

Facing the nursing shortage:

Organizations take proactive measures to staunch future problems

By Dan Harvey

When examining the much-discussed nursing shortage, one can't help but perceive a peculiar irony. While workforce vacancies have become an increasing problem, the vacancy rates have demonstrably decreased.

Four to six years ago, vacancy rates resided in the 15 percent range, indicates Stephen N. Collier, PhD, FASAHP, director and professor in the Office of Health Professions Education and Workforce Development, School of Health Professions at the University of Alabama in Birmingham. "Today, in a lot of places, the rate has dropped to about 10 percent," says Collier, who has written extensively about workforce shortages in the health professions. "But that doesn't mean that the shortage is ending."

Nor does it indicate that the problem has even lessened: 10 percent is still a double-digit rate, and that's problematic. "Double-digit vacancy is a substantial rate when you're trying to provide adequate patient care," says Pam Mammarella, vice president of communications at NewCourtland Elder Service, a chain of six nursing homes in the Philadelphia area.

Moreover, observers expect the situation to get worse, as a complex set of dynamics contribute to the ongoing shortage. As such, many healthcare organizations, regionally and nationally, are taking proactive measures to deal with the shortages.

Demographic Factors

The aforementioned complexities involve age demographics, specifically related to the so-called "baby boomer" generation. Simply stated, both the people needing healthcare and those providing healthcare are getting older, a situation already affecting the nursing profession.

For one thing, as baby boomers age, their need for healthcare services grows. "This is an important issue, as most of today's healthcare services are already delivered to older people," comments Mammarella. "When you look at Pennsylvania, one in four people will be 65 years and older within the next 10 years."

At the same time, the average age of nurses is increasing. For many of these professionals, retirement looms. Subsequent retirements will only exacerbate the shortage problem and most likely increase current vacancy rates. "Right now, the average age of nurses is 46.8," says Mammarella, citing data collected by the Health Resources and Services Administration for the 2004 National Sample Survey

Left: PT assistant Tamiika Brown at Cliveden Convalescent Center, a member of the NewCourtland Elder Services network

Above Right: Unit manager Claudette Williams Duke (left) and acting ADON Tanya Robinson at Cliveden





of Registered Nurses. "In 1980, the average was 30. Today, only eight percent of the current nursing workforce is under 30."

The figures are alarming, when you consider the long-range impact. It is projected that the nursing profession could be short more than a million nurses by the end of this decade.

"As we're facing a significant number of impending retirements, the issue isn't only about current shortages; it involves anxiety about what the future holds," says Collier. "The feeling emanating from a lot of areas is that we're not going to meet the coming demand."

In the March 2007 article, "The Aging Health Care Workforce," published in *Trends*, the newsletter of the Association of Schools of Allied Health Professions, Collier writes, "While there is concern about the current level of retirements, only the 'tip of the iceberg' is being seen since the rate of retirement for the nursing and allied health workforce is projected to accelerate starting in 2010 through 2020."

"In addition," Collier tells *HealthPulse*, "a lot of nurses retire at an earlier age than 65, which is when most people retire from the general workforce."

Aging Faculty

Compounding the problem, the profession faces an aging faculty on a national level, which is already

resulting in a shortage of nurse educators.

Because of this, nursing education institutions throughout the country currently struggle to handle enrollment levels. Indeed, many nursing schools are inhibited in their ability to increase programs and class sizes. "A lot of people are applying to nursing school, but because of faculty shortages, many schools have to turn away interested, eligible candidates," indicates Victoria Rich, PhD, RN, FAAN, chief nurse executive at the University of Pennsylvania Medical Center in Philadelphia.

According to American Nurses Association statistics, in 2005 nursing schools were forced to turn away more than 147,000 qualified applicants at all levels. Further, many nursing schools participating in an American Association of Colleges of Nursing (AACN) survey on 2005-2006 enrollment and graduations in baccalaureate and graduate programs cited faculty shortages as the main reason for rejecting qualified applicants for entry-level nursing programs.

"Thus, even with full program enrollments, schools still will not be able to produce enough nurses for the long term," says Collier. "It is projected that we will need 1.2 million new nurses by 2014. Because of faculty shortages, we may not be able to meet that target."

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Photo by David Gehosky

Louise Glenn, a resident at Cliveden Convalescent Center, a member of the NewCourtland Elder Services network, with DON Tracey Wood

Dealing with the Shortage: Employer Strategies

To effectively deal with the current and future nursing shortage, employers need to be innovative in recruitment and staff retention, says Collier.

"You need to be adaptive and creative if you want to maintain a stable workforce and attract the best workers," agrees Mammarella, whose department handles NewCourtland's recruiting efforts. "This means partnering with the people who provide the care to help satisfy their life and work needs."

These needs can best be addressed through flexible schedules, increased salaries and educational support. In his Trends article, Collier writes that employers have been attracting and retaining workers — older workers, particularly — by structuring jobs with more flexible alternatives for the individual. Such alternatives, he indicates, include self-scheduling, flex time (including flexible shift options of four, six and eight hours, or more), job-sharing, flexible benefits, phased retirement and moving older workers into areas and positions that maximize their expertise and are less physically demanding.

To keep staff, Rich reports that she has developed a culture of retention at the University of Pennsylvania Medical Center. "My philosophy about dealing with the shortage is that it's more about retaining nurses than recruiting them," she says. "If you can set up a culture of retention — where nurses have the time to take care of their patients, as well as learn more about the profession, and to grow —

that will effectively address the shortage situation. That is what I have done in my past five years at Penn."

Retention, she believes, involves three crucial elements: customized schedules, adequate pay and strong leadership. "The secrets are having the right nurse manager, the right employee schedule and good pay," says Rich. "The value of those elements has been demonstrated in professional literature. If an organization can stay on top of those three things, it can retain its workforce."

However, retention also involves a viable nurse-to-patient ratio, adds Rich. "Nurses want to work in hospitals where they have enough time to care for their patients in a safe, effective manner."

Education Strategies

Rich concedes that her retention philosophy raises a logical question: How do you get the nurses to come to your organization so that you can retain them?

"One of the most effective ways to attract nurses is to affiliate with academic centers," she answers.

Employers are already embracing this strategy by demonstrating their willingness to pay for nurse education, as long as the students agree to work in their organization upon completion of training. This "home grown" concept has become relevant to many organizations. For instance, NewCourtland has implemented a program called the "Ladder of Opportunity."

"We'll support anyone who's interested in becoming a nurse at any level," says Mammarella. "We'll actually pay for them to go to school. If someone wants to become a certified nurse assistant, we'll pay for his or her classes. That places them on the ladder. So, if they then want to become an LPN, we'll provide the available scholarships. Once they've become an LPN, we offer a GPN fellowship."

NewCourtland also offers RN, BSN and MSN scholarships. In addition, it provides the ambitious students with flexible schedules to help them achieve their educational objectives, as well as stipends and tuition assistance. It also offers loan forgiveness.

"It's all about trying to get more people interested in the nursing profession," explains Mammarella.

Similarly, Rich has created the Seedling Program at the University of Pennsylvania Medical Center, which is especially customized for current non-nursing employees within Penn's hospital and university workforce.

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"For example, if someone from the local area has worked as a surgical or pharmacy technologist, and they want to become a nurse but don't have the money or opportunity to attend classes, we'll pay them on a full-time basis with full-time benefits, as long as they're eligible," says Rich. "They only have to work 20 hours a week. The other 20 hours are their study time and release time."

The program makes it possible for the individual to become a nurse in two years. "Their only obligation is to work for me for four years at the hospital," says Rich.

Many hospitals are looking into similar programs, adds Rich. One innovative education strategy involves the purchase of class seats within an academic institution. "A hospital might buy 10 seats at a place like Drexel," explains Rich.

Essentially, the hospital would support applicants to fill those seats, paying full scholarships. The students agree to work at the hospital upon graduation. "It's one more way to build a bridge between the hospital and academic sites to assure the continuity of a well-prepared workforce," says Rich.

Rich also has developed a program involving nurse externs that has proven to be an effective recruitment tool. Rich hires nursing students (either juniors or seniors) for 10 weeks during their summer breaks. These students are assigned to an RN mentor, so they can learn the nursing culture. "I've been tracking the externs to see how many I recruit when they graduate," she says. "My average recruitment rate has been about 50 percent. Next summer, I'll be hiring 60 externs, so I can predict that about 30 of them will come and work for me."

Another area that employers are addressing in their efforts to ensure an adequate future workforce is technology, Mammarella says. "Reliance on technology is one more way that our organization, as well as other organizations, are dealing with the shortage," she says. "Supportive technology can help you streamline many of the manual processes that nurses perform, such as documentation and filing. It eliminates the time it takes for them to do that kind of work, which means that they have more time to give directly to the patient."

As Mammarella points out, that's why people become nurses in the first place.

As the shortage will pose an ongoing challenge, investments must be made now to mitigate future problems, Mammarella says.

And these problems aren't going to be restricted to nursing. Collier says that while the nursing shortage has garnered a great deal of appropriate attention, the allied health professions face similar dynamics. "We're already facing some serious shortages in areas such as physical therapy and occupational therapy," he says. "Down the road, healthcare will probably face shortages in other areas, such as the clinical laboratory and audiology."

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