MARCIA PROTO

M.ED., CAS

A deep dive into nurse staffing issues - and the desperately needed solutions

Marcia Proto, M.Ed., CAS, has decades of experience in not only healthcare, but nursing leadership and education, and her career shows an exceptional dedication to the nursing profession. She started in healthcare in the early 90s, as manager of education services at the Connecticut Hospital Association, jumped into capital campaigns, and has served as the executive director of the Connecticut League for Nursing from 2004 to today, with a two-year leave to work in regional sales management at the National League for Nursing. Marcia is also an entrepreneur, and has offered healthcare consulting expertise as part of her business, Marcia Proto Consulting, LLC, since 1996. Connect with Marcia on LinkedIn: linkedin.com/in/marcia-proto-a5809311.

Breanna Kinney-Orr (BKO): Marcia, thanks so much for being here. I can't wait to hear your story and more about what you're doing for the nursing workforce in Connecticut. So, we like to start from the beginning. How did you get started in healthcare and working for nurses specifically?

Marcia Proto (MP): Thank you for having me! So, graduating with a master's in organizational development, I ended up in higher education in the nonprofit world. My first adventure into healthcare was actually as manager of education services at the Connecticut Hospital Association in the early 90s. If you remember the early 90s, healthcare was booming and reimbursements were high. My role provided education programs to 35 different groups that met at the hospital association - everything from CEOs to directors of social work, directors of emergency services, and also nurse educators and nurse execs. So I got steeped in all of the issues

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looking at hospitals, per say, as that ecosystem and environment. Each of those roles had a monthly or every two month meeting, so in addition to sharing and looking at solutions and best practices that could be spread throughout the state, a lot of large issues were looming capitation and payers. Different best practices were emerging, so if there were topics that covered many of the groups, I would bring in national speakers for full-day education programs, or if it was a specific, niche topic, a presenter would come into their specific meeting groups to share information. It really was a wonderful opportunity, and that inter-professional development was starting way back in the early 90s.

BKO: Wow, very cool. Tell us about your journey into the work you do today. I know you have a master's in education - did you have any

inspiration for going into that field when you got started?

MP: No, actually, I worked in higher education at the University of New Haven in the area of career planning and placement. Workforce development and finding the right fit for an employee going into an employer - regardless of the setting - was truly at the core of what I wanted to do. Workplace satisfaction and aligning your skills and abilities with the role makes one fire on all cylinders. Transitioning into healthcare, you really saw from the clinical preparation they have ready for the roles, but putting them in the right environment so they can fire on all cylinders not only provides value to the entity, but means they'll be happy about what they do, and that was just so exciting. That's why nursing education and healthcare education really pulled me in.

BKO: Absolutely. I think a lot of nurses can relate to that if they feel stuck where they are or like they're not really living up to the potential of what they could be doing. It's a frustrating experience to be in, one that many of us solve by pursuing higher education opportunities. Let's talk about current working conditions for nurses. Can you talk a little bit about what challenges nurses are going through?

MP: Yes, I can. We're very fortunate that the Connecticut Center for Nursing Workforce not only works with all of our nursing schools and programs in Connecticut - which provide doctoral education down to LPN education - but also works with our practice partners. We have regular meetings with our nurse educators, within mostly the hospital setting, and have learned firsthand related to the gaps between graduation and practice, not only at the pre-licensure levels but also at the masters level and advanced practice as well. Healthcare is just moving so quickly, yet our education, curriculum, and experiences don't move as fast. We're always going to have a gap between new graduates - even though they pass the national licensing exams - when they jump into practice. Today, it's essential for the onboarding and inertial residencies, yet when you look at our transition programs for employers, even though the residencies are robust, with lots of different educational and clinical components, I don't think our healthcare organizations have the capacity to fully onboard. This happened even before COVID, we didn't have such robust nursing education departments as we had in the mid-90s and early 2000s. Some facilities that used to have 17 nurse educators are down to five. So, how do you fully embrace that new hire not only to make them clinically proficient for state providers, but give them the opportunity for professional development, evidence-based practice and research, to support the retention of that nurse? With all things snowballing at this time, we need to take a step back and find out what's essential for the clinical side, and also the professional development side. to support the retention of our new nurses.

BKO: Right, when the whole pandemic started, my heart went out to everybody in nursing school because I know sim labs are part of practice now, but they're not solely what you use to develop your clinical skills. Any new nurse jumping into their preceptorship when they finally get hired - there's a certain sense of sink or swim, but these nurses were really getting that because for many

of them it was the first time they'd been with patients.

MP: You hit the nail on the head. Come March 2020, all of the practice settings closed every clinical experience because they didn't know what they were dealing with. Our deans and directors met twice a week with us and we were in constant conversation with our Connecticut Board of Nursing. In many states, the Boards of Nursing regulate how much simulation can be part of one's curricula. In Connecticut, we are fortunate to not have a percentage, so the board said 50%, which national resources prove is okay to complement the hands-on clinical experience of students in practice settings. We had an all-out focus in the Connecticut League for Nursing, and about six years ago we created the Healthcare Simulation Network of Connecticut. We convened that group, and they were pulling the best practices that are happening. We had document sharing of what all the schools were doing, what providers of simulation were giving away things for free to schools, because we had a huge bottleneck. If they didn't have those clinical hours, we couldn't graduate our students in May, which were so critical for the workforce. At that point, our employer said, "keep them coming, we need the extra hands." It was really phenomenal how Connecticut was able to rally in such a short period of time. The seven nursing organizations put forth a national policy briefing, and what the Connecticut Center for Nursing Workforce in the Connecticut League did, is we actually sent out to all the players in Connecticut and nationally, what we could do to stem the tide for addressing the staffing surge issue. What our educators could do to keep those students as they transition to practice through ongoing mentorship

- to keep them moving forward to the stress of the situation didn't overwhelm them. It was a phenomenal all out state effort for our nursing schools and practice settings.

BKO: That's a good reminder as we're in the doldrums of the pandemic. In the early days, it was such a grassroots effort from everybody and whatever they could do they were trying to do.

MP: The biggest challenges were our masters prepared students. The accrediting bodies would not allow the masters students, who are

registered nurses, to use telehealth as clinical hours. We had a bottleneck of about 600 advanced practice nurses who we couldn't graduate, so working with the states of Connecticut and New York to see if we could expand these clinical opportunities was critical.

BKO: Absolutely. Tell us, what solutions can we work on at-large to help with the growing nursing shortage accelerated by the pandemic? We have a large sector of nurses that are going to be retiring in the next 10 years anyways, but for nurses who are burnt out or looking for better opportunities and leaving the workforce - what solutions are you all working on? And what can we as a larger body of nurses do to help out with that effort?

MP: Great question. The Connecticut Center for Nursing Workforce has been doing business as that entity since 2013. For years and years, we collected the education data to find out what our seat capacities were in all of our programs in Connecticut. What type of faculty needs did we have? Do we have vacancies? We looked at attrition, so we had a really good idea of the pipeline, which was very important. Prior to the pandemic, the Connecticut Center for Nursing Workforce was working with the National Forum of State Nursing Workforce Centers, and there were 38 other states besides Connecticut who are members of this national group. They had put together a minimum dataset for supply: how we could really look at who we have working, who holds their license, what specialties and settings they work in, and age, as well. We had been sharing that data, knowing that back in 2005 we had more than we needed and then in 2009 we needed more nurses than we produced. We had a pretty good idea of our age of nurses, but we really did a deep dive in 2018 and realized that we had a big gap in our 35 to 45-year-old population of nurses, which was very scary because they were our emerging leaders. We had a huge boom of over 55, and we knew they were going to retire. We tried to share with our state what was happening to really inform them what pipelines we needed to expand. In 2019, we actually used a demand model by the state of Washington - all of the five trade associations partnered with us, and we also partnered with all of our five workforce development boards - and we conducted a statewide demand study. In addition to nurses being the top of the heap at all settings, as well as CNAs and home health aides, we found that master's prepared social workers, surgical techs, and some other roles - we didn't have enough. We also looked at our pipelines, and we said, “oh my goodness, we don't even have the capacity to produce these rolls.” It was the first time the state looked, and it was really a wake up call to see how misaligned we are. That's the type of work the Connecticut center engages in, and we have regular communications now set up through

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our Department of Public Health and governor's office. We were very fortunate to now get the the ears of those decision makers.

BKO: Incredible. It's just such a complicated system of taking all the data that's available and arranging it and making sense of it to a practical application. On the nursing side, we just experienced it as, “we have three call outs, and we're already down to people,” but really there's this safety net of people working really hard to address these gaps and preventing more from accelerating into the future. So thank you for the work that you're doing.

MP: I think it comes to that, in healthcare, nurses have to go through formal education. If somebody graduates as a marketing major and wants to be a senior vice president of marketing, they do not need to jump into the educational pathway, they can go for a certificate course at Harvard for six weeks, and automatically assume that role. What the outside world doesn't understand is the length of time it takes to produce somebody, not just for minimum ability or entry level performance. When we're having our nurses leave - and we saw this well before the pandemic - they're hiring two people to cover that role, then they're hiring the person who retired back a couple of days a week. It's because the nurses we had in employment stayed for such a long period of time they amassed so many roles underneath them. With a new person, you could never put all of those roles with one person, so the lag time is critical. I don't think people outside of healthcare education - but nursing specifically - understand the lag time. So if they want to produce 1,000, you have to start four years ahead of time. We only accept 24% of our qualified applicants. We have 11,000 that want to be nurses. Our seat capacity is 2,600, and our employers need 4,000. We were very fortunate this year to work very closely with the governor's Workforce Council and our brand new Office of Workforce Strategy, and we put together statewide proposals to actually address it in a systematic way. You need to flip all the levers at a time, so you don't create unintended consequences or bottlenecks further down the road.

BKO: It's so interesting. Well, let's switch gears a little bit. Could you tell us about your consulting firm

Marcia Proto Consulting, its mission and vision, the work you do?

MP: Yes, that's a passion of mine. After I left the hospital association, I worked for a full service human resource consulting company. I really opened up the healthcare market, focusing on leadership development, management supervision, and high-performing teams. I had opportunities, whether it be at Yale in the IT department - that was the time they were creating the electronic health record, and they had all these clinicians from different areas of the system in to say, “okay, how are we going to make this happen?” Imagine getting IT people together with clinicians and having them talk the same language. Can you imagine how we're going to build this and make sure all the fishbone diagrams that our clinicians and nurses see with this new animal resonate with them and have all the elements they need to have? That was a wonderful, exciting opportunity. That kicked off my ability to say, “I have a lot of value in the marketplace, in communications and teams.” It leveraged my organizational development, formal education, and an advanced degree in human resources. I found out that if we created a positive culture, and everyone was aligned and working with the same vision, we would be able to achieve a lot of greatness. I worked for a variety of healthcare organizations, and also my passion was, before I entered healthcare, I was the executive director of Junior Achievement. I had volunteers, everybody from bankers, attorneys, head of manufacturers, go into the classroom and teach children about these principles. The whole concept of mentorship and guidance is important, so how do we assess that? I now engage with an organization called Wiley, which is the largest publishing company in the world, but they also have an assessment division. I have assessment tools for individuals and groups on everything from teams and communications, management, leadership development, productive conflict, and the new one is agile EQ - how we can look at the lens in which we view the world, build our emotional intelligence, competency and capacity to really create positive workplace cultures. In addition to my two jobs, I still am working with some wonderful healthcare clients and their leadership programs. Part of my consulting company is also working with nonprofit boards, how to really get their leadership moving lockstep, so I was fortunate to work with the Oregon Center for Nursing and their board a few years back. It really is a passion of mine.

BKO: I know just from my own experience that when you work in a team that it functions well, where everyone is plugged in and engaged, and you're in this flow of working -

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from the administrators and the managers down to the nurses at the bedside - it's an incredible feeling and I hope all nurses get to experience that. Can you tell us a little more about how you've assisted organizations to create those high-performing teams, the ones that just get it and work well together?

MP: It's so challenging. You really have to look at not only what the vision of the organization is, but what the vision of your department is and what you want to achieve. If you don't effectively communicate that to the group, you're never going to get alignment. You also have to look at what other departments you work with on a regular basis - are they aligned with what we do? Everything from timing and scheduling and operations being rudimentary, to the vision and understanding of how the flow is going to be and what services we provide is important, so there's no unmet expectations or unspoken expectations. A lot of times, we just assume this is going to work because this is how we operate, but when we meet somebody in a different setting, or work with different departments that are not aligned, that ultimately affects the execution. We come up against barriers and unintended consequences. I was also fortunate enough to work with one of our universities; they grew so, so fast, and many people took on roles because they had the ability to do so, but now that the organization's larger and they're hiring more people, what they realized is they had to unbundle some of those roles. When you look at it from a common sense perspective, you're like, “of course, this makes sense.” But actually unpeeling the onion, unraveling these bundles, is a challenge.

BKO: That's interesting. We've

touched on some of this, but I wanted to know if you have any messages for nurses right now, for the ones that are thinking about higher education or reasons to pursue their career. We talked about the bottlenecks and how much time it takes to develop those types of nurses for advanced practice, but what's your best message for them, for those that want to accelerate where they are in nursing?

MP: It's critical, and I think the message is stay the course. We just did a survey of our nursing schools to find out what kind of vacancies we had for faculty, and we asked what type of master's program capacity do you have to produce future clinical educators. You don't have to have a master's in nursing, it could be leadership or another discipline. What we found out was that enrollment in the master's programs

is declining, and more people are stopping out. So, although you're crazy overburdened, please stay the course and continue moving forward with your master's. Even if you're going to drop to one course a semester, talk with your academic advisors, talk with your programs at your schools, see if you can continue to move forward. Because to step out now - I know everybody's exhausted - it's only going to delay if not prevent you from pursuing that advanced degree. In most of our states now there is independent practice for the nurse practitioner, which is a wonderful opportunity to truly provide your expertise to our communities who need health care desperately. The flexibility that degree awards you is valuable, and hopefully could bring you life balance, where now as part of the churn there's no life balance, there's mandatory overtime, there's moving you into different departments that may not be best aligned for you, or maybe a toxic environment. You really need to reframe, set your priorities, and look at where you are and what you want to achieve. There are organizations there to support you, as well as national entities, and tuition reimbursement. Please talk with someone, you are not alone, there's many, many resources for you, and we're here to support each and every one of you.

BKO: That's wonderful. Lastly, I'd love to talk about community. We are huge on community at NurseDeck. We try to bring people together in a common environment so we can heal throughout this ongoing trauma we're experiencing. Speak a little bit about your experiences with community, and how you think nurses could benefit from our online community.

MP: Even prior to the pandemic, our nurses were just tapped out. Our organizations have not been proactive to address workforce culture, as our colleagues in business have. Our organizations do a great job in working with patients and families, but as in supporting the existing nurse or other healthcare roles - there was a miss there. We saw a huge surge of experts and professionals around the globe come together from the pandemic - organizations that I never knew existed that were unbelievable and phenomenal. The hard part is - just like nurses in Connecticut - we're the best kept secret around. We host a student day - this is our forty-second year - and get 1,000 senior RN students in one room with about 50 to 60 employers, a national keynote speaker, sharing a day of transition, sharing that you're not alone, sharing that you have a community. At that time, they didn't really feel they needed a community. So, now more than ever organizations like NurseDeck providing a foundation and forum is critical. Now is the time for us to actually showcase what's available, invite the nurse to participate and engage them in how we individually and collectively can move them forward. So thank you so much for the forum that you provide, not only on a local basis, but a national basis to bring the voice of nursing to a greater audience.