

A Communications Service to Nursing School Deans, Administrators, and Faculty

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Not in Our Own Image: A Different Future Nursing Workforce

Rita M. Carty, DNSc, RN, FAAN



It is no secret that this country is facing a critical nursing workforce crisis that is also being felt around the world. According to the American Hospital Association (AHA), today there are 126,000 vacant full-time positions for RNs in hospitals throughout the country, and this is just the beginning of a projected problem that will be even more evident in the years to come (*Nursing Shortage Overview*, 2002). In fact, some estimate the national shortage of RNs in all health care facilities may reach 400,000 by 2020 (Buerhaus, 2000).

It was more than 4 years ago that I began to speak with grave concern about an impending manpower problem, and although these signs were showing, some of the experts gave it little attention. I believed then that it would not be a transient or regional matter as some suggested. From the international work I was involved in, I knew that the shortages we would be reading about would be global and that these significant changes would produce a domino-effect across oceans. We are seeing these rippling problems now – and we will be forced to address these problems with a different set of solutions than we might have used in the past.

Multiple Reasons for Working Short

There are many factors that have contributed to the demand for RNs and the concomitant decrease in working staff in the United States. From the March 2000 *National Sample Survey of Registered Nurses*, the Bureau of Health Professions' Division of Nursing at the Health Resources and Services Administration (HRSA) identified multiple causes including: (a) an aging nursing workforce; (b) a decrease in nursing school enrollment; (c) increased opportunities for women in expanded career roles, accompanied by a poor image of nursing as a career; (d) low unemployment rates; (e) job intensity; and (f) an increase in acuity and need for health care services in an aging baby boomer population. This diminishing supply with increasing demand for qualified registered nurses has had an impact on the health care system, increasing the use of agency, travelers, and other contingency staffing. The work has become harder because of the increased acuity and volume, heavy workloads, and more necessary overtime, leading to poor job satisfaction (Healthcare Advisory Board, 2000).

Traditional sources of registered nurses from nursing programs are not turning out replacements or keeping up with the turnover, attrition, and retirements of nurses in hospitals. According to the National League for Nursing (NLN), these projected deficits in the next 10 to 15 years will grow – with approximately one-third of the nursing workforce retiring and current baccalaureate school graduations down approximately 23% and associate level graduations down 30% (NLN, 2001). To compound these even more, fewer nurses are becoming faculty and some nursing schools are forced to turn away students because of the faculty shortage. According to a report from the American Hospital Association (AHA), nearly 39% of qualified candidates have not been accepted because of insufficient faculty (*Nursing Shortage Overview*, 2002). In a recent "Red Alert" from the Southern Regional Education Board (SREB), the projected shortage of nurse educators threatens the region's capacity to ensure the health of its residents where a projected 784 nurse educators will retire. The unfilled faculty positions for the 2000-2001 academic year reached 306 full time and 126 part time (SREB, 2002).

A Global Situation

The problem is self-cycling. The projection for the U.S. extends about 20 years and the work has not been done beyond that, but the gloomy picture will become the biggest crisis that the health care arena has seen in decades and needs immediate planning. But it is not unique to the United States. The world nursing community is facing a shortage related to some of the same reasons of recruitment of new nurses and retirements, and it is magnified by some of the shifts in economic opportunity for women in some countries. Women have had many more career options, particularly in the industrialized, developed nations. A variety of professions opened up to women toward the end of the 20th century, so many find their way into engineering, law, medicine, and other roles traditionally considered male.

According to Jim Buchan, an economist in the U.K., Scotland has had a national plan for their shortages and has averted the kind of migration that might have resulted in the shortage currently being felt in the rest of the U.K. (Buchan, 2001). The global shortage has led some countries to get nurses from other countries, contributing to the shortage in those countries. For example, U.S. recruiters have been looking to countries like the Philippines for years for supplies of educated nurses. The Philippines prepares nurses well and has exported them somewhat willingly to bolster their economies with stable monies being sent home. At the same time that nurses searching for improvement in their lives look to the developing countries, the new world trade agreements have allowed them to migrate. So we see not only the Philippines being tapped but

we also see the English speaking African and Caribbean countries, such as Jamaica, becoming suppliers for us to recruit for our needs. What has resulted is that these countries are realizing that they too are having to face impending shortages along with the loss of potentially stable wage earners. What might be good for the individual seeking economic opportunities in richer areas may not be good for the country losing its supply of prepared nurses.

Shortages Require Different Approaches

We have counted on our old strategies to serve us through these types of problems. In the past we have launched recruitment campaigns aimed at attracting new nurses into our schools and programs at those who come from the pool of career-seekers just leaving high schools. While these efforts should not be abandoned or perceived as fruitless when the expected numbers do not materialize, new efforts need to be added to the plan.

The face of the current nursing student and the one who is interested in studying to be a nurse is different today. We are seeing larger numbers than ever before of minority applicants representing a wide mix of ethnic, race, and nationality. Minorities in the U.S., including African Americans, Hispanics, and newer immigrants from Africa, Asia, and the Middle East, have found that nursing is a viable, economically stable job, and fertile for career advancement to higher wages – and we need to give our attention to the traditions we use and outcomes we have expected with this newer and culturally richer source of applicants. What is most appealing is that the diverse nurses we can produce can serve the communities from which they came – a U.S. population that is inherently diverse – and although we have had goals of a diverse workforce, this goal has never been completely reached. The potential exists now and needs some re-thinking to successfully graduate knowledgeable and competent workers for the communities.

We need also to boost our recruitment of more men into nursing – and it appears that in the U.S., our male applicants are increasing, particularly minority males, where nursing promises a steady income with career ladders toward higher pay. But the profession will need to repackage the preparation of these new professionals and change environments to achieve a better work life experience for these new employees so that salaries over the lifetime of a career can increase without being capped, and satisfaction with the job can improve. If you recall, flight attendants were called “hostesses” or “stewardesses” and they were low paid with terrible working hours and conditions. As men came into their ranks, their name changed to “flight attendant” with the wages and working conditions subsequently improving. I think this has implications for nursing and we should give it some serious thought.

Not Recreating Ourselves

There are other sources of potential recruits to target as well for these necessary efforts, and we must know upfront that we will not be recreating ourselves. Older, more mature and educated individuals are often attracted into nursing for the potential of personal satisfaction that they might have been missing in a previous career. Career changers tend to be older, more self-directed, and men. We need to recognize that they bring to the educational experience skills and knowl-

edge that do not need to be re-taught as we have traditionally taught our first-career starters. They can be accommodated in reasonable ways to facilitate their speedy progression, especially if we make the transition appealing and respectful of their prior education and/or life experience.

We need to combine our efforts of improving the status of nursing, the work place satisfiers, the salary growth, and the attractiveness of a nursing education or subsequent career with recruitment efforts to target a different source for the workforce. We need a paradigm shift in marketing our programs and facilitating students and graduates along the way. What needs to go with this is a reshaping of the preparation and education we currently offer, with an understanding that we are producing critical thinkers who must survive a knowledge-driven industry. We need to supplement our programs with these goals in mind and construct ways that the students can succeed so that they can achieve their goals of a nursing career. Our generation had some of the social and academic barriers to overcome over the years related to status and process in nursing education and role functions. This generation will need the survivor skills to thrive in this different health care system. We will not be producing a new generation in our own image.

References

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Rita M. Carty, DNSc, RN, FAAN, is Dean of the College of Nursing and Health Science at George Mason University, Fairfax, Virginia. She is also the Secretary General of the Global Network of the World Health Organization Collaborating Centres for Nursing and Midwifery Development.

NSNA Online Services Launched

Now joining NSNA and registering for NSNA's Annual Convention can be done online. Spread the news to your fellow students! By going to www.nsna.org and clicking on ONLINE SERVICES or MEMBERSHIP, you can join NSNA (credit card payments only). Members can renew their membership and update member profile online, including mailing address. Remember to have your membership number handy. If you are interested in NSNA meeting registration, click on ONLINE SERVICES or MEETINGS from the NSNA home page and follow the instructions. Be prepared to use your credit card! Visa and MasterCard only. Contact NSNA headquarters, nsna@nsna.org, if you need assistance in using the new NSNA online services.

Faculty Schedule for Annual Conference: Philadelphia, Pennsylvania

The 2002 Annual Conference is a great opportunity to get continuing education credit, network with colleagues and friends, and learn about the exciting work being done at the National Student Nurses Association. The lovely city of Philadelphia, Pennsylvania will be our host from April 2-6 for this 50th Anniversary Celebration/Annual Convention. Please check our Web site at www.nсна.org for updates and news about this conference. Hope to see you there.

Tuesday, April 2, 2002

The Mentor Connection

Speaker: Connie Vance, EdD, RN, FAAN, co-author, *The Mentor Connection in Nursing*, Springer Publishing Co., 1998

Sponsor: Nursing Spectrum, Falls Church, VA

Wednesday, April 3, 2002

Orientation for New Consultants and Advisors A Formula for Transforming Student to RN

Speaker: Susan M. Stone, MSN, RN and Patricia Woodberry, MSN, ANP, CS faculty, Valencia Community College, Orlando, Florida

Sponsor: Valencia Community College, Orlando, FL

Opening Session and Keynote Address

Speaker: Sheila Burke, MPA, RN, FAAN, Under Secretary for American Museums and National Programs Smithsonian Institutes, Washington, DC

Sponsor: Tenet Health System

Thursday, April 4, 2002

Embracing the Past

Speakers: Florence Huey, MA, RN, Senior Managing Editor, The Pfizer Journal, RADM Carolyn Beth Mazzella, USPHS (ret), Chief Nurse Officer, 1996-2000, Pamela Cipriano, PhD, RN, FAAN, Chief Clinical Officer, University of Virginia Health Systems, Major Betsy Vane U.S. Army Nurse Corps, Sharon Brigner, MS, RN, Senior Health Policy Analyst, National Committee to Preserve Social Security and Medicare, Aurora Hernandez, RN, student Georgetown University, Washington, DC.

Sponsor: Nurses Service Organization, Hatboro, PA.

Power Teaching: Drop the Chalk and Talk

Speaker: JoAnn Graham Zerwekh, Associate Clinical Professor, Northern Arizona University and Consultant Nursing Education Consultants, Dallas Texas

Sponsor: Nursing Education Consultants, Dallas, TX

How to Become a Recruitment and Retention Success Story

Speaker: Beth A. Brooks, PhD, RN, Senior Consultant, H.R. Partnerships, Chicago, IL

Sponsor: Sigma Theta Tau International, Indianapolis, IN

Consultant and Advisors Briefing

Speaker: Eunice Cole, BS, RN, appointed ANA consultant and Stephanie Ferguson, PhD, RN, FAAN, NLN Appointed consultant.

Using Web-based Applications in Nursing Education

Speaker: Laurie Davis, Technical Project Manager, Delmar Thomson Learning, Albany, NY

Sponsor: Delmar Thomson Learning, Albany, NY

Friday, April 5, 2002

A Passion for Globalization of Health Care- Commitments and Challenges

Speaker: Afaf Meleis, PhD, RN, FAAN, Dean, University of Pennsylvania, School of Nursing, Philadelphia, PA

Sponsored by National League for Nursing New York, NY

The History of Nursing Curricula – Part I and The Future of Nursing Curricula – Part II

Speaker: Gloria Donnelly, PhD, RN, FAAN, Dean and Professor, Hahnemann University School of Nursing, Philadelphia, PA

Sponsor: MCP Hahnemann University, Philadelphia, PA

Consultants and Advisors Roundtables

Speakers: Eunice Cole, BS, RN, ANA appointed consultant and Stephanie Ferguson, PhD, RN, FAAN, NLN appointed consultant

Saturday, April 6, 2002

Writing and Getting Published

Speaker: Cheryl Mee, MSN, RN, C, clinical director, Nursing 2002, Lippincott, Williams and Wilkins,

Sponsor: Lippincott Williams and Wilkins, Publishers of Nursing 2001, Philadelphia, PA

How to Prepare Students for Job Hunting

Speaker: Cynthia Savor, MS, RN, corporate editorial and production director, and Robert Hess, PhD, RN, editor and corporate director of continuing education, Nursing Spectrum.

Sponsor: Nursing Spectrum, Falls Church, VA

THE FACULTY LOUNGE

Thursday, April 5, 10:00 am - 2:30 pm

Sponsored by

the National League for Nursing

Friday, April 6, 10:00 am - 3:00 pm

Sponsored by

MCP Hahnemann University, Philadelphia, PA

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NYU Division of Nursing and Visiting Nurse Service of NY Establish Research Center to Study Home Care

The U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality awarded a \$599,685 grant to the New York University's Division of Nursing in the Steinhardt School of Education to study patient safety in home care.

Through a cooperative venture, NYU Division of Nursing and the Center for Home Care Policy and Research, Visiting Nurse Service of New York will establish a Developmental Center for Evaluation and Research in Patient Safety (DCERPS).

"The DCERPS will focus on health care provided in the home setting, particularly on care provided by nurses and its relationship to patient safety in home care," said Christine T. Kovner, RN, PhD, FAAN, professor in the Division of Nursing, the principal investigator. "Home care is a significant sector of the health care system that has been a focus of heightened professional, public and Congressional scrutiny."

Penny Hollander Feldman, PhD, Director, Center for Home Care Policy & Research and Vice President, Research & Evaluation, is the co-investigator. The project is an estimated three year project, with the first year funding totals of \$199,119.

The DCERPS will mobilize resources from both institutions, as well as selected outside consultants, and will include a multi-disciplinary team of registered nurses, physicians, social scientists, statisticians, epidemiologists, and management experts.

The goal of the NYU-Visiting Nurse Service-NY center will be to establish an ongoing center capable of providing intellectual resources, disciplinary skills, measurement tools, and organizational techniques for understanding medical errors in home health care. DCERPS will design and evaluate mechanisms for learning from such errors, thereby reducing them.

To accomplish these goals, the partnership between NYU and VNSNY will bring together one of the nation's strongest nursing departments with the largest nonprofit home health agency in the country. VNSNY is the only established academic-quality research center committed to advancing the knowledge base underpinning home health care.

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