



The Nursing Shortage Is Not Over!

HOW TO REALLY SOLVE THE PROBLEM

BY GENEVIÈVE M. CLAVREUL, RN, PHD

BOTH PRINT AND BROADCAST MEDIA ARE RIFE with stories of how our current recession has had an unexpected effect on our nation's nursing shortage, leading some pundits to announce that the shortage has come to an end, sort of. Granted, many hospitals and other healthcare settings have found themselves in the unenviable position of having to reject

numerous nursing applications for lack of employment slots. But does this mean that our nation has finally conquered our pervasive nursing shortage? Hardly. However, it does seem to crack the long-held belief that nursing was a recession-proof profession, and now we've learned that it's not so much recession-proof as recession-resistant.

New graduates were the first to feel the impact of this environment as they found themselves competing not only against other new graduates but also against experienced nurses returning to the workforce. This has made the race for employment opportunities very tight in cities big and small as nurses have either delayed retirement, returned to the bedside or, in some cases, decided to “stick out a not-so-positive work environment” rather than risking no job in the search for a new one.

The irony of this isn't lost on those of us who have studied nursing shortages past and present. In the past they have usually been marked by a relative short term, thus giving a sense that the shortage had eased. This then led to a general feeling of success among much of the healthcare, hospital and nursing leadership; so few provisions were put in place to prevent future nursing shortages. As time passed the shortage would once again rear its ugly head until it reached critical mass and we had to address it yet again.

For nearly a decade now the healthcare communities have been struggling to get a handle on our current shortage. Issues that many have found bedeviling are how to increase the educational pipeline, whether or not to increase the “importation” of foreign-educated nurses, and what to do when an expected 50 percent of the nursing workforce will reach retirement age in the next 15 years (according to the Bureau of Labor Statistics). This same report also points out that the average age of new graduates is 31, which translates into fewer years of work; this also shortens the window of educating and training replacement nurses.

These aren't the only factors affecting the shortage. Ask almost any nurse and they would be happy to enumerate a laundry list of issues that, in their opinion, are part and parcel of the dilemma. The most notable are working conditions, the aging nursing and patient population, and the limited number of available slots in nursing school. Some might add that adequate pay and unsafe nurse/patient ratios are also contributors, however they more appropriately belong under the broader topic of working conditions.

RETIREMENT AND NURSING THE VOID

At least two studies have revealed that more than half of surveyed RNs plan to retire relatively soon. The Nursing Management Aging Workforce Survey that was released in July 2006 found that 55 percent, most of which are nurse managers, planned to retire between 2011 and 2020. A similar report from the Bureau of Labor Statistics shows about half of the RN workforce will reach retirement age in the next 15 years.

Several other reports point to an increasing need for RNs, especially when you factor in the growing need for long-term care. In 2007, the American Hospital Association reported that there were at least 116,000 open RN vacancies; and in July 2008 the AHA reported that more than 19,400 RN vacancies existed in long-term care settings.

On the upside, in November 2007 the U.S. Bureau of Labor Statistics estimated that more than one million new and replacement nurses will be needed by the year 2016, which would make nursing the nation's top profession in terms of projected job growth. However a report published in November 2006 titled “What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?” estimated that all 50 states would experience shortages of nurses to varying degrees by 2015.

Given this data, the predicted mass retirement has given many in the healthcare profession good reason for concern. Not only do

we need to fill the current hole that is our nursing shortage, but another one is just around the corner. How do you compensate and plan for nearly half of your workforce leaving the profession?

THE EDUCATION PIPELINE

Why not just max out our nursing schools and pump out nursing graduates? If it could only be so simple. Many have already added as many seats as they can, and hospitals and other healthcare institutions have opened their clinical areas to as many nursing students as they can safely accommodate and provide with scholarships and grants. Yet the Council on Physician and Nurse Supply has estimated that in order to meet current needs our schools need to graduate an additional 30,000 nurses annually, which is 30 percent more than the number of graduates now.

Then there's the current trend of “older” nursing graduates. Unlike past generations, where a large portion of graduates started their nursing education upon or shortly after high school, today's graduate is more likely to be a second-career adult at an average age of 31, which means the nurse's productive years at the bedside are shortened.

Many years ago a business associate once commented that nurses, like professional football players, have a short “life expectancy” in the career of their choice. It's estimated that a nurse could expect 15 good years at the bedside before being sidelined by work-related injury and stress. This is especially true in areas where nurses provide care to adults, teens and, in some cases, pre-teens, where the growing height and girth of many of our patients make lift teams and lift equipment critical in the reduction and elimination of injuries.

Further complicating the efforts is the shrinking pool of eligible educators. Nursing education also faces the challenge of retirement as a large number of educators will do so in a few years, leaving two main challenges for schools wanting to hire nurses qualified to teach at all levels. The first is the scarcity of such RNs and second is the salary of the average nurse educator.

States and foundations across the country have recently invested millions of dollars in nursing education, and the results have been positive. Many universities and colleges find themselves turning away qualified students in droves. The American Association of Colleges of Nursing reported that in 2008 alone an estimated 49,948 qualified applicants were turned away from baccalaureate and graduate nursing programs and an estimated 814 faculty vacancies were identified at 449 schools with baccalaureate and/or graduate programs. The same schools surveyed also identified the need for an additional 80 faculty positions to meet the growing demand.

ON ONE CONDITION

For many nurses it doesn't matter how many of their colleagues are nearing retirement, how old students are, or whether or not there's a faculty shortage; it all boils down to the working conditions. Where there's strong, knowledgeable and competent management you are likely to find happy, contented and relatively stress-free and productive nurses.

I was having dinner with a nursing executive who shared about the challenges faced by their corporation and the order to once again reduce costs. She said that two chief nursing officers were focused on reducing the number of nursing assistants and unit clerical staff, which of course translated into RNs doing clerical and “grunt” work in addition to their designated duties. We

agreed that such scenarios were all too common and often resulted in making matters worse, which is what you get for being penny-wise but pound-foolish.

Nursing management serves as the nurse advocate just as nurses serve as the patient advocate, and when it's done right it translates into a working environment where *fairness* is the operative word, where conflicts rarely rise to the level of workplace bullying or violence, where the needs of patient assignments are weighed for the best possible outcome for both patient and nurse alike, and where good nurses remain and the truly bad and mediocre nurses do not.

MANAGING THE FUTURE

The nursing shortage is far from over, and it's quite possible it will get worse in the upcoming years, especially with nearly 55 percent of the nursing staff planning to retire in the next 15 years. This mass retirement will leave quite a hole to fill, and when the recession lifts we might find that nurses who returned to the workforce will take themselves off the market once again, which will only further aggravate the shortage.

Thus it's imperative that nursing takes a page from its own handbook and approaches the shortage holistically. We must address our shortage with both short-term and long-term solutions, the first of which should address the education pipeline by recruiting nurses with advance degrees into the classrooms. These nurses don't necessarily hold a BSN, MSN or even Ph.D. in nursing but are often associate-prepared nurses that have advanced degrees in parallel fields. This pool should be tapped for at least the associate degree programs, thus freeing up the BSN-prepared faculty for university-level bachelor's degree programs.

Recruitment programs should also be developed with RNs nearing retirement to encourage them to continue their career by being the next generation of nurse faculty, which, in my opinion, is a more sound idea than recruiting the nurse who went straight from a BSN into a MSN and Ph.D. program and had limited bedside nursing experience to augment their studies.

Educating a nursing staff in sound management methods and techniques is also crucial in ameliorating our nursing shortage. Without providing the bedside nurse with strong nurse managers who can and will advocate for them and our professional standards, nurses will either leave one hospital after another in search of the proverbial greener pasture or leave the profession altogether.

As first responders, our profession is rife with strife and stress; it's part and parcel of the job whenever you encounter another human being who is in fear, pain, panic and facing the medical unknown. Nurses face and overcome these challenges each and every day, especially those who work in the critical care and intensive care units. What often crushes the spirit of our fellow nurse is when the added stress of short staffing, non-nursing responsibility and subsequent poor management are heaped on the team. Addressing the nurse's work environment will go a long way toward addressing the shortage. **WN**



Genevieve M. Clatreul RN, Ph.D., is a healthcare management consultant who has experience as a director of nursing and as a lecturer of hospital and nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA, 91102-2867; (626) 844-7812; gmc@solutionsoutsidethebox.net.

Visit WorkingNurse.com for more articles and jobs.

AMERICAN UNIVERSITY OF HEALTH SCIENCES

MAKE THE MOST OF YOUR COMMITMENT TO NURSING AND HEALTH CARE

If you have compassion, vision, truly care and are highly motivated, then American University of Health Sciences's BSN Program is right for you.

- **Bachelor of Science in Nursing**
- **3 years full-time** (Recent LVN or H.S. Grad GPA 3.0+)
- **2 1/2 years full-time** (Must have pre-requisites)
- **CA Board of Register Nursing Approved**
- **Financial Aid Available** (if qualified)

CALL: (562) 988-2278 TODAY!

NOW ACCEPTING APPLICATIONS!!

Download Application at:
www.auhs.edu/bsn_information.html



1600 E. Hill Street, Bldg 1
Signal Hill, CA 90755
www.auhs.edu



County of Santa Barbara Nursing Opportunities

**Quality Assurance/
Utilization Review Nurse
(Psychiatric Nurse, Senior)**
\$68,624 – \$83,777

**Quality Improvement/
Utilization Review Nurse
(Staff Nurse, Senior)**
\$66,933 – \$81,712

**Occupational Therapist/
Pediatrics**
\$61,987 – \$81,147



www.sbcountyjobs.com

The County of Santa Barbara strongly promotes diversity and equality in the workplace.