

Luz Remedios (“Remy”) Tolentino, RN, MSN, Baylor’s chief nurse: a conversation with the editor



Figure 1. Remy Tolentino during the interview.

William Clifford Roberts, MD (hereafter, WCR): I am talking to Remy Tolentino (Figure 1) in her conference room on January 12, 2000. Remy, I appreciate your willingness to talk to me and therefore to the readers of Baylor University Medical Center (BUMC) Proceedings. Before getting into the nursing shortage issue, let me ask you about your background. Where were you born?

Luz Remedios (“Remy”) Tolentino, RN, MSN (hereafter, LRT): I was born in Fort Ord, California, outside of Monterey. My dad was in the US Army. My parents married in the Philippines, had 2 daughters there, and then came to the USA. Shortly thereafter I was born.

WCR: How many siblings do you have?

LRT: I have 3 sisters who are living. Another sister died at age 18.

WCR: You are the next to the youngest?

LRT: I am the middle child of 5 daughters.

WCR: You must have lived in a lot of different places.

LRT: Yes. Up and down the West Coast—Alaska, Washington, Oregon, California—and then Texas. My dad’s last assignment was Fort Bliss, Texas. From middle school to high school, I lived in El Paso. My mother still lives there.

WCR: How did you get into nursing?

LRT: I was always interested in helping people and in health care. In the summer between my seventh and eighth grades, my mom said, “Remy, would you like to volunteer at the army hospital?” She enrolled me as a Red Cross volunteer when I was 12 years old. It was a wonderful experience because they let me become involved in virtually whatever I was interested in. I helped out in the outpatient clinics, radiology, central supply, etc. The surgeons invited me into the operating room to observe procedures. The first surgery I observed was the excision of a brain tumor in a 13-year-old child. They let me stand on a stool behind the surgeon and observe. I also observed a cesarean section and, later, an autopsy of a patient who had died from a ruptured abdominal aortic aneurysm. These experiences stirred my interest in health care even more. In high school I took all the advanced science courses, but I still had not decided my future. I

thought about medicine, nursing, architecture, interior design, and choreography. I had a lot of interests, but nursing won out.

WCR: Was anyone in your family in the medical profession?

LRT: My mother started nursing school in the Philippines but did not complete it. She provided the stimulus for me to pursue my interests in that area. My parents instilled in me and my sisters the values of a strong work ethic, independence, and developing and maximizing our potential. Each of us knew we could do whatever we wanted to do as long as we were focused and disciplined and we persevered.

WCR: Where did you do your training?

LRT: At Texas Woman’s University in Denton. After completing the freshman year, students went to either the Dallas campus or the Houston campus. I went to the Dallas campus located on Inwood Road. I did most of my training at Parkland Hospital, although I had various clinicals at other Dallas hospitals.

WCR: How did you get to BUMC?

LRT: The weekend program brought me to BUMC. I married just after college graduation and moved to New Mexico, where my husband was completing graduate school. During this time I was the evening house supervisor at a local hospital. My husband’s first job brought us back to Dallas. I initially worked at Presbyterian Hospital but then accepted a job at the Clinical Research Center (CRC) located at 7 West at Parkland Hospital. The CRC belonged to Southwestern Medical School and rented space from Parkland. I worked for 5 years at the CRC, and during that time I was assistant head nurse and then head nurse of that unit. At the CRC I worked with several physicians who are now chiefs and attending physicians at BUMC.

During my last 2 years at CRC, I had 2 children 15 months apart. I then decided to resign from the CRC to have more time with our 3 children. During this juncture I gave thought to my future career. I had always been keenly interested in critical care. At this time, I envisioned teaching nursing at the university level and felt I had to have critical care experience under my belt. I went back to a local community hospital and did my first year in critical care nursing. I had wanted to return to school to work on my master’s degree, but I didn’t know how I could juggle family, work, and school.

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In the fall of 1980, BUMC advertised a new weekend program. You could work 24 hours over the weekend, get paid for 36 hours, and after 6 months qualify for tuition reimbursement. That is what brought me to BUMC. I'd always loved cardiology. I began working in BUMC's thoracic intensive care unit, and then after 6 months I started graduate school at The University of Texas at Arlington.

WCR: *How long was graduate school?*

LRT: I went part time. I started graduate school in 1981 and finished in 1985.

WCR: *At the same time you were working here at BUMC?*

LRT: Yes, I was working weekends at BUMC. My kids were 2, 3, and 8 years old when I started. I was busy during the week going to school and overseeing the kids' activities. My husband took care of the kids on weekends while I worked and has been a tremendous support. I would not be where I am today without his love and support.

WCR: *When did you become full time at BUMC?*

LRT: A weekend supervisor's position opened up at BUMC in 1985. Eula Das came to BUMC in 1984 as its first vice president of nursing, and Phyllis Walk came in 1985 as director of critical care. It was the first time that nursing was represented at the executive level. I loved the direction Mr. Boone Powell, Jr., Eula Das, and senior leaders were moving the nursing department, which was to be known for its excellent nursing care. A lot of other positive changes were happening at BUMC, which was known for its excellence in medical care.

At that juncture I was trying to decide if I would go for my PhD and teach at the university level or if I would go back into management here. I made the decision to go into management at BUMC. I was a supervisor on weekends for the cardiothoracic intensive care unit in 1985. By 1986, the clinical manager position opened up for the cardiothoracic intensive care unit. When the Roberts Hospital opened, I became the clinical manager for the 2N and 2S intensive care units, which at that time were for cardiothoracic and peripheral vascular surgery and heart, liver, and kidney transplantation. I assumed that position in February 1986. By the fall of 1987, I was promoted to the assistant administrator position over all the adult intensive care units at BUMC.

WCR: *How many intensive care units does BUMC have?*

LRT: We have 5 adult intensive care units—cardiothoracic/peripheral vascular/heart-lung transplant intensive care unit, coronary care unit, transplant/medical intensive care unit, general surgery/trauma intensive care unit, and bone marrow transplant unit—with 78 operational beds.

WCR: *What is your present position at BUMC?*

LRT: My present position is administrator for cardiovascular services and chief nursing officer for BUMC nursing. As administrator of the cardiovascular service line, I am responsible for facilitating, coordinating, and ensuring the quality of patient care; for achieving service line goals and objectives; and for the performance of the staff in all of the cardiovascular areas at BUMC. I oversee the process of cardiovascular care from inpatient admission to discharge to cardiac rehabilitation. The cardiovascular areas include patient care units, intensive care units, and the Hunt Heart Center. The patient care units include 3 medical cardiology telemetry units (80 beds), one 36-bed vascular surgery/renal unit, one 33-bed pre- and post-heart/lung transplant and gen-

eral surgical telemetry unit, one 36-bed cardiothoracic unit, a 24-bed cardiothoracic/vascular/heart-lung transplant intensive care unit, a 15-bed coronary care unit, a 9-bed postinterventional recovery unit, and an 8-bed cardiac AM admit/cath recovery unit. The Hunt Heart Center includes 5 cath labs, 2 electrophysiology/pacemaker labs, noninvasive cardiology services, cardiac rehabilitation, and the Caring Hearts volunteers. The medical/transplant intensive care unit, the dialysis unit, and the intravenous team are also under my direct responsibility. In addition, as of July 1999, I was appointed chair of the nursing leadership team and, in this role, I am the designated chief nursing officer for BUMC. I am responsible for coordinating nursing services and representing nursing and patient care issues at the executive level.

WCR: *Is this just for the cardiovascular service line?*

LRT: No. As chief nursing officer, I represent the nursing staff at BUMC. The nursing leadership team structure was formed in July 1999. There are 5 nursing administrators, and each of us represents our respective service lines.

WCR: *Is the chair of the nursing leadership team a rotating position?*

LRT: Yes. I will be the chair at least through July 2001.

WCR: *What are the other 4 service lines at BUMC?*

LRT: The administrators for the other 4 service lines are Alice Morrow for women's and children's services, Linda Plank for surgical services, Maureen Sweeny for oncology/transplantation, and JaNeene Jones for internal medicine. JaNeene also is vice chair for the nursing leadership team.

WCR: *You have a lot of responsibilities here. I know that you do not have a typical day, but what would be a usual day for you? What time do you arrive at BUMC and leave?*

LRT: I usually arrive here no later than 7 AM. If there are 6:30 meetings, I am here by 6:15 AM. Yes, each day is a bit different, and each depends upon the projects I am involved in. For cardiovascular services, I am involved in the Heart Center leadership council. We have been engaged in developing the Baylor Heart and Vascular Center. On Monday we typically start at 6:30 AM and discuss the Heart and Vascular Center development and go on to discuss cardiology activities, from quality issues to information systems to marketing programs. A monthly one-on-one meeting with one of my managers follows to review and evaluate the direction for that particular unit, staff performance, and quality, process, and financial issues.

Bed management and bed control issues interrupt my schedule because of the difficulty in trying to get all patients referred from outside hospitals and physicians' offices. I work with the administrative supervisor and the telemetry units to facilitate admission of these referrals. My administrative secretary receives a call from a patient's mother requesting to meet with me—I adjust my schedule for the afternoon.

A 2-hour meeting follows for the Baylor Health Care System Cardiovascular Steering Council, in which the designated cardiovascular administrators from each Baylor facility meet to discuss progress on the cardiovascular strategic plan, progress of each of the cardiovascular coordinating councils, and development of the agenda for the upcoming Cardiovascular Physician Leadership Council.

I end the day at 6:45 PM after attending the medical board meeting.

WCR: *You spend most of your days in meetings?*

LRT: Yes, in planning, developing, implementing, and evaluating issues and projects directed toward specific objectives.

WCR: *What time, as a rule, do you leave the hospital?*

LRT: I leave the hospital usually by 6:30 PM.

WCR: *You have a full 12-hour day?*

LRT: Typically, I average 11 to 12 hours.

WCR: *How far do you live from BUMC?*

LRT: I live in Garland. The drive takes about 25 minutes.

WCR: *That is an hour each day. You have 3 children?*

LRT: Yes.

WCR: *How many are still at home?*

LRT: My last one is just about to move out.

WCR: *This is a new world for you?*

LRT: Yes, we just about have an empty nest.

WCR: *You get home about 7 PM as a rule? And you leave home about 6 AM? How much sleep do you get on a typical night?*

LRT: I probably get about 6 hours. I rise early, usually around 4 AM.

WCR: *How many nurses are at BUMC?*

LRT: We have approximately 1400 nurses in full-time or part-time positions. Most are in full-time positions. Additionally, we have a PRN pool of about 400 nurses who work at least 1 shift a month.

WCR: *How many of those are in the Baylor weekend program, or work 12 hours on Saturday and 12 hours on Sunday?*

LRT: Approximately 21%, or 300 registered nurses, are in the weekend program.

WCR: *Of the 1400 permanent full-time or part-time nurses, how many are involved in the cardiovascular service line?*

LRT: We have approximately 350 registered nurses in the cardiovascular service line. In addition, about 75 registered nurses report to me from noncardiovascular departments.

WCR: *Thus, 425 nurses are directly under you?*

LRT: Yes. I am their administrator.

WCR: *The cardiovascular service line has the highest percentage of any of the 5 service lines. Is that correct?*

LRT: Yes.

WCR: *Does BUMC presently have a shortage of nurses?*

LRT: Our current vacancy rate is 4.3%, compared with 9.6% in July 1999. The vacancy rate is the number of posted positions divided by the number of registered nurse full-time equivalents. This number fluctuates slightly from week to week. Nevertheless, presently our vacancy rate is the lowest it has been since July 1999.

The last vacancy report from the Dallas–Fort Worth Hospital Council, published in April 1999, revealed a 10% vacancy rate for registered nurses in the metroplex. This report reflected data collected in December 1998. A critical shortage for any metroplex is a vacancy rate $\geq 10\%$.

Approximately 60 nurses in various internships started on the Dallas campus in January 2000. We showcased all of our internships at an internship fair last October to attract nurses to Baylor. Seventy-eight nurses came to the fair; these included senior nursing students who were graduating in December 1999 and some experienced nurses. Our second internship fair is March 11, and we're expecting senior nursing students to attend from as far away as Galveston. The recruitment and retention of our nurses is the number 1 priority for the nursing leadership team.

WCR: *What is the nursing shortage around the country? You say 4.3% here at BUMC. What was it 5 years ago?*

LRT: My recollection is that it was $<5\%$.

WCR: *BUMC is a little shorter than usual at the moment, but not much?*

LRT: Right. Our challenge is to retain the nursing staff we already have at this point. We want to ensure that we have the best career development for our nursing staff, that we have a very positive and supporting work environment, and that we recognize and value our staff so that there is no place they would choose to work except Baylor.

WCR: *In general, what is the turnover of nurses at BUMC each year?*

LRT: Turnover needs defining. *External turnover* means that a nurse leaves BUMC or the entity that is his or her primary position. The December figure indicates that the external turnover is 1.4%, down from 4.9% in November. There is also *internal turnover*, which we do not have solid figures on. Internal turnover is when a nurse changes to a PRN position or a nurse working on one unit transfers to another unit at BUMC. Most internal turnover is positive. Often in this circumstance a nurse is promoted into another position or a nurse moves into a more specialized area of nursing care. For a telemetry nurse to move to an intensive care unit, for example, is very positive because this means that he or she desires to advance in knowledge and skill development, which in turn encourages retention at BUMC.

WCR: *A 1.4% external turnover rate is pretty good!*

LRT: Yes. The decrease in external turnover is positive. However, we need to ensure that we have comprehensive information on why registered nurses leave Baylor. Many nurses leave Baylor for relocation or a new position. We need more specifics on other reasons. Recent surveys done by the Health Care Advisory Board point out that compensation, scheduling, and intensity of workload are the reasons nurses consider leaving their jobs. Obviously, this is critical information. We also need to monitor the number of nurses who go from full time to PRN and the reasons for doing so.

WCR: *You interview all nurses when they leave?*

LRT: All employees are encouraged to go through an exit interview. This exit interview is not mandatory. For convenience, it can be done online while the nurse is still on the unit prior to his or her last day. Also, the nurse can schedule an appointment with the human resources department for this exit interview. Recently, human resources has sent the exit interview questionnaire to the employee's home address about 30 days after the last workday. When former employees return the exit interview, we send them a gift to thank them for participating because the information is very helpful to us in focusing on areas of improvement.

WCR: *You ideally want to bring a minimum of 100 new nurses on board each year. When new nurses start at BUMC, they go through an internship. How much training do they get? While they are training, are they working?*

LRT: The internships usually include didactic lectures and a precepted clinical, in which the nurse applies the knowledge learned in the classroom to the patient. There are internships in each specialty area: 1) adult intensive care/postanesthesia care unit, 2) neonatal intensive care, 3) oncology and bone marrow

transplantation, 4) cardiovascular and vascular, 5) emergency department, 6) general adult medical/surgical, 7) labor and delivery, and 8) operating rooms. Depending upon the specialty, an internship usually averages 6 to 10 weeks. The operating room internship is spread out over 11 months.

Not every nurse goes through an internship; however, every nurse goes through an assessment and orientation in the nursing education department, in which we ensure that they pass our Baylor standard: critical thinking, priority judgment, medications examination, and skills check. For specialty areas, the nurse must take additional cognitive exams and demonstrate competence in specialty skills.

WCR: *If somebody leaves after 6 or 12 months of employment, BUMC loses money. What efforts are you making to retain a higher percentage of nurses, and secondly, to prevent switching from full time to part time?*

LRT: The nursing leadership team held a strategic planning retreat in July 1999 and outlined 6 key strategies for nursing: the recruitment and retention of nurses, clinical excellence, education, technology support, communication, and leadership. Last November, our marketing research department conducted focus groups of BUMC registered nurses to learn what is most important to the nursing staff. Three key issues came out: pay, benefits, and respect and recognition. Not only do we want to have a competitive starting salary for our new graduate nurses, but we also want to ensure that our tenured, experienced nurses are being compensated appropriately. Quarterly, the nursing leadership team reviews a registered nurse compensation analysis report to ensure that compensation is competitive with the market. From a benefits standpoint, the human resources department monitors our benefits and ensures that they are competitive with those of other health care organizations.

Nurses also want to have a voice in what may impact them and in making improvements on their unit. Recently, we have evaluated and revised our shared governance model with the goal of having more effective means of participative management.

We are also looking at creative and selective ways to recognize clinical excellence. Nurses are at the bedside with patients and families 24 hours a day. The registered nurse picks up on signs and symptoms of early changes in the patient's condition and, by reporting these changes to the physician, ensures early intervention and prevention of complications. We should not take nursing for granted: nurses make the critical difference in the quality of patient care.

A recruitment/retention strategy team has been working with the nursing leadership team to develop and prioritize proposals based on information obtained from the registered nurse focus groups. We plan on implementing key proposals over the next 12 to 18 months.

WCR: *When you say 1400 nurses are permanent at BUMC, either full time or part time, does that mean graduate nurses?*

LRT: No, this means licensed registered nurses. A graduate nurse is a nurse who has just completed his or her study, graduated from an accredited school of nursing, and started employment as a novice nurse. A licensed nurse has a license. Usually within the first 30 days after graduating from nursing school, the graduate nurse has taken the board examination and shortly thereafter the results are reported. Obviously, once boards are

passed, licensure is granted. All graduate nurses have temporary licenses to practice until the results of the board examination are back.

WCR: *How many do not pass?*

LRT: Of the ones hired by BUMC, no more than 10 a year do not pass.

WCR: *Can they take the examination more than once?*

LRT: Yes. Graduate nurses can take boards up to 3 times before they are required to retake course work. They cannot work as registered nurses until they pass. If we see that a graduate nurse has potential but needs more time, we may move her or him to a patient care technician position and support her or him in studies until the next examination. The second time they usually pass.

WCR: *Most of the new nurses you hire here are in the category of graduate nurses who just finished nursing school?*

LRT: No. For the downtown Baylor campus, about 26% of annual new registered nurse hires are graduate nurses.

WCR: *What is your average starting salary for a graduate nurse?*

LRT: Our starting hourly rate of pay for graduate nurses is reviewed on an ongoing basis as we recruit senior nursing students. Our goal is to ensure that we are competitive with the market. In addition, nurses receive shift differentials for working evenings, nights, and weekends.

WCR: *Nurses typically work 36 hours a week?*

LRT: It depends on the unit. For most areas the typical position is a 12-hour shift. Some of the positions can be 32 or 40 hours a week divided into four or five 8-hour shifts. Depending on the patient-flow process of the unit, the unit may need most nurses on 12-hour shifts and one position for the 3 PM to 11 PM shift weekdays because of new admissions coming in the afternoon and patients coming in from surgery. Or, on another unit there might be one 11 AM to 11 PM shift, again due to workload fluctuations. The unit and the patient-flow process dictate the shifts offered on that unit.

Most nurses are offered 12-hour shifts. Nurses like the 12-hour shifts because they work just 3 days a week and are off the other 4 days. Working at BUMC, the registered nurse can work either three 12-hour shifts Monday through Friday or two 12-hour shifts on weekends; both groups are considered full-time employees with full-time benefits, including tuition reimbursement. These flexible work schedules have been very positive for our nurses in supporting both their personal and professional needs.

WCR: *What time does the 12-hour shift start?*

LRT: There is a 7 AM to 7 PM shift and a 7 PM to 7 AM shift, with the official reporting time between shifts at 6:45.

WCR: *If you are off at 7 PM, what time do you usually leave the ward?*

LRT: It depends on the unit—how busy it is and how much documentation is needed before leaving. In general, nurses leave the unit by 7:30.

WCR: *In actuality, the 12-hour shift approaches a 13-hour time commitment?*

LRT: Yes, the nurse is on the unit typically from 6:45 to about 7:15 or 7:30. If patient care and documentation are completed, the nurse can leave by 7:00.

WCR: *If you work the 8-hour shift, does that mean you work 40 hours a week?*

LRT: In general, yes. A nurse working 8 hours a day, depending on the unit again, could work 4 days or 32 hours a week and still be eligible for full-time benefits. Thirty-two hours a week, or 64 hours per 2-week pay period, is the least amount required for a full-time position (except for our weekend program, which requires 48 hours per pay period). Most of the 8-hour positions are for 40 hours, 5 days a week.

WCR: *Do you get a bonus if you work Christmas day or other holidays?*

LRT: No, there is no bonus.

WCR: *But if you work the weekend shift, you only work 24 hours and you get credit for 36 hours?*

LRT: Yes. This is our 2-day alternative program (TDA), which is known nationally as the Baylor Plan. We pioneered this staffing option where nurses and other allied health professionals who are in the TDA plan work 24 hours on the weekend. They receive a TDA differential and all benefits of a full-time employee. In addition to providing a flexible staffing option for TDA employees, the plan allows our non-TDA staff to work only Monday through Friday. This creates a win-win situation since most other hospitals require weekend rotations. It continues to be a positive tool for both recruitment and retention.

WCR: *Once graduate nurses are licensed, do they automatically go to a higher rate?*

LRT: No. Their starting salary stays at the beginning licensed rate. Some other hospitals start graduate nurses at lower rates and increase their salary once they get their licenses. We start our nurses out at the licensed rate.

WCR: *If you are hiring approximately 100 graduate nurses a year, how many do you interview? Are you in a position to be selective?*

LRT: We continue to be selective, although there is a smaller pool of graduating nurses. Over the past 5 years, there has been a 5% decrease in enrollment in nursing schools. Three to 4 years ago, intensive care units were interviewing approximately 5 graduate nurses for each position. Now, they interview approximately 3 for each position.

The applicant initially interviews with our human resources department, and if human resources deems that the applicant has the appropriate credentials and interpersonal skills, the applicant is referred to the nursing unit for interview by the clinical manager. The supervisor as well as members of the nursing staff interview the applicant and give feedback to the clinical manager. The clinical manager ensures that the applicant has not only the necessary baseline education and training, critical thinking/judgment, and positive interpersonal skills needed, but also the right fit with the staff on that unit. Hiring right is critical to maintaining high morale and teamwork on a unit.

WCR: *Do applicants get a choice in whether they want to be in cancer or heart disease or the operating room or elsewhere?*

LRT: Yes. In fact, some candidates interview in more than one area. They want to be certain that the position they accept is right for them and Baylor.

WCR: *Of the 1400 or so nurses at BUMC, what percentage are women and men?*

LRT: Ninety-five percent are women and 5% are men.

WCR: *How many do not wear nursing uniforms?*

LRT: Our 1400 nurses are not all bedside practitioners. Some are care coordinators—not in administration but on the unit doing utilization review and case management. Our clinical managers can be in or out of uniform. In general, the nurses not in uniform are administrators, administrative supervisors (house supervisors), clinical managers, nursing educators, and care coordinators on the floors.

WCR: *The chief nurse on a particular ward is called a clinical manager? How many clinical managers are at BUMC?*

LRT: We have 27 clinical managers.

WCR: *The number of nurses that are considered a part of the administration is 5?*

LRT: There are 5 administrators on the nursing leadership team (4 are registered nurses) and 5 administrative supervisors (all are registered nurses).

WCR: *Is the nursing service the largest pool of employees at BUMC?*

LRT: Yes.

WCR: *Remy, tell me about a typical nursing education. After graduating from high school, how long does it take to become a graduate nurse?*

LRT: There are 2 ways to become a registered nurse. One way is through a 4-year baccalaureate program, which is essentially 2 years of basic college courses and 2 years of nursing education and training. Then there is an associate's degree in nursing program, which takes 2 years. In Dallas, El Centro College and Brookhaven College offer that program. There are also associate-degree programs in Collin and Tarrant counties. We actively recruit graduates from all of these schools.

WCR: *Which nurses advance the most in the hospital, becoming the supervisors on wards or part of the administration?*

LRT: For a supervisor or clinical manager position, the minimum requirement is a bachelor's degree, and we prefer that clinical managers have master's degrees. Most of our clinical managers are master's prepared.

WCR: *What does "master's prepared" mean?*

LRT: It means that the nurse has completed additional studies to complete a master's degree. For example, this could be in nursing (MSN), business (MBA), or education (MS).

WCR: *Are most of the nurses in the USA prepared at the associate's degree or bachelor's degree level?*

LRT: The associate's degree.

WCR: *I gather the shortage of nurses at other hospitals in the Dallas-Fort Worth metroplex is considerably more than it is at BUMC. Is that correct?*

LRT: We do not routinely share our individual vacancy rates among the different hospitals. However, our current 4.3% vacancy rate is lower than the 10% vacancy rate for the metroplex.

WCR: *What about the vacancy rate across the country?*

LRT: I do not know the average in the USA. It varies. Most major cities are at 10% or higher.

WCR: *Is nursing as attractive a field today as it was 10 to 15 years ago?*

LRT: It depends on how you define "attractive." There are more opportunities for nurses in the current environment than there were 10 to 20 years ago. There are more opportunities for registered nurses with advanced nursing degrees—for example, advanced nurse practitioners and certified registered nurse anesthetists.



Figure 2. Remy's children (left to right): Nicole (22), Chris (21), and Ryan (27).

thetists. Compensation is attractive for the nurse with an advanced degree. However, when nursing is compared with other professions (e.g., computer science, engineering), the starting salaries are not as attractive.

For a nurse at the bedside in an acute care hospital, the workload has significantly increased. As we decrease the length of stay for patients and move patients out of the intensive care units sooner, the acuity of the patients has increased significantly on a patient care floor. Many of the more difficult cases are referred to BUMC, and therefore the intensity of the work is higher, be it in the operating room, in the intensive care unit, or on the patient care floor. In a tertiary facility, especially a teaching facility, nurses like the challenging environment and the opportunity to keep up with the latest treatment and technology. Our challenge is to ensure that nurses have the appropriate resources and skill mix to provide excellent care to patients and that our nurses feel good about the care they are giving on a day-to-day basis.

We also believe in supporting our staff in their personal and professional development. To this end, we offer tuition reimbursement. We have unit assistants/patient care technicians who are in associate's degree and bachelor's degree programs; we have associate's-degree-prepared registered nurses working on their

bachelor's degrees; we have registered nurses with bachelor's degrees working on their master's degrees; and we have a few master's-prepared nurses working on their doctorates. We encourage the staff to grow and develop in ways that are meaningful to them and to take advantage of tuition reimbursement benefits.

WCR: *What is the relationship between the nurses here at BUMC and the Baylor School of Nursing?*

LRT: The Baylor School of Nursing and BUMC obviously have a very close relationship. We are the main teaching hospital for the school of nursing. Baylor School of Nursing produces excellent nurses. Thirty percent of the graduate nurses we hire each year are from there. The University of Texas at Arlington, Texas Woman's University, and El Centro College also have their clinicals at BUMC. That is one of the ways we attract graduate nurses, by ensuring that their clinicals are very positive and supportive experiences and by developing very positive relationships with them while they are students. Many of these nursing students work part time for us while they are going to school and then are hired as graduate nurses once they complete their nursing program. We actively recruit from regional and national nursing schools.

WCR: *How many students graduate from the Baylor School of Nursing each year?*

LRT: About 90 per year.

WCR: *Remy, do you have any hobbies? Do you have time for nonwork activities?*

LRT: In my good old days, I loved to sew and did a lot of it. I don't sew much now. I do enjoy the symphony. I love musicals. I enjoy playing the piano and reading.

WCR: *What are your children's ages?*

LRT: The oldest, Ryan, is 27. The oldest and youngest are boys. Nicole is the middle child, aged 22. Christopher is 21 (Figure 2).

WCR: *Remy, on behalf of both the readers of BUMC Proceedings and myself, thank you very much for your openness and for the enormous amount of information you've provided.*

LRT: It's been my pleasure.