing positions with nonlicensed personnel, including support staff, thereby devaluing the training and expertise of licensed nurses and allowing employers to believe that an unskilled employee can perform the same job as a licensed nurse. This process may also discourage nursing candidates from choosing higher nursing degrees, such as a bachelor's degree in nursing, because of the perceived lack of differentiation in responsibilities and rewards for the higher education.

Several comments also reflected that there had been an increased use of support staff. LPNs were given much responsibility but did not have adequate management or technical skills. Some participants expressed the belief that LPNs lacked the drive to become RNs. These comments may reflect the difficulty hiring RNs in rural areas as well as class differences.

Rural-urban recruitment issues. Rural nurses complained of difficulties attracting recruits to rural areas despite a lower cost of living. They mentioned that candidates bemoan the lower rural salaries but may not realize that a more affordable, better quality of life may be found in a rural area compared to a more expensive city. A nurse manager from another rural area blamed "salary wars" caused by local competition as an employer recruitment challenge because the pool of nurses is not getting larger. In some rural locales, the population is entrenched and nurses remain in their jobs for years; according to a rural respondent, benefits accrued to long-term RNs pose a particular recruitment challenge for new RNs:

> Many of our nurses have been with us 20 or 25 years, which presents another challenge in recruitment because a nurse who works every other weekend [working full-time] who stays with us for 25 years gets an extra weekend off, so that creates another challenge in staffing our RNs. Because nurses stay with us, and we are grateful that they do, obviously they like their job working at the hospital, but that presents another challenge for us in recruitment.

Rural participants also raised the issue of the difficulty of hiring experienced nurses versed in many different areas of inpatient care and capable of functioning autonomously in various departments of rural, nonteaching hospitals. Unlike urban teaching hospitals, where nurses are placed in specialized departments and supported by residents and interns, rural hospitals often require nurses to be multiskilled generalists functioning with considerable autonomy.

Urban nurses elaborated on problems attracting candidates to work in lower income areas. An urban nurse described this recruitment difficulty:

> Everyone wants to work in Manhattan because it's acceptable and it carries clout. "You say you work in [name of area]?" So I think that's part of the challenge . . . because of where many of our clinics are located. It's in the lower income areas and not everyone wants to go into these particular areas to work. . . . So you come for the interview and then you look around the area, and it's not inviting.

Urban participants emphasized that a larger effort should be made to attract minority students to nursing. A related issue involved recruiting bilingual or trilingual nurses who can communicate and treat diverse immigrant populations, particularly in New York City. In spite of recognizing the need for diversity, problems working with (foreign-born) nurses include difficulty with medications, language, and understanding the social hierarchy and relationships.

Competing employment opportunities. The nursing profession must compete with the myriad of career choices that women have today: "Women today have more choices—nursing is not number one," as one upstate nursing educator explained. Drawing males into the nursing profession was another recruitment challenge noted throughout the focus groups.

Media gender stereotypes. Across all focus groups, rural as well as urban, the image of nursing was cited as a barrier to recruitment. Nurses spoke at length of the negative image of nursing in the media, particularly gender stereotyping. For example, an urban nurse commented, "[In the media] nurses are portrayed as either sexpots

or . . . empty-headed individuals." The public's general perception that nursing is mainly a female occupation also was noted as an obstacle to male entry into the nursing pipeline and workforce.

Public misunderstanding of nursing. Nurses remarked that the public in general has a misconception derived from the media of what nursing is and that it does not know or understand the complexities and scope of nurses' actual responsibilities. As one rural participant argued,

> *ER* [a television show] inaccurately, in several episodes, depicted how nurses do their jobs every day and who has authority over nursing practices and who does not. . . . If we continue to have popular shows for our young people who are looking at maybe health care careers . . . and not accurately showing a nurse in her practice with all of the issues that involve nursing from technology to social service issues to just being critical thinkers . . . we will not attract those people to nursing.

An urban nurse also described the unheralded and unsung theme of their profession that is lacking in the media, whereas another reflected on missed opportunities to project a more positive image:

> Nurses are the conductors of the orchestra. . . . The nurse is the one who has to see how all [clinicians] will come together to help a person breathe, eat, sleep. . . . [However] we don't promote what we do with lots of passion. We talk down our careers all the time. We don't talk about the dedication to the people we serve . . . the reason why we're in nursing. . . . You've [got] to be able to put out there [that] this is the career path that you choose. It's not my second choice . . . It's my first and only choice to be a nurse. . . . The humanity that [is] nursing is not well publicized.

High school pipeline barriers. Participants across all focus groups emphasized that high school counselors must take greater steps to promote nursing, especially among the brightest students, who are often encouraged to choose medical school rather than nursing. When an upstate urban nurse educator remarked, "High school counselors don't promote nursing," her colleague chimed in: "They [counselors] say, 'You're too smart to become a nurse.'" A rural nurse educator commented,

> The school systems . . . are not encouraging the kids at all. You go into the guidance office, [nursing is] . . . last on the list. I mean, they say, "Do you really want to do that? Why would you want to be a nurse?"

Nurses remarked that nursing carries a stigma compared to medical school and physician assistant programs, and students who pick nursing as a career often have had a life experience that has influenced this decision.

Professional expectations and culture. Various participants cited finding and hiring nursing recruits with a strong work ethic and a professional attitude as a challenge. The attitude of new graduates, particularly those born in the 1960s and 1970s, was seen as particularly problematic. Nurses complained that new graduates are often overconfident because of publicity about the nursing shortage and believe they can "walk into a facility and land the job of their dreams," as one upstate nurse commented. Nurses described "Generation X" recruits as "wanting more time off, fewer hours on the job, and not interested in real work." Generation X workers were depicted as concerned primarily about scheduling, salaries, and extra compensation for relocation expenses and paying off student loans. Nurses also complained that mature people currently entering the nursing work force seem more interested in the paycheck than in the nursing profession. There was also evidence of conflict when RNs felt that aides and LPNs did not accept the professional nursing culture or lacked drive to progress in their education.

Inadequate education and training. Across all focus groups, nurses pointed to what they perceived as inadequate preparation of nursing candidates. Nurse participants recommended that better preparation in math and science is needed to improve the quality of new nursing recruits and remarked that the 2-year nursing curriculum is very limited. The need for remediation in basic skills was a frequent comment: "Writing skills and math skills coming out of high school are pathetic." Nurses also made a distinction between academic skills and clinical skills:

> There's a difference between being book smart and hands-on, clinically smart. It's two different things. . . . The patients are more sick these days. And you have to just know how to deal with certain things that happen really fast. You don't have time to . . . think, to go to a book.

Lack of specialty preparation was another recruitment concern, particularly in urban focus groups and for fields such as geriatrics that have taken on increased importance because of the aging population. Ambulatory care also was cited as an important specialty requiring enhanced preparation of nurses. Nurses identified administrative skills and technology education as areas where improvements are needed not only for computer literacy but also for new patient care technologies.

Faculty shortages. Nurses across the state lamented that difficulties in faculty recruitment hampered nursing educational reforms and expansion of programs and is exacerbated by the aging nursing faculty. A nurse from an upstate urban area commented, "For 2-year schools, people are put on a waiting list for an extraordinary amount of time." Lack of scholarship opportunities for students was also raised as an impediment for nursing training and recruitment. Focus group participants described nursing education jobs as low paying and not attractive to younger nurses who want a lucrative paycheck. Nurses in both upstate and downstate urban focus groups expressed concern that nurse educators often lack knowledge and experience teaching students with different learning styles.

Workforce Retention Challenges

Work intensity. Work intensity was a major concern among nurses across all focus groups and was viewed as an impediment to retaining skilled, competent nursing staff. Workloads of 16 to 18 patients per day, the high volume of very sick patients, and the difficulties of practicing safe care in such environments were repeated themes. High patient volume and long hours were cited as impediments for retention of both young and experienced nurses. Nurses mused that while a nurse's job once entailed getting to know patients in the hospital and playing a vital role in their postoperative treatment, today the patient volume is high and patients go home immediately. Nurses described their jobs as "assembly line," with little time for patient contact and education. One urban nurse portrayed nurses as "medication dispensers," evoking a mechanistic image of what nursing has become.

While nurses painted a picture of factory-type work, they also enumerated the multiple roles expected of nurses in the workplace. Because of staff shortages, nurses are faced with a wide range of tasks: responsibilities involving an increasing amount of administrative paperwork coupled with the physical demands of nursing. As nurses age, they often experience difficulties keeping up with the physical aspects of the job. An upstate urban nurse observed, "There is an age problem, as this is physically demanding work. . . . There is also a lot of stress," suggesting, "we need to redesign the environment to retain [older] nurses."

Staffing and scheduling. Staffing problems, particularly staffing ratios, were raised as important issues, particularly in medical-surgical units. Nurses complained of constraints imposed by managed care resulting in fewer nurses to provide health care. Nurses also complained about inflexible scheduling, stating that shift work, weekend work, and holiday work were deterrents to retaining younger workers who need to balance the demands of families and work schedules. Shift work is particularly problematic when coworkers either do not show up for their shift or arrive late, forcing the nurses already on duty to work additional hours past their shift. Nurses spoke of 16-hour days and mandatory overtime as a disincentive for nursing retention. Nurse educators' comments included "rigid, bureaucratic-style nurses" and "need to empower nurses to do own schedules," suggesting that more flexible scheduling arrangements and empowerment over the process encourage retention.

Lack of empowerment. Participants advocated allowing nurses a greater voice in decision making not only with regard to scheduling but also with practice and quality of care—and to be held accountable. Nurses felt they lacked power to influence their working conditions, thus leading to frustration and disillusionment. Sometimes, a

sense of powerlessness was described in terms of administrators' undermining the expertise of nurses. As an urban nurse argued, "Administration . . . they feel as if they run the show . . . as if they're your supervisors. This is clinical practice! They don't respect our expertise." Other times, the frustration of lacking power in the workplace was expressed in view of the nurse-physician relationship: "It's always the physician who's on top and everybody else follows. . . . With that perspective, it'll never work and it's not working." This sense of powerlessness and subordination was believed to negatively affect retention.

Traveling nurses. Rural nurses believed that traveling nurses exert a negative effect on nursing retention. These rural respondents described traveling nurses as "having no loyalty," creating problems in the workplace. The travelers were viewed as obtaining a higher hourly rate and being willing to move on, leaving their responsibilities behind. Rural upstate participants remarked that becoming a traveling nurse is "too attractive an alternative for many rural nurses." A rural nurse echoed this sentiment: "Nurses who we've lost this year have been primarily to traveling."

Workforce compensation. Salaries and benefits were seen as key to nurse retention across all focus groups. Nurses complained that levels of compensation do not necessarily match the level of expertise needed, especially in comparison to some other occupations. A rural nurse argued, "Flagmen in one summer can make more money than a nurse in the year." Her colleague added, "Nurses have a lot of responsibility. . . . Jobs that don't require life-and-death situations on a daily basis—those people are making the same amount as we are." A rural nurse educator noted, "Salaries are more lucrative outside of nursing." Other urban nurses also observed that "expectations and responsibilities continue to increase while salaries remained flat," and that the lack of a reward such as bonuses and the need for more or better benefits make it difficult to retain nurses. Rural nurse managers also declared, "Nurses are lost to inadequate family benefits." A nurse from another rural area also observed, "Unions create higher salaries and more predictable pay steps, but [the area] lacks unions."

Barriers to continuing education. Career development for nurses remains a retention challenge, and many participants reported that increased accessibility to continuing education (CE), both professional and academic, would encourage retention. Inadequate staffing coupled with inflexible scheduling for CE prevents nurses from leaving their workplaces to take classes. Mandatory overtime was also cited as a problem that affects nurses' ability to continue their education. The sequencing of courses poses another barrier for nurses who want to further their education and training. Money is a problem for some nurses, as employers do not usually pay for education. An upstate urban nurse educator remarked, "The schools can get the students. The issue to me is scholarship money." Some nurses complained of the staff perception that CE is not important. For younger nurses, the competing demands of work and family prohibit CE, especially for single parents. Innovations such as online education and distance learning remain a barrier for older nurses who are not as comfortable with computers as younger nurses.

Rural nurses expressed a distinct set of issues with regard to perceived barriers to CE, especially travel time. They also described rural hospitals as hard-pressed to allow staff to be away and to reimburse. Rural nurses complained of limited local CE opportunities and resources and a time lag in obtaining current information and training.

Work culture. Last, some nurses complained of a complacent mentality with regard to educational advancement. A work culture that does not value professional development is at odds with the professional culture within nursing. A rural nurse educator compared her region to a large urban setting:

> With the area we live in . . . there is not a mind-set to continue your education like there would be in an area like Boston, where it seems like every nurse you see in a Boston hospital is there with some degree of higher education.

DISCUSSION

Nationally, the Health Resources and Services Administration funds the AHEC program as a major policy response to health care workforce

issues across the United States. The NYS AHEC System is developing a multifaceted approach and collaborative programs to address various shortage issues. This study provided confirmation of the issues in NYS as well as some insights not often commented on in the nursing shortage literature. Organizational, work-identity, and critical perspectives afforded the wide lenses to better account for the complexities of these workforce issues. Recruitment encompasses both improving the nursing pipeline and recruiting from nontraditional sources of nurses, such second-career seekers and men. Identified retention challenges comprise taxing working conditions, limited compensation, nurse entrepreneurship, and continuing education barriers. A comprehensive, systemic look at how recruitment and retention issues may be interconnected rather than disjointed processes is also important, such as considering how labor market dynamics cited as affecting recruitment efforts can also impinge on working conditions that challenge retention and vice versa. Long-term change in both areas is required because the solutions across time are interrelated.

Overall, the findings confirm documented national and state-level nursing workforce issues (Buerhaus, 2005; New York State Education Department, 2003a). The themes in this study have been familiar refrains during this long-lasting nursing shortage. Clearly, there are locally perceived needs; the regional nature of nursing labor markets require a blend of both local and statewide initiatives in a comprehensive approach.

For example, nurses are acutely aware that the aging of their workforce is a "brain drain" and that solutions will involve keeping older nurses in the workforce longer by improving working conditions. The focus group methodology, with its open-ended queries, also elicited nuances such as specific rural-urban distinctions that might not have been evidenced in a statewide or national survey. Rural nurses find that the challenges of rural practice require skills intimidating to new graduates, yet recruiting experienced nurses is especially difficult. An interesting issue that arose was the relationship of rural nurses to travel nurses who are recruited to work for short periods in rural areas. They provide needed services yet lack commitment to the community, creating resentment and possibly influencing the effectiveness of these RNs, indicating an important area of study that is needed (Skillman, Palazzo, Keepnews, & Hart, 2004). This attitude-commitment clash was also reflected in the concerns older nurses had about younger ones and in comments that revealed conflict in expectations of professional behavior between RNs and nursing assistants or LPNs.

This study has some limitations. The use of different focus group moderators can be a source of variability in the data collection process. The focus group conducted via conference call may have yielded limited data. The perspective of high-level health care administrators may not have been adequately represented in the sample, although nursing managers were well represented. Last, this study was designed to elicit experienced and perceived regional nursing workforce challenges in NYS, and therefore the findings might not be generalizable to other regions.

CONCLUSION

Workforce solutions based on the regional nature of labor markets need a blend of both local initiatives and a comprehensive approach that considers the needs of the whole state. The findings presented here have informed a comprehensive NYS AHEC System strategic planning process that involved a statewide advisory board charged to advise the NYS AHEC System regarding workforce issues facing the NYS health care system. On the basis of the identified themes, advisory board members prioritized goal statements and possible initiatives generated during the planning process. The result was a finalized nursing strategic plan to recruit diverse minority, rural, and disadvantaged students; attract and retain nurses in rural and underserved areas; and develop collaborative liaisons with community and statewide organizations. The strategic plan identifies five priorities or goals for the NYS AHEC System at the local, regional, and state levels.

The NYS AHEC System will

- initiate and/or support statewide and regional dialog and planning to improve access to education, including access to technology and distance education, and enhance nursing program capacity;

- facilitate access to formal education and CE and collaborate with and serve as a resource to nursing educational programs to enhance educational opportunities, particularly in rural and underserved areas;
- address the nursing faculty shortage and develop strategies to remediate it;
- collaborate to advocate and promote workplace best practices; and
- promote a positive nursing image, provide preprofessional exposure to nursing careers, and provide nursing support for rural, mid-career, and displaced and/or downsized workers.

Engaging in this process has provided confirmation that the concerns of NYS nurses are similar to many across the country. The unique collaborative partnerships characteristic of the AHEC organizations are well positioned to share and customize solutions. At the same time, some unique concerns have been presented that may be more locally based, requiring equally unique solutions. This process has strengthened the NYS AHEC System approach and commitment to nursing issues, has validated goals, and has provided a focus for the many potential efforts that could be used to address the nursing shortage.

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Carol S. Brewer, PhD, RN, is an associate professor in the School of Nursing and a director of nursing for the New York State Area Health Education Center System Statewide Office, Department of Family Medicine, University of Buffalo, New York.

Luis E. Zayas, PhD, is a research assistant professor in the Department of Family Medicine and an adjunct assistant professor in the Department of Anthropology at the Univeristy of Buffalo, New York.

Linda S. Kahn, PhD, is a research assistant in the Department of Family Medicine and an adjunct assistant professor in the Department of Anthropology at the University of Buffalo, New York.

Mary J. Sienkiewicz, MBA, is the deputy director of the New York State Area Health Education Center System, Department of Family Medicine, University of Buffalo, New York.