

## **Workforce analysts look at the nursing profession**

By Cathryn Domrose

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New grads struggling to find jobs. A push to move healthcare from the hospital setting to the community. Networks of providers managing patient care.

For many nurses, today's workforce situation seems all too familiar.

"In some ways, I feel like it's déjà vu all over again," said Janet Haebler, RN, MSN, associate director for state government affairs for the American Nurses Association, quoting baseball great Yogi Berra.

Those who were in nursing 20 to 30 years ago remember when managed care, cuts in compensation from public and private insurers and shortened hospital stays led hospitals and medical offices to replace nurses with medical assistants and certified nursing assistants. Potential nursing students, discouraged by the job market, chose other professions. Enrollment in nursing schools plunged, triggering a nursing shortage that started in the late 1990s, according to researchers.

Workforce analysts report the current nursing shortage recently has ended in many — though not all — areas of the country. But they expect the sluggish hiring period for nurses, sparked mainly by the recession, will not last long, particularly if the economy recovers suddenly.

Unlike 20 years ago, hospitals are not laying off nurses in large numbers. Nursing schools still turn away qualified applicants — 75,857 in 2011 according to the American Association of Colleges of Nursing. Healthcare trends, driven by recent government reforms, focus on areas where nurses can use their strengths: prevention, chronic disease management and patient education. An established body of evidence shows RNs make invaluable contributions to patient safety and satisfaction.

Demand for nurses of all levels of experience and training likely will increase because of various factors, said nursing workforce researchers including Peter I. Buerhaus, RN, PhD, FAAN, Valere Potter Distinguished Professor, Institute for Medicine and Public Health, at Vanderbilt University in Nashville, Tenn.

Workforce analysts said as the economy recovers, nurses will leave the workforce to retire, care for aging parents or raise children. More people will become insured through healthcare reforms or by becoming eligible for Medicare. Baby boomers presumably will develop more chronic conditions.

"There's a pile of demand coming at us," Buerhaus said. "That's why it's so important to keep the long-term focus going."

To nursing students: Plan now for a great future

The U.S. Department of Labor predicts a 26% increase in all nursing positions between 2010 and 2020, with higher demand in physicians' offices, home health and community care settings, said Peter McMenam, PhD, a health economist and senior policy fellow for the ANA. "The demand for healthcare is still there. It's still growing."

Those enrolling in or applying to nursing schools should start their career planning well before graduation, nurse leaders and educators advise. One of the best ways for students to improve their chances of getting hired after graduation, nurse leaders said, is to work as CNAs or health technicians or in similar healthcare positions while in school.

"You're familiar with the unit, you understand the hospital environment," and facilities are more likely to hire someone they know, said Jo Ann Webb, RN, MHA, senior director of federal relations and policy for the American Organization of Nurse Executives. Webb recommends students join the National Student Nurses Association and other professional organizations to make contacts and gain perspective on the profession and hiring trends.

Students also should start researching and applying for programs to get experience in their fields of interest, especially in niche areas where nurses tend to be older and more likely to retire sooner, such as perioperative nursing, said Jane Kirschling, RN, DNS, FAAN, president of the AACN and dean and professor of the school of nursing at the University of Kentucky in Lexington. Kirschling and other nurse leaders advise nursing students to consider extending their education if possible, perhaps through government programs to help pay for advanced degrees in research, practice or teaching.

To new graduates: Hang in there.

"Recessions are part of life," Buerhaus said, and jobs are scarce these days in all professions, not just nursing. "Nursing is a high-growth, high-demand industry," he said. If the new grads can wait it out, "things will be very good. They will be very happy they became nurses."

If the economy recovers suddenly and many nurses leave the workforce, demand could explode within the next few years, said Joanne Spetz, PhD, FAAN, professor at the University of California, San Francisco, School of Nursing and faculty researcher at the Center for the Health Professions. But both she and Buerhaus believe the recovery probably will be slow, and the next nursing shortage will occur gradually rather than all at once.

In the meantime, workforce analysts recommend new graduates work in the profession in any way possible, even if it means volunteering part-time at a clinic or taking an unpaid internship. Those in nurse-saturated areas should expand their job searches to rural areas of their state or to states where nurses are scarcer, such as Texas or Nevada. "If you can't get a job in hospital nursing, consider settings

that you would not otherwise,” Haebler said, such as long-term care.

Those who can afford it should return to school, Spetz said, whether for a baccalaureate degree, which many employers now favor over associate degrees, or a master’s degree or a doctorate. Demand for primary care providers, including advanced practice nurses, is expected to increase as healthcare reforms expand insurance coverage to more people, McMenamain said.

To working nurses: Expand your horizons.

“Nurses are in a really interesting and potentially exciting position,” Spetz said. Reform-driven cost-containment policies could lead to a greater use of nurses for care coordination, prevention and education, and could increase nursing employment at several levels. She believes these policies will be implemented fairly slowly, giving experienced nurses time to enhance their educations and skills. The new jobs will require bachelor’s or master’s degrees, or certification, she said. Nurses interested in moving into these positions should start completing the education requirements.

Nursing workforce analysts say now is the time for experienced nurses to become actively involved with training the next generation. When the economy improves, many nurses will retire, take time off to raise children or leave the workforce as their spouses start working, Haebler said. “We’re not going to be able to fill this gap easily.”

To employers: Invest in nurses.

“Experienced nurses don’t grow on trees,” Spetz said. She urges hospitals to “make an investment in helping to train the next generation of nurses.” Forward-thinking facilities will find ways to bring in new graduates with residencies, internships or even volunteer programs, workforce analysts and nursing leaders said. Facilities that can’t afford such programs might turn to the business community or look for government workforce grants to fund programs for new nurses. “We can’t shut off this engine of young people coming in,” Buerhaus said. “We’ve got to hire them.”

Spetz recommends home health and long-term care organizations take advantage of plentiful job applicants and relatively flat salaries to increase their nursing staffs.

“Nurses are a really good value,” she said, “particularly in a time when you don’t have to struggle as hard to hire them.”

Employers also should invest in the nurses they already have, workforce analysts said, creating supportive, patient-centered, nurturing environments for RNs, especially new grads as they transition into practice. “The more you can do that now, the better position you will be in [over] the long run” when the next shortage hits, Spetz said. Given the growing emphasis on patient safety and quality care, Haebler said, every facility should have a staffing committee to ensure safe staffing levels, with an emphasis on patient safety and a safe work environment for nurses.

Despite financial pressures, hospitals and medical practices should not cut nurses, workforce analysts agreed, particularly given the trend toward paying for quality care. CNOs understand that cutting nursing staff now “is like slitting your throat,” Webb said. “You need to preserve the capability to provide good care. The best and most reputable hospitals are where people will want to go.”

To nursing schools: Get creative and collaborative.

Interest in BSN and advanced degree nursing programs continues to be strong, Kirschling said, but many schools still struggle to find faculty and clinical sites to accommodate existing and expanding programs. Kirschling suggests schools use simulation labs to help students get the most out of clinical rotations, consider clinical training during off-hours such as night shifts, and work with community partners. For instance, she said, AACN is working with the U.S. Department of Veterans Affairs to provide faculty and a variety of clinical settings for member schools.

Webb recommends schools connect with local employers to find healthcare-related jobs for students. Kirschling suggests schools create their own internships for graduate students. As more DNP and PhD nurses enter the workforce, Kirschling expects nursing schools to recruit them as part-time faculty who teach and see patients or do research, much the way medical schools employ MDs and PhD-level scientists.

To nursing organizations: Keep putting out the message — nurses are needed.

The nursing community needs to continue to push for a strong, well-educated nursing workforce, Buerhaus said. The healthcare system is getting the message that nurses have value, workforce analysts said, but concerns about the economy and the need to contain costs are strong motivators for lawmakers and facilities to divert money from nurse staffing and education programs to other areas, particularly if they believe the nursing shortage is gone for good.

“If state legislators believe the nursing shortage is over, they might say, ‘Let’s take money out of nursing education programs and put it into places like Medicaid, which is really hurting,’” Spetz said. “That’s exactly what happened before.”

In the 1980s and 1990s, after heavy media coverage about the redesign of healthcare, hospitals began laying off staff, Kirschling said. So far, she hasn’t seen any signs of a similar pattern.

Students, schools, employers and legislators seem to understand the apparent nursing glut in many areas is an anomaly, and nurses play a vital role in healthcare’s future. But depending on the economy, their patience could wear thin, Buerhaus said. “We need to get economic recovery up and going.” Otherwise, he said, “we could have too many nurses competing for too few jobs,” leading to a spiral that no one in nursing or the healthcare industry wants to revisit.

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