

Nursing Shortage: The Current Crisis

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### Abstract

This paper is aimed to explain the adverse effects of the current nursing shortage and how it is impacting patient care. Throughout explanation of these effects you will see that by not having adequate Registered Nurse (RN) staffing levels in clinics and hospitals, patient safety is compromised. I will also show that part of the reason RN staffing levels are inadequate is due to the shortage of qualified staff and financial help to properly teach incoming students. Due to insufficient levels of faculty to meet the demands of incoming students; universities across the nation are turning away viable applicants that could narrow the margin in the shortage of nurses.

### **Nursing Shortage: The Current Crisis**

The current crisis in the shortage of nurses has continually been increasing because there is not enough supply to adequately fulfill the demand for nurses. The increasing need for nurses is due largely in part to the rapid retirement rate of the current nurse workforce and lack of qualified nursing students graduating to fulfill the vacant positions. Another reason for the decline in nurses is the decreased funds available to nursing students and lack of faculty to teach those students. Some of the reasons for this is because nursing, by reputation, has been deemed a predominantly female occupation as well as the lack of pay, long hours and harsh treatment to those seeking a career in the nursing field.

#### **Supply**

According to a recent article “the supply of nurses continues to decrease because of improved career opportunities for women, a growing proportion of the workforce about to retire, fewer funds for nursing school students...societal trends towards reducing work hours and towards early retirement; poor working conditions... and a poor image of the nursing profession.” (Van den Heede, Diya, Lesaffre, Vleugels, & Sermeus, Benchmarking nurse staffing levels: the development of a nationwide feedback tool, 2008). With articles showing this kind of negative publicity toward the nursing profession, it is no wonder why we are in a downturn of potential nurses. Other research shows that “with nursing education programs challenged to increase student enrollment, many colleges were confronted with limited financial infrastructure, a shortage of qualified faculty, and difficulty establishing the clinical sites needed to support additional students. Thus, they found themselves turning qualified applicants away.” (Culver Clark & Allison-Jones, 2011). With such high demand for nurses and a shortage there

should be no reason to turn a student away that is qualified and wanting of this rewarding profession. There definitely needs to be changes made to recruit and keep nurses for long term commitments not short term solutions. “The nursing shortage continues and will get worse if we don’t take immediate steps to address the causes.” (Beall, 2011).

## **Demand**

The demand for nurses has steadily increased due mainly in part to the advances in medicine requiring shorter hospital stays and the increased age of the worldwide population. We need nurses because of their technical expertise. Current nurses now do more complex procedures that used to be done by the attending physicians. This requires nurses to have more in depth education in order to fulfill their responsibilities. Modern nurses need more education which requires more faculty to accommodate these needs. Currently there is a shortage of faculty to teach the skills required of the modern nurse. As the world population ages it is going to become even more critical to train and educate nurses.

“Nurses are needed more than ever to support the healthcare needs of every American. Nurses make up the greatest single component of hospital staff. In 2004, of the almost 3 million nurses in the United States, 58% of those were employed full-time. However, a severe shortage of nurses exists nationwide, putting the safe, effective healthcare of Americans in jeopardy. The concurrent shortage of nursing faculty has significant impact on the potential for admitting and graduating sufficient numbers of nursing students to address the shortage of prepared nurses. A close examination of the demographics of the 3 million nurses provides a context for an in-depth discussion of strategies that... nurses can

employ to help alleviate the nursing and nurse faculty shortages.” (Siela, Twibell, & Keller, 2009).

### **Contributing Factors**

Some contributing factors for the upward swing in the need for qualified nurses is the current increase in the population, declining number of people enrolling in nursing programs, and “the relatively longer educational pipeline for baccalaureate students increases the length of time before licensed RNs will emerge.” (U.S. Department of Health and Human Services, 2002). Compared to associate or diploma programs student seeking baccalaureate degrees may take twice as long to complete their degrees delaying their entry into the workforce, causing a decline in nurses. Other reasons are the increase in how long a person lives because of advances in medicine and the availability of medical treatment.

The turning away of nursing school candidates, high turnover rates and job burnout from being understaffed and overworked also contribute to the current nursing shortage. “The average RN turnover rate in hospitals was 13.9% with a vacancy rate of 16.1%. More than 1 million nurses will be needed by 2012 to care for the healthcare needs of Americans.” (U.S. Department of Health and Human Services, 2002).

Another factor contributing to the projected nursing shortage is that “the ACA (affordable care act) represents the broadest changes to the health care system since the 1965 creation of the Medicare and Medicaid programs and is expected to provide insurance coverage for an additional 32 million previously uninsured Americans.” (the Future of Nursing: Leading Change, Advancing Health, 2011). These new people aren’t healthy that are entering into the health care system. They have not been receiving any form of preventative care, probably had poor health

care as children and until this bill was proposed and enacted couldn't afford care. Currently there are only about 3 million nurses to care for these people that are going to be entered into the health care system this is causing an incongruency in the amount of nurses to the ratio of patients.

### **Proposed Solutions**

The government is currently taking steps to increase how many nurses are graduating by the new Title VIII of the H.R.3962 of the 111<sup>th</sup> congress first session, by implementing bills to advance educational opportunities to people seeking degrees in the nursing field. The government has provided funding to students in the form of Pell Grants, student aid, higher education funds, and institute of education sciences funding, all of which benefit students of all professions as well as ones entering into the nursing field. "In 2010, Congress passed and the President signed into law comprehensive health care legislation. With the enactment of these laws, collectively referred to in this report as the Affordable Care Act (ACA), the United States has an opportunity to transform its health care system to provide higher-quality, safer, more affordable, and more accessible care." (the Future of Nursing: Leading Change, Advancing Health, 2011).

Studies geared at creating a nationwide feedback tool designed around staffing hospital floors according to need based on surveys provided to the current nursing staff will "develop a methodology that corrects nurse staffing for nursing care intensity in a way that allows nationwide benchmarking of nurse staffing data." (Van den Heede, Diya, Lesaffre, Vleugels, & Sermeus, Benchmarking nurse staffing levels: the development of a nationwide feedback tool, 2008). They are also implementing statewide initiatives to bring to light and correct the shortage

of nurses and faculty. The Department of Labor has awarded millions of dollars to provide funding to the nurse educator shortage.

### Projected Shortages

According to the U.S. Department of Health and Human Services there is going to be a significant shortage of nurses to fulfill the demands of the nation. Not all states are equal some will have a higher need for nurses than others, these two tables of state by state projections show how states are going to be impacted in the years of 2010 and 2015. The areas that are bold show the highest level of shortages and the italic areas are the lowest and the underlined areas are where Ohio stands.

State	2010 Supply	2010 Demand	Excess or Shortage (Supply Less Demand) (= Shortage)	Percent Shortage
Alabama	34,986	37,257	-2,271	-6%
<b>Alaska</b>	<b>3,275</b>	<b>5,602</b>	<b>-2,327</b>	<b>-42%</b>
Arizona	33,030	44,054	-11,024	-25%
Arkansas	18,700	21,803	-3,103	-14%
California	161,337	203,511	-42,174	-21%
Colorado	31,432	37,860	-6,428	-17%
Connecticut	22,422	34,158	-11,736	-34%
<b>Delaware</b>	<b>4,886</b>	<b>7,922</b>	<b>-3,036</b>	<b>-38%</b>
District of Columbia	7,635	9,720	-2,085	-21%
Florida	126,075	143,873	-17,798	-12%
Georgia	50,239	65,316	-15,077	-23%
Hawaii	12,110	10,189	1,921	*
Idaho	5,168	8,140	-2,972	-37%
Illinois	91,419	95,684	-4,265	-4%
Indiana	40,879	49,090	-8,211	-17%
Iowa	32,044	29,764	2,280	*
Kansas	27,248	22,087	5,161	*
Kentucky	42,297	32,516	9,781	*
<i>Louisiana</i>	<i>37,534</i>	<i>36,831</i>	<i>703</i>	<i>*</i>
Maine	12,440	14,204	-1,764	-12%
Maryland	37,287	45,059	-7,772	-17%
Massachusetts	65,937	75,033	-9,096	-12%
Michigan	68,797	74,285	-5,488	-7%
Minnesota	47,003	45,943	1,060	*
Mississippi	23,809	22,849	960	*
Missouri	51,634	58,309	-6,675	-11%
Montana	6,838	16,912	-105	*
Nebraska	14,561	6,943	-2,351	-14%
Nevada	10,931	13,493	-2,562	-19%
New Hampshire	11,312	12,588	-1,276	-10%
New Jersey	55,794	74,527	-18,733	-25%
New Mexico	9,037	14,144	-5,107	-36%

New York	149,487	166,690	-17,203	-10%
North Carolina	73,428	75,474	-2,046	*
North Dakota	6,139	6,755	-616	-9%
<u>Ohio</u>	<u>105,255</u>	<u>99,405</u>	<u>5,850</u>	*
Oklahoma	19,501	22,385	-2,884	-13%
Oregon	21,872	28,071	-6,199	-22%
Pennsylvania	103,426	120,492	-17,066	-14%
Rhode Island	8,552	11,608	-3,056	-26%
South Carolina	29,565	31,120	-1,555	-5%
<i>South Dakota</i>	<i>8,117</i>	<i>8,049</i>	<i>68</i>	*
Tennessee	42,033	61,083	-19,050	-31%
Texas	141,581	158,372	-16,791	-11%
Utah	12,617	15,508	-2,891	-19%
Vermont	6,265	5,367	898	*
Virginia	45,716	57,643	-11,927	-21%
Washington	35,998	46,691	-10,693	-23%
<i>West Virginia</i>	<i>13,927</i>	<i>13,744</i>	<i>183</i>	*
Wisconsin	45,373	42,060	3,313	*
<b>Wyoming</b>	<b>2,421</b>	<b>4,402</b>	<b>-1,981</b>	<b>-45%</b>
Total U.S.	2,069,369	2,344,584	-275,215	-12%

\* No Definitive shortage. Estimate is -3% or above. All information obtained from, (U.S. Department of Health and Human Services, 2002).

State				
Alabama	36127	40,689	-4,562	-11%
<b>Alaska</b>	<b>3005</b>	<b>6,197</b>	<b>-3,192</b>	<b>-52%</b>
Arizona	33792	49,348	-15,556	-32%
Arkansas	18285	23,912	-5,627	-24%
California	153654	231,711	-78,057	-34%
Colorado	32135	42,159	-10,024	-24%
<b>Connecticut</b>	<b>19841</b>	<b>36,786</b>	<b>-16,945</b>	<b>-46%</b>
Delaware	4669	8,465	-3,796	-45%
District of Columbia	7546	10,450	-2,904	-28%
Florida	126257	162,616	-36,359	-22%
Georgia	49183	72,248	-23,065	-32%
<i>Hawaii</i>	<i>13128</i>	<i>11,402</i>	<i>1,726</i>	*
Idaho	4599	9,139	-4,540	-50%
Illinois	91032	101,944	-10,912	-11%
Indiana	40206	52,358	-12,152	-23%
Iowa	33642	31,468	2,174	*
Kansas	27704	23,759	3,945	*
Kentucky	44479	35,215	9,264	*
Louisiana	37594	40,177	-2,583	-6%
Maine	12114	15,486	-3,372	-22%
Maryland	35738	48,782	-13,044	-27%
Massachusetts	63816	80,595	-16,779	-21%
Michigan	67186	78,433	-11,247	-14%
Minnesota	47837	50,229	-2,392	-5%
<i>Mississippi</i>	<i>25192</i>	<i>24,930</i>	<i>262</i>	*
Missouri	51341	62,654	-11,313	-18%
Montana	6713	7,756	-1,043	-13%
Nebraska	14312	18,308	-3,996	-22%
Nevada	11426	14,798	-3,372	-23%
New Hampshire	11240	13,825	-2,585	-19%
New Jersey	53241	80,398	-27,157	-34%
New Mexico	8387	15,946	-7,559	-47%
New York	147852	176,911	-29,059	-16%
North Carolina	74546	83,414	-8,868	-11%
North Dakota	6110	7,341	-1,231	-17%
<u>Ohio</u>	<u>109588</u>	<u>105,593</u>	<u>3,995</u>	*
Oklahoma	19722	31,576	-4,959	-20%



Oregon	20536	24,681	-11,040	-35%
Pennsylvania	99517	127,301	-27,784	-22%
Rhode Island	7676	12,360	-4,684	-38%
South Carolina	30688	34,259	-3,571	-10%
South Dakota	7860	8,683	-823	-9%
Tennessee	40263	67,373	-27,110	-40%
Texas	146573	176,815	-30,242	-17%
Utah	12679	17,312	-4,633	-27%
Vermont	6589	5,813	776	*
Virginia	44711	63,157	-18,446	-29%
Washington	35150	52,722	-17,572	-33%
West Virginia	13849	14,574	-725	-5%
Wisconsin	43956	45,492	-1,536	-3.4%
<b>Wyoming</b>	<b>2205</b>	<b>4,995</b>	<b>-2,790</b>	<b>-56%</b>
TOTAL U.S.	2,055,491	2,562,554	-507,063	-20%

\* No definitive shortage. Estimate is -3% or above. All information obtained from, (U.S. Department of Health and Human Services, 2002).

## History

Throughout history nursing has been seen as a vocation for women to tend to the needs of the dying. At one time this was true, but the Florence Nightingale image of yesteryear is outdated. Current nurses perform much more than just comfort care, they also perform various technical procedures, but the stigma still remains, making it hard to recruit new nurses.

“Historically nursing education and practice environments were defined, structured, reformed, and restructured in large part by non-nurses.” (West, W.P., & Iphofen, 2007). Many of the problems with nursing shortages from the past are the same as the problems currently going on in the nursing community.

The nurses of the past, typical job duties were that of housekeeper, comfort care and general maintenance of the hospital facility and were required to work thirteen hours a day for little to no pay. Nurses of just fifty years ago were not even allowed to take blood pressures or assess lung or heart sounds, because it was a part of medical practice which was the physicians’ responsibility. By using these examples of what nursing was like in the past we can see that

current nurses are more scientifically advanced than the housekeepers of long ago. In part this is due to the advances in medicine and infection control standards that are currently in place.

### **Conclusion**

When we lack the tools necessary to perform a job properly the project we are trying to complete is unsuccessful. This is true in the nursing profession when you lack proper staffing levels patient care is diminished. When patient care is diminished, other problems arise, which cause good nurses to leave the profession or be penalized for actions that could have been prevented. If this teaches us nothing else it should teach us that history will repeat itself if necessary changes are not implemented into the current nursing shortage problem. “Many approaches have been suggested to address the nursing faculty shortage, including increased government funding for masters education, creative redesign of how education is delivered, and retention strategies for current faculty.” (Siela, Twibell, & Keller, 2009).

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