Nursing Shortage

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Course

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Date

Nursing Shortage

The health care setting in the United States is considered one of the most demanding and includes the nursing work environment. Professional nurses provide direct patient care across various settings, such as nursing homes, hospitals, and ambulatory care facilities. As part of their responsibilities, nurses must place patient care and safety first. This has become increasingly challenging as healthcare environments have rapidly evolved over a short span of time (Darrell, 2020). As such, contemporary nursing work environments face increased rates of burnout, issues related to workplace safety, nursing shortages, increased workloads, and reduced patient contact and quality of care, among other concerns.

Modern nursing practice requires a caliber of a nursing professional that is willing to confront a challenging health care landscape that has been made more difficult because of the COVID-19 pandemic. Over the last several years, advances in clinical care technologies, biomedical science, and disease management and prevention, have created new health care modalities and patient care practices. Nurses are now required to take on tasks such as patient data gathering and recording, clinical research reporting, and multiple interprofessional engagements and coordination, which reduce the available time spent on direct patient contact and care. Combined with the COVID-19 pandemic, contemporary nursing work environments are subject to increased workloads and burnouts (Darrell, 2020). An acute problem in nursing is a shortage of highly qualified nurses who can manage high-stress work environments while maintaining high-quality patient care.

Problem

The issue of shortages in the nursing profession is not new, having been predicted by several medical and nursing institutional bodies and experts many years ago, but has been thrust into the spotlight because of the challenges presented by the ongoing COVID-19 pandemic. Nursing bodies such as the American Nurses Association (ANA) have projected that by next year, jobs for registered nurses will have more vacancies than in any other profession, health care or otherwise (Haryanto, 2019). As older generations of nurses retire and an aging American population continues to demand complex health care interventions, shortages of nurses are a pressing problem facing the profession. Health care providers should seek Magnet Hospital Recognition, develop improved preceptorships and residencies, further differentiate nursing practice, and foster newer forms of interdisciplinary collaboration to help resolve and reduce nursing shortages and minimize any detrimental consequences to health care practice.

Several factors contribute to nursing workforce shortages in various regions of the United States. Chief among the contributory factors is the aging population of the country. The Population Reference Bureau (PRB) estimates that in 2018, the United States was home to nearly 53 million adults over the age of 65. Projections by the PRB and other demographic-tracking bodies project this figure to rise significantly as most baby boomers move beyond the age of 65 (Halter et al., 2018). With advances in biomedical science and technology, an aging population can live longer and simultaneously require more medical-related care for chronic conditions, placing significant strains on the nursing community.

The COVID-19 pandemic has vastly exacerbated shortages of highly qualified nurses, which was already occurring due partly to a rise in retirements in the profession. An aging population in the country also includes professional nurses, and many have already retired, leaving a shortage of seasoned nursing professionals. The ANA projects that nearly half a million

seasoned nurses will retire by the end of 2022. This has consequences beyond potential impacts on the quality and ability of health care providers to maintain services. For example, the American Association of Colleges of Nursing (AACN) recently reported that a review of enrollments and graduation data from across the country revealed that professional nursing schools turned away nearly 100,000 qualified applicants because of a lack of classroom space, clinical sites, and insufficient funding and faculty (Buerhaus et al., 2017). Without seasoned nurses with clinical experience, the next generation of nurse practitioners is at risk of not being adequately qualified.

Searching Strategy

Based on the problem identified, a preliminary search was undertaken to identify relevant articles. This preliminary search was used to validate the proposed problem, ensure enough empirical research on the subject was available, and avoid presenting a paper with duplicate descriptions and content. This search also helped to provide familiarity with the issue of nursing shortages (Tawfik et al., 2019). To conduct the preliminary search, a simple entry into Google Scholar was conducted using the terms “nursing,” and “shortages” and “United States.” With nearly 250,000 search results, the results were narrowed down by applying a time filter from the year 2017, which yielded 17,200 results.

To complete the search for articles and select the final five, eligibility criteria were based on the identified problem and its related causes. Exclusion criteria were mostly duplicated studies, unrelated studies, studies with no full-text availability, or articles with abstracts only. Inclusion criteria were all articles that described some aspect of nursing shortages; specifically, articles that addressed shortages concerning the changing health care working environment, changes in the larger demographics of the country, and articles that reviewed current trends and

future outcomes (Tawfik et al., 2019). All five articles eventually selected clearly addressed the issue of nursing shortages and helped provide a comprehensive overview and possible solutions.

Level of Evidence

Levels of evidence have been developed over several decades of biomedical and scientific research. An early report by the Canadian Task Force on the Periodic Health Examination developed a set of recommendations for health exams based on the evidence from medical literature in 1979. The task force's system of rating evidence has been subsequently used in various healthcare-related research and practice to develop medical and research best practices (Burns et al., 2011). Several institutional bodies and experts have modified the levels of evidence since then, to accommodate the entirety of the health care specialties.

Although the level of evidence can vary depending upon the research question being addressed or medical intervention being considered, most ranking systems place randomized controlled trials (RCTs) at the highest level. A widely referenced ranking system developed by Sackett et al., (2000) places systematic reviews of RCTs as the highest level of evidence available to researchers, medical professionals, and other stakeholders. Next are individual RCTs that report narrow confidence intervals, followed by systematic reviews of cohort studies, individual studies of cohorts, RCTs with low-quality results, case-controlled studies, and finally expert opinions (Burns et al., 2011). Based on the searching strategy, the five articles selected for this paper fall under the level of evidence of individual cohort studies and systematic reviews of cohort studies.

Literature Review

Over the course of the first twenty years of the 21st century, the nursing profession in the United States has undergone significant changes. The number of registered nurses graduating

with associate, bachelor, and postgraduate degrees rose significantly. The nursing workforce also grew by including nearly 1 million more nursing professionals in hospital and non-hospital settings. During this period, the share of nurses above the age of 50 grew to represent nearly 30-40% of the current workforce across urban and rural areas of the country. Changes in the nursing workforce structure were heavily influenced by external factors such as the economic downturn in 2001, the Great Recession of 2007 to 2009, the passage and implementation of the Affordable Care Act, and the release of the Institute of Medicine Report on the future of nursing (Marć et al., 2019). Together, these transformations over the last two decades mean there is room for optimism that the challenges that lie ahead can be met.

The onset of the COVID-19 pandemic has created unprecedented burdens on the nursing workforce, exacerbating already challenging work environments. As multiple new challenges confront the nursing workforce over the coming years, changes will need to be made to nursing regulations and rules around patient care and safety, technology practices, access to care, and accreditation of schooling programs for nurses (Haryanto, 2019). Regulators, health care policymakers, and other stakeholders will need to be alert to the required changes so that nurses can be given the support they require to navigate the country's health care needs successfully.

The baby boomer generation comprises individuals born between the years 1946 and 1964 and is considered the largest generation of people born in the United States. By the year 2030, all the adults of this generation will be above the age of 70, with adult populations over the age of 85 doubling to nearly 13 million by the year 2035. Concurrently, enrollment in Medicare is projected to rise to nearly 80 million adults and since the demand for nurses is directly correlated to higher healthcare demand, the demand for nurses is set to rise significantly over the next decade as well (Marć et al., 2019). In addition, an aged population with a higher prevalence

of chronic diseases presents more complex and intense nursing care requirements as baby boomers live longer and avail Medicare-funded services.

Since the early 1970s, primarily female, career-oriented baby boomers readily sought out the nursing profession in significant numbers, largely because of higher rates of health spending that were created following the introduction of Medicare and Medicaid. By the middle of the 1990s, the baby boomer nurses numbered nearly 1 million, gaining significant clinical experience and evidence-based knowledge. The nursing workforce comprising baby boomers peaked at 1.23 million in 2008 and, since then, has almost halved to just over 650,000 in 2020 (Darrell, 2020). The decline in experienced nursing professionals, largely driven by increasing retirement rates, will continue and lead to a significant loss in patient care quality and expertise in health care settings.

Solutions

To adequately address the nursing shortages, the nursing community must first recognize that by itself, nurses will most likely not be able to provide all of the required medical care needed in the foreseeable future. The implication of this is that nursing professionals and their associated bodies and unions should be encouraged to lead efforts to develop new health care models and redefine interdisciplinary medical care teams (Buerhaus et al., 2017). For example, nurses should look to form partnerships with community housing planners, developers of wearables, and business, engineering, and architectural experts. These partnerships can help modify physical environments of care, enable digital device integration, and develop business ventures that better utilize caregivers' resources. Nurses should also be leading efforts to engage private and public officials to deliver policies that remove barriers to adequate health care delivery.

Nursing professionals should increasingly play a role in how health care settings are structured and function. Encouraging providers to seek recognition from programs such as the Magnet Hospital Recognition program, can help ensure that health care services are provided based on the latest available evidence that minimizes rates of error, incorporates technological workflows that alleviate nursing workloads, and provide interdisciplinary collaboration. Also, further differentiating nursing practice can create scope for nurses to specialize in medical care, where responsibilities are further portioned out amongst a reduced workforce (Buerhaus et al., 2017). Nursing professionals can re-engage with direct patient care by reshaping the nursing practice to more specialized, technology-driven models that alleviate nursing workloads.

Conclusion

The nursing profession underwent significant transformations during the first two decades of the 21st century to meet the challenges presented by advancements in biomedical science, clinical technologies, and disease management and prevention. Amidst economic recessions and the implementation of significant health care reform (i.e., the enactment of the ACA), the nursing community grew in numbers. As a result, it was able to deliver the required health care. However, changing demographics across the country have meant a significant loss of expertise and clinical experience due to the retirements of baby boomer nurses. Furthermore, continued transformations in health care models and the COVID-19 pandemic have created more stressful work environments (Haryanto, 2019). Nursing shortages have therefore become a serious problem in the United States.

As nurse professionals are asked to take on more responsibility in delivering medical care to patients, clinical experience is a key asset. With a more complex and intense nursing work environment, having experienced nurses can help coordinate multidisciplinary medical teams,

train upcoming nurses, and ease transitions into the workforce. The nursing shortage is perhaps most painful because experienced baby boomers are retiring and comprise significant proportions of the workforce in the country. The trend in retirements is set to continue, with nearly 1 million nurses projected to retire by the end of the decade.

To adequately address the nursing workforce shortages, the nursing community should look to play a leading role in changing health care delivery models. Nursing professionals should be leaders in engaging outside disciplines to build novel healthcare models that appropriately address an aging population's healthcare needs (Buerhaus et al., 2017). By designing health care ventures that integrate digital trends designed to ease burdens on older adults and effectively leverage caregivers' resources, nurses can be at forefront of how American health care develops over the coming years.

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