

**Assuring Quality Health Care for the United States:
Building and Sustaining an Infrastructure of Qualified Nurses for the Nation
*Consensus Document***

The Americans for Nursing Shortage Relief (ANSR) Alliance represents a diverse cross-section of health care and other related organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage. Our country continues to be challenged by a chronic nursing shortage of registered nurses (RNs) that was first noted over 12 years ago in 1998. The shortage abated slightly in the recession in some localities, but is projected to worsen as health care requirements increase in the future. The link between health care and our nation's economic security and global competitiveness is undeniable. Having a sufficient nursing workforce to meet the demands of a highly diverse and aging population is an essential component to reforming the health care system as well as improving the health status of the nation and reducing health care costs.

Nursing is the largest health care profession in the United States. According to the National Council of State Boards of Nursing, there were nearly 3.733 million licensed RNs in 2008.¹ Nurses and advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists) work in a variety of settings, including primary care, public health, long-term care, surgical care facilities, and hospitals. In 2008, 60 percent of RN jobs were in hospitals.² About 8 percent of RN jobs were in physician offices, 5 percent in home healthcare services, 5 percent in nursing care facilities, and 3 percent in employment services. The remainder worked mostly in government agencies, social assistance agencies, and education services. A federal report published in 2004 estimates that by 2020 the national nurse shortage will increase to more than 1 million full-time nurse positions. According to these projections, which are based on the current rate of nurses entering the profession, only 64 percent of projected demand will be met.³ A study, published in March 2008, uses different assumptions to calculate an adjusted projected demand of 500,000 full-time equivalent registered nurses by 2025.⁴ According to the U.S. Bureau of Labor Statistics, employment of registered nurses is expected to grow by 22 percent from 2008 to 2018, much faster than the average for all occupations and, because the occupation is very large, 581,500 new jobs will result. Based on these scenarios, the shortage presents an extremely serious challenge in the delivery of high-quality, cost-effective services, as the nation looks to reform the current healthcare system. Even considering only the smaller projection of vacancies, this shortage still results in a critical gap in nursing service, essentially three times the 2001 nursing shortage.

The ANSR Alliance believes Congress must enact and fund a comprehensive set of initiatives to address these challenges and ensure that the nation has an adequate infrastructure of well-qualified

¹ National Council of State Boards of Nursing, (2010). *2008 Nurse Licensee Volume and NCLEX® Examination Statistics. (Research Brief Vol. 42)*. On the Internet at: https://www.ncsbn.org/10_2008NCLEXExamStats_Vol42_web_links.pdf (Accessed March 15, 2010).

² Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*, Registered Nurses. On the Internet at: <http://www.bls.gov/oco/ocos083.htm> (Accessed February 26, 2010).

³ Health Resources and Services Administration, (2004). *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* On the Internet at: <http://bhpr.hrsa.gov/healthworkforce/reports/behindmprojections/4.htm>. (Accessed February 26, 2010).

⁴ Buerhaus, P., Staiger, D., Auerbach, D. (2008). *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*. Boston, MA: Jones & Bartlett.

nurses. This *Consensus Document* outlines programs and evidence-based, cost-effective best practices across the federal agencies that hold the most promise for the federal government to adequately address and mitigate the complex factors contributing to the current and expected nurse and nursing faculty shortages. These best practices will help establish a foundation of available nurses to respond to public health emergencies and provide quality acute and long-term care to patients/clients in need.

To meet the basic nurse workforce demands, the ANSR Alliance recommends that Congress:

- Build capacity of nursing education programs and enhance nursing research;
- Strengthen the capacity of the national nursing public health infrastructure;
- Help retain nurses, with special emphasis on the aging nursing workforce; and
- Expand recruitment of new nurses with emphasis on those with diverse backgrounds.

The remainder of this document will discuss in greater depth each of these four policy areas and proposed strategies. In addition, the ANSR Alliance identifies the one critical action needed to mitigate the immediate effect of the nursing shortage and to address all of these policy areas. **ANSR requests \$267.3 million in funding for Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA) in FY 2011. The requested increase should be directed at the four Title VIII programs that have not kept pace with inflation since FY 2005: Advanced Education Nursing, Nursing Workforce Diversity, Nurse Education, Practice and Retention, and Comprehensive Geriatric Education. These programs, which help expand nursing school capacity and increase patient access to care, would greatly benefit from the 10% increase awarded in proportion to their FY 2010 funding levels.**

BUILD CAPACITY OF NURSING EDUCATION PROGRAMS AND ENHANCE NURSING RESEARCH

Nursing vacancies exist throughout the entire health care system, including long-term care, home care and public health. Even the Department of Veterans Affairs, the largest sole employer of RNs in the U.S., has a nursing vacancy rate of 10 percent. In 2006, the American Hospital Association reported that hospitals needed 116,000 more RNs to fill immediate vacancies, and that this 8.1 percent vacancy rate affects hospitals' ability to provide patient/client care.⁵ Government estimates indicate that this situation only promises to worsen due to an insufficient supply of individuals matriculating in nursing schools, an aging existing workforce, and the inadequate availability of nursing faculty to educate and train the next generation of nurses. At the exact same time that the nursing shortage is expected to worsen, the baby boom generation is aging and the number of individuals with serious, life-threatening, and chronic conditions requiring nursing care will increase. Consequently, more must be done today by the government to help ensure an adequate nursing workforce for the patients/clients of today and tomorrow.

A particular focus on securing and retaining adequate numbers of faculty is essential to ensure that all individuals interested in – and qualified for – nursing school can matriculate in the year that they are accepted. The National League for Nursing found that in the 2007-2008 academic year, 119,000 qualified applications – or 39 percent of all qualified applications submitted to nursing education

⁵American Hospital Association, (2007). *The State of America's Hospitals: Taking the Pulse, Findings from the 2007 AHA Survey of Hospital Leaders*. On the Internet at: <http://www.aha.org/aha/content/2007/PowerPoint/StateofHospitalsChartPack2007.ppt>. (Accessed December 3, 2008).

programs – were denied due to lack of capacity. Baccalaureate degree programs turned away 24 percent of its applications, while associate degree programs turned away 42 percent.⁶ Aside from having a limited number of faculty, nursing programs struggle to provide space for clinical laboratories and to secure a sufficient number of clinical training sites at health care facilities.

ANSR supports the need for sustained attention on the efficacy and performance of existing and proposed programs to improve nursing practices and strengthen the nursing workforce. The support of research and evaluation studies that test models of nursing practice and workforce development is integral to advancing health care for all in America. Investments in research and evaluation studies have a direct effect on the caliber of nursing care. Our collective goal of improving the quality of patient/client care, reducing costs, and efficiently delivering appropriate health care to those in need is served best by aggressive nursing research and performance and impact evaluation at the program level.

ANSR Recommendations:

- A. Boost appropriations for the advanced practice nurse education programs (Title VIII of the Public Health Service Act, Sec. 811) to have an available pool of nurses who can serve as faculty for schools of nursing.**
- B. Continued funding of the Nurse Faculty Loan Program Grants (Title VIII of the Public Health Service Act, Sec. 846A) and Nurse Loan Repayment and Scholarship Programs (Title VIII of the Public Health Service Act, Sec. 846).**
- C. Raise budget allocations to expand the Department of Veterans Affairs faculty/clinical service model.**
- D. Fund and modify the Nurse Faculty Loan Program (NFLP) (Title VIII of the Public Health Service Act, Sec. 846A) to eliminate the matching fund requirements from the schools of nursing.**
- E. Increase funding of the Department of Labor's High Growth Job Training Initiative to enhance capacity of nursing education programs for qualified trainees.**
- F. Grow the investments across federal departments (e.g., Departments of Defense, Education, Health and Human Services, Labor, Veteran's Affairs) to enhance nursing research and evaluation studies that test models of nursing practice and of nursing workforce development.**

STRENGTHEN THE CAPACITY OF THE NATIONAL NURSING PUBLIC HEALTH INFRASTRUCTURE

The National Center for Health Workforce Analysis at the Bureau of Health Professions housed within HRSA reports that the nursing shortage makes it challenging for the health care sector to meet current service needs. Nurses make a difference in the lives of patients/clients from disease prevention and management to education to responding to emergencies. Chronic diseases, such as

⁶ National League for Nursing, (2010). *Nursing Data Review 2007-2008: Baccalaureate, Associate Degree, and Diploma Programs*. On the Internet at: <http://www.nln.org/research/slides/index.htm>. (Accessed February 26, 2010).

heart disease, stroke, cancer, and diabetes, are the most preventable of all health problems as well as the most costly. Nearly half of Americans suffer from one or more chronic conditions and chronic disease accounts for 70 percent of all deaths. Also, increased rates of obesity and chronic disease are the primary cause of disability and diminished quality of life.

Even though America spends more than \$2 trillion annually on health care – more than any other nation in the world – tens of millions of Americans suffer every day from preventable diseases like type 2 diabetes, heart disease, and some forms of cancer that rob them of their health and quality of life.⁷ In addition, major vulnerabilities remain in our emergency preparedness to respond to natural, technological and manmade hazards. An October 2008 report issued by Trust for America’s Health entitled “Blueprint for a Healthier America” found that the health and safety of Americans depends on the next generation of professionals in public health.⁸ Further, existing efforts to recruit and retain the public health workforce are insufficient. New policies and incentives must be created to make public service careers in public health an attractive professional path, especially for the emerging workforce and those changing careers.

An Institute of Medicine report notes that nursing shortages in U.S. hospitals continue to disrupt hospitals operations and are detrimental to patient/client care and safety.⁹ Hospitals and other health care facilities across the country are vulnerable to mass casualty incidents themselves and/or in emergency and disaster preparedness situations. As in the public health sector, a mass casualty incident occurs as a result of an event where sudden and high patient/client volume exceeds the facilities/sites resources. Such events may include the more commonly realized multi-car pile-ups, train crashes, hazardous material exposure in a building or within a community, high occupancy catastrophic fires, or the extraordinary events such as pandemics, weather-related disasters, and intentional catastrophic acts of violence.

Since 80% of disaster victims present at the emergency department, nurses as first receivers are an important aspect of the public health system as well as the healthcare system in general. The nursing shortage has a significant adverse impact on the ability of communities to respond to health emergencies, including natural, technological and manmade hazards.

ANSR Recommendations:

- A. Provide adequate funding for federal programs to increase the size of the public health nursing workforce capable of responding to health emergencies, including natural, technological and manmade hazards.**
- B. Increase funding for recruitment and retention efforts to increase the U.S. Public Health Service and Armed Services nursing workforce.**
- C. Support efforts to expand scope of practice and expand the utilization of advanced practice registered nurse providers to contribute to the public health and primary health care infrastructure.**

⁷ KaiserEDU.org. “U.S. Health Care Costs: Background Brief.” Kaiser Family Foundation. On the Internet at: http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358 (Accessed November 24, 2008).

⁸ Trust for America’s Health, (2008). *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. On the Internet at: <http://healthyamericans.org/report/55/blueprint-for-healthier-america> (Accessed December 3, 2008).

⁹ Institute of Medicine, Committee on the Future of Emergency Care in the United States Health System, (2007). *Hospital-Based Emergency Care: At the Breaking Point*. On the Internet at: <http://www.iom.edu/?id=48896>. (Accessed December 3, 2008).

- D. Expand the use of Nurse-Managed Health Centers (NMHC). Fund federal demonstration projects through the Centers for Medicaid & Medicare Services and Department of Health and Human Services to increase the use of these safety net providers for the provision of care to the under and uninsured.**

HELP RETAIN NURSES, WITH SPECIAL EMPHASIS ON THE AGING NURSING WORKFORCE

Some of the recent forecasts of the nursing shortage indicate that the nursing workforce will continue to grow older. Interest in nursing among individuals in their early to mid-twenties is at its lowest point in forty years. One study reports that the average age of RNs in the workforce would increase from 42.0 years in 2000 to 44.7 years in 2012. It is important to note that RNs in their 50s may comprise a large part of this workforce and a number of nurses may work into their 60s.¹⁰ Retaining these experienced, aging nurses in the workforce will make a critical contribution to curbing the effect of the nursing shortage. Nursing is a physically demanding career. Strategies will be needed to encourage and accommodate these nurses to stay in the workforce.

The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. A 2006 National League for Nursing/Carnegie Foundation Preparation for the Professions Program national survey of nurse educators found that fully one half of today's nurse faculty say they expect to retire within the next 10 years while just over one in five (21 percent) expect to retire within the next five years.¹¹ The NLN/Carnegie data also distinguished the nurse faculty cohort from the rest of the academic workforce by age: Where 48 percent of nurse educators are age 55 and over, only 35 percent of U.S. academics and only 29 percent of health science faculty are over the age of 54.

ANSR Recommendations:

- A. The Occupational Safety and Health Administration (OSHA) should establish appropriate patient/client handling approaches and develop criteria for healthier work environments for nursing professionals.**
- B. HRSA should fund demonstration projects with facilities to identify and encourage best strategies for retention and recruitment of nurses.**
- C. Provide incentives through tax law changes and other means for the aging nursing workforce to stay in the workforce and move into nursing faculty positions.**

¹⁰ Auerbach, D.I., Buerhaus, P.I., & Staiger, D.O., (2007). Better late than never. Workforce supply implications of later entry into nursing. *Health Affairs*, 26(1): 178-185.

¹¹ National League for Nursing, May/June 2007. *Nursing Education Perspectives*. Introducing the NLN/Carnegie National Survey of Nurse Educators: Compensation, Workload, and Teaching Practice, Vol. 28, No. 3:164-169. On the Internet at: <http://nln.allenpress.com/doi/pdf/10.1043/1094-2831%282007%2928%5B164%3AHFTN%5D2.0.CO%3B2>. (Accessed February 26, 2010.)

EXPAND RECRUITMENT OF NEW NURSES WITH EMPHASIS ON THOSE WITH DIVERSE BACKGROUNDS

RNs, advanced practice registered nurses, and nursing faculty are *all* critically necessary to sustain an adequate supply of nurses available to deliver quality health care. The U.S. nursing shortage is part of a larger world-wide nursing shortage. The international scope of this problem makes it an immediate and critical need for our nation to develop additional strategies to appeal to men and women to pursue nursing and teaching nursing as a profession. Congress specifies the mission of Title VIII is to ensure a sufficient national supply of nurses; Title VIII programs must be adequately funded to fulfill that important mission.

At a March 2007 Senate hearing, officials discussed a serious shortage of military nurses. It was reported that the Army, Navy and Air Force have a 10 percent shortage of nurses overall; the shortages rises as high as 40 percent for some areas of nursing specialty practice. This growing shortage poses a threat to military readiness and the available pool of military nurses to care for beneficiaries at home and abroad.

After three consecutive years in which the proportion of minorities entering the RN workforce stagnated at approximately 20 percent, in an encouraging sign the fraction of minority graduates jumped to 24.5 percent in 2006. This increase in minority graduations was distributed across all racial-ethnic categories, each of which exhibited fractional growth. However, that upward trend did not persist into 2007, which saw minority graduations dip slightly to 23.6 percent.¹²

In addition, the percentage of men electing to join the profession also reached a near-term high in recent years after falling off during the dot.com boom of the 1990s. The number of men graduating from basic RN programs showed a small but steady growth trend in the mid-2000s with the overall percentage of men in prelicensure nursing programs reaching 12 percent in 2007. Baccalaureate programs had the smallest proportion of men in 2007 with males representing just over one in ten graduates. Within associate degree and diploma programs, men represented 12 and 13 percent of graduates, respectively.

Cultural competent health care providers are essential to the provision of high quality health care in this nation. Ideally, the health care workforce should reflect the cultural diversity of the general population. Studies have shown that people are most comfortable receiving care from someone of their own cultural and ethnic background. Studies provide evidence that minority practitioners are more likely than their Caucasian counterparts to serve in minority and medically underserved communities.¹³ It is critical that we invest in strategies to encourage this diversity in nursing, and work to enhance cultural competence among nurses of all ethnic backgrounds.

Data also indicate that in large part the nurse faculty workforce is not reflective of the nation's population or of the nursing student population. The NLN/Carnegie study affirmed that 96 percent of the nurse faculty are female, contrasting with the three-fifths of the U.S. postsecondary faculty who are males. The 2006 NLN/Carnegie study reports that nursing also lags significantly behind the remainder of academia with respect to diversity. Seven percent of nurse educators are minorities while 16 percent of U.S. faculty belong to a racial minority group.

¹² National League for Nursing, (2010). *Nursing Data Review 2007-2008: Baccalaureate, Associate Degree, and Diploma Programs*. On the Internet at: <http://www.nln.org/research/slides/index.htm>. (Accessed February 26, 2010).

¹³ The Sullivan Commission, (2004). *Missing Persons: Minorities In The Health Professions*. On the Internet at: <http://www.aacn.nche.edu/Media/pdf/SullivanReport.pdf>. (Accessed February 26, 2010.)

The homogeneity of the nurse faculty plays out as a unique capacity constraint, which limits nursing schools' ability to provide culturally appropriate health care education toward developing a health care system that understands and addresses the needs of the nation's rapidly diversifying population. Factors such as biases and stereotyping, communication barriers, cultural sensitivity/competence, and system and organizational determinants contribute to health care disparities, generating a compelling need for workforce diversity.

Recommendations:

- A. Provide \$267.3 million in FY 2011 to the Public Health Service Act (42 U.S.C. 296 et seq.) Title VIII Nursing Workforce Development Programs. Direct the requested increase at the four Title VIII programs that have not kept pace with inflation since FY 2005 – Advanced Education Nursing, Nursing Workforce Diversity, Nurse Education, Practice and Retention, and Comprehensive Geriatric Education – in proportion to their FY 2010 funding levels.**
- B. Fund the Nursing Education Loan Repayment Program (NELRP) (Sec. 846) and the Nursing Scholarship Program (NSL) Program (Sec. 846[d]) to increase the number of students who can complete their nursing education and enter clinical practice.**
- C. Fund demonstration programs that would allow HRSA to coordinate with the U.S. Public Health Service to offer NELRP and NSL recipients incentives to join the U.S. Public Health Service nurse corps.**
- D. Focus on recruitment and retention of nursing candidates from a variety of racial and ethnic backgrounds. Fund Nursing Workforce Diversity grants (Sec. 821) to prepare disadvantaged students to become nurses.**
- E. Provide adequate funding for evidence-based, capacity-building intervention strategies used across the federal departments and agencies (e.g., Department of Education, Department of Health and Human Services, and the National Science Foundation) that expand pre-college science and math curricula in order to better prepare and encourage more students to select nursing as a career.**

The undersigned organizations endorse this Consensus Document. If you have any questions, please contact:

Academy of Medical-Surgical Nurses
American Academy of Ambulatory Care Nursing
American Academy of Nurse Practitioners
American Academy of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Nurse Assessment Coordinators
American Association of Nurse Executives
American Association of Occupational Health Nurses
American College of Nurse Practitioners
American Organization of Nurse Executives

American Psychiatric Nurses Association
 American Society for Pain Management Nursing
 American Society of PeriAnesthesia Nurses
 American Society of Plastic Surgical Nurses
 Association for Radiologic & Imaging Nursing
 Association of Pediatric Hematology/Oncology Nurses
 Association of periOperative Registered Nurses
 Association of Rehabilitation Nurses
 Association of State and Territorial Directors of Nursing
 Association of Women's Health, Obstetric & Neonatal Nurses
 Citizen Advocacy Center
 Developmental Disabilities Nurses Association
 Emergency Nurses Association
 Gerontological Advanced Practice Nurses Association
 Infusion Nurses Society
 International Society of Nurses in Genetics, Inc.
 Legislative Coalition of Virginia Nurses
 National Association of Clinical Nurse Specialists
 National Association of Hispanic Nurses
 National Association of Neonatal Nurses
 National Association of Neonatal Nurse Practitioners
 National Association of Nurse Massage Therapists
 National Association of Nurse Practitioners in Women's Health
 National Association of Orthopaedic Nurses
 National Association of Pediatric Nurse Practitioners
 National Association of Registered Nurse First Assistants
 National Black Nurses Association
 National Council of State Boards of Nursing
 National Council of Women's Organizations
 National Gerontological Nursing Association
 National League for Nursing
 National Nursing Centers Consortium
 National Nursing Staff Development Organization
 National Organization for Associate Degree Nursing
 National Organization of Nurse Practitioner Faculties
 National Student Nurses' Association, Inc.
 Nurses Organization of Veterans Affairs
 Pediatric Endocrinology Nursing Society
 RN First Assistants Policy & Advocacy Coalition
 Society of Gastroenterology Nurses and Associates, Inc.
 Society of Pediatric Nurses
 Society of Trauma Nurses
 Women's Research & Education Institute
 Wound, Ostomy and Continence Nurses Society