Term Paper: The shortage of Nursing

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During the 1990s hospitals started a reduction in Registered Nurses due to a decline in government and private insurer reimbursement and this was also a time where managed care cost soared. By declining registered nurses and hiring more unlicensed assistive personnel, hospitals contained spending costs. The downsizing of registered nurses in the 90’s started the nursing shortage that we currently see in many acute care settings. The effects of this shortage have affected nurses and patients in many ways and in many settings. Unsafe nurse to patient ratios, unsafe nurse practices and overworked nurses are only a few of the many issues that the nursing shortage has brought. Safe nursing staffing is crucial for better patient outcomes, for decrease in errors and retention of nurses in their respective units.

In an article by Linda Aiken and colleagues they, “Found that lower patient-nurse ratios on medical and surgical units were associated with significantly lower patient mortality rates,” (Aiken, et al., 2010) this is a statistic that brings insight into the cons of unsafe nurse staffing. As a nurse our duty is never to cause intentional harm, but at the start of shift when we receive more than the recommended amount of patients I can’t help but fear that something could go wrong that day and that I must be extra cautious not to let that happen. As per personal experience the more patients you have the more stressful your day can be and the more difficult it becomes to concentrate on a single patient and give them the nursing care that they deserve. It is not to say that one will commit a medical error that will lead to mortality but it is to say that one is less likely to care the same way to 10 patients when the minimum-staffing ratio is 5.

According to a recent study in the *journal of Nursing Regulation* 2017 Dr. Peter Bueraus examined four challenges that that the nursing workforce would be facing in years to come and one of which includes an approximate 1 million nurses retiring. Dr. Bueraus and his colleagues state that, “The departure of such a large cohort of experienced RNs means that patient care settings and other organizations that depend on RNs will face a significant loss of nursing knowledge and expertise that will be felt for many years to come,” (2018) this means that the nursing shortage is going to be felt by two parties. First, the novice nurses who come in eager to be taught the hands on of nursing will have a hard time finding preceptors to teach them the ropes of how to transition to real life nursing. This could lead to the inexperienced nurses having a more difficulty adapting to a system that they were not taught in nursing school. With many retiring in the short coming years the shortage of nurses will continue to increase and the patient safety will also continue to decrease. Author Huston says, “More must be done to address the predicted future nursing shortage, and it is increasingly obvious that multiple solutions to the shortage will be needed,” (Huston 2017) it is for sure that this shortage will affect not only the work force but mostly patients. With more stress comes less job satisfaction, which in return make a person want to quit their job. Authors Podsakoff and MacKenzie stated that “Workers who help new coworkers learn the ropes” help them to speedup the orientation and socialization process and become more productive employees faster,” (2000) if we want productive employees we need nurses that will allow this transition from school to work become a smoother process and one that will not happen if we continue to lose nurses.

Many have been the times where I have personally volunteered to stay overtime hours and help my colleagues out, but it has always been voluntary. In certain states there is mandatory over time hours that need to be done and this is where troubles begin. Research has shown that, “There is strong evidence that fatigue associated with extended work schedules is related to adverse events and errors in patients and healthcare workers,” (Olds &Clarke 2010) it is clear that forced extended work schedules brings more harm than good and not just to the patients but health care workers as well. Extended hours leave nurses less time to recover from a previous work shift and leaves their bodies more susceptible to disease resulting in calls out sick. Research has shown time and again that “Working more than 60 hours a week was associated with a 23% higher injury hazard rate and working a job that involved overtime hours was associated with a 61% higher injury hazard rate,” (Dembe et al. 2005). Statistics like these show that there needs to be a better resolution to short staffing than having a mandated amount of overtime work hours because it clearly doesn’t work in the long run; it is only a temporary solution. When one is mandated to work OT it is forced upon you and most times you do not feel ready or rested enough to provide that patient safe centered care. “Fatigue becomes a factor and the likelihood of errors, near errors, mistakes, and lapses in judgment increases,” says Huston (2017) about working overtime in a fatigued state. In another study on healthcare workers “A number of types of occupational injuries have been linked with overtime,” (Olds & Clarke 2010) all in all it is clear that overtime can be good and can be bad. In particular forced overtime can end up with tragic results such as unsafe patient care and dangerous nursing injuries. Mandated overtime hours only cause a higher risk of patient injury, staff injury and reduced patient outcomes.

The shortage of nursing will not only worsen if action is not taken now but the growing age of the population will suffer form this shortage due to a decrease of nurses caring for the elderly. In the latest U.S census Bureau report on the aging population it was found that by the year 2050 the amount of U.S residents age 65 or older is projected to be 83.7 million almost double that of the expected population in 2012 of 43.1 million. With more people living with comorbidities it is only reasonable that people are living longer lives and with no nurses to help they wont be living longer healthier lives but rather longer unhealthier ones. It is crucial that we seek to resolve a problem that can still be solved in time before it gets worse.

We can see the efforts to increase nursing job satisfaction through commercial advertisements such as Johnson & Johnsons *Campaign for Nursing’s Future,* which has been a multimillion dollar effort to promote nursing careers and polish the image that it has held up in the past. This is only one initiative that has been done, but educative advances have also been done such as in the year 2018 where “More than 49,000 vacant seats were identified in baccalaureate and graduate nursing programs. Nursing CAS provides a way to fill these seats and maximize educational capacity.”(“Nursing Shortage,” n.d.) This has grown the amount of nurses being placed in educative classrooms for our future in the hopes that more nurses take the profession and shorten this continuing nursing gap that we currently have. Both of these initiatives are slowly helping close the shortage that currently exists and although an immediate effect might not be seen it will be in years to come. More states need to do similar actions and there should be a goal to close this shortage of nurses in a reasonable time frame.

Nursing has evolved as a profession since Florence nightingale but there seems to still be a stigma on the profession of nursing; a stigma that has slowly been getting polished but not fast enough and this could be a reason for a decrease in nurses attending nursing schools. It is up to us as current nurses to practice to our full potential and further our education in order to put a new face to nursing. A face that isn’t gender biased but that includes people of all backgrounds and genders. we are still working alongside others who are asked to achieved a masters or even doctorates level of education so why should nurses not be asked to achieve the same level of education? Nursing education should include opportunities for a seamless transition to higher degree programs and the transition part is one of the most arduous parts of moving along degrees but with more opportunities it would be an incentive to move on and obtain higher education. This would drive more people to join the nursing work force and aid our nursing shortage.

We have all been to a hospital at least once in our lifetime many of use after all have been born in one but some of us due to health illness have been required to attend one. Many think that the doctors are the primary care giver however the nurse it is fair to say that the nurses could take this role. The nurse at the bedside taking vital signs frequently, the nurse who sees you transition through your illness to a better state, and the same nurse that you see frequently step in and out of your room is the one that could very soon be seen less and less than we already see coming in and out of our rooms. We are currently faced with a shortage of nurses that could potentially get worse before it gets better if we don’t act soon. We have much more to benefit from an increase in working nurses than to try and maintain the shortage by requiring mandated overtime hours. Benefits of increasing the nursing workforce include better patient outcomes, a decrease in errors and retention of nurses this is why adequate nursing staffing is crucial.

References:

1. Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Clarke, S. P., Flynn, L., Seago, J. A., … Smith, H. L. (2010). Implications of the California nurse staffing mandate for other states. *Health services research*, *45*(4), 904–921. doi:10.1111/j.1475-6773.2010.01114.x

2. Beurhaes, P. I., Skinner, L. E., Auerbach, D. I., & Staiger, D. O. (2018). Four Challenges Facing the Nursing Workforce in the United States. *History Studies International Journal of History,10*(7), 241-264. doi:10.9737/hist.2018.658

3. Dembe, A. E. (2005). The impact of overtime and long work hours on occupational injuries and illnesses: New evidence from the United States. *Occupational and Environmental Medicine,62*(9), 588-597. doi:10.1136/oem.2004.016667

4. Huston, C. J. (2017). *Professional issues in nursing: Challenges and opportunities*. Philadelphia, PA: Wolters Kluwer.

**5.** Nursing Shortage. (n.d.). Retrieved April 6, 2019, from <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>

6. Olds, D. M., & Clarke, S. P. (2010). The effect of work hours on adverse events and errors in health care. *Journal of safety research*, *41*(2), 153–162. doi:10.1016/j.jsr.2010.02.002

7. Podsakoff, P. M., Mackenzie, S. B., Paine, J. B., & Bachrach, D. G. (2000). Organizational Citizenship Behaviors: A Critical Review of the Theoretical and Empirical Literature and Suggestions for Future Research. *Journal of Management,26*(3), 513-563. doi:10.1177/014920630002600307