

AMERICAN NURSES ASSOCIATION BACKGROUND

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UNDERSTANDING THE NURSING SHORTAGE AND WHAT IT MEANS FOR PATIENTS

The United States is experiencing an acute shortage of registered nurses unlike any shortfall in the past. Converging new forces, including an increasingly complex and technological health care landscape, more sophisticated treatment regimens, expanding numbers of elderly, the explosion in outpatient and chronic care, an aging nurse workforce and coming wave of RN retirements, plus shortages of nursing faculty all have heightened the demands on the health system's capacity to provide quality, sufficient, and accessible care. Even greater demand is anticipated from the more than 32 million uninsured Americans expected to seek treatment under health care reforms.

Since World War II, nursing has faced a history of recurring workforce shortages, with the current protracted cycle beginning in 1998 and peaking in 2001, when RN vacancy rates in hospitals climbed nationally to an average of 13 percent and an estimated 126,000 full-time equivalent RN positions remained unfilled.¹ As a result, many hospitals downsized, closed nursing units, redirected emergency room visits to nearby facilities, and postponed or canceled elective surgeries.²

Analysts caution that calling this just “another” shortage could mislead policymakers to think of it as no different than the previous cycles in 1979-1980 and 1986-1988, when many employers rushed to hire RNs regardless of their educational preparation and boosted RN salaries as short-term, quick-fix solutions.



More than just numbers

While supply-side issues remain a top concern, increased demand is the primary driver of today's RN shortfall. What's needed is not simply more RNs, observers say, but more RNs of the *right educational and specialty skill mix* to meet the mounting needs of adults, children, and families in a fast-changing health environment. The health system requires well-educated, well-distributed, and well-utilized entry-level and advanced-prepared RNs for practice in a wide spectrum of settings, such as hospitals, front-line primary care, advanced clinical specialties, teaching, research, administration, nursing homes, community health centers, retail and other nurse-managed clinics, business, informatics, health policy, and for developing complex nursing care systems and evidence-based, quality assurance standards.

Moreover, simplistic solutions will not resolve long-standing, systemic conditions that have remained core concerns for nursing, including workplace practices that have not employed nurses to the full potential of their education and professional competencies, restricted nurses' autonomy over their own practice, limited the range of RN salaries, and often provided RNs with inflexible and unpredictable work schedules. In addition, licensure and roles for new RNs have remained largely untied to nurses' educational levels, while at the same time, nursing often has not been included on facility governance panels responsible for decision making on patient care.³

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Resolving such core issues is integral to attracting the increased supply of talented candidates to put nursing's resources and the health system's changing demands in sufficient balance.

SHORTAGE SCOPE AND TYPES

As the nation's largest health care profession, the largest single component of hospital staff, and the primary provider of long-term care, nursing is the unifying force advancing quality health for all.

Although hospitals employ nearly two-thirds of all RNs, health services have moved increasingly beyond institutionalized care to more primary and preventive care throughout the community. As of March 2008, 3.1 million RNs were licensed in the U.S., with 85 percent working in nursing, the highest percentage since the federal Sample Survey of Registered Nurses began in 1977.⁴ The nation's RN population grew by more than 153,000 nurses since 2004, a 5.3 percent increase, with RNs practicing across a spectrum of more than 80 types of hospital and nonhospital settings.⁵

According to the Bureau of Labor Statistics, more than 581,000 positions for new RNs will be created by 2018, with RNs topping the list of professions with the highest projected number of job openings through that same year, the agency reports.⁶⁻⁷ Moreover, in schools of nursing, enrollments continue to rise. From 2009 to 2010, enrollments in entry-level baccalaureate nursing programs (BSN) grew by 5.7 percent, increasing for the 10th consecutive year, reports the American Association of Colleges of Nursing (AACN). At the same time, among students with two-year associate degrees or hospital diplomas, enrollments in RN to BSN programs increased for the eighth consecutive year, up 21.6 percent.⁸⁻⁹

At the graduate level in 2010, enrollments rose by 9.8 percent in master's-degree nursing programs that prepare primary care providers and nurses for advanced clinical specialties. Enrollments grew by 4.5 percent in research-based doctoral programs that prepare nurse educators and scientists, while the ranks of RNs pursuing advanced clinical doctorates increased by 25.6 percent.¹⁰

Still, such encouraging numbers fall short of rising demand. Indeed, analysts continue to forecast significant shortages of RNs through the next two decades. A recent study by researcher Peter J. Buerhaus of the Vanderbilt University School of Nursing and colleagues projects the nation's shortfall of required RNs will climb to 260,000 by 2025, much less than earlier projections, but still more than twice as large as any RN shortage since Medicare and Medicaid were introduced in the mid-1960s.¹¹

An aging workforce

In addition, more of nursing's work is being performed by nurses who are older. Currently, the average age of employed RNs in the U.S. is 45, up from 40 in 1980.¹² Although the ranks of RNs under age 40 has increased for the first time in three decades, 40 percent of working RNs (1 million of the 2.6 million employed in nursing) are age 50 and above.¹³ In stark contrast, most RNs (53 percent) were under age 38 in 1988.¹⁴ Between 2001 and 2008, older RNs accounted for nearly 80 percent of the total increase in RN employment and nearly all of the growth in RN employment in nonhospital settings, spelling a wave of impending retirements.¹⁵

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The advancing need for advanced RNs

In its latest report, the National Advisory Council on Nurse Education and Practice (NACNEP), an advisory panel to the federal Division of Nursing, has recommended that all RNs hold Bachelor of Science or higher degrees in nursing to meet the mounting needs for complex and sophisticated care.¹⁶ Currently, half of employed RNs hold baccalaureate or advanced degrees, though their numbers continue to grow steadily.¹⁷

Among the three primary types of entry-level nursing education (diploma, associate-degree, baccalaureate), “baccalaureate education with its broader, more scientific curriculum best fulfills” requirements for RNs capable of more independent decision-making in less structured environments, are prepared broadly in basic as well as behavioral and social sciences and management, and can communicate effectively and analyze data, according to the NACNEP advisory panel.¹⁸

Magnet hospitals – workplaces recognized for fostering nursing excellence and professional practice – as well as many other nursing employers now give hiring preference to baccalaureate- and advanced-prepared RNs. The Veterans Administration, the nation’s largest single employer of registered nurses, has established the BSN degree as the minimum preparation for promotion beyond the entry level.¹⁹ The Army, Air Force, and Navy all require active-duty RNs to hold the baccalaureate degree, while the US. Public Health Service requires BSN preparation for commissioned officers.²⁰⁻²³

As employment in the U.S. health care sector continues to expand, graduates of bachelor’s- and master’s-degree nursing programs are more likely to secure jobs sooner after graduation than other professionals, according to new data from AACN. A national survey of deans and directors of U.S. nursing schools found that 65 percent of new BSN graduates had job offers upon graduation, substantially more than the 24 percent national average across all professions. At 4 to 6 months after graduation, the job offer rate for graduates of entry-level BSN and master’s nursing programs climbed to an average of 89 percent.²⁴

The recent downturn in the economy has led to anecdotal reports of frustration by some new graduates seeking jobs, as the recession has prompted many RNs to increase their hours, delay retirement, or reenter the labor market to offset the earnings losses of an unemployed spouse, explain Buerhaus and colleagues. But analysts warn this is only temporary and continue to point to studies demonstrating the need to produce higher numbers of nurses for the future.

The “other” nursing shortage -- nursing faculty

Still, rising enrollments are insufficient to alleviate current and projected nursing shortfalls. Faculty shortages and a host of other constraints are forcing many nursing schools to severely curtail the numbers of additional students they can enroll.

More than 54,000 qualified applications were turned away from entry-level bachelor’s-degree nursing programs in 2010, far exceeding the numbers of turned away in any recent year, reports AACN. More than 11,000 qualified applications were rejected by master’s- and doctoral-degree programs that prepare advanced clinical RNs, primary care providers, nurse educators, and scientists. Nursing schools point to too few doctorally prepared faculty, insufficient clinical training sites, budget

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constraints, and faculty salaries that are noncompetitive with clinical settings as the chief reasons for not being able to expand capacity in baccalaureate and graduate programs.²⁵ Nationally, AACN data reported a nurse faculty vacancy rate of 6.9 percent in 2010.²⁶

Moreover, nursing schools face a wave of faculty retirements within the next ten years. The average ages of doctorally prepared professors, associate professors, and assistant professors in schools of nursing were 60.5, 57.1, and 51.5 years, respectively, in 2010, up from 54.9, 52.1, and 48.5 in 1997.²⁷

IMPACTS OF THE SHORTAGE

Achieving a sufficient RN workforce also will require a “sea change” that increases the public’s understanding that recurring nursing shortages are not only nursing’s problem, “but are societal, public health problems that have a direct impact on the viability and effectiveness of the health care delivery system overall,” explained dean Carolyn Williams of the University of Kentucky School of Nursing in a 2001 article in the journal *Academic Medicine*.²⁸

Inadequate nurse staffing has been linked to higher patient mortality rates, risks of complications, and lengths of hospital stays. A March 2011 study in the *New England Journal of Medicine* estimates that a patient’s risk of death increased by 2 percent during each shift in which nurse staffing was below target levels. Moreover, mortality rose to 4 percent among patients exposed to higher than typical rates of patient admissions, discharges, and transfers during a shift – an indication of the important time and attention needed by RNs to also ensure effective care for patients at critical transition periods.²⁹

In an earlier study, Americans scheduled for routine surgeries ran a 31 percent greater risk of dying if they were admitted to a hospital with a severe shortage of nurses, according to researchers reporting in the *Journal of the American Medical Association* in October 2002. Nurses in the study cared for an average of four patients at a time, with the risk of death increasing by about 7 percent for each additional patient above that baseline.³⁰

A study in the December 2007 journal *Medical Care* estimates that adding 133,000 RNs to the nation’s acute-care hospital workforce would save 5,900 lives per year, and that each of the additional RNs would average \$57,000 in combined medical savings and increased productivity.³¹

SOLUTIONS

The American Nurses Association (ANA) supports sufficient and sustained funding for Title VIII programs (Nursing Workforce Development) under the Public Health Service Act, the primary source of federal funding for undergraduate and graduate nursing education. Among other goals, these programs serve to recruit new nurses into the profession, promote career advancement within nursing, establish loan programs to support nursing students pursuing master’s and doctoral degrees, and allocate nurses to critical shortage areas. For FY2011, ANA has urged \$267.3 million for Nursing Workforce Development programs, a 10 percent increase. The Obama administration has included a 28 percent increase in its FY2012 budget.³²

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Moreover, nursing schools must increase their capacity by 90 percent to meet current and projected RN shortages, advises a new report by the Carnegie Foundation for the Advancement of Teaching. Among its other recommendations, the January 2010 report urges increasing nurse faculty salaries to be more on a par with clinical salaries and the earnings of faculty in other disciplines, and for master's-degree and doctoral programs in nursing to better integrate clinical practice into classroom teaching to help prepare higher numbers of nurse educators.³³

Following a two-year study, the Institute of Medicine (IOM) has urged increasing the percentage of BSN graduates to 80 percent by 2020 and to double the ranks that pursue research-based and clinical doctorates. The IOM's action-oriented agenda, issued in October 2010, joined ANA and other policy bodies in supporting increased academic progression programs to move higher numbers of nursing graduates through advanced studies. The institute's report, the result of the Initiative on the Future of Nursing sponsored by the Robert Wood Johnson Foundation, encourages strengthening public and private resources to help RNs with associate degrees and diplomas pursue the BSN degree within five years of graduating and to place at least 10 percent of baccalaureate nursing graduates in master's or doctoral programs within five years.³⁴

Moreover, the IOM recommends removing barriers – such as regulatory limits on nursing's scope of practice – that prevent nursing from responding effectively to an evolving health care system. Nurses should practice to the full extent of their education and professional competencies, the institute urges, noting that RNs should be full partners with physicians and other health professionals in assuming leadership roles in redesigning health care in the U.S.³⁵ ANA also has urged that nurses be included in developing and assessing systems for determining the appropriate RN staffing levels and skill mix required for safe patient outcomes.

ANA also supports initiatives to:

- require new RNs to obtain the baccalaureate degree in nursing within ten years after initial licensure (*three states – New Jersey, New York, and Rhode Island – have introduced such legislation*);³⁶
- channel Medicare dollars to fund nurse residency programs, similar to those in medicine, to provide new baccalaureate nurses with sustained training and mentorship to better transition into their clinical roles. In particular, nurse residencies have proven to be effective in improving the retention of hospital RNs;
- invest Medicare funds in the training of additional advanced practice registered nurses – nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists – who are in high demand with the growing needs for primary care and for providers in rural and other underserved areas; and
- broaden students' awareness of the range of nursing careers beyond the entry level, such as teaching, research, administration, and advanced practice nursing.

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The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.



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REFERENCES

- ¹ Buerhaus, Peter I., David I. Auerbach and Douglas O. Staiger. (July/August 2009). The Recent Surge in Nurse Employment: Causes and Implications. *Health Affairs*, 28(4), 657-668.
- ²⁻³ Williams, Carolyn A. (March 2001). The RN Shortage: Not Just Nursing's Problem. *Academic Medicine*, 76(3). Retrieved from <http://journals.lww.com/academicmedicine/Fulltext/2001/03000/The-RN-Shortage-Not-Just-Nursing-s-Problem.5.aspx>
- ⁴ Division of Nursing. (2008). *The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses [RN SAMPLE SURVEY]*, U.S. Department of Health and Human Services. Retrieved from <http://www.bhpr.hrsa.gov/healthworkforce/rnsurvey2008.html>
- ⁵ Division of Nursing, RN SAMPLE SURVEY, see note 4, and <http://www.bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>, pp. A12-13.
- ⁶⁻⁷ Bureau of Labor Statistics. (2009). U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Registered Nurses, U.S. Department of Labor. Retrieved from <http://www.bls.gov/ocos083.htm#outlook>
- ⁸⁻⁹ American Association of Colleges of Nursing. (March 16, 2011). *Despite Economic Challenges Facing Schools of Nursing, New AACN Data Confirm Sizable Growth in Doctoral Nursing Programs [SURVEY]*. Retrieved from <http://www.aacn.nche.edu/media/newsreleases/2011/enrollurg>
- ¹⁰ American Association of Colleges of Nursing, SURVEY, see notes 8-9.
- ¹¹ Buerhaus et. al, *The Recent Surge in Nurse Employment: Causes and Implications*, see note 1.
- ¹² Division of Nursing, RN SAMPLE SURVEY, see note 3, p. 7-1, and *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses, March 1992*, U.S. Department of Health and Human Services. Retrieved from <http://www.bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurvey1992.pdf>
- ¹³ Division of Nursing, RN SAMPLE SURVEY, see note 4, p. A-1.
- ¹⁴ Division of Nursing, RN SAMPLE SURVEY, see note 4, p. xxxiii.
- ¹⁵ Buerhaus et.al, *The Recent Surge in Nurse Employment: Causes and Implications*, see note 1.
- ¹⁶ National Advisory Council on Nurse Education and Practice. (March 2010). *Addressing New Challenges Facing Nursing Education: Solutions for a Transforming Healthcare Environment (Eighth Annual Report to the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress)*, U.S. Department of Health and Human Services. Retrieved from <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eighthreport.pdf>, p. 17.
- ¹⁷ Division of Nursing. (March 2010). *The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses*, U.S. Department of Health and Human Services. Retrieved from <http://www.bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008.pdf>, p. 5.
- ¹⁸ National Advisory Council on Nurse Education and Practice. (October 1996). *Report to the Secretary of the Department of Health and Human Services on the Basic Registered Nurse Workforce*, U.S. Department of Health and Human Services, Washington, DC: Author, pp. 48, 53.
- ¹⁹ U.S. Office of Personnel Management. *Standards (Nurse Series, 0610)*. Retrieved June 20, 2011 from <http://www.opm.gov/qualifications/Standards/IORs/gso6000/0610>
- ²⁰ U.S. Army Nurse Corps. *Careers and Jobs: U.S. Army Public Health Nurse (66B)*. Retrieved June 20, 2011 from <http://www.goarmy.gov/careers-and-jobs/amedd-categories/nurse-corps-jobs/army-public-health-nurse.html>
- ²¹ U.S. Air Force. Retrieved June 20, 2011 from <http://airforce.com/pdf/nursePDF/pdf>
- ²² U.S. Navy Nurse Corps. *Nurse*. Retrieved June 20, 2011 from <http://www.navy.com/navy/careers/healthcare/nurse>
- ²³ U.S. Public Health Service Commissioned Corps. *Nurse*. Retrieved June 20, 2011 from <http://www.usphs.gov/profession/nurse/requirements/asp>
- ²⁴ American Association of Colleges of Nursing. (November 10, 2010). *AACN Data Confirm that Nurses with Bachelor's Degrees Are More Likely to Secure Jobs Sooner After Graduation than Other Professionals*. Retrieved from <http://www.aacn.nche.edu/media/newsreleases/2010/bsngrad.html>
- ²⁵ American Association of Colleges of Nursing, SURVEY, see notes 8-9.
- ²⁶ American Association of Colleges of Nursing. (April 2011). *Fact Sheet: Nursing Faculty Shortage [FACULTY FACT SHEET]*. Retrieved June 15, 2011 from <http://www.aacn.nche.edu/media/factsheets/facultyshortage.htm>
- ²⁷ American Association of Colleges of Nursing, FACULTY FACT SHEET, see note 23, and *1997-1998 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*, Washington, DC: Author, p. 2.
- ²⁸ Williams, Carolyn A. (March 2001). The RN Shortage: Not Just Nursing's Problem. *Academic Medicine*, 76(3), see notes 2-3.
- ²⁹ Needleman, Jack, Peter Buerhaus, V. Shane Pankratz, Cynthia L. Leibson, Susanna R. Stevens, and Marcelline Harris. (March 17, 2011). Nurse Staffing and Inpatient Hospital Mortality. *The New England Journal of Medicine*, 364(11), 1043.
- ³⁰ Aiken, Linda H, Sean P. Clarke, Douglas M. Sloane, Julie Sochalski, and Jeffrey H. Silber. (October 23-30, 2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993.
- ³¹ Clarke, Sean P. (December 2007). Registered Nurse Staffing and Patient Outcomes in Acute Care: Looking Back, Pushing Forward. *Medical Care*, 45(12), 1126-1128.
- ³² American Nurses Association. (February 15, 2011). *President Obama's 2012 Budget Proposal Supports Nursing Workforce Programs*. Retrieved from <http://nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/Obamas-2012-Budget-Proposal.aspx>
- ³³ Benner, Patricia, Sutphen, Victoria Leonard, and Lisa Day. (December 2009). *Educating Nurses: A Call for Radical Transformation*. Carnegie Foundation for the Advancement of Teaching. San Francisco: Josse-Bass
- ³⁴⁻³⁵ Institute of Medicine. (October 5, 2010). *The Future of Nursing: Leading Change, Advancing Health*. Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- ³⁶ Boyd, Tracy. (March 7, 2011). It's Academic: Studies Spur Push to BSN-in-10. *Nurse.com*. Retrieved from <http://news.nurse.com/article/20110307/national01/103070046/-1/frontpage>



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