

Governor's committee on Nursing Workforce
Subcommittee on faculty shortage and faculty salaries
Report 12/31/07

The sub-committee focused on faculty shortage and salaries is composed of Lita Burns, Steve Millard, Kathleen Nelson, and Pam Springer. The sub-committee met via e-mail and one phone conference call.

The sub-committee is familiar with the information related to the national shortage of nursing faculty (see Appendices). The information on both a state and a national scene related to the shortage of faculty is frightening. Idaho must find ways to increase the attractiveness of the position of nursing faculty so more people pursue this as a career option. In addition, the state must find ways to ensure access to high quality doctoral programs in nursing to ensure a steady stream of qualified applicants for faculty positions.

Based on this information, the sub-committee developed the following list of questions for the data sub-committee. The next step will be to work with the data committee to prioritize the questions and begin working through analysis of the data as it is delivered.

1. What is the supply and demand by region (possibly using health district as the regions) for LPNs, AS RNs, BS RN, and MS prepared RNs. Once we know this, we need to know the gap (between supply and demand) for each type of nurse by region.
2. Are we producing the graduates (number and type) in the regions in which they are needed?
3. What is the supply/demand projection for each type of nurse by region for the next 5 years, 10 years, 15 years, and 20 years?
4. What is the turnover of LPNs and Registered nurses by work setting (LTC, acute care) and region? Also what is the turnover of LPNs and RNs across the state urban versus rural?
5. What employer subsidized educational programs exist across the state to help nurses continue their education and how are they utilized?
6. What is the cost of turnover for an LPN, RN, and APRN? (Range and average costs)
7. What is the economic cost to Idaho for filled and unfilled nursing positions (direct and indirect costs)?
8. Average salaries in practice of LPNs, AS RNs, BS RNs, MS RNs, and PhD RNs? Note that this is not asking for the hourly wage, but the salary as this would include differentials that are paid.

9. How do salaries of nurses in practice compare with salaries of nurses in institutions of higher education?
10. How do nursing faculty salaries compare with faculty salaries across the higher education institutions in professional programs? For example how do nursing faculty salaries compare with salaries in pharmacy, engineering, etc?
11. How does workload of nursing faculty compare with workload of faculty in other programs in higher education?
12. Are nursing students considering becoming nursing educators? What factors are associated with students who are considering going into nursing education? How does this compare with national data?
13. What is the turnover of nursing faculty? What are the projected retirements?
14. Are nurses in Idaho continuing their nursing education? Is the articulation model working? For instance, if a nurse is an LPN does he/she continue on for an AS then BS degree? How long does it take for an AS nurse to go on and get an MS degree (on the average)?
15. How effective is the nurse refresher program in getting nurses back to work? Is the nurse refresher program cost effective?
16. What is the diversity of nursing students by region? Race, ethnicity, gender
17. How many high school and junior high school students are interested in nursing as a career? What is the diversity of that population?
18. What are the factors associated with decreasing turnover in nursing? How are we doing with these factors in Idaho?
19. How do salaries for nursing faculty and staff nurses compare with those in surrounding states?
20. What is the average number of applicants per open faculty position? How does this compare with faculty openings in other disciplines in higher education?
21. How long have nursing faculty been teaching? Do we have adequate nursing faculty mentors?
22. How many MS and PhD prepared nurses does Idaho have and how does this compare with other states (per capita)?
23. Where are the MS and PhD prepared nurses in Idaho working?

24. What does the workload look like for nursing faculty? How many hours per week do they work? What about during academic breaks and summers (if on less than a 12 month contract)?

25. How many nursing educators from out of state have we attracted over the last 5 years? How many nurse educators from out of state have we made offers to and not been successful in hiring?

26. What is the cost of turnover for nursing faculty? How much are schools paying for recruitment costs for unsuccessful searches?



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Nursing Faculty Shortage Fact Sheet

Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this crisis.

To minimize the impact of faculty shortages on the nation's nursing shortage, the **American Association of Colleges of Nursing (AACN)** is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue.

Scope of the Nursing Faculty Shortage

- According to AACN's report on *2006-2007 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 42,866 qualified applicants from baccalaureate and graduate nursing programs in 2006 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. In 2005, a total of 41,683 students were turned away from these nursing programs as well. Almost three-quarters (71.0%) of the nursing schools responding to the 2006 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. www.aacn.nche.edu/IDS
- According to a *Special Survey on Vacant Faculty Positions* released by AACN in July 2007, a total of 767 faculty vacancies were identified at 344 nursing schools with baccalaureate and/or graduate programs across the country (55.4% response rate). Besides the vacancies, schools cited the need to create an additional 43 faculty positions to accommodate student demand. The data show a national nurse faculty vacancy rate of 8.8% which translates into approximately 2.2 faculty vacancies per school. Most of the vacancies (86.2%) were faculty positions requiring or preferring a doctoral degree. www.aacn.nche.edu/IDS
- Worsening faculty shortages in academic health centers are threatening the nation's health professions educational infrastructure, according to a report by the Association of Academic Health Centers released in July 2007. Survey data show that 94% of academic health center CEOs believe that faculty shortages are a problem in at least one health professions school, and 69% think that these shortages are a problem for the entire institution. The majority of CEOs identified the shortage of nurse faculty as the most severe followed by allied health, pharmacy and medicine. www.aahcdc.org/policy/reports/AAHC_Faculty_Shortages.pdf
- According to a study released by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nurse faculty was documented in all 16 SREB states and the District of Columbia. Survey findings show that the combination of faculty vacancies (432) and newly budgeted positions (350) points to a 12% shortfall in the number of nurse educators needed. Unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years. www.sreb.org

Factors Contributing to the Faculty Shortage

Faculty age continues to climb, narrowing the number of productive years nurse educators can teach.

According to AACN's report on *2006-2007 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 58.6, 55.8, and 51.6 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 56.5, 54.8 and 50.1 years, respectively. www.aacn.nche.edu/IDS

A wave of faculty retirements is expected across the U.S. over the next decade.

- According to an article published in the March/April 2002 issue of *Nursing Outlook* titled "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation," the average age of nurse faculty at retirement is 62.5 years, and a wave of retirements is expected within the next ten years. In fact, the authors project that between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012, and between 220-280 master's-prepared nurse faculty will be eligible for retirement between 2012 and 2018. www.us.elsevierhealth.com/product.jsp?isbn=00296554
- According to the report *Oregon's Nursing Shortage: A Public Health Crisis in the Making* prepared by the Northwest Health Foundation in April 2001, 41% of the faculty in baccalaureate and higher degree programs in Oregon are projected to retire by 2005 with an additional 46% projected to retire by 2010. In associate degree programs, 24% are expected to retire by 2005 with an additional 33% retiring by 2010. This retirement pattern will likely be experienced in other parts of the country as well. www.nwhf.org

Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching.

According to the 2006 salary survey by *The Nurse Practitioner*, the average salary of a master's prepared nurse practitioner is \$72,480. By contrast, AACN recently reported that master's prepared faculty earned an annual average salary of \$64,011. www.tnpj.com and www.aacn.nche.edu/IDS

Master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand.

- According to AACN's *2006-2007 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* report, graduations from research-focused doctoral nursing programs were up by only 1.4% or 6 graduates from the 2005-2006 academic year. www.aacn.nche.edu/IDS
- Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. In 2006, AACN found that 3,306 qualified applicants were turned away from master's programs, and 299 qualified applicants were turned away from doctoral programs. The primary reason for not accepting all qualified students was a shortage of faculty. www.aacn.nche.edu/IDS

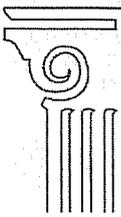
Strategies to Address the Faculty Shortage

- In February 2007, AACN held the inaugural Faculty Development Conference in Houston, TX aimed at helping nurses transition to faculty roles in baccalaureate and higher degree programs. More than 300 new and future faculty attended this event titled "Transition to Teaching." AACN plans to repeat this program in 2008.
www.aacn.nche.edu/Conferences/07FacultyDev.htm
- Many statewide initiatives are underway to address both the shortage of registered nurses and nurse educators. In October 2006, AACN released an Issue Bulletin titled *State Legislative Initiatives to Address the Nursing Shortage* that describing dozens of these efforts, including comprehensive programs in Maryland, Kansas, Colorado, Illinois, and Utah. Specific strategies to address the faculty shortage include loan forgiveness programs, faculty fellowships, and salary supplements. www.aacn.nche.edu/Publications/issues/Oct06.htm
- In February 2006, AACN and the California Endowment launched a new scholarship and mentorship program to increase the number of minority nursing faculty in California. Through this program, nursing students from underrepresented backgrounds are eligible to receive up to \$18,000 in funding support to complete a graduate nursing degree. In exchange, students engage in leadership development activities and commit to teaching in a California nursing school after graduation. In August 2006, the first nine scholarships were distributed through this program. www.aacn.nche.edu/Media/CAEwinners8-06.htm
- In August 2005, the U.S. Secretary of Education designated nursing as an "area of national need" for the first time under the Graduate Assistance in Areas of National Need (GAANN) program. As a result of this AACN led lobbying effort, a new funding stream for PhD programs in nursing was created. In April 2006, \$2.4 million in grant funding through the GAANN programs was awarded to 14 schools of nursing. www.ed.gov/programs/gaann/index.html
- In July 2005, Reps. Nita Lowey (D-NY), Peter King (R-NY), and Lois Capps (D-CA), introduced the Nurse Education, Expansion and Development (NEED) Act (H.R. 3569) to assist schools of nursing in increasing the number of students and faculty. The bill calls for capitation grants for schools to hire new and retain current faculty, purchase educational equipment, enhance audiovisual and clinical laboratories, expand infrastructure, or recruit students. Sens. Jeff Bingaman (D-NM) and John Cornyn (R-TX) also introduced the Nurse Faculty Education Act (S. 1575) to increase the number of doctorally-prepared nurses serving as faculty. Grant funding would be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role. www.aacn.nche.edu/Government
- In June 2005, the U.S. Department of Labor (DOL) awarded more than \$12 million in grant-funding through the President's High Growth Job Training Initiative, \$3 million of which will help to address the nurse faculty shortage. This latest round of funding brings the DOL's commitment to health care workforce through the High-Growth program to more than \$43 million. www.doleta.gov/BRG/Indprof/Health.cfm
- In September 2004, Independence Blue Cross (IBC) in Philadelphia established the IBC Nurse Scholars Program, a \$2.25 million scholarship initiative to combat the shortage of RNs and nurse

educators in Southeast Pennsylvania. President and CEO G. Fred DiBona, Jr. said “by focusing a large portion of our investment on attracting new teachers, we believe we ultimately can put more nurses on the front lines – and more nurses corresponds to better care.” www.ibx.com

- In March 2004, AACN launched an online resource to support nurses considering full- or part-time teaching careers called Faculty Career Link. This information clearinghouse features a nurse educator career profile, academic programs that prepare faculty, financial aid opportunities, and links to faculty development programs. Faculty Career Link also includes the most comprehensive list available of faculty vacancies in U.S. nursing colleges and universities. www.aacn.nche.edu/CareerLink
- In February 2004, Nurses for a Healthier Tomorrow (NHT), a coalition of 43 leading nursing and health care organizations, launched a new public awareness campaign to generate interest in careers as nurse educators. The campaign consists of four print advertisements and a flyer that may be downloaded for free from the NHT Web site; a career profile on the nurse educator that has been posted online; and a national public relations effort. For more information on the campaign and how you can support this work, see www.nursesource.org/campaign_news.html.
- In May 2003, AACN published a comprehensive white paper titled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*. This publication summarizes the faculty shortage issue, identifies factors contributing to the shortfall, and advances strategies for expanding the current and future pool of nursing faculty. The white paper includes an appendix with examples of successful strategies to address the faculty shortage suggested by schools at AACN’s 2003 Hot Issues Conference. www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm
- In April 2003, a joint task force of the University HealthSystem Consortium and AACN released a white paper that examined how schools and practice partners can work together to address common concerns, including the shortage of faculty. The paper, titled *Building Capacity through University Hospital and University School of Nursing Partnerships*, recommends sharing clinical faculty, preceptor training, and increasing access to clinical sites among various long- and short-term faculty shortage solutions. www.aacn.nche.edu/Publications/WhitePapers/List.htm
- In February 2003, Congress appropriated \$20 million in funding for new programs created under new Nurse Reinvestment Act. Designed to address the nursing shortage, this legislation includes \$3 million for a Nursing Faculty Loan Program that provides loan forgiveness for students in graduate programs who agree to work as nurse faculty upon graduation. Funding through this program will be dispensed by schools of nursing to students pursuing a faculty career. www.bhpr.hrsa.gov/nursing/reinvestmentact.htm
- In October 2002, AACN released an Issue Bulletin titled *Using Strategic Partnerships to Expand Nursing Education Programs*, which explores how nursing schools use partnerships to build student capacity and fill faculty slots. The bulletin includes a section on “Bridging the Faculty Shortage Gap” that illustrates how institutions in five states are using collaborative ventures to augment the faculty supply. www.aacn.nche.edu/Publications/issues/Oct02.htm

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Nursing Shortage Fact Sheet

The United States is in the midst of a nursing shortage that is expected to intensify as baby boomers age and the need for health care grows. Compounding the problem is the fact that nursing colleges and universities across the country are struggling to expand enrollment levels to meet the rising demand for nursing care.

The **American Association of Colleges of Nursing (AACN)** is concerned about the nursing shortage and is working with schools, policy makers, kindred organizations, and the media to bring attention to this health care crisis. AACN is working to enact legislation, identify strategies, and form collaborations to address the nursing shortage. To keep stakeholders abreast of current statistics related to the shortage, this fact sheet has been developed along with a companion Web resource: www.aacn.nche.edu/Media/shortageresource.htm.

Current and Projected Shortage Indicators

- In the January/February 2007 issue of *Health Affairs*, Dr. David I. Auerbach and colleagues estimated that the U.S. shortage of registered nurses (RNs) will increase to 340,000 by the year 2020. Though this is significantly less than earlier projections for a shortfall of 800,000 RNs which was made back in 2000, the study authors note that the nursing shortage is still expected to increase by three times the current rate over the next 13 years. The study is titled "Better Late Than Never: Workforce Supply Implications of Late Entry into Nursing." <http://content.healthaffairs.org/cgi/content/abstract/26/1/178>
- Based on finding from the *Nursing Management Aging Workforce Survey* released in July 2006 by the Bernard Hodes Group, 55% of surveyed nurses reported their intention to retire between 2011 and 2020. The majority of those surveyed were nurse managers. www.amnhealthcare.com/news.asp?ArticleID=15444
- In April 2006, officials with the Health Resources and Services Administration (HRSA) released projections that the nation's nursing shortage would grow to more than one million nurses by the year 2020. In the report titled *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?*, analysts show that all 50 states will experience a shortage of nurses to varying degrees by the year 2015. <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>
- According to a report released by the American Hospital Association in April 2006, U.S. hospitals need approximately 118,000 RNs to fill vacant positions nationwide. This translates into a national RN vacancy rate of 8.5%. The report, titled *The State of America's Hospitals – Taking the Pulse*, also found that 49% of hospital CEOs had more difficulty recruiting RNs in 2005 than in 2004. www.ahapolicyforum.org/ahapolicyforum/reports

- According to the latest projections from the U.S. Bureau of Labor Statistics published in the November 2005 *Monthly Labor Review*, more than 1.2 million new and replacement nurses will be needed by 2014. Government analysts project that more than 703,000 new RN positions will be created through 2014, which will account for two-fifths of all new jobs in the health care sector. www.bls.gov/opub/mlr/2005/11/art5full.pdf
- According to a report published in November 2004 as a Web exclusive of *Health Affairs*, Dr. Peter Buerhaus and colleagues found that “despite the increase in employment of nearly 185,000 hospital RNs since 2001, there is no empirical evidence that the nursing shortage has ended. To the contrary, national surveys of RNs and physicians conducted in 2004 found that a clear majority of RNs (82%) and doctors (81%) perceived shortages where they worked.” www.healthaffairs.org

Contributing Factors Impacting the Nursing Shortage

Enrollment in schools of nursing is not growing fast enough to meet the projected demand for nurses over the next ten years.

Though AACN reported a 7.6% enrollment increase in entry-level baccalaureate programs in nursing in 2006, this increase is not sufficient to meet the projected demand for nurses. HRSA officials state that “to meet the projected growth in demand for RN services, the U.S. must graduate approximately 90 percent more nurses from US nursing programs.” www.aacn.nche.edu/IDS and <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>.

A shortage of nursing school faculty is restricting nursing program enrollments.

- According to AACN’s report on *2006-2007 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 42,866 qualified applicants from baccalaureate and graduate nursing programs in 2006 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost three quarters (71.0%) of the nursing schools responding to the 2006 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into their programs. www.aacn.nche.edu/IDS
- According to a study by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nursing faculty was documented in 16 states and the District of Columbia. Survey findings show that the combination of faculty vacancies (432) and newly budgeted positions (350) points to a 12% shortfall in the number of nurse educators needed. Unfilled faculty positions, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to nursing education over the next five years. www.sreb.org

The total population of registered nurses is growing at a slow rate.

According to the latest *National Sample Survey of Registered Nurses*, the total RN population has increased at every 4-year interval in which the survey has been taken since 1980. Although the total RN population increased from 2,696,540 in 2000 to 2,909,357 in 2004, this increase (7.9%) was comparatively low considering growth between earlier report intervals (i.e. the RN population grew 14.2% between 1992 and 1996). In 2004, an estimated 83.2% of RNs were employed in nursing. <http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm>

With fewer new nurses entering the profession, the average age of the RN is climbing.

- According to the 2004 *National Sample Survey of Registered Nurses* released in February 2007 by the federal Division of Nursing, the average age of the RN population in March 2004 was 46.8 years of age, up from 45.2 in 2000. The RN population under the age of 30 dropped from 9.0% of the nursing population in 2000 to 8.0% in 2004.
<http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm>

Changing demographics signal a need for more nurses to care for our aging population.

- According to the July 2001 report, *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors* (GAO-01-944), a serious shortage of nurses is expected in the future as demographic pressures influence both supply and demand. The future demand for nurses is expected to increase dramatically as the baby boomers reach their 60s and beyond. www.gao.gov
- According to a May 2001 report, *Who Will Care for Each of Us?: America's Coming Health Care Crisis*, released by the Nursing Institute at the University of Illinois College of Nursing, the ratio of potential caregivers to the people most likely to need care, the elderly population, will decrease by 40% between 2010 and 2030. Demographic changes may limit access to health care unless the number of nurses and other caregivers grows in proportion to the rising elderly population. www.uic.edu/nursing/nursinginstitute/policy/finalreports/finalreport.pdf

Job burnout and dissatisfaction are driving nurses to leave the profession.

- In the March-April 2005 issue of *Nursing Economic\$*, Dr. Peter Buerhaus and colleagues found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work life, the quality of patient care, and the amount of time nurses can spend with patients. Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses (98%), lowering patient care quality (93%) and causing nurses to leave the profession (93%). www.medscape.com/viewpublication/785_index
- According to a study in the October 2002 *Journal of the American Medical Association*, nurses reported greater job dissatisfaction and emotional exhaustion when they were responsible for more patients than they can safely care for. Researcher Dr. Linda Aiken concluded that "failure to retain nurses contributes to avoidable patient deaths."
www.nursing.upenn.edu/news/detail.asp?t=2&id=23
- According to a study published by Dr. Linda Aiken and colleagues in the May/June 2001 issue of *Health Affairs*, more than 40% of nurses working in hospitals reported being dissatisfied with their jobs. The study indicates that 1 out of every 3 hospital nurses under the age of 30 are planning to leave their current job in the next year. www.healthaffairs.org

High nurse turnover and vacancy rates are affecting access to health care.

- In July 2007, a report released by the PricewaterhouseCoopers' Health Research Institute found that though the average nurse turnover rate in hospitals was 8.4%, the average voluntary turnover for first-year nurses was 27.1%. This report is titled *What Works: Healing the Healthcare Staffing Shortage*. www.pwc.com

- In March 2005, the Bernard Hodes Group released the results of a national poll of 138 health care recruiters and found that the average RN turnover rate was 13.9%, the vacancy rate was 16.1% and the average RN cost-per-hire was \$2,821. www.hodes.com

Impact of Nurse Staffing on Patient Care

Many recent studies point to the connection between adequate levels of registered nurse staffing and safe patient care.

- In March 2007, a comprehensive report initiated by the Agency for Healthcare Research and Quality was released on *Nursing Staffing and Quality of Patient Care*. Through this meta-analysis, the authors found that the shortage of registered nurses, in combination with an increased workload, poses a potential threat to the quality of care. Increases in registered nurse staffing was associated with reductions in hospital-related mortality and failure to rescue as well as reduced length of stays. In settings with inadequate staffing, patient safety was compromised. www.ahrq.gov/downloads/pub/evidence/pdf/nursestaff/nursestaff.pdf
- Published in the March 2006 issue of *Nursing Economic\$*, a comprehensive analysis of several national surveys on the nursing workforce found that majority of nurses reported that the RN shortage is negatively impacting patient care and undermining the quality of care goals set by the Institute of Medicine and the National Quality Forum. www.medscape.com/viewarticle/525650
- In an article published in the September/October 2005 issue of *Nursing Economic\$*, Dr. Peter Buerhaus and associates found that the majority of RNs (79%) and Chief Nursing Officers (68%) believe the nursing shortage is affecting the overall quality of patient care in hospitals and other settings, including long-term care facilities, ambulatory care settings, and student health centers. Most hospital RNs (93%) report major problems with having enough time to maintain patient safety, detect complications early, and collaborate with other team members. www.medscape.com/viewpublication/785_index
- In November 2004, results from the National Survey on Consumers' Experiences with Patient Safety and Quality Information were released and found that 40% of Americans think the quality of health care has worsened in the last five years. Consumers reported that the most important issues affecting medical error rates are workload, stress or fatigue among health professionals (74%); too little time spent with patients (70%); and too few nurses (69%). This survey was sponsored by the Kaiser Family Foundation, the Agency for Healthcare Research and Quality and the Harvard School of Public Health. www.kff.org/kaiserpolls/pomr111704pkg.cfm
- In March 2004, the Agency for Healthcare Research and Quality issued a synthesis of nursing research studies that details the impact that staffing levels, staff mix, and education levels have on patient outcomes. The report, titled *Research in Action: Hospital Nurse Staffing and Availability of Care*, cited studies showing that hospitals with lower nurse staffing levels and fewer registered nurses compared with licensed practical nurses or nurses' aides tend to have higher rates of poor patient outcomes. www.ahrq.gov/research/nursestaffing/nursestaff.htm
- A shortage of nurses prepared at the baccalaureate level may be affecting health care quality and patient outcomes. In a study published September 24, 2003 in the *Journal of the American Medical Association*, Dr. Linda Aiken and her colleagues at the University of Pennsylvania

identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent. <http://jama.ama-assn.org>

- A survey reported in the December 12, 2002 issue of the *New England Journal of Medicine* found that 53% of physicians and 65% of the public cited the shortage of nurses as a leading cause of medical errors. Overall, 42% of the public and more than a third of U.S. doctors reported that they or their family members have experienced medical errors in the course of receiving medical care. <http://content.nejm.org>
- According to a study published in the October 23/30, 2002 issue of the *Journal of the American Medical Association*, more nurses at the bedside could save thousands of patient lives each year. Nurse researchers at the University of Pennsylvania determined that patients who have common surgeries in hospitals with high nurse-to-patient ratios have an up to 31% increased chance of dying. The study found that every additional patient in an average hospital nurse's workload increased the risk of death in surgical patients by 7%. Having too few nurses may actually cost more money given the high costs of replacing burnt-out nurses and caring for patients with poor outcomes. www.nursing.upenn.edu/news/detail.asp?t=2&id=23
- In *Health Care at the Crossroads*, a report released in August 2002 by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the authors found that a shortage of nurses in America's hospitals is putting patient lives in danger. JCAHO examined 1,609 hospital reports of patient deaths and injuries since 1996 and found that low nursing staff levels were a contributing factor in 24% of the cases. www.jcaho.org
- According to a study published in the *New England Journal of Medicine* in May 2002, a higher proportion of nursing care provided by RNs and a greater number of hours of care by RNs per day are associated with better outcomes for hospitalized patients. This extensive study was conducted by Drs. Jack Needleman and Peter Buerhaus. <http://content.nejm.org>

Strategies to Address the Nursing Shortage

- In July 2007, PricewaterhouseCoopers released a report titled *What Works: Healing the Healthcare Staffing Shortage* which advanced several strategies to address the nursing shortage, including developing more public-private partnerships, creating healthy work environments, using technology as a training tool, and designing more flexible roles for advanced practice nurses given their increased use as primary care providers. www.pwc.com
- Many statewide initiatives are underway to address both the shortage of RNs and nurse educators. For example, Tennessee Governor Philip Bredesen and state health officials launched a campaign in January 2007 to raise \$1.4 million in funding for a scholarship program to help RNs earn graduate degrees needed to teach nursing. In November 2006, Illinois Governor Rod R. Blagojevich opened the Illinois Center for Nursing which is responsible for assessing the current supply and demand for nurses in Illinois and developing a strategic plan to ensure that the state can educate, recruit and retain nurses. www.aacn.nche.edu/Publications/issues/Oct06.htm and www.aacn.nche.edu/Media/PartnershipsResource.htm.

- In an article published in the June 2006 *Health Affairs* titled “Hospitals’ Responses to Nurse Staffing Shortages,” the authors found that 97% of surveyed hospitals were using educational strategies to address the shortage of nurses. Specific strategies include partnering with schools of nursing, subsidizing nurse faculty salaries, reimbursing nurses for advancing their education in exchange for a work commitment, and providing scheduling flexibility to enable staff to attend classes. The paper ends with a call for more public financing support for the nursing educational system to expand student capacity.
<http://content.healthaffairs.org/cgi/content/abstract/25/4/W316>
- Nursing colleges and universities are also forming strategic partnerships and seeking private support to help expand student capacity and strengthen the nursing workforce. For example, Blue Cross and Blue Shield of Florida donated \$600,000 in funding to both the University of North Florida and the University of Florida in an effort to address critical issues in nursing education. The State of Florida matched each gift at \$420,000. In September 2005, the Osteopathic Heritage Society awarded almost \$1 million in funding to five Columbus, Ohio area schools of nursing to recruit more faculty and equip more training facilities. In June 2005, Georgia Baptist College of Nursing is partnering with Piedmont Healthcare in Atlanta to help recruit, educate and ultimately place more nurses in the health system and the community at large. For more details on these and similar initiatives, see www.aacn.nche.edu/Media/PartnershipsResource.htm.
- In July 2005, Reps. Nita Lowey (D-NY), Peter King (R-NY), and Lois Capps (D-CA), introduced the Nurse Education, Expansion and Development (NEED) Act (H.R. 3569) to assist schools of nursing in increasing the number of students and faculty. The bill calls for capitation grants for schools to hire new and retain current faculty, purchase educational equipment, enhance audiovisual and clinical laboratories, expand infrastructure, or recruit students. Sens. Jeff Bingaman (D-NM) and John Cornyn (R-TX) also introduced the Nurse Faculty Education Act (S. 1575) to increase the number of doctorally-prepared nurses serving as faculty. Grant funding would be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role. www.aacn.nche.edu/Government
- In June 2005, the U.S. Department of Labor (DOL) awarded more than \$12 million in grant-funding through the **President’s High Growth Job Training Initiative**, \$3 million of which will help to address the nurse faculty shortage. In total, the DOL has committed \$43 million to the health care workforce through the High-Growth program. Details on all grant-funded programs are posted at www.doleta.gov/BRG/Indprof/Health.cfm.
- Two national media campaigns have been launched to help polish the image of nursing. *Nurses for a Healthier Tomorrow* is a coalition of 44 nursing and health care organizations working together to raise interest in nursing careers. The coalition has launched a Web site; created a televised public service announcement, and designed print ads that can be downloaded for free from the Web. In February 2002, Johnson & Johnson launched the *Campaign for Nursing’s Future*, a multimedia initiative to promote careers in nursing that includes television commercials, a recruitment video, a Web site, brochures, and other visuals.
www.nursesource.org and www.discovernursing.com

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