

Recalculating: The "Nursing Shortage" Needs New Direction

Diane J. Mancino, EdD, RN, CAE, FAAN



For the fifth consecutive year, the National Student Nurses' Association (NSNA) collected survey data from new RN graduates (NSNA members). The survey asked questions related to academic progression, demand for registered nurses, securing entry-level RN positions, and workplace orientation and support. Data from the first survey (reported in the September/October 2008 issue of *Dean's Notes*), revealed the lack of entry RN positions primarily in the northeast (Mancino, 2008). Findings of the 2009, 2010, and 2011 surveys exposed a more widespread decline in entry-level RN positions (Mancino, 2009, 2010, 2011).

In September 2012, approximately four months following spring graduation, NSNA collected data from 4,110 new RN graduates, the majority of whom graduated in spring and summer 2012: 75%

(n=3,074) completed nursing school in spring 2012, and 20% (n=806) in summer 2012.* Surveys were completed by students from all types of RN programs: baccalaureate degree (47%), associate degree (39%), diploma (3%), accelerated BSN (9%), and other (2%). Forty-five percent (n=1843) of respondents entered nursing school with the following non-nursing degrees: associate degree (36%, n=660), bachelor's degree (58%, n=1059), master's degree (6%, n=109), doctorate (0.5%, n=5), and medical doctorate (0.3%, n=5). Twelve percent (n=471) of respondents indicated that they were pre-medical students. Five percent (n=179) were licensed practical/vocational nurses prior to entering nursing school. Thirty-five percent (n=1242) were Certified Nursing Assistants and Home Care Aides (see Table 1).

When asked if they have an RN position, 66% (n=2,701) said, "yes," and 34% (n=1,402) responded, "no." Overall, there was a 2% increase in those reporting that they were employed as RNs over the previous year's survey.

By program type, the data revealed that 72% of the baccalaureate graduates, 61% of the associate degree graduates, 61% of the accelerated BSN graduates, and 70% of the diploma graduates were employed as registered nurses (see Table 2). Collectively, 34% of graduates from all programs were not employed as registered nurses. When looking only at spring 2012 graduates, 71% (n=2,194) indicated

they were employed as RNs; 29% (n=880) indicated that they were not employed as RNs.

Those replying that they were not employed as RNs gave the following responses (n=1166): 8% did not yet try to find a job, 14% were waiting until they passed state boards, 28% were having difficulty finding a job in their preferred specialty, and 49% answered that there are "no jobs for new graduates in my area."

When the question, "Are you currently employed as an RN?" was broken down by region of the United States, the "yes" responses ranged from 55-72%: West (55%, n=907), Northeast (60%, n=998), Central (73%, n=844), and South (73%, n=1299). In California, 46% of new graduates reported that they were employed as RNs (n=474).

New graduates (n=4,097) reported the following trends:

- Employers filling positions with experienced RNs (76%);
- Older RNs are not retiring (70%);
- Too many new graduates are flooding the market (63%);
- Hiring BSN graduates over associate degree graduates (69%);
- RNs working full-time are also working in other RN positions part-time (56%);
- Hiring per diem nurses without benefits (52%);
- RNs who are currently employed are working harder (51%);
- Nurses who were formerly working part-time are now working full-time (50%);

*Percentages are rounded. The database used to disseminate the marketing survey electronically via SurveyMonkey® was a convenience sample of nursing students who are members of the National Student Nurses' Association. The database contained email addresses for NSNA members who indicated spring 2012 as their graduation date on their membership record. Total number of email addresses in the sample (minus opt-outs and bounced emails) was 12,835. A total of 4,110 responses represents a return of 32%.

Diane J. Mancino, EdD, RN, CAE, FAAN, is Executive Director of the National Student Nurses' Association and the Foundation of the NSNA. Write to her at nsna@nsna.org, with "Attention Diane Mancino" in the subject line.

Table 1.
New Graduates Who Entered Nursing School with Previous Degrees and Certifications

	Number	Percentage
Total Entering with Non-Nursing Degree	1,838	45%
• Bachelor's Degree	1,059	58%
• Associate's Degree	660	36%
• Master's Degree	109	6%
• Doctorate and Medical Doctorate	10	1%
Total Entering as Licensed Practical/Vocational Nurses	179	5%
Total Entering as Former Pre-Medical Students	471	12%
Total Entering as Certified Nursing Assistants/Home Care Aide	1,242	35%

Table 2.
Employment 4 Months Post-Graduation, by Nursing Program

Are you currently employed as an RN?	Yes	No	Total
Type of Program			
Associate Degree (ADN)	61% (966)	39% (614)	1,580
Diploma (Hospital-Based School of Nursing)	70% (87)	30% (38)	125
BSN Pre-Licensure	72% (1,361)	28% (539)	1,900
Accelerated BSN Program	58% (218)	42% (156)	374
Master's Degree (Pre-Licensure)	61% (27)	39% (17)	44
Clinical Nurse Leader Master's (Pre-Licensure)	50% (13)	50% (13)	26
RN-to-BSN (Post-Licensure)	76% (16)	24% (5)	21

- Hospitals are hiring travel and agency nurses (44%);
- Long-term care facilities are hiring new graduates (44%);
- Hospitals are creating residency programs (41%);
- Hiring freezes (34%);
- Sub-acute facilities are hiring new graduates (29%);
- Home care and community health agencies are hiring new graduates (27%);
- Hospitals discontinuing new graduate orientation and residency programs (25%);
- Hospitals are closing departments (20%); and
- RNs are being laid off (16%).

When asked about their interest in different specialty nursing areas (selected multiple areas), most indicated an interest in intensive care (35%) and emergency nursing (33%), followed by medical-surgical (26%), maternity-labor/delivery (29%), cardiac intensive care (25%), pediatrics (28%), and oncology nursing (15%). Fifteen percent specified an interest in travel nursing and 11% are interested in psychiatric-mental health nursing. Eight

percent of new graduates are interested in community/home health nursing. Three percent indicated an interest in long-term care and 4% indicated rehabilitation nursing. These percentages are very similar to those reported in 2009, 2010, and 2011 (Mancino, 2009, 2010, 2011).

Plans to Advance Education

Seventy-six percent responded, "yes," to the question: "Do you plan to return to school for another degree?" Five percent stated, "no," and 20% were "unsure." Twenty-three percent (n=384) of associate degree and diploma graduates indicated that they were currently enrolled in nursing school (fall 2012 semester); 28% (n=471) of associate degree and diploma graduates responded that they would return to school for the spring 2013 semester. Twenty-four percent (n=392) of associate degree and diploma graduates responded that they would return to school in fall 2013. Three percent (n=61) of associate degree graduates indicated that this was the highest degree that they planned to achieve. When queried about the type of program that they plan to

enroll in, 38% (n=1371) plan to enroll in an online program, 20% (n=729) in a traditional program, and 42% (1,538) in combination online and traditional (blended) programs.

When asked to indicate the highest degree that they are planning to achieve, 13% (n=500) indicated baccalaureate degree in nursing; 53% (n=2,053) of all graduates plan to go on for a master's degree in nursing; 26% (n=1,001) plan to achieve a doctorate in nursing practice (DNP); 6% (n=246) plan to attain a PhD. Fifty-eight percent (n=1090) of those graduating with a bachelor's degree (generic and accelerated) indicated that a master's degree for advanced practice (nurse practitioner, nurse midwife, and nurse anesthetist) would be their next educational step; 6% (n=119) indicated a master's in education; 4% (n=71) indicated a master's in administration.

New Graduate Perception of Nursing Shortage

It is interesting to note that when new graduates were asked if there is a nursing shortage, 367 took the time to respond in writing. Many (40%) of the answers referred to the need for experienced nurses taking precedence over the hiring of new graduates. The frustration was evident in comments such as: "There is a shortage of 'experienced nurses,' not new grads," and "Hospitals are hiring a small number of new grads and have a shortage hiring experienced nurses."

Another side to this question was the overabundance of new graduates in many areas of the country. Twenty-three percent of the responses spoke to the large number of schools and graduating nurses in many areas, which led to a small number of job opportunities. One new graduate said, "My city is overwhelmed by nursing schools, and as such, the market is flooded with new nurses." Another topic that emerged was the impact of their local economy on the job market. Fifteen percent of the respondents noted the lack of funding to adequately staff hospital units and the trend toward hiring travel and per diem nurses instead of new graduates. They perceive hospitals as trying to get by with the bare minimum of nurses. With many nurses delaying retirement, the openings were getting harder to find.

When asked whether they believed they were "misled" about the job market in their education, 651 respondents took the time to write comments, some of them lengthy, with many expressing clear frustration. It is important to note that ADN graduates generally believe that jobs are going to the baccalaureate nurs-

Table 3.
Percentage of New Graduates Employed 4 Months Post-Graduation
(2009-2012), by Region

Year	South	West	Northeast	Central
2009	69%	41%	50%	60%
2010	64%	41%	50%	60%
2011	70%	55%	61%	72%
2012	74%	55%	60%	73%

es; they feel they are not valued as new graduates. The move toward Magnet® recognition by many hospitals is cited to be responsible for this change, although having an all BSN staff is not a requirement for the Magnet Recognition Program®. In response to whether the nursing program adequately told students about the job market, one response that was echoed by many others was, “They didn’t discuss [that] most places want experienced nurses and how to gain that experience. I was frustrated to find that the associate program I graduated from was not what employers were wanting. Employers are looking for BSN; I felt like I wasted my time and should have gone for my BSN in the first place.” One new graduate wrote that there is a shortage; however, hospitals don’t have permission or funds to hire enough staff needed, so there is currently an abundance of nursing candidates for open nursing positions. Another new graduate observed that the RN positions were reserved for nurses with over one year of experience, but preferably more. This problem is addressed in the Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health*, which speaks to making the transition from ADN to BSN and beyond a smoother process (IOM, 2010).

Discussion

The 2012 survey results reflect slight regional improvement in the hiring of new RN graduates (see Table 3), with the southern region improving the most by 4% (74%). However, continuing high unemployment rates for entry-level RNs persist. Regional unemployment of new RNs is most pronounced in western states (45%), whereas, in the central states, the rate is 27% unemployed. Although tracking new graduates is difficult, most of respondents to the NSNA survey provided a permanent email address and expressed a willingness to participate in a follow-up survey.

The “nursing shortage” that we are experiencing today is different from past shortages in many ways. Emerging trends in the delivery of many nursing and medical services reveal a shift from acute-care settings to sub-acute, long-term, and community-based care. Non-admission ambulatory surgery is steadily increasing (Healthcare Cost and Utilization Project [HCUP], 2010). Baby-boomers are aging in place and coping with chronic illnesses in the “Hospital at Home” (Health Workforce Solutions, 2008). Medical centers are creating new programs to prevent readmissions to avoid payment adjustments (Centers for Medicare & Medicaid Services [CMS], 2012). The models we have used to create demand projections (e.g., 24/7 hospital-based acute care) are no longer valid. The Patient Protection and Affordable Care Act (PPACA) is also influencing the design and delivery of health care services and may create a shortage of Advanced Practice Registered Nurses needed to provide primary care services (Sargen, Hooker, & Richard, 2011). It is time to recalculate the supply and demand for nurses.

NSNA has been reporting survey results of new graduate employment experiences for 5 years now, cautioning of an oversupply since 2008 (Mancino, 2008). The profession needs improved estimation of the availability of registered nurses based on regional and local demand, specialty areas growing in demand, and educational preparation that is realistic and appropriate to meet the demand.

In some areas, hospitals are closing and experienced nurses are entering the employment market making it even more difficult for inexperienced new graduates to find employment. In New York City, for example, several acute care hospitals have closed, including St. Vincent’s Medical Center in 2010. In addition to the temporary closures forced by Hurricane Sandy, permanent closures of some hospitals, such as Long Island

College Hospital in Brooklyn, are anticipated. Hospital financing will only become more challenging as the PPACA is implemented. “New styles of health care will emerge to fill the void” of closed hospitals (Hartocollis, 2012). The rising cost of health care must be addressed through innovation and recreation of delivery models.

So many questions remain. Is nursing ready for these changes? Is nursing education prepared to rethink curriculum and clinical education? How long will new grads wait for RNs to retire and for an improvement in the economy to absorb the unemployed and future unemployable recent RN graduates? I do not know the answers to these questions, but I do believe it is imperative that the nursing profession – leaders in education and practice – begin locally and regionally to examine the issues and develop solutions. Yes, it is time to recalculate and remap the future of nursing supply and demand. **DN**

References

- Centers for Medicare & Medicaid Services (CMS). (2012). *Readmissions reduction program*. Retrieved from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>
- Hartocollis, A. (2012, October 10). New style of health care emerges to fill hospital's void. *New York Times*, A1. Retrieved from <http://www.nytimes.com/2012/10/10/nyregion/after-losing-st-vincents-hospital-manhattan-sees-rise-in-clinic-care.html>
- Health Workforce Solutions. (2008). *Hospital at home: Innovative care delivery models*. Retrieved from http://www.innovativecaremodels.com/care_models/20
- Healthcare Cost and Utilization Project (HCUP). (2010). *Statistical brief #86: Hospital-based ambulatory surgery, 2007*. Retrieved from <http://hcup-us.ahrq.gov/reports/statbriefs/sb86.jsp>
- Institute of Medicine (IOM). (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Mancino, D.J. (2008). The nursing shortage: Predictions and predicaments. *Dean's Notes*, 30(1), 1-2.
- Mancino, D.J. (2009). Entry level positions for new graduates: Real-time dilemma requires real-time solutions. *Dean's Notes*, 31(1)1-3.
- Mancino, D.J. (2010). Invest now to keep the pipeline primed. *Dean's Notes*, 32(1), 1-3.
- Mancino, D.J. (2011). Inaction is not an option. *Dean's Notes*, 33(2), 1-3.
- Sargen, M., Hooker, R.S., & Cooper, R.A. (2011). Gaps in the supply of physicians, advance practice nurses, and physician assistants. *Journal of the American College of Surgeons*, 212(6), 991-999.

Volume 34, No. 3 • January/February 2013

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Dean's Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

Dean's Notes is published five times a year (September/October, November/December, January/February, March/April, and May/June) by Anthony J. Jannetti Inc., East Holly Avenue, Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

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NSNA Convention Highlight: Innovations in Teaching ACES: Advancing Care Excellence for Seniors

*Tuesday, April 2, 2013, 8:00 a.m. – 4:00 p.m.
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Come to this ACES full-day workshop and learn the best ways to teach your students how to care for older adults.

The pre-registration fee is \$100. The one-day workshop includes: Continental breakfast and lunch; two post-workshop webinars; admission to an NLN pre-Summit workshop; eligibility for an NLN recognition award funded by the Hearst Foundation; a total of 14 contact hours.*

Advancing Care Excellence for Seniors (ACES) guides the teaching of nursing students to provide competent, individualized, and humanistic care to older adults. This workshop addresses the complexity of decision-making about care for the older adult in a variety of home, institutional, and community-based settings. You will be provided with the tools and strategies needed to incorporate ACES into both classroom and clinical learning experiences. Presented by national experts in nursing curriculum innovation and gerontological nursing with support from the National Student Nurses' Association.

Speakers: Barbara McLaughlin, DNSc, RN, Professor and Head, Department of Nursing, Community College of Philadelphia; Cynthia Reese, PhD, RN, CN, Associate Dean of Nursing, Lincoln Land Community College, Springfield, IL; Lauren Travolaro-Ryley, MSN, RN, Psychiatric Clinical Nurse Specialist, Associate Professor of Nursing, Community College of Philadelphia; M. Elaine Tagliareni, PhD, RN, FAAN, Chief Program Officer, National League for Nursing, New York; Mary Gelbach, MSN, RN, Associate Professor, Delaware County Community College, Media, PA

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*A total of 14 contact hours will be awarded for this program by the National League for Nursing, an approved provider through the International Association of Continuing Education and Training.

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Attend the NSNA Convention faculty and ACES program and earn up to 27.5 contact hours.**

Keynote: Dr. Courtney Lyder, Dean, UCLA School of Nursing, Los Angeles, CA

Endnote: Dr. Michael Bleich, Dean, Goldfarb School of Nursing at Barnes Jewish College, St. Louis, MO

General Session (Thursday): Dr. Bernadette Mazurek Melnyk, University Chief Wellness Officer, and Dean and Professor, The Ohio State University College of Nursing, Columbus, OH

General Session (Friday): Dr. Joanne Disch, President, American Academy of Nursing, and Clinical Professor, University of Minnesota School of Nursing, Minneapolis, MN

** Portions of this continuing nursing education activity were submitted to the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.