

## **POSITION STATEMENT: HEALTHCARE ORGANIZATIONS CHARGING FEES TO NURSING STUDENTS FOR CLINICAL PLACEMENT**

It is well recognized that there are mutual advantages that accrue to healthcare agencies, educational institutions, and students of the healthcare professions from student clinical learning practica at healthcare agencies. These agencies and institutions of post-secondary education, both usually not-for-profit entities, partner to furnish an essential service to the community by providing education to the future healthcare workforce. While the post-secondary institutions provide theoretical and didactic education, healthcare agencies, often hospitals, host students of the healthcare professions so that they may obtain crucial experiential learning. Our communities deserve competent healthcare professionals who have had sufficient experience in the clinical setting.

Professionals have an ethical and moral obligation to mentor the next generation of healthcare providers. They also have an obligation to help ameliorate workforce shortages by providing education either in the academic or clinical setting. The clinical environment is enhanced when healthcare professionals engage in a teaching/learning relationship with future members of the workforce. Students bring questions, new ideas and fresh perspectives to enhance patient care. Education providers (faculty) with advanced degrees bring knowledge and experience to the clinical setting. Experienced health professionals in current practice (staff) share their expertise with students.

In fact, there is an emerging trend of partnerships between healthcare agencies and institutions of higher education for mutual benefits including sharing of in-kind resources, providing continuing education to staff, promoting collaboration in innovation, and research on evidence-based practice in the clinical setting.

The NYS Board for Nursing mandates that a significant portion of nursing students' education is the completion of a certain level of hands-on learning in the clinical setting. Nursing students need solid clinical experience under the supervision of qualified faculty members as preparation to enter the profession as safe, competent graduate nurses.

As part of clinical nursing education, each student provides approximately 500-900 hours of direct nursing care to patients and families at partnering healthcare agencies, usually hospitals. They learn under the guidance and supervision of a faculty instructor who is qualified by both experience and education. The benefits to the agency of having nursing students present are numerous. Student nurses make significant contributions to *patient satisfaction* and to *patient safety*. They perform comprehensive, continuous nursing assessments and are expected to alert the hospital's registered nurse staff of any abnormal findings or compromises in care. Student nurses provide standard nursing interventions, such as medication administration or wound management, and provide teaching to patients and their families. They are engaged in providing direct personal care, assisting with patient

mobility, feeding, and personal hygiene. Finally, student nurses provide comfort and compassion to those for whom they care. These contributions are substantial and meaningful.

ANA-NY is opposed to the unprecedented practice of hospitals charging fees for clinical placement of nursing students. We believe such a practice will harm the productive partnerships described above and does not serve the best interests of the community, the nursing profession, or hospitals and other healthcare agencies. The practice fails to assist in the development of nurses, limits options for nursing education, and impedes recruitment efforts by hospitals. Furthermore, the following facts inform our position:

The New York State Department of Education and accrediting agencies require that nursing education programs maintain detailed affiliation agreements with partnering healthcare agencies. An affiliation agreement is just that; it is not a contract. The implications of implementing fees for service will supplant the traditional clinical placement affiliation agreements with legal contracts for paid services that may bring a host of legal issues to hospitals and healthcare organizations. If such an organization fails to provide the service for which the student has paid, the organization may incur liability. The traditional partnership model, with all its benefits, will be replaced by a standard business arrangement.

Post-secondary institutions' revenues are generated from tuition, and nursing education programs will have no choice but to pass these fees on to students. There is already public outcry over escalating student debt; student nurses will have to increase their borrowing to pay for clinical fees. The Higher Education Opportunity Act of 2008 charges the United States Department of Education with reviewing the tuition at all post-secondary institutions of higher education that participate in any federal financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended. Tuition and fee increases are scrutinized every year, and institutions are required to provide explanations via the College Affordability and Transparency Explanation Form when their annual percent increase is excessive. Nursing education programs at post-secondary institutions will not be able to justify *significant* increases in tuition or fees if required to pay for clinical experiences.

Hospitals are anchor institutions and this practice will damage their standing in their communities. Charging fees to often-financially disadvantaged nursing students is not a show of good faith towards the community. Hospitals earn their not-for-profit status in many ways, one of which is to provide certain community benefits. According to the Internal Revenue Service, hosting students of health professions is one of those community benefits.

There is an urgent call to expand the nursing workforce. The American Association of Colleges of Nursing (AACN) states that, "According to the Bureau of Labor Statistics' *Employment Projections 2014-2024*, Registered Nursing (RN) is listed among the top occupations in terms of job growth through 2024. The RN workforce is expected to grow from 2.7 million in 2014 to 3.2 million in 2024, an increase of 439,300 or 16%. The Bureau also projects the need for 649,100 replacement nurses in the workforce bringing the total number of job openings for nurses due to growth and replacements to 1.09 million by 2024."

<https://www.aacnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>).

Some healthcare organizations are proposing to reduce the number of student nurse clinical hours per year. Nursing education programs struggle to find suitable placements for clinical learning for their students. They seek to expand enrollment to meet the demand for nurses, while hospitals are downsizing and even closing. As it is now, the AACN, in their brief titled *2016-2017 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, reported that U.S. nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016 due to *insufficient clinical site capacity*, as well as insufficient numbers of faculty, classroom space, clinical preceptors, and *budgetary constraints*.

We believe that any increase in tuition costs may deter potential applicants to nursing programs, in particular those individuals who are disadvantaged and of diverse backgrounds. This flies in the face of the recommendations of the 2010 Institute of Medicine Report (*The Future of Nursing: Leading Change, Advancing Health*) that major efforts should be directed towards increasing the diversity of the nursing workforce. A decline in the applicant pool may also ultimately have the effect of reducing the number of graduates from nursing education programs.

Healthcare organizations do incur costs with respect to hosting student nurses and students of other healthcare professions. These include at least the cost of the time that it takes to develop a schedule of clinical placement, developing orientation materials, tracking student health requirements, and giving students access to the electronic health record (and discontinuing access when no longer needed). We believe that fees will significantly exceed covering the aforementioned costs, and we question whether the excess will be used to enhance the educational experiences of the student nurses in the clinical setting. We believe that any costs are far outweighed by the advantages that accrue to the organization, and stand firmly in our opposition to charging fees for clinical placement. However, if hospitals have concluded that hosting students of health professions education has become a burden, then they should engage their partnering educational institutions in open dialog to reach mutually agreeable solutions to this problem.