

**ADDRESSING THE GAP AND
CONCLUSIONS , Strategies
& RECOMMENDATIONS SECTION**

ADDRESSING THE GAP: GETTING SUPPLY AND DEMAND TO MEET

1. How big is the gap between supply and demand?

At the current graduation rate in the health care education pipeline, by 2012 Oklahoma will likely have a shortage of over 3,000 registered nurses, 500 medical and lab technologists, 400 physical therapists, 300 surgical technicians, 150 occupational therapists, and 150 radiologic technologists. This equates to 11% of Oklahoma's registered nurse workforce in 2012, 13% of medical and lab technologists, 19% of physical therapists, 21% of surgical technicians, 14% of occupational therapists, and 14% of medical radiologic technicians.

By 2012, Oklahoma will experience a shortage of more than 11,000 health care personnel in the selected professions and occupations examined in this study. This is a conservative forecast of supply based upon findings in this limited study, which represents a limited number of survey respondents. Occupational growth rates were based on national standards from the U.S. Department of Labor, and a realistic number of new entrants into the workforce was obtained by utilizing 2004 graduation rates and assuming no change in health care education class size. Figures 9 through 18 present cumulative forecasts for select professions and occupations examined in the study. The data tables used in development of the figures can be found in Appendix 4.

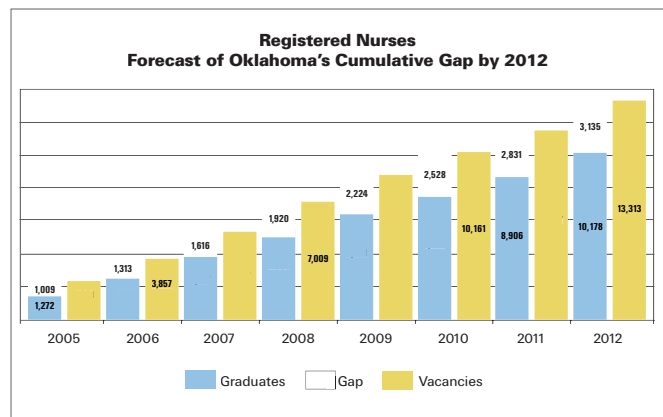


Figure 9 - Source: Oklahoma Department of Commerce

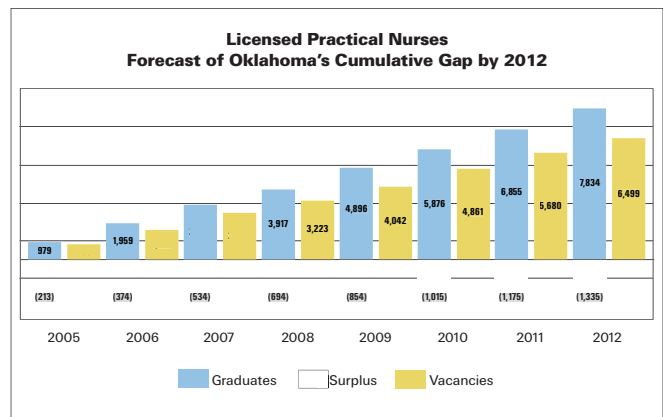


Figure 10 - Source: Oklahoma Department of Commerce

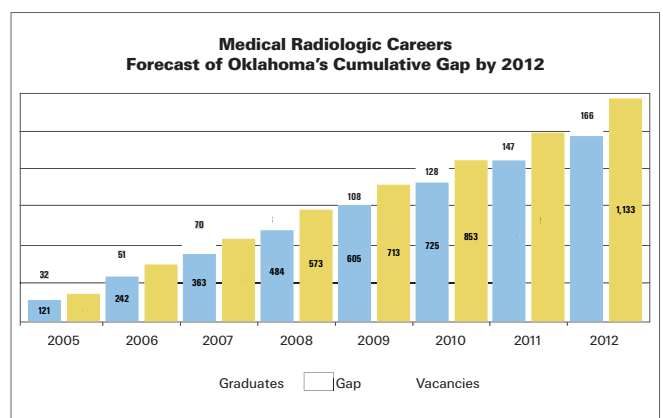


Figure 11 - Source: Oklahoma Department of Commerce

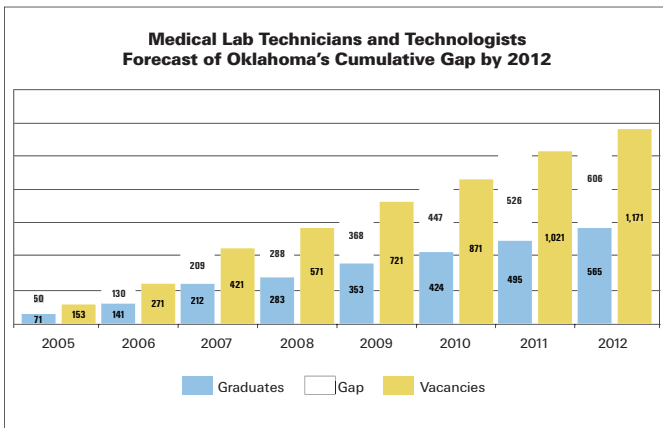


Figure 12 - Source: Oklahoma Department of Commerce

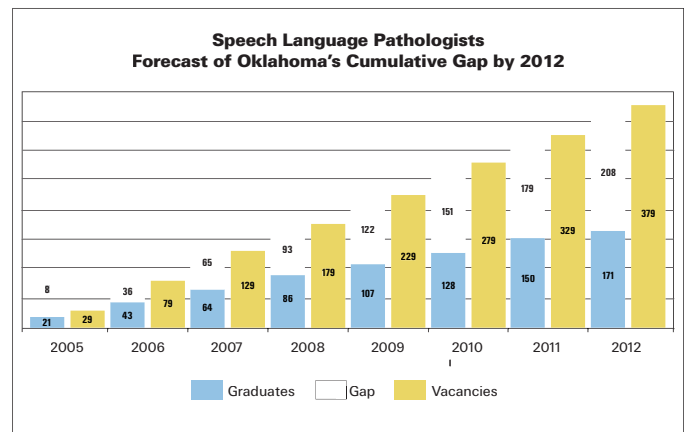


Figure 15 - Source: Oklahoma Department of Commerce

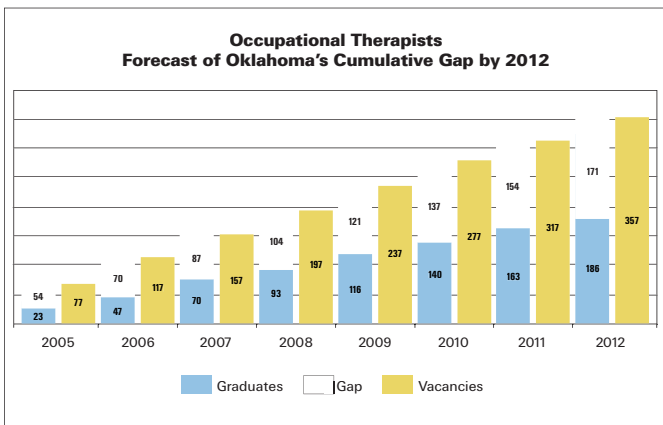


Figure 13 - Source: Oklahoma Department of Commerce

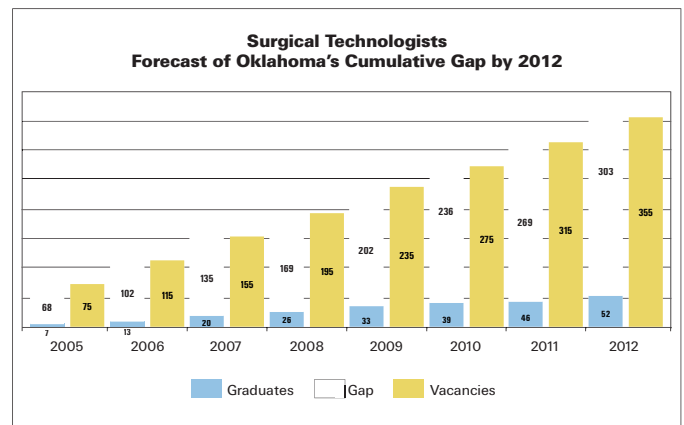


Figure 16 - Source: Oklahoma Department of Commerce

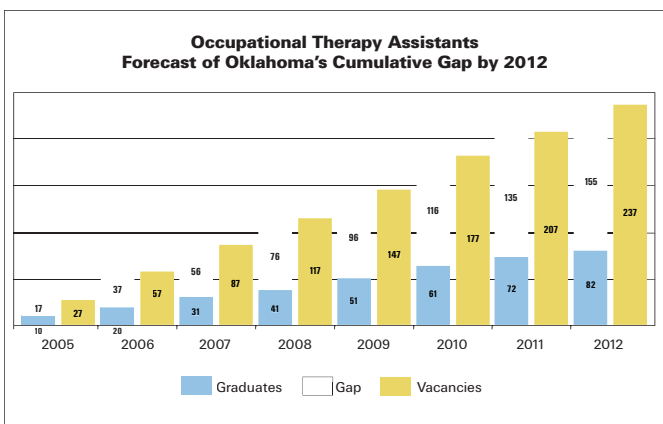


Figure 14 - Source: Oklahoma Department of Commerce

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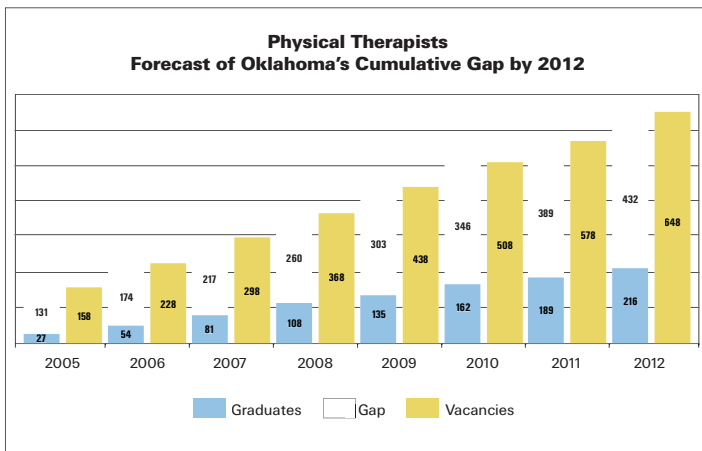


Figure 17 - Source: Oklahoma Department of Commerce

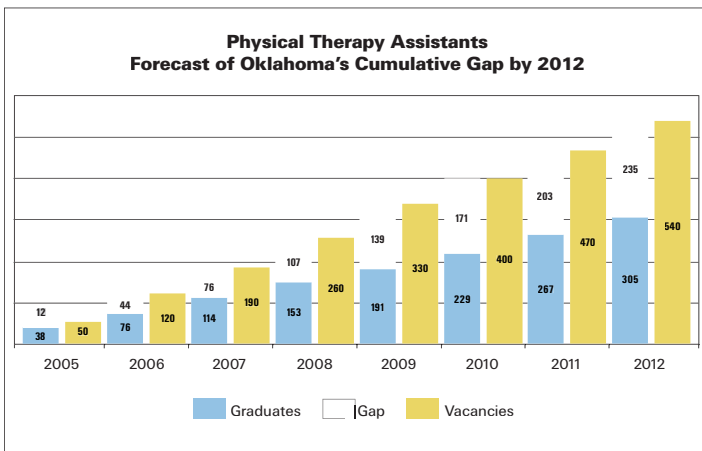


Figure 18 - Source: Oklahoma Department of Commerce

Survey data obtained concerning the supply for certified nurse aides, certified medical aides, and home health aides was insufficient and did not allow for projections to be developed. However, the data available did suggest that the primary issues relating to these occupations stem not from a lack of supply, but from high occupational turnover within the industry.

2. Postsecondary educational pipeline

When asked to identify leading issues in Oklahoma's health care workforce development, industry representatives consistently returned to an inadequate education pipeline. Interviews with industry, CareerTech and OSRHE education systems representatives identified the following as primary reasons for this inadequacy:

- Lack of faculty needed to train additional qualified applicants.
- Low salaries of health care educators relative to those of health care industry professionals were cited as the number one reason for faculty shortages.
- Lack of adequate clinical space for students, essential for training and credentialing of new health care workers.
- Limited ability to make rapid adjustments to high cost educational programs, such as health care, when industry conditions necessitate extensive program changes.



a. CareerTechnology programs

CareerTech programs provide many students access to advanced technical and academic courses that might otherwise be unavailable. They also offer adult students with opportunities for continuing education, customized industry training, and occupational based learning. These programs assist students who are learning new skills, refreshing prior education, or transitioning into new careers. CareerTech programs also play an important role in Oklahoma’s health care workforce supply pipeline through partnerships with Oklahoma’s higher education system. Students entering many of CareerTech’s health care education programs are able to concurrently enroll or transfer credits into similar programs at partnered colleges or universities in order to obtain the credentials necessary to work in specific nursing or allied health careers.

CareerTech’s typical health career education program allows a student to complete in one year. More than 67 percent of CareerTech’s practical nursing programs have transitioned to the student-centered model and some technology centers are moving other health related programs



to a similar model. By 2008, the Oklahoma Department of Career and Technology Education will require an end-of-instruction test for foundation courses in a career pathway and an end-of-instruction or state/national certification of all students who complete their respective career pathways. This will be done to meet the goal of having career and technology education students leave high school with an industry certification and college hours completed toward a degree. The requirements will be phased in as business and industry approve the assessments to be used to demonstrate competency for career preparation.

Program	2004
Health Science Technology	11
	1,001
	1,053
Magnetic Resonance Imaging	2
i	91
Nursing Assisting	290
	13
Physical Therapist Assistant	12
i	48
Respiratory Care	43
	136
Total	2,700

Table 16 - Source: Oklahoma Department of Career and Technology Education

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b. Higher education degree programs

Nearly all Oklahoma higher education institutions offer health care programs, ranging from college-level certificates to doctorate degrees. These programs are accredited through the profession’s state and/or national standards and achieve high pass rates on required licensure and/or national board examinations. As represented by nursing in Figure 19, there are many more qualified applicants to health care programs than the current system in Oklahoma can accommodate or admit. To meet the current demand for degreed health care professionals, Oklahoma’s higher education pipeline must expand.

Although 86% of health care graduates from Oklahoma’s higher education system remain in the state, there is a small, but relevant level of supply outflow. Most health care professions programs are rigorous and must adhere to accreditation standards and curriculum that require low student to faculty ratios to ensure satisfactory learning and clinical competency. Courses and learning processes in most health care professions programs are regimented and sequential. Consequently, when qualified students do not continue in a program or “drop out” due to academic deficiencies or for personal reasons, a “hole” results that cannot be filled until the next class is admitted to the program.

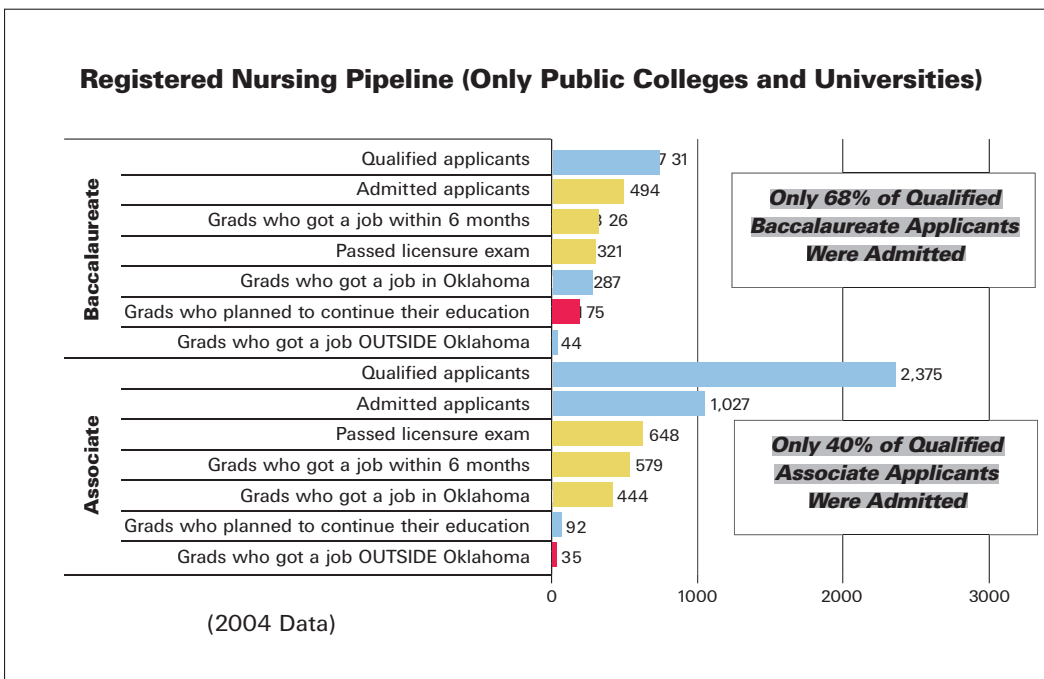


Figure 19 - Source: Oklahoma State Regents for Higher Education



This attrition in programs, combined with graduates that find employment outside of the state, further reduces the available supply in Oklahoma's health care workforce.

Data from the study also suggests that Oklahoma higher education institutions are not producing sufficient numbers of physical therapists and occupational therapists to meet the needs of the industry. Survey results obtained for this report indicated that vacancy rates for physical therapists and occupational therapists were 18% and 22% respectively.



c. How technology can help

Oklahoma's education institutions leverage technology to provide online, distance, interactive, and self-paced educational delivery systems. For example:

- Students may access video clips, exams, written assignments, and reading assignments online, allowing complete flexibility for times and dates of class.
- Satellite classrooms using two-way video conferencing allow a single professor to provide distance education to multiple sites which may make it easier when courses must meet minimum enrollment requirements.
- Accredited online learning opportunities enable the health care workforce to meet mandatory continuing education requirements at their convenience and also facilitate tracking and reporting for program administrators.

Use of distance education technology like those mentioned above may be used to link already existing health care educational programs throughout the state, which may overcome class size limitations that prevent Oklahoma from providing a sufficient number of graduates to meet the needs of the health care industry. However, some accreditation standards, such as maximum student to teacher ratios and specific clinical requirements, place indirect limitations on how use of this kind of technology can alleviate health care workforce shortages.

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d. Continuing education and new technology

The mandatory continuing education requirements that exist for most of Oklahoma’s licensed health care workforce are typically defined by state or by national credentialing standards. When new technology becomes available and has a relevant impact on a given segment of the health care workforce, general training is provided at the broader educational level. Specific application of a new technologic device is most often made available by the new technology vendors.

3. Workforce recruitment and retention

There is a wide range of estimates for the ratio of employee recruitment cost to employee retention cost; however it is clear that it is more cost effective and productive for an organization to retain existing employees versus recruit new employees. In order to realize retention cost savings by maintaining and growing a strong and steady workforce, the health care industry must to address a variety of work place issues.

a. Extending careers of the health care workforce

The average age of Oklahoma’s health care workforce is increasing as the swell of the Baby Boomer generation moves closer to retirement. This trend will continue to significantly impact the ability of the health care workforce to keep pace with the physical demands of their jobs, particularly with regard to nursing. According to the Oklahoma Board of Nursing, more than 68% of Oklahoma’s RNs were age 40 or older in 2004, with more than one third over the age of 50. Nationally, RNs on average are retiring from bedside work between the ages of 53 and 56.³¹ Recognizing that the average age of students entering Oklahoma’s nursing programs is between 27 and 32 years old, it is projected that Oklahoma will lose a combined 20 to 25 years of productivity in the nursing workforce alone. Consequently, unless Oklahoma actively recruits a sufficient number of high school students into health care careers such as nursing, and successfully increases the average retirement age of nurses already in the profession, the long-term effects of workforce shortages will remain a serious challenge to the health care industry.

Nurses who Live and Work in Oklahoma 2004			
	Number	% Male / % Female	% Aged 50 +
Registered Nurses	24,189	8% / 92%	36%
Licensed Practical Nurses	12,136	6% / 94%	33%

Table 17 – Sources: Oklahoma Board of Nursing; FY 2004 Annual Report



b. Slowing workforce turnover rates

A recent survey estimates RN turnover rates in Oklahoma hospitals at 15.1%. Nationally, the RN turnover rate for the health care industry is 16.8%.³² A separate survey of Oklahoma nursing homes reported extremely high nursing turnover rates of 90.1% for LPNs and 67.7% for RNs. Representatives from Oklahoma's nursing home associations indicated that while some nursing homes are very stable in their staffing patterns, nursing home turnover rates may reasonably be expected to be higher as some nursing homes experience extremely high turnover. These high turnover rates may be attributed in part to a combination of poor working conditions and negative public perceptions toward those who work in a nursing home environment. Working conditions in Oklahoma's nursing homes were described as ranging from very positive to very negative. High turnover in many nursing homes is considered to be both a symptom and a cause of the negative working conditions, creating a "chicken and egg" situation where turnover creates instability, and instability generates turnover.

c. Compensation and benefits

Urban hospitals and surgical centers are typically better able to offer higher wages, with some offering signing bonuses to reach adequate staffing levels. Conversely, rural hospitals and nursing homes may not be able to match these high wages and therefore experience higher nursing turnover rates. Additionally, most home health care providers are small businesses, only able to provide few or none of the benefits offered by larger health care industry employers.

Other mitigating factors may lessen the influence of salary on workforce or employee satisfaction. In some of Oklahoma's rural communities, hospitals and nursing homes are considered to be among a community's larger employers,

if not the largest. They may offer health care benefit packages to their employees that other regional employers cannot match. Many health care workers choose to live in small rural communities, preferring lifestyles unique to the non-urban settings. In this instance, a small increase in wages isn't as important if the trade off means a change of location or lifestyle preference.

d. Advancement

Having a clearly defined and integrated path between the various career options available within Oklahoma's health care industry is vital in order to provide workers with a potential roadmap for continued career advancement. Building linkages between key institutions, regions, and occupational groups will help provide development routes that allow anyone at any level of their education and/or career to realize how his or her decisions now will impact the ability to climb the health care employment ladder.

The benefits of these linkages might best be described using Oklahoma's LPN and RN occupations as an example. Oklahoma ranks 3rd in the nation with 389.6 LPNs per 100,000 population and ranks 44th in the nation, with 634.1 RNs per 100,000 population. The methodology used for

³¹ Thrall, Terese Hudson; "Retirement Boom?"; *Hospital and Health Magazine*; November 17, 2005 as accessed on January 19, 2006 via http://www.hhnmag.com/hhnmag/hospitalconnect/search/article.jsp?dcrpath=HHNMAG/PubsNews/Article/data/0511HHN_FEA_CoverStory&domain=HHNMAG

³² National rates are for 2004, as provided by Oklahoma Hospital Association and based on reports from J Walter Thompson, Inc.

