



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in OPPOSITION to SCR180

**REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A WORKING
GROUP TO PREPARE AND DEVELOP SOLUTIONS AND MAKE
RECOMMENDATIONS FOR THE RECRUITMENT AND RETENTION OF NURSES
TO ADDRESS THE SHORTAGE OF THE NURSING AND HEALTH CARE
WORKFORCE IN THE STATE.**

SENATOR JOY SAN BUENA VENTURA, CHAIR
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: March 24, 2023

Room Number: 229

- 1 **Fiscal Implications:** N/A.
- 2 **Department Testimony:** The Department of Health (DOH) respectfully opposes this measure
- 3 as unnecessary, given the existing recruitment and retention activities in our community; further,
- 4 DOH is the inappropriate agency to convene such a working group.
- 5 The department acknowledges the health care workforce shortage and actively participates in
- 6 numerous activities and initiatives to improve access. DOH defers to the Hawaii State Center for
- 7 Nursing, a close partner and subject-matter expert on nursing workforce issues, regarding
- 8 nursing best practices in recruitment and retention.
- 9 Thank you for the opportunity to testify.
- 10 **Offered Amendments:** N/A.

THE KŪPUNA CAUCUS



HHS_03-24-23 1:00PM SCR112, 180_SR 118,175

TO: COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

CONCERNING: SCR 112 / SR 118 ADOPTING THE NURSE LICENSURE COMPACT.
SCR 180 / SR 175 FOR THE RECRUITMENT AND RETENTION OF
NURSES

POSITION: Strong Support

Aloha Chair Buenaventura, Vice Chair Aquino and members of the Committee

The Kūpuna Caucus of the Democratic Party of Hawai'i has a membership of more than 2,000 politically active and aware seniors and we support all programs which will help Hawaii expand the number of trained medical personnel who can assist people in need of medical service, but who cannot get to an MD or Hospital.

You all know we have lost over 700 doctors and over 5000 nurses left the profession or left the islands and that was just as of 2021. The State needs to do everything it can to expand the nurse education facilities in the state as hundreds of qualified applicants are turned away annually due to lack of teachers.

Programs to retain nurses still in the field and to recruit nursing talent are also necessary which will require adjustments to exhausting over time schedules and more pay or dedicated housing. The Nurses licensure program will certify nurse professionals in all the states signed up with the program. Being part of this program will allow Hawaii to recruit and accept nurses from other states who might be willing to work here, even if temporarily.

Hawaii needs time to improve and expand nursing education opportunities so that local and qualified applicants can get the education they want and live and work her in Hawaii.

Please vote for these resolutions

Martha E Randolph for the Kūpuna Caucus of the
Democratic Party of Hawaii



March 24, 2023 at 1:02pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Hilton Raethel
President and CEO
Healthcare Association of Hawaii

Re: **Opposition**
SCR 180/SR 175: Requesting the Department of Health to Convene a Working Group to Prepare and Develop Solutions and Make Recommendations for the Recruitment and Retention of Nurses to Address the Shortage of the Nursing and Health Care Workforce in the State

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, type II adult residential care homes, and assisted living facilities. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to submit testimony in respectful **opposition** to these resolutions, which convene a working group within the Hawaii State Department of Health to – among other things – examine and make recommendations relating to minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities and submit a report to the legislature prior to the convening of the regular session of 2025.

We share the legislature's commitment to providing high-quality care to the residents of Hawaii and appreciate that the title of the resolution seeks to focus on the shortages that exist within the nursing workforce in the state. However, we do not agree that patient-to-staff ratios are the correct solution and cannot support the resolution's narrow focus on requiring staffing ratios.

As outlined in our testimony to SB 1580, we believe that our current healthcare workforce shortage is primarily rooted in insufficient reimbursements from government sources as well as the state's high cost of living. These factors overlap such that lower reimbursements constrain wages and these constrained wages become less able to cover the cost of living with the

consequence being that Hawaii becomes a less attractive place for healthcare providers to live and work.

As compared to the rest of the nation, Hawaii’s providers receive some of the lowest reimbursement rates from both Medicare and Medicaid. Furthermore, many of these providers have contracts with commercial insurance companies that have been in place for many years and only provide inflationary adjustments of 3-4% despite the cost of labor as well as other goods and supplies having gone up 10-15% in recent years.

Figure 1. Ranking of Hawaii’s Medicaid and Medicare spending per enrollee as compared to other states and the national average.

Medicaid Spending Per Full-Benefit Enrollee, 2019					
National Average: \$7,106					
State	Spending Per Enrollee	State	Spending Per Enrollee	State	Spending Per Enrollee
D.C.	\$10,573	Texas	\$7,675	California	\$6,589
Massachusetts	\$10,147	New Hampshire	\$7,664	Colorado	\$6,575
North Dakota	\$10,063	Mississippi	\$7,573	Kentucky	\$6,553
Minnesota	\$9,936	Indiana	\$7,570	Michigan	\$6,425
Vermont	\$9,712	Idaho	\$7,344	West Virginia	\$6,406
Pennsylvania	\$9,642	Nebraska	\$7,308	Oklahoma	\$6,327
Connecticut	\$8,936	Virginia	\$7,215	New Mexico	\$6,178
Missouri	\$8,775	Ohio	\$7,212	Arizona	\$6,176
New York	\$8,775	South Dakota	\$7,202	Louisiana	\$6,018
Alaska	\$8,625	Utah	\$7,113	Alabama	\$5,922
Delaware	\$8,526	Rhode Island	\$7,038	Washington	\$5,781
Wyoming	\$8,438	Iowa	\$6,903	Florida	\$5,662
Oregon	\$8,408	North Carolina	\$6,853	Hawaii	\$5,563
Maine	\$8,206	Montana	\$6,842	Illinois	\$5,067
Kansas	\$8,104	Arkansas	\$6,765	Georgia	\$5,037
Maryland	\$8,076	New Jersey	\$6,756	South Carolina	\$4,901
Wisconsin	\$7,995	Tennessee	\$6,668	Nevada	\$4,873

Medicare Part A and/or Part B Program Payments Per Traditional Medicare Enrollee, 2020					
National Average: \$10,210					
State	Spending Per Enrollee	State	Spending Per Enrollee	State	Spending Per Enrollee
New York	\$11,624	South Dakota	\$10,088	Arizona	\$9,224
California	\$11,501	Georgia	\$10,086	Iowa	\$8,915
Connecticut	\$11,342	Michigan	\$10,029	Wyoming	\$8,913
Florida	\$11,337	Alabama	\$10,009	Utah	\$8,838
Texas	\$11,290	Indiana	\$9,987	Rhode Island	\$8,825
Louisiana	\$11,284	Missouri	\$9,935	Alaska	\$8,811
New Jersey	\$11,100	Ohio	\$9,877	Virginia	\$8,734
Maryland	\$10,932	Nebraska	\$9,744	Colorado	\$8,676
Mississippi	\$10,809	Pennsylvania	\$9,715	New Hampshire	\$8,470
Oklahoma	\$10,670	Kansas	\$9,670	Maine	\$8,351
Massachusetts	\$10,581	West Virginia	\$9,602	Idaho	\$8,211
D.C.	\$10,439	South Carolina	\$9,562	Vermont	\$8,141
Illinois	\$10,355	North Carolina	\$9,501	Oregon	\$7,996
Minnesota	\$10,287	Tennessee	\$9,455	Washington	\$7,985
Nevada	\$10,274	Kentucky	\$9,427	New Mexico	\$7,932
Delaware	\$10,237	Arkansas	\$9,367	Montana	\$7,904
North Dakota	\$10,223	Wisconsin	\$9,298	Hawaii	\$6,874

Careers in healthcare can enable individuals and families to make a living wage. However, the cost of living means that every dollar goes less far. This makes it difficult to retain local students who may find it more lucrative to work on the continent and makes it challenging to recruit out-of-state clinicians who are worried about their ability to make a living in Hawaii. As seen below, although the wages paid for clinicians in Hawaii may seem high in nominal terms, we are among the lowest in the nation after adjusting for the cost of living.

Figure 2. Wages for Hawaii healthcare professionals adjusted for cost of living.

Profession	2021 Actual		2021 adjusted for COL	
	Mean Pay	Rank by State*	Mean Pay	Rank by State*
Registered Nurses	\$104,830	2	\$56,482	51
Radiologic Technologists and Technicians	\$82,990	2	\$44,714	51
Diagnostic Medical Sonographers	\$101,570	2	\$54,725	51
Nursing Assistants	\$38,650	4	\$20,824	51
Physical Therapist Aides	\$37,600	4	\$20,259	51
Pharmacy Technicians	\$42,300	6	\$22,791	51
Cardiovascular Technologists and Technicians	\$69,940	9	\$37,683	51
Medical Assistants	\$40,530	9	\$21,837	51
Clinical Laboratory Technologists and Technicians	\$61,840	12	\$33,319	51
Surgical Technologists	\$56,080	14	\$30,216	51
Home Health and Personal Care Aides	\$29,030	15	\$15,641	51
Licensed Practical and Licensed Vocational Nurses	\$54,160	16	\$29,181	51
Physical Therapists	\$91,090	18	\$49,079	51
Physician Assistants	\$115,710	22	\$62,344	51
Occupational Therapists	\$85,900	22	\$46,282	51
Physical Therapist Assistants	\$57,560	25	\$31,013	49
Occupational Therapy Assistants	\$60,470	31	\$32,581	50
Average	\$66,485	13	\$35,822	51
* Includes all 50 states and District of Columbia				

As a result, when we completed an update to our workforce demand survey – which covers critical non-physician, patient-facing jobs within the healthcare system – in 2022, we found that there were nearly 4,000 open positions. This was a 76% increase in just three years. Furthermore, it took, on average, six to twelve months to fill these positions. The greatest needs are for registered nurses (RNs) and certified nurse aides/nurse aides (CNAs/NAs), which are roles critical to staffing hospitals, nursing homes, home health agencies, and hospices. The demand for RNs more than doubled and the demand for CNAs/NAs went up by 78%.

Through the Healthcare Workforce Initiative (HWI), HAH and its members have worked proactively to address the immediate and future needs of Hawaii’s healthcare providers. We are tremendously grateful for the financial support that we’ve received from local, state, and federal sources to invest in programs that help to recruit and retain local residents in these critical healthcare jobs. Right now, HAH is serving as the healthcare sector lead in the Good Jobs Initiative, which is bringing \$30 million to the state to support innovative job training projects. We are also working to expand certificate programs in high school health academies as well as offering opportunities to workers already in healthcare to further their education, experience, and earnings such as through the CNA-to-LPN glidepath program that successfully launched on Maui and Kauai.

The causes of our current healthcare workforce shortage are complex and there is no single solution that will resolve our issues. With these facts in mind, we believe that the state needs to focus on more holistic solutions like addressing reimbursements and the cost-of-living situation. HAH is engaged in a number of proactive programs to bring more nurses online, such as those noted in the preceding paragraph, and will continue to explore and collaborate to identify other workable solutions that will help alleviate our healthcare workforce shortage.

Thank you for the opportunity to provide testimony on these resolutions.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 24, 2023

Re: Testimony in opposition to SCR180: REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A WORKING GROUP TO PREPARE AND DEVELOP SOLUTIONS AND MAKE RECCOMENDATIONS FOR THE RECRUITMENT AND RETENTION OF NURSES TO ADDRESS THE SHORTAGE OF THE NURSING AND HEALTH CARE WORKFORCE IN THE STATE.

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in opposition to SCR180, which would convene a working group to examine establishing certain minimum staff-to-patient ratios for hospitals, care homes, and dialysis facilities, requiring hospitals to create hospital staffing committees and staffing plan as well as establishing certain meal break, rest break, and overtime provisions applicable to health care personnel at hospitals, care homes, and dialysis facilities.

COVID19 has helped illustrate the ongoing challenges and strains that our healthcare workforce is under. Queen's is no different than many other systems in our state that have had to adjust to the unprecedented strain the pandemic placed on our hospital with regard to caring for higher acuity patients for a longer period of time. It underscored existing strains but, also forced us to evaluate, adjust and improve existing staffing processes. It also required us to strengthen nurse staffing review committees and broader hospital safety committees throughout our statewide systems to ensure that our various lines of service were aware of needs and we could respond appropriately and safely.

Queen's has, and continues to invest in growing our local nursing workforce. We continue to support programs in our high schools and universities develop the next generation of nursing professionals by provide internships and residency programs. Queen's has committed to funding a new nursing professorship at the University of Hawai'i and supports the additional funds being asked for by the University of Hawai'i system (as part of the U.H. Health Workforce Initiative) to further address the nursing workforce disparity facing Hawai'i. Addressing the shortage requires all

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

healthcare sectors, governmental partners (state, local, and federal), labor, and the business community to collectively lean-in.

We would note that hospital facilities and staffing standards are already highly regulated by state and federal government as well as within the industry. Note also that President Biden, in his 2023 State of the Union address, specifically highlighted his administration's commitment to address staffing standards within certain healthcare settings. Furthermore, The Joint Commission sets standards and certifications that are industry recommended to ensure hospitals are appropriately and safely staffed.

The nurses, physicians, medical professionals, and facility staff demonstrated nothing short of heroism during the height of the COVID19 pandemic - for many, this experience illustrated how much we depend on a strong, professional, committed healthcare team. It is also why Queen's has invested in expanded employee wellness programming to ensure our staff are able to receive the care and resources needed to tackle the unique and challenging acute care work environment. We know that having a safe and healthy workplace is critical which is why Queen's also recently deployed a new personal safety system, called Strongline; allowing each caregiver and staff to have a duress alarm on their employee badge which, when activated, will allow security to immediately respond to the exact location where the incident is occurring.

We appreciate the Committees' drawing attention to these issues but, we hope you will instead consider ways to invest in strengthening and expanding our healthcare workforce through training, education, loan repayment programs, and other incentives. Thank you for allowing Queen's to provide testimony; we respectfully request you to defer this resolution.



**Written Testimony Presented Before the Senate
Committee on Health and Human Services
Friday, March 24, 2023 at 1:02 PM
by
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

Comments on S.C.R. 180/ S.R. 175

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee, thank you for the opportunity to testify on S.C.R. 180/ S.R. 175.

This resolution finds that there is a continuing nursing workforce shortage and identifies that improving nurse and health care worker safety and working conditions leads to better patient care and staffing standards. This resolution requests that the Department of Health convene a working group to establish recommendations related to minimum staff-to-patient ratios, development of staffing committees, and break and overtime provisions.

In 2022, the American Association of Critical Care nurses, American Nurses Association, American Organization of Nurse Leaders, Healthcare Financial Management Association, and Institute for Healthcare Improvement developed the Nurse Staffing Think Tank: Priority Topics and Recommendations¹. The work launched an initiative by providing:

1. Strategic advice on broad ideas and direction based on data that identifies the root causes of the nursing shortage
2. Input on workforce trends, challenges and issues hindering progress toward feasible and practical staffing solutions
3. Strategic direction for broader goals
4. Options for action, including associated outcomes (Purpose Statement, Page 2)

The Hawai'i State Center for Nursing (HSCN) cites this national effort because while the recommendations address creating safe staffing environments, the recommended action is that specialty nursing organizations should “investigate evidence related to scope of practice and minimum safe staffing levels for patients in their specialty” (Healthy Work Environment, Page 7). It appears that there may not yet be updated evidence-based guidelines related to safe staffing standards. COVID-19 and the well documented increase in patient volume and level of patient illness in Hawai'i, and the nation, has shifted the applicability of past evidence to the current environment.

While we wait for national guidance on updated and revised standards, we are not idle. We have launched our own initiative related to “Wellness as a Factor of Recruitment and Retention”. In this workgroup, which includes healthcare employers, nurse faculty, labor, and HSCN staff and advisory board representation, we [described the key challenges](#) relevant to wellness, recruitment, and retention in our own state. We found our challenges closely align with the Nurse Staffing Think Tank, and launched the effort to review the recommendations from the think tank, with the intention to prioritize action and adoption for our state.

¹ <https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf>

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

This work, focusing on the wellbeing of nurses as a means to ensure their safety and investing in their stability as a workforce, is necessary. So too is the ability to project workforce needs based on staffing levels, as this is a requisite for success. While we have workforce supply, education capacity, and current demand data, we do not have future workforce projection models. Workforce projections that account for large staffing shifts would be necessary to ensure that our local school of nursing graduation rates are meeting the future demands for nursing. Last year, the Hawai'i State Center for Nursing received estimates that developing a projection model for future workforce demand would cost approximately \$100,000. In addition, any increase in workforce demand needs to be matched with nursing school expansion, such as the proposed expansion of UH nursing education through the UH Health Workforce Initiative, included in the state budget.

Any initiative of this type needs complimentary efforts including future workforce projections as well as plans to address any nursing workforce shortfalls through educational expansion.

Thank you for the consideration of this testimony as it relates to S.C.R. 180 / S.R. 175.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

Friday, March 24, 2023 at 1:02 pm
Conference Room 225 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Comments on SCR 180/SR 175
REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A WORKING
GROUP TO PREPARE AND DEVELOP SOLUTIONS AND MAKE
RECOMMENDATIONS FOR THE RECRUITMENT AND RETENTION OF
NURSES TO ADDRESS THE SHORTAGE OF THE NURSING AND HEALTH
CARE WORKFORCE IN THE STATE.**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write to provide comments on SCR 180/SR 175 which requests the Department of Health (DOH) to convene a working group to assess the nursing and health care workforce shortage in the state. In the context of the assessment, the working group is tasked with considering staffing ratios for hospitals, care homes and dialysis facilities; requiring hospitals to create staffing committees and staffing plans; and establishing meal breaks and rest breaks as strategies and the potential effects on recruitment or retaining nurses.

HPH appreciates the intent of SCR 180/HR175, however, we note that addressing the nursing shortage is not dependent on creating staffing ratios and establishing meal and rest breaks. We have guidelines in place for deciding how many patients a nurse can care for at a time. Despite these guidelines, HPH continues to deal with a shortage of nurses, and has had to rely on hiring additional nurses from out of state to fill staffing gaps.

In the current healthcare environment, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing

needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others.

Staffing ratios, meal breaks, rest breaks, overtime (OT) and other matters are largely dependent on collective bargaining agreements. A one-size-fits-all approach would do more harm than good as it removes the needed flexibility to operate, which will negatively impact care. The unintended consequences of mandating staffing ratios and break times will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic. These kinds of initiatives do little to address the root of the nursing shortage.

Thank you for the opportunity to testify.



Daniel Ross, RN
President

Gary Nuber
Director of Field Services

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LATE

The Thirty-Second Legislature, State of Hawai'i
Hawai'i State Senate
Committee Health & Human Services
Testimony by
Hawaii Nurses Association
March 23, 2023

SCR 180 – REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A WORKING GROUP TO PREPARE AND DEVELOP SOLUTIONS AND MAKE RECOMMENDATIONS FOR THE RECRUITMENT AND RETENTION OF NURSES TO ADDRESS THE SHORTAGE OF THE NURSING AND HEALTH CARE WORKFORCE IN THE STATE

The Hawaii Nurses Association -OPEIU Local 50 is affiliated with the AFL-CIO and was founded in 1917 and represents 4,000 nurses in the State of Hawaii. We are grateful to offer comments on SCR 180.

We are happy for the legislature's interest in the fact that our front-line health care workers in Hawaii are being worked into exhaustion and out of the field. Our two concerns on SCR 180 are the committee make up and the length of time to complete the report.

We would like to see a greater representation of front-line Healthcare workers on the committee. Currently it is dominated by management, that, respectfully, kind of got us here in the first place.

With so much geo-political uncertainty the public deserves our best efforts to stabilize our front line health care workers as expeditiously as possible. We feel that 2-years is too long of a time for a study.

We do look forward to the leadership of the Director of the Department of Health.

Respectfully,

Daniel Ross
President

SCR-180

Submitted on: 3/23/2023 9:35:25 PM

Testimony for HHS on 3/24/2023 1:02:00 PM



Submitted By	Organization	Testifier Position	Testify
Alison Kaneshiro	Individual	Support	Written Testimony Only

Comments:

Aloha Senators. I have been a nurse for over thirty years and became a Nurse Practitioner in 2011. Nursing is definitely a calling. I cannot image not being a nurse. However, at times throughout my career I have been stressed out. I have seen turnover within areas I have worked further putting stress on those that remain. I agree that we need to recruit and retain nurses here in Hawaii. Our population is aging, many of our patients have multiple comorbidities and need a team with highly skilled nurses to help in managing the care of these patients. When staffing falls short, it increases the stress of the nurse and can create problems with safety for the nurses as well as the patients. Nurse to patient ratios is a standard in California and has been for almost twenty years. This has improved working conditions as well as outcomes. When nurses have good ratios, they have improved job satisfaction and are less likely to leave nursing. 1:1 through 1:6 is the nurse patient ratios in California depending on the area of the hospital in which the nurse is working. Though this may help to retain nurses, it does not necessarily solve the problem of shortage (Hollowell, 2023). I have experienced 1:15, 1:7, and 1:5 ratios in a med-surg setting over the course of my career and can unequivocally tell you the care was best at 1:5. I felt like I was helping patients to achieve desirable outcomes and at 1:15 like I might not even survive.

According to Chamanga et al. (2020) report many factors impact nurse retention besides salaries and staffing ratios. Nurses being able to work at the full extent of their scope of practice, work autonomy, job satisfaction, management effectiveness, collegial relationships, work-life balance, advancement and educational opportunities are all tied to retention of nurses.

This past several months I have been precepting a Nurse Practitioner student. She will be looking to move to the mainland to complete an APRN residency program upon graduation. There are not enough opportunities for this type of program here in Hawaii. My fear is that through the program she will decide to stay in the organization and not return to Hawaii. I am certain that this is not an isolated incident. A nurse residency program (whether for an RN or an APRN) gives great experience, learning opportunities and networking opportunities within an organization and help to further recruit and retain nurses.

We all know there is a shortage of nurses and we must find innovative ways to recruit students to enter into nursing schools and retain them here on the islands and not lose them to “greener” pastures on the mainland. I believe that the group proposed for this study will allow for strategies to be developed to help with recruitment and retention of nurses for the state of Hawaii.

Much Mahalo for your time.

References

Chamanga, E., Dyson, J., Loke, J., & McKeown, E. (2020). Factors influencing the recruitment and retention of registered nurses in adult community nursing services: an integrative literature review. *Primary Health Care Research & Development*, 21, e31.

<https://doi.org/10.1017/S1463423620000353>

Hollowell, A. (2023). California's mandatory nurse staffing ratios: Key lessons 2 decades in.

Becker's Hospital Review. <https://www.beckershospitalreview.com/nursing/californias-mandatory-nurse-staffing-ratios-key-lessons-2-decades-in.html#:~:text=1%2Dto%2D1%20in%20operating,postpartum%2Fantepartum%20and%20telemetry%20units>