

## One State's Response to the Nursing Shortage: The Maryland Commission on the Crisis in Nursing

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*The state of Maryland passed legislation in 2000 in response to the nursing shortage—creating a state commission to address the issue. The commission was charged with exploring potential solutions to the nursing workforce shortage, which is being felt most acutely in hospitals and long-term care facilities. The commission's work began in 2000 and will continue through 2005.*

**A**nursing shortage is making headlines again across the United States. The state of Maryland is no exception. Maryland hospitals are facing the most severe nursing shortage in over a decade. The shortage is acute and is a result of several factors—the aging of the nursing workforce, the decline in the number of enrollees in nursing schools, and the public and professional image of the nursing profession.

During the 2000 legislative session, the Maryland General Assembly passed legislation creating the “Statewide Commission on the Crisis in Nursing.”<sup>1</sup> Delegate Adrienne Mandel of Silver Spring, Maryland, initiated the development of the legislation. She reports that a constituent of hers, whose parents were both hospitalized, called her to express frustration that the nurses taking care of his parents were stretched to such a degree that they could not deliver quality care. Delegate Mandel discussed this situation with her fellow delegate, Marilyn Goldwater, a registered nurse who collaborated in the development of the legislation. Maryland has five nurse legislators (Senator Paula Hollinger and Delegates Goldwater,

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Adelaide Eckardt, Shirley Nathan-Pulliam, and Mary Roe Walkup), and all collaborated on the final product.

The legislators determined that there was no easy answer to the nursing shortage in hospitals and long-term care settings. They decided that a commission was needed to examine critical issues in nursing in Maryland as well as other states. The legislation called for the creation of a "Statewide Commission on the Crisis in Nursing" and directed that a summit be convened to determine the current extent and long-term implications of the growing nursing personnel shortage in the state. The bill requires that the commission include at least 46 members, 19 identified specifically by professional title and an additional 27 members from general categories representing specific constituencies to be appointed through a nominations process from the community. The appointment process assured geographic and racial diversity and the Commission has now grown to more than 50 members (see appendix).

### The Commission's Tasks

The legislation charged the commission to

1. convene a crisis in nursing "summit" to respond to the nursing shortage in the state;
2. determine the extent and long-term implications of the growing nursing personnel shortage in the state;
3. develop recommendations on, and facilitate implementation of, strategies to reverse the growing shortage of qualified nursing personnel in the state; and
4. serve as an advisor to public and private entities to facilitate implementation of the recommendations of the commission.

### The Maryland Nursing Summit

On June 6, 2000, a statewide summit was convened and more than 600 nurses attended the full-day event hosted by the University of Maryland School of Nursing in Baltimore, Maryland. The summit was facilitated by Dr. Georges Benjamin, the Secretary of the Maryland Department of Health and Mental Hygiene and the commission chairman. Dr. Brenda Cleary, the executive

director of the North Carolina Center for Nursing, served as guest speaker. In her presentation, "Assuring an Optimal Nursing workforce: Mission Possible," Cleary discussed supply and demand in the nursing workforce, recruitment and retention strategies, and activities in North Carolina currently aimed at addressing the shortage of nurses being experienced there. Following several presentations, the 600 summit participants were divided into small groups and assigned topic areas to discuss, develop priorities, and explore strategies and solutions. The Maryland nursing summit identified four priority issues: recruitment, retention, education, and a category called *other issues*. (A report of the summit is available on the Maryland Board of Nursing Web site: [www.mbon.org](http://www.mbon.org).)

### The First Commission Meeting

The full commission met on August 30, 2000. The goal of the first meeting was to bring all members of the commission to the same level of understanding about the current situation in Maryland in the major areas of nursing practice. The Maryland Board of Nursing presented data on the numbers of nurses practicing in the state. The board reported that in 1999, there were 45,525 RNs with active licenses as compared with 47,860 in 1998—a 5% decrease. The number of licensed practical nurses (LPN) decreased from 8,229 in 1998 to 7,895 in 1999—a 4% decline. The number of LPNs in Maryland has been decreasing annually for the last 5 years. The average age of nurses in Maryland in 1999 was 46 years, with the largest number of nurses in the 38 to 47 age range.

*Perspective from the Maryland Nurses Association.* The commission heard from the Maryland Nurses Association Executive Director Kathryn V. Hall, RN, MS, who also serves as the project director on the Colleagues in Caring grant from the Robert Wood Johnson Foundation. She presented a compilation of the employer survey done by the Colleagues in Caring project. Hospitals remain the largest employer of nurses in Maryland with 56% of RNs being employed there in 1999. Long-term care facilities employ the second-largest group of nurses: 8%.

*Perspective from the Maryland Hospital and Health Care Association.* Catherine Crowley, an RN and assistant vice president of The Maryland Hospital and Health Care Association (MHA), presented information on the nursing shortage specific to hospitals. The MHA's most recent survey found that the statewide average vacancy rate for hospital nurses in the first 3 months of 2000 was 14.7%. This is extremely alarming because the national average nursing vacancy rate is thought to be under 10%. Crowley reported that the shortage has resulted in rising numbers of Maryland hospitals' closing nursing units, canceling surgeries in non-life-threatening cases and diverting ambulances to other hospitals when they could not staff their units adequately.

*Perspective from nurse educators.* The commission heard from nursing educators who discussed the shortage of faculty and the lack of clinical placement sites. Nursing education has seen a decline in both student enrollments and graduations. In 1999, there was a 6% decrease in enrollments and graduations. In 1999, there was a 6% decrease in enrollments and a 9% decrease in graduations. Several other presentations, including one from the Long Term Care Association, addressed recruitment and retention problems. Community health nurses also discussed the problem of recruitment and retention in the community practice setting.

*Subcommittee taskings.* After the presentations were completed, the commission discussed the subcommittees. By law, there were three subcommittees identified and because of the work of the summit, the commission identified a fourth area for subcommittee work and called it *Workplace Issues*. They emphasized that the subcommittee work is to be an open process and that everyone, including consumers, may attend the meetings and that everyone should have the opportunity to address the issues. The work of the subcommittees began in September 2000. Subcommittee chairpersons were appointed: Retention will be chaired by Lawrence Jeffries, an emergency room nurse; Recruitment will be chaired by Ann Possidente, a nurse recruiter; Education will be

chaired by Sandy Sundeen, a nurse from the State Mental Health Administration; and Workplace Issues will be chaired by Donna Wilhelm, a director of nursing for a long-term care facility.

### Reporting Requirements

The legislation specified that an interim report was due to the legislature in January 2001 with possible immediate legislative or policy actions to be taken. A report is then due annually. The legislation directs that the commission will remain active until December 2005. The subcommittees will continue to meet and look at issues and resources throughout the 5-year life span of the commission. Donna Dorsey, executive director of the Maryland Board of Nursing, stated, "The commission has an oversight role to assure that the recommendations will be carried out, or if a recommendation is not working, then the commission can take action. Previous commissions have not had this role."

### Commission Funding

Dorsey also explained,

The legislation required the Maryland Board of Nursing to provide the staff and resources to the commission. Since boards of nursing are funded differently across the U.S., it is important to understand that the only funds available to the Maryland Board of Nursing are their own funds—which are revenues from nurses licenses. The Maryland Board of Nursing cannot use state general fund money, so all of the financial resources for the commission are coming from the Maryland Board of Nursing and practicing nurses in Maryland.

## APPENDIX

### Maryland Statewide Commission on the Crisis in Nursing Commissioners

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Chair: Georges C. Benjamin, M.D.

Secretary, Maryland Department of Health and Mental Hygiene

Ms. Nancy Adams, MBA, RN

Vice Chair, Nurse Executive

- Ms. Mary L. Beachley, MS, CEN, RN  
Vice Chair, Practicing Registered Nurse
- Dr. Sharon L. Bernier, CS, RN  
Vice Chair, Director, Community College  
Nursing Program
- Dr. Sue K. Donaldson, RN, FAAN  
Vice Chair, Dean, Independent University  
School of Nursing
- Ms. Donna M. Dorsey, MS, RN  
Vice Chair, Executive Director—Maryland  
Board of Nursing
- Ms. Charlene Hall, LPN  
Vice Chair, Practicing Licensed Practical  
Nurse
- Ms. Kathryn Hall, MS, CNA, RN  
Vice Chair, Project Director, Colleagues in  
Caring
- Dr. Barbara Heller, RN, FAAN  
Vice Chair, Dean, University Based School  
of Nursing
- Dr. Eleanor Walker, RN  
Vice Chair, Dean, University Based School  
of Nursing
- Senator Joan Carter-Conway  
Maryland State Senate
- Ms. Trudy Chara, MS  
Department of Business & Economic  
Development
- Ms. Carol Costante, MA, RN  
School Health Nurse
- Ms. Connie L. Cox, MEd  
Maryland Higher Education Commission
- Ms. Regina M. Curran, MA  
Consumer
- Ms. Donna Damico, RN  
Behavioral Home Health Nurse
- Ms. Paula Dennie, MS, CGRN, RN  
Gastroenterology Nurse
- Ms. Margaret M. DeStefanis, MN, RN  
Associate Degree/LPN Educator
- Ms. Joyce Emerick, BA, RN  
Rehabilitation Nurse
- Ms. Jane H. Flowers, MS, CNOR, RN  
Perioperative Nurse
- Dr. James P. Flynn, MPH  
Physician
- Delegate Marilyn Goldwater, RN  
Maryland House of Delegates
- Ms. Cheryl Hall, BSN, RN  
Public Health Nurse
- Senator Paula Hollinger, RN  
Maryland State Senate
- Mr. Lawrence H. Jefferies, AA, RN  
Emergency Nurse
- Ms. Theresa A. Kapetanovic, MSN, RN  
Temporary Nurse Staffing Agency  
Representative
- Ms. Judith Karp, RN  
Oncology Nurse
- Dr. Cynthia E. Kielinen, RN  
Baccalaureate Dean
- Ms. Dina A. Krenzischiek, MA, RN  
Perianesthesia Nurse
- Ms. Mary A. Linton, MA, COHN-S, RN  
Occupational Health Nurse
- Ms. Judith Lower, MSN, CCRN, RN  
Critical Care Nurse
- Delegate Adrienne Mandel  
Maryland House of Delegates
- Ms. Carol Marsiglia, BSN, RN  
Maryland Association of Community  
Services Representative
- Ms. Tonia Moore  
Nursing Student
- Mr. Robert Murray, MBA  
Health Services Cost Review  
Commission
- Ms. Sandra Natolly, MSN, RN  
Home Care Nurse
- Ms. Victoria B. Navarro, MSN, RN  
Ophthalmic Nurse
- Ms. Yvonne Paraway, MS, RN  
Practicing Nurse
- Ms. Janet Passley-Harp, BSN, RN  
Psychiatric Nurse
- Ms. Karen C. Poisker, MBA, MSN, RN  
Hospital Nursing Director
- Ms. Ann Possidente, BS, RN  
Nurse Recruiter
- Ms. Susan Powell, BSN, RN  
Long-Term Care—Non-Profit Nursing  
Home Director of Nursing

Ms. Ellen B. Ristorcelli, BSN, MPA, RN  
Public Health Nurse

Ms. Leslie R. Simmons, BSN, MA, RN  
Hospital Nursing Director

Ms. Sandra Sundeen, MS, CRN  
Mental Health Administration

Ms. Vicki Taliaferro, BSN, RN  
Maryland State Department of Education

Dr. Patricia Watts-Kelley, FNP, GNP, RN  
Military Nurse

Ms. Dorothy Whitaker, RN  
Nurse Union Representative

Ms. Carol Wiggins, BSN, RN  
Managed Care

Ms. Donna Wilhelm, CRN  
Long-Term Care—For-Profit Nursing Home  
Director of Nursing

Ms. Evelyn S. Wilmer, BSN, RN  
Disability Services Community  
Representative

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#### **NOTE**

1. Maryland Board of Nursing Commission of the Crisis in Nursing Web site: <http://www.mbon.org/Commission/nucrisis.htm>.

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