Challenges in Nursing: Shortages, Staffing Ratios & Entry Into Practice

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Abstract

Nurses are the largest segment of the healthcare workforce. Current nursing practice covers a broad continuum from health promotion, to disease prevention. Healthcare restructuring has resulted in nursing shortages, implementing increase demands on the nursing profession and the coordination of patient care. Stakeholders have subsequently begun to determine factors impeding nursing care. Various strategies have been implemented to reduce the demand of nurses by increasing number of licensed RN’s in the workforce. The proposed solutions are likely to reshape the role of nursing in healthcare and decrease the current shortage.

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With the given state of today’s economy and healthcare crisis, institutions are struggling to provide quality, cost effective care. The quality and quantity of rendered services are based on the relationship between capital input and labor (Beurhaus, 2009). Capital input can be described as the physical space care/services are rendered, and the various types of equipment used. Labor, on the other hand, are the various professional, technical and clerical staff. The more effectively healthcare facilities combine capital and labor the more they can improve services.

Today, many healthcare facilities are faced with downsizing and restructuring to offset fixed reimbursement rates from government and private insurers. As a result, this has exacerbated the current nursing shortage. There are a multitude of factors contributing to the current nursing shortage including an aging workforce, growing population, increased need for advanced prepared nurses and a need for qualified nurse educators. Correlational studies have use these and other variables to identify relationships between nurse retention and recruitment, and relationships between nurse staffing and patient outcomes. Researchers continue to illustrate the impact the current nursing shortage has on the global health crisis (Huston, 2010).

Nursing is the largest healthcare profession and the largest segment in the US work force. According to the National Sample Survey of Registered Nurses (NSSRN), in 2008 there were an estimated 3,063,163-licensed registered nurses living in the United States (RN Survey, 2010). Of those actively licensed, 15.2% were not working at the time this report was generated. The NSSRN is a set of statistical data used to assess the trends in the United States (US) nursing workforce, and evaluate the efficacy on essential healthcare services. “These data illustrate the education and skills of the nursing workforce, portray the diversity of RNs and impact of internationally-educated nurses, depict the factors that affect RNs’ decisions to work in the nursing profession, and support forecasting the future supply of RNs” (RN Survey, 2010). This information is based on a random selection on RN’s across the US. Policymakers and stakeholders used information generated from this national report to approach innovation solutions to current/potential issues in nursing.

Researchers have illustrated how an adequately sized workforce contributes to patient safety and improved patient outcomes. “Nurses are crucial in preventing medication errors, reducing rates of infection, and even facilitating patients’ transition from hospital to home” (IOM Summary, p. 3). Nursing staffing, in its importance, continues to remain the topic of debate. Nurse staffing can be measured in two ways: (1) nursing hours/patient/day, and (2) nurse to patient ratio. Nurse staffing issues have been identified as contributors to high turnover rates. High turnover rates are disruptive to organizational funding and threaten the quality of patient care (Hughes, 2008, Chapter 5). Nurses have verbalized that the physical demands of long work hours create a stressful environment that leads to job dissatisfaction and burnout. In addition, as life expectancy increases, so does the need for more skilled professionals. This is contributed by the level of care needed for individuals living longer with chronic diseases. Many states have implemented legislation to address nursing staffing on patient outcomes. Today, California remains as the only state to be successful in implementing mandatory staffing ratios.

Mandatory staffing ratios has been proposed as an incentive to reduce negative health outcomes and improve employee satisfaction. Researchers have suggested that nurse sensitive outcomes such as pressure ulcer prevalence, falls/injury, hospital acquired infections and voluntary turnover are influenced by nursing personnel (Hughes, 2008). Critics have challenged the implementation of nursing ratios arguing that it only adds burden to the current economic crisis. According to critics, mandating staffing ratios with the current nursing shortage will lead to a reduction in hospital services, increased ER diversions, unit closures and increased expenses for use of overtimes and temporary agency nurses ("Mandated Staffing Ratios," 2012). In addition, mandating staffing ratios restricts the hospitals ability to adjust staffing. Unpredictability of patient care environment such as patient acuity, admissions, discharges and transfers has lead stakeholders to view mandated ratios as an ineffective tool. Supportive to this argument, is the context of healthcare as a multidisciplinary framework, with health care outcomes reflecting characteristics of the environment. Ultimately, the belief is that by implementing staffing ratios we are only contributing to the current nursing shortage.

Huston refers to nursing as “a graying population (Huston, 2010, p. 78). The majority of the nursing workforce consists of baby boomers, with an average age projected at 44.5yrs ("Nursing Shortage," 2012). As baby boomers retire, the resulting effect is projected to lead to a global nursing shortage. During the 1980’s, foreign nurse recruitment was accounted as a solution to the shortage crisis. Currently, this strategy is a topic of debate. Critics argued that the migration of international nurses demonstrates negative outcomes. Importing trained foreign nurses jeopardizes quality health care and decreases the domestic job market. Furthermore, research suggests that brain drain will eventually be a resulting factor as more nurses migrate to the US from undeveloped countries.

According to statically recorded data, RN vacancies (*requiring at least an associates degree*) in New York State were projected at 4,970 (Career One Stop, 2013). Increased demands for nurse educators, and reduced programs for individuals entering the nursing profession have been associated with reported vacancies. This has also impacted the current nursing shortage. As stated, “it often costs colleges more to educate nurses than they collect in tuition” (Huston, 2010, p. 75). In addition, with decreased funding at the state and federal level, there is little room for providing incentives to faculty. Nurse educators are among those at the bottom of the totem pole, in terms of wages. In 2008, 3.8% of nurses were academic educators (RN Survey 2010). The greatest threat impacting retention of qualified educators were reduced salaries. Full time faculty, holding a masters degree, earned an average annual salary of $66, 588 (Huston, 2010). This figure is compared to the average annual salary of an entry level RN with an Associate degree. In addition to decreased wages, there was a reported increased lag time required to earn advance degrees. Not to mention, the costs required securing a Master or Doctorate’s degree. Fortunately, some organizations have implemented incentives to attract graduates and experienced professionals to education. The Robert Wood Johnson foundation, Johnson & Johnson, and Empire State Professional Nursing Scholarship program are organizations that have made successful efforts to retain and recruit nurse educators. Furthermore, stakeholders continue to brainstorm to find ways to attract older nurses into education, as a substitute for retirement.

Of the many proposed solutions to reduce the current nursing shortage, increasing the entry level into practices seems to grab even the public’s attention. The IOM report illustrates depicted challenges in professional nursing. A broad focus has been on increasing minimal preparation for the entry-level nurse. Nursing, as a leading profession, is being compared to other professions highly regarded in the workforce. Often times, nurses do not received the credit due because of pressing issues regarding educational preparation. The large majority of licensed RN’s in the US hold an Associate Degree in Nursing (ADN). The ADN currently remains as the minimal education required for entry into practice. ADN students follow non-traditional education paths requiring 3+ years of education, with a minimum of 12 - 24 months of prerequisites (Hughes, 2008). Supporters of the “BSN in Ten” legislation believe a more skilled nursing workforce is needed to combat the increasing complex health environment. Some researchers agree, suggesting that better health outcomes result from patients being cared for by RNs holding a Baccalaureate degree. “BSN nurses may actually then stabilize the nursing workforce as a result of their higher levels of job satisfaction, which is key to nurse retention” (Hughes, 2008, p. 9).

In meeting the requirements to become a registered professional nurse, successful completion of a nationally accredited nursing program is required in order to be eligible to sit for the state boards. In addition, one must successfully pass the National Council Licensing Examination. Licensure suggests that minimal competence levels have been met for safe practice. Students of ADN programs would agree, that given the rigorous educational curriculum, the current standard is sufficient enough to provide quality safe care. Critics disagree, as stated in the IOM report “An improved education system is necessary to ensure that the current and future generations of nurses can deliver safe, quality, patient-centered care across all settings, especially in such areas as primary care and community and public health” (IOM Summary, p. 6).

In order to reduce the complexities surrounding the nursing profession, a multifaceted approach is needed. The solutions are so great, that there is no quick approach to solving some of theses issues. Policymakers and stakeholders must succinctly evaluate current pressing issues. Strategies must be implemented to identify factors prohibiting/promoting healthy work environments. Incentives geared toward retention and recruitment should be used to reduce negative affects on patient outcomes and improve job satisfaction. Ultimately, quality and consistency of care must be maintained to assure that the best amount of service and care are rendered at the lowest possible costs.

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