

## **Nursing shortage?**

*Let's make sure we fix the right problem*

**By Joanne Disch, Ph.D., R.N., F.A.A.N.**

Recent estimates of the extent of the nursing shortage range from “there is no nursing shortage at all” to “by 2010, the country will need almost 800,000 nurses to meet the demand.” How can there be such a range of responses? And, more importantly, what is the picture in—and what are the solutions for—Minnesota?

### **Critical issues**

A few people contend that there is no nursing shortage—that there are enough licensed nurses, if only they would enter the workforce. The reality is that Minnesota has one of the highest participation rates of working nurses (86.4 percent) in the country. However, we also have one of the highest percentages of nurses who choose not to work full-time. The average age of nurses in our state is 45.3, vs. 42.4 for the rest of the nation.

Among the reasons nurses choose to work less than full-time are family responsibilities, difficulty maintaining the demanding physical requirements of the work, and full-time benefit coverage for less than full-time schedules.

According to the 2003 Registered Nurse Workforce Survey conducted by the Minnesota Department of Health, an estimated 8,000 registered nurses planned to stop practicing in Minnesota between 2002 and 2004; this would result in a gap of approximately 2,000 nurses.

At the other end of the spectrum is the U.S. Bureau of Labor Statistics (2004) projection that the U.S. will need more than 1 million new and replacement nurses by 2012. This assumes (1) a growing demand for health care services for individuals for whom nurses traditionally provide the majority of care, such as the elderly, the chronically ill, and those receiving home services or palliative care; and (2) an explosive growth in demand for nurses in what would be considered non-traditional areas, including pharmaceuticals, medical supplies and equipment, consulting, large corporations, and health plans. At Minnetonka-based UnitedHealth Group, for example, more than 4,000 nurses are on staff to provide chronic care management and telehealth services.

Thus, today's shortage is largely due not to a lack of qualified applicants or interest in the profession, but to what we now recognize as an insatiable demand for nursing services. The reality is that virtually all U.S. schools of nursing report many more applicants than they can accommodate. For example, in 2004 the University of Minnesota had 537 well-qualified applicants for the 133 positions in its baccalaureate program.

Looking at the nursing shortage with this overview in mind, we can see clearly that the state will face a health care crisis unless it addresses three critical areas:

1. The current imbalance in the mix of nurses;
2. The impending shortage of nursing faculty; and
3. Insufficient change in the current care delivery system and environment.

### **Imbalance in the mix of nurses**

Nursing students today choose from a variety of programs of differing lengths, focus, and depth to prepare for the licensing exam they must pass to become registered nurses. Traditionally, these include two-year programs (an associate degree), three-year programs (a diploma: there are none of these programs in Minnesota), or four-year programs (a baccalaureate degree). While nurses with any of these forms of preparation can provide patient care as a generalist, they need a baccalaureate degree to become public health nurses, and a master's degree to become advanced practice nurses, faculty members or researchers, or administrative leaders in many health care institutions and systems.

Graduates from all three entry programs provide important patient care services and are the backbone of direct care delivery in hospitals and ambulatory care settings. However, there must be balance within each state's mix of graduates from the different types of nursing programs in order to assure sufficient numbers of nursing care clinicians, educators, researchers, and leaders.

The American Association of Colleges of Nursing recommends a ratio of baccalaureate-prepared nurses to associate degree-prepared nurses of 2:1. The current ratio in Minnesota is roughly the opposite—1:2.

**The imbalance poses a major threat to the state.** Without sufficient numbers of baccalaureate-prepared nurses, we will see fewer advanced practice nurses.

There is growing demand for those types of nurses as partners providing care in a multitude of roles, including nurse practitioner, clinical specialist, nurse

midwife, and nurse anesthetist. We will see a reduction in nursing faculty, which will in turn reduce the capacity of Minnesota's schools of nursing. Nursing research will be compromised. Without enough baccalaureate nurses, the pipeline for all of these critical elements in the health care equation for Minnesota will be jeopardized.

### **Faculty shortage**

While the shortage of nurses to provide care to patients is daunting enough, many experts say it will be dwarfed by the impending shortage of nursing faculty. The average age of nursing faculty in the state of Minnesota is 51.5. Within 10 to 15 years, a large number of them will retire, reduce their time at work, or move into other professional roles. Meanwhile, there are fewer people in the younger generation, reducing the potential pools of both nursing students and faculty.

Becoming a faculty member in any field takes a significant investment in time, energy, and resources. We need to begin today to make those investments in preparing tomorrow's nursing educators, yet little is being done. Failure to support nurses pursuing careers in education, or failure to produce enough nurses with baccalaureate degrees who may become faculty, will guarantee a bottleneck in providing enough nurses for the state.

### **Delivery of care**

There will never be enough nurses if we continue delivering patient care in the same hospital-based, acute care-oriented, physician-dependent model we have

used for the past 50 years. Nor will we see the kinds of changes needed to improve patient outcomes and financial bottom lines. What will help are several changes that are already taking place, though slowly.

One is the use of hospitals as sites of care where patients go only when the needed technology and nursing care cannot be provided at home or in other, less resource-intensive settings. Another is the appropriate allocation of attention and resources to manage chronic conditions, either through prevention or treatment, to improve the health of communities and restrain health care costs. **This concept was emphatically supported by** Governor Pawlenty's Minnesota Citizens Forum on Health Care Costs.

A third change is the recognition and use of other health care providers—pharmacists, social workers, advanced practice nurses, physical therapists—as team members, leaders, or coordinators of the patient's care, depending on the nature of the patient's problem. Physicians are the appropriate care-team leaders in many health care settings and situations, but not all of them.

Finally, we need to change the health care work environment. It continues to be incredibly stressful, not only for nurses but for all involved in care delivery, and is a major factor in professional dissatisfaction. **Worse, patient outcomes are diminished when respectful interprofessional communication and administrative support are missing, according to Institute of Medicine publications.** Yes, recruitment of new nurses and other needed personnel is a major focus, but what

is actually more important is creating healthy work environments and retaining personnel who are already in place.

### **What's to be done?**

The nursing shortage is a complex, national situation, and resolving it will require numerous strategies. *Perhaps most important is to recognize that it is a symptom of a more serious problem: a dysfunctional health care industry that requires transformation.* Strategies to be implemented include:

1. *Student support:* Provide scholarship support to students wishing to enroll in baccalaureate nursing programs. Create partnerships between schools of nursing and health care systems to jointly support students in these programs who would then work within the health care system upon graduation.
2. *Faculty support:* Provide incentives and support for nurses who want to become nursing faculty or who wish to further develop their faculty skills.
3. *Improved work environments:* Create incentives for care delivery systems to establish healthy work environments and recognize accomplishments.
4. *Delivery system redesign:* Design new models for care delivery that are truly patient-centered, and whose leadership is determined by patient need and condition.
5. *Educational innovation:* Create innovative programs for qualified students to move quickly through the programs and be available to provide care or continue their education. Two years ago, the University of Minnesota School of Nursing developed the Post-Baccalaureate Certificate program, which allows individuals with a degree in another field to study for 16 months and take the nursing

licensure exam. They can then practice nursing or move on to advanced practice, education, or research.

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