The Current State of Nursing

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AJN, American Journal of Nursing: February 2022 - Volume 122 - Issue 2 - p 18-20
doi: 10.1097/01.NAJ.0000820536.23909.d7

Abstract

Workforce issues, challenges, and opportunities.

Figure:

If current trends hold, according to a 2021 white paper by Mercer, by 2026, 29 states will not be able to fill the demand for nurses, with the biggest gaps projected for Pennsylvania, North Carolina, Colorado, Illinois, and Massachusetts. On the other hand, 21 states, including Georgia, Texas, and South Carolina, are trending toward having a nursing surplus. Image courtesy of Mercer / www.mercer.us/content/dam/mercer/assets/content-images/north-america/united-states/us-healthcare-news/us-2021-healthcare-labor-market-whitepaper.pdf.

Is the nursing profession in crisis? It depends on who you ask. There's no doubt the past two years have exacted a great physical and mental toll on nurses. Exhaustion, frustration, anger, burnout, depression, and fear for their own and their families' health and safety are just some of the emotions described in a recent American Association of Critical-Care Nurses survey on the impact of the pandemic on the profession.

Although job dissatisfaction among nurses has increased since COVID-19 emerged, discontent existed long before the pandemic, say those who study frontline workers. Research on chronic hospital nurse understaffing published in *BMJ Quality and Safety* in August highlights how a history of poor workforce management by employers created high stress and understaffed working conditions, putting patient safety at risk. Some nurses have had enough.

“There's been a lot of churn out there. Nurses are searching for a better opportunity to take care of patients, and are moving from hospital to hospital, responding to signing bonuses or opportunities in the agency sector,” says Linda H. Aiken, PhD, RN, FAAN, FRCN, a professor of nursing and sociology and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing.

A March 2021 Kaiser Family Foundation and *Washington Post* survey of frontline health care workers found that one year into the pandemic, 76% felt “hopeful” about going to work, 67% were “optimistic,” and 63% felt motivated. However, burnout and stress were also prevalent among about half of respondents, and 21% said they felt angry when going to work. Rates of those considering leaving health care were higher (48%) among those who worked in facilities where personal protective equipment had been in short supply during the pandemic and ICUs were overwhelmed.

Gerard Brogan, RN, director of nursing practice for the California Nurses Association and National Nurses United, has never seen such disaffection among frontline workers in his 40-year career. “What you're really talking about here is not burnout, but moral distress,” he says. “Nurses have an ethos to work, and they have been unable to provide optimal care for their patients.”

NEW OPPORTUNITIES AND CHALLENGES

Some see this as less of a crisis and more of a need to rise to new challenges. The pandemic and telehealth in particular have created opportunities for nurses to try out different options, such as travel nursing or working in a corporate capacity. Regardless of job choices, nurses remain resilient despite the constant flux caused by the pandemic. “They've innovated, using technologies in caring for patients and in ways to communicate that they never have before,” said Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN, vice president of patient care and system chief nurse executive of the Duke University Health System.

However, union members tell a different story, says Brogan. “Everything is budget-driven, just-in-time processes.” Many nurses he speaks with are discouraged and looking to make a change because they don't feel they're getting the necessary support from the highest levels of management. Travel nursing or accepting large signing bonuses at other institutions, he explains, is less about the money and more about not feeling committed to a current employer because there's no sense of reciprocation.

Two-thirds of the more than 6,000 acute and critical care nurses surveyed by the American Association of Critical-Care Nurses said they're considering leaving the profession because of their experiences during the pandemic. But the reality is that only a small portion have left the field altogether, according to Aiken. “There hasn't been a mass exodus from health care,” she says. “We've been doing these big surveys and estimate a maximum of 5% of hospital nurses left since COVID began, including the folks that had scheduled retirement.” The real problem is that even before COVID, 56% of all hospitals Aiken surveyed said there weren't enough nurses to provide safe care.

IS THERE REALLY A NURSING SHORTAGE?

The nurse workforce is projected to grow from 3,080,100 in 2020 to 3,356,800 in 2030, an increase of 9%, according to the Bureau of Labor Statistics. Factoring in retirements and workforce exits, it's projected there will be 194,500 openings for RNs in the United States in each year of this decade.

Although enrollment in BSN programs increased by 5.1% in 2019, according to a survey on the employment of new nurse graduates by the American Association of Colleges of Nursing (AACN), this isn't sufficient to meet the projected demand for nursing services. More than 80,400 qualified applicants were turned away from bachelor's and graduate nursing programs due to lack of faculty, clinical sites, classroom space, and clinical instructors, as well as budgetary constraints, according to an AACN survey of nursing schools, almost two-thirds of which pointed to a shortage of faculty or clinical instructors as a major reason.

Aiken strongly disagrees with this assessment. “There is no national nursing shortage. And this is absolutely clear,” she says. The United States graduates more than 175,000 nurses every year, more than many countries have in total. She said there's plenty of staff to meet all the needs in hospitals and nursing homes. “The solution is not to train more nurses. The solution is for hospitals to manage the workforce more effectively.”

Findings from the AACN's survey on new nurse graduates show that more than 43% of employers require new hires to have a bachelor's degree, whereas 82% strongly prefer baccalaureate-prepared nurses. The current demand for nurses who have master's and doctoral degrees in advanced practice, clinical specialties, teaching, and research roles far outstrips the supply, but it's too daunting for many to take on massive student debt, according to Brogan.

Currently, the system is stacked against having a diverse workforce that reflects the population in this country, Brogan points out. He would like to see a more diverse cohort of students obtain their initial nursing degree through free or very low-cost community college programs, and employers then investing in these nurses' pursuit of higher-level degrees. “Kind of like a GI bill for nurses,” he explains.

INVESTING IN NURSING'S FUTURE

It's like a catch-22: many hospitals won't hire new graduates because they don't have experience, but institutions don't want to invest in them, according to Aiken. Yet, the most successful corporations invest 15% to 20% of revenues back into their workforce, she points out. “They're creating their workforce of the future.” Comparatively, hospitals are “well below 10%, more like 5% to 6% investment in their workforce.” Many hospitals employ just-in-time staffing, which Aiken notes is not a position that will prepare them for ebbs and flows or help them to get and keep good nurses.

It's likely hospitals will continue to deploy some innovations stemming from the pandemic, such as more use of telehealth. Some of the best innovations have come from nursing teams that have taken a lead in redesigning care models, according to Fuchs. Her hospital worked with its nurses to shift some tasks, so nurses spend more time doing what they're educated for and less on duties like transporting patients or lifting. “We're trying to see how we can be flexible and do things differently while we continue to support nurses,” she says.

One model, Happy2Help, at WakeMed Health and Hospitals in Raleigh, North Carolina, is a “proactive, voluntary, incentivized program for regular staff that provides an additional layer of systemwide staffing and minimizes need for competing mechanisms such as on-call and vacancy rate bonus pay,” as described in the November 2021 *Journal of Nursing Administration*. Eligible nurses can volunteer to work any shift that has an unfilled staffing need, as identified in the electronic scheduling program. Staff are contacted a few hours prior to the shift if they're needed. This approach seeks to staff areas of greatest need systemwide; when nurses work such a shift, they are paid an hourly incentive in addition to any other applicable pay or differentials. The authors of this article analyzed the three-year-old program and found nurses' perceptions of appropriate staffing improved, and nursing care quality was not compromised.

Despite the workforce issues she's identified, Aiken remains bullish about the state of nursing's future. “Nurses have the opportunity to make good income and work with good colleagues and work independently and autonomously and do interesting things,” she says.—*Liz Seegert*

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