Statement on the Nursing Shortage in Arizona

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Summary of Position:
The current nursing shortage in Arizona is even more dramatic than the national shortage and has reached a level potentially dangerous to public healthcare. The Arizona Nurses’ Association is actively engaged in partnerships with other nursing and healthcare organizations to reduce the shortage and thereby improve the health of Arizona’s citizens by:

- encouraging innovative improvements in working conditions that enhance professional nurses’ control over their practice;
- promoting nursing as a profession through our language, our behavior, and the media;
- promoting more equitable financial compensation—both in practice and education;
- encouraging the development of creative ways to increase access to nursing education;
- promoting a culture of mutual respect;
- encouraging a shared leadership structure within healthcare organizations; and
- providing mentoring programs to develop front-line leaders, support practicing nurses, and increase nurses’ abilities to work collaboratively with colleagues.

In addition, the Arizona Nurses’ Association is committed to the following long term initiatives to reduce the shortage:

- ensuring that healthcare information systems are designed to capture the work of nursing by incorporating standardized nursing terminology that allows researchers to link nursing problems to interventions to outcomes;
- encouraging research linking patient outcomes to nursing interventions;
- encouraging research into innovative delivery systems that provide effective ways for nursing to manage patient care across the continuum;
- encouraging differentiation of practice, based not only on education, level of experience, and competence;
- supporting workforce planning efforts by groups such as Colleagues in Caring;
- advocating for additional funding to support innovative efforts to recruit, educate, and retain nurses; and
- participating in the development of sound state and federal policies that will contribute to our ability to recruit, prepare and retain a nursing workforce with the skills needed to achieve desired patient outcomes.

Background/Rationale: A shortage of nurses is a public health and public policy issue. Research has repeatedly shown that adequate numbers of qualified nurses are associated with patient safety and quality of care, including lower mortality rates, shorter hospitalizations, lower health care costs, and fewer complications (Kovner & Gergen, 1998; Needleman et al, 2001; Preuss, 1998; Sovie, 1999). However, hospitals increasingly report difficulties filling critical nursing vacancies, emergency rooms are frequently required to divert cases, and elective admissions are being deferred due to inadequate nursing personnel. Across the United States the shortage of nurses has reached dangerous levels and shows no sign of abating.

In Arizona, the nursing shortage is particularly dramatic. In Arizona, we currently have only 628 RNs per 100,000 population, compared to the national average of 782 (HRSA Division of Nursing, 2001). Arizona’s health care organizations report an increase in vacancy rate for nurses and the use of registry and traveling nurses has more than tripled over the past four years (AzHHA, 2001). Nursing turnover in Arizona is 26%, compared with a nationwide rate of 15% annually (Mercer, 1999). According to the Healthcare Advisory Board (1999), the cost of replacing an RN is $42,000, so the cost of such a large turnover rate statewide is enormous.

Although we have had nursing shortages in the past, the current shortage is unlike anything we have encountered previously for the following reasons:

- A nationwide shortage. The shortage is not confined to Arizona or to one area of the country. According to the latest projections from the Bureau of Labor Statistics, more than one million new nurses will be needed nationwide by the year 2010. Moreover, the current shortage crosses all specialties so we can not simply move nurses from one part of the country or one specialty to another.
- Increased demand. Redesign of the healthcare system has resulted in new professional roles that demand new competencies, for which nurses are not always prepared. Therefore the current nursing demand is for knowledge workers with experience, specific skills such as critical care or home care, and focused skills such as supervision and delegation.
• **The “graying” of the nursing workforce.** In Arizona, the average age of practicing registered nurses is 44.6 years. Buerhaus (2000) predicts that by 2010, 40% of nurses will be 50 or older. This means that concurrently with an increase in the elderly population, who are more likely to need health care, nurses are retiring at an increasing rate. In addition, older nurses tend to work fewer hours than younger nurses. In education, the average age of faculty is over 50 according to American Association of College of Nursing (AACN) statistics; and the average age of nurses receiving doctorates nationwide is 45.

• **Limits to our capacity to prepare nurses.** In Arizona, our nursing education programs currently prepare between 925-975 new graduates per year who are eligible to sit for the NCLEX exam. This number has stayed constant for the past decade. Considering that our state population grew 30% during the same period, this adds to the shortage. In addition, there has been no increase in the number of nurses earning doctorates. This thwarts the ability of nursing schools and colleges to produce nurses in the needed numbers. Although Arizona nursing programs have not seen their enrollments drop as has been true across the country where overall enrollments in entry level bachelors’ programs fell by 4.6 % and masters’ degree enrollments declined by 1.9% in 1999, the applicant pool is becoming smaller with every year. Nationwide, an AACN survey reported a vacancy rate of 7.4% among the 220 schools that responded. Of those, 75% included both classroom and clinical responsibilities and 95% required or preferred a doctorate. AACN also reported that of 411 nurses who obtained nursing doctorates in 1998, only 43% planned on going into education. Importantly, although enrollment in doctoral programs increased by 2.5% in 1998, enrollment in masters’ programs has continued to decline (Trossman, 2002).

• **More appealing career options.** Contributing to the shortage are the continuing low compensation rate in practice and education settings in relation to the amount of education required and the vast number of career opportunities available for women, who continue to be the largest percentage of the nursing workforce (Knox et al., 2001). When adjusted for inflation, the average salary for US nurses has not increased since 1992 (HRSA Division of Nursing, 2001).

• **Failed efforts at redesign.** Many restructuring and redesign initiatives failed to understand the complexity of healthcare delivery and, in an effort to acknowledge and equalize all workers, reduced professional nurses’ prestige (Byers, 2001).

• **Quality of life.** Recent trends show a desire by workers for flexibility to balance career and family.

• **Changes in the health care environment.** Declining hospital reimbursement has changed the health care environment. Constraints on costs imposed by managed care have changed the care environment in ways that increase the demands and stresses on practitioners and frequently require that fewer professional nurses provide care for more critically ill patients, supervise a growing number of non-licensed staff, and work longer hours. The substantial increases in insurance rates in 2002 will result in more families without insurance which, in turn, places an increased financial and clinical burden on hospital resources. Given the number of acutely ill patients in acute care, as well as ambulatory settings, although we may have adequate numbers of nurses, we do not have the numbers of experienced, highly skilled nursing professionals these patients require. In this environment, nurses grow increasingly dissatisfied with their jobs, supervisors, and career trajectories, which leads to increased turnover and nurses leaving the profession—or at least the active workforce.

**But there are also crucial similarities with previous shortages.** Researchers continue to report that the underlying reason for the nurse shortage is nurses’ dissatisfaction with the work environment. The original magnet hospital studies, as well as repeated studies of newer magnet hospitals have shown repeatedly that when (a) staffing is adequate to meet patient needs, (b) nursing care is strongly supported by administration, and (c) there are good relations between physicians and nurses there is (a) higher nurse-assessed quality of care, (b) lower mortality, (c) fewer medication errors, (d) fewer nosocomial infections, and (e) fewer patient and family complaints (Aiken, 2001). Other studies (Verran, 1994) have shown that when nurses perceive they have control over their practice, their satisfaction improves and so does the care they provide. Some researchers (e.g., Aiken, Clarke & Sloane, 2000) argue that restructuring has led to the shortage. But it seems likely that it is not restructuring or redesign per se that is at fault, but the way it has been done. When redesign has been done by first looking at the targeted outcomes, then developing a model that looks at all processes and then assigning resources, redesign has been exceedingly effective in improving outcomes and has not decreased staff satisfaction (Effken & Stetler, 1997).

These factors are not only complex and multifaceted, but they interact, thereby increasing the complexity of the problem. Narrowly defined initiatives or quick fixes will not work (Byers, 2001). Instead, the solutions to our current nursing shortage must:

- be comprehensive
- recognize the complexity of the healthcare culture, the turbulence of change, and the preferences of today’s knowledge workers for satisfying work (Byers, 2001)
- focus first on the workplace environment
- integrate short-term and long-term goals
- require a range of partnerships, e.g., academic-practice; practice-practice
- utilize private/public local, state and national funding sources
References:


