Reasons Behind and Implications of the Nursing Shortage

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Introduction to the problem

On top of the recent economic recession, over the past few years the United States has experienced a national nursing shortage that continues to escalate. It is estimated that by the year 2020, the United States will experience a national shortfall of nearly one million nurses (Bargagliotti, 2009, pp. 274). Nurses are a vital part of a patient’s experience at a hospital and an important asset to the health care team. Hospitals with a shortage of employed nurses typically have lower quality of patient care and higher rates of poor patient outcome. Studies funded by the Agency for Healthcare Research and Quality (AHRQ) also show that higher rates of RN staffing lead to a decrease in adverse patient outcome by 3-12%, depending on the situation (Cho, Ketefian, & Barkauskas, 2003). A combination of health care employers’ lack of funds and a recent influx of patients has created a nursing shortage, which not only poses a threat to patient safety and well-being, it also places a heavy burden on the nurses themselves due to the tough work conditions created by the shortage. Some claim that the nursing shortage does not exist because there is an overwhelming population of unemployed nurses; while this is true, the real problem of the shortage lies in the fact that hospitals are not hiring enough nurses to meet patients’ demands.

Reasons for the nursing shortage

The major reason behind the nursing shortage and low nurse-to-patient ratios is a fiscal matter of health care employers not being able to hire the tremendous numbers of nurses needed today. The costs of hiring and training new nurses and nurse turnover in general are extremely costly to health care employers. Recent studies funded by a variety of sources have found that the average nurse turnover costs range from about $22,000 to over $64,000, an estimated 1.3
times the salary of the previous working nurse (Jones & Gates, 2007). For hospitals, hiring and training new nurses costs more than efforts to retain the current working force. Currently, hospitals find themselves unable to hire enough nurses to meet the demands of patient safety and health because they do not have the finances to hire new nurses or newly graduated nurses.

It appears the situation is an endless cycle, a lose-lose situation. From the hospital’s perspective, hiring more nurses to care for patients will cost hospitals too much money. Ironically, however, the costs of treating adverse patient outcomes as a result of low RN staffing, costs hospitals a significant amount of money as well. If a patient contracts a hospital-acquired disease or condition, the hospital is required to pay for the costs of such consequence. Insurance companies will no longer pay a hospital to treat bed sores because they are considered a hospital-acquired condition that can be easily prevented (Medicare program, 2007). If enough nurses were employed, the number of non-insured procedures would significantly decrease due to the lower probability of patients obtaining hospital-acquired conditions. For example, in the case of an AHRQ funded study, treating patients who contracted hospital-acquired pneumonia raised total treatment costs by $22,390 - $28,505 (Stanton, 2004, pp. 6). These numbers could have easily been decreased had more RNs been hired at the time of the study. It has been statistically proven through numerous studies that an increase in RN staffing is directly linked to a total decrease in adverse patient outcomes (Sasichay-Akkadechanunt, Scalzi, & Jawad, 2003; Stanton, 2004; Aiken et al 2002). In general, hiring more nurses may seem costly for employers, but by increasing the nursing employment, hospitals can reduce costs by reducing the probability of hospital-acquired conditions.

The lack of monetary finances to employ new nurses is not only a result of the current economic recession, but also of present health care laws and legislation. Medicare and Medicaid
do not always pay hospitals the full value of care and service. These government-funded insurance programs for the elderly and low income pay hospitals under a Prospective Payment System, in which the hospital is paid the average national cost of a particular medical procedure and surgery instead of the actual cost accrued by the hospital (Ellis & McGuire, 1993, pp. 138). In many cases, health care facilities and hospitals are forced to accept payments lower than the costs to give patient procedures, adding to their financial burden. Furthermore, other financial pressures, such as hospitals having to pay to treat those without insurance and illegal immigrants, and the requirement to provide emergency services to all, puts further pressures on hospitals. Because of this, many hospitals and other health care employers have been forced to lay off workers to make up for the loss of revenue.

Additionally, the new health care reform bill enacted by President Obama last year, entitled the Patient Protection and Affordable Care Act (PPACA), will impose new laws and regulations that may place hospitals and other health care employers in a risky fiscal situation. The act will require everyone living in the United States to have health care insurance by year 2014, and will require all U.S. employers to provide health insurance to their employees or to pay a fine (Feldstein, 2010). This act, while increasing the affordability and simplifying the access to healthcare for all those in the United States, will ultimately place large burdens on healthcare employers and nurses. The act will create more patients to care for and less money to care for them with, leading to decreased nurse-to-patient ratios and pay cuts for nurses. Many subsets of the PPACA were written with good intentions, but will have numerous unintended consequences for patients and nurses. This bill will not only increase the demand for nurses and other hospital staff because of the sudden increase in patients, it will also increase the financial burden placed on hospitals and other health care employers. In the future, even more nurses will
be needed in the workforce, but hospitals may not be able to afford them, causing even more stress and an even greater burden on Registered Nurses.

Adding to shortage, many nurses have come out of retirement and rejoined the workforce or switched from part time to full time work because of the recession. Between the years 2007 and 2008, an unprecedented 243,000 RNs joined or rejoined the nursing workforce, more than half of whom were over the age of fifty (Beurhaus, 2009). This sudden growth in retirement-age nurses costs the health care employers even more money, and reduces the availability of nursing positions for younger unemployed nurses and new graduates nurses in the market. To complicate the issue further, when the economy resumes, the currently employed nurses that came out of retirement will return back into retirement, as well as those nurses that are approaching retirement age, which could lead to an even greater nursing shortage in the future. As the economy recovers, businesses and hospitals will be compelled to rehire workers as fast as they laid them off during the recession (Beurhaus, 2009). The current nursing shortage is caused by a lack of funds needed to hire a staff of nurses; however, once the recession ends, a high number of senior nurses will retire, thus creating a new nursing shortage. New RN graduates could fill these vacancies, but employers are reluctant to hire such inexperienced nurses.

Despite the current economic recession, a nursing shortage still exists and will continue to escalate even once the economy bounces back. The demand for registered nurses around the country is expected to increase by 40% over the next ten years, while the number of RNs actually employed is only expected to grow by 6% (Stanton, 2004). This demand for nursing comes as a result of an increase in volume of patients and acute patient illness. The increasing age of the baby boomers (born between 1940 and 1960) alone, is a major cause of the increased number of hospitalized patients because the highest percentage of hospitalized patients are over the age of
sixty-five. While the number of hospitalized patients is increasing, the ratio of employed nurses per patient remains stagnant. A study funded by the AHRQ and the National Science Foundation (NSF) found that between the years 1991 and 1996 there was a 21% increase in hospital patient illness, but no net increase in the amount of nurses employed (Stanton, 2004, pp. 5). As any layman reading these statistics would expect, these numbers prove to be extremely problematic for the health care industry and patient wellbeing. This decrease in the nurse-to-patient ratio has been, and will continue to be, a problem for the nurses’ and the patients’ safety

**Implications for Patients**

If nothing is done to lesson or weaken the currently escalating nursing shortage, patients’ lives will continue to be at risk. A study conducted at a university hospital in Thailand observing patients with one of four common diagnoses: heart diseases, cancers of all forms, cerebral vascular diseases, and lung diseases, concluded that the nurse-to-patient ratio was the single best indicator of patient mortality (Sasichay-Akkadechanunt, Scalzi, & Jawad, 2003). Patient mortality, however, is not the only adverse patient outcome associated with low nurse staffing. Additionally, a number of studies funded by the AHRQ, NSF (Stanton, 2004), Aiken et al (2002), and others found that that there is a direct correlation between low nurse staffing and an increase in a variety of adverse patient outcomes. For example, an AHRQ funded study in California researching the effects of nurse staffing and hospital-contracted pneumonia found that an increase of one hour worked by RNs per day correlated with a 9% decrease in the risk of post-surgical contraction of patient pneumonia (Cho, Ketefian, & Barkauskas, 2003). Other similar studies that researched the effects of nurse staffing on a variety of adverse patient outcomes, such as urinary tract infection, pressure ulcer, upper gastrointestinal bleeding, etc…, all reported
similar results. It is therefore strongly suggested that higher rates of nurse staffing lead to better outcomes for patients.

Every aspect of the nursing shortage debate touches upon the subject of ethics. The four major principles of ethics used in nursing are autonomy, beneficence, or nonmaleficence, justice, and veracity (Finkelman & Kenner, 2010, pp.197). When considering patients, the ethics of understaffed hospitals must be considered. If it is the duty of every nurse, following the ethical principles of beneficence and justice, to provide the best care possible and to treat each patient equally without prejudice, do patients not deserve adequate nurse staffing ratios, such that adverse patient effects are minimalized? Decreasing these nurse staffing ratios places patients at a higher risk for adverse effects, and therefore, violates the ethical nursing principles of nonmaleficence. In regards to justice, although it is financially economical to hospitals, it is not ethical to place more attention and provide better care to patients who simply possess more comprehensive health insurance. Not providing the best care to patients without health insurance also violates the ethical principles of beneficence and justice. It is a patient’s right to receive the best care possible, and simply by increasing the nurse-to-patient ratio, patients have higher probabilities of receiving such care.

Implications for Nurses

The current nursing shortage not only adversely affects the patients’ safety and well-being, it also places a heavy burden on the nurses themselves. A majority of nurses are being required to work overtime hours. According to the 2004 National Sample Survey of Registered Nurses, on average, full-time employed nurses worked 7.5 overtime hours a week, 32.5 percent of which were mandatory. Nurses not only have to deal with higher nurse-to-patient ratios, they also have to deal with working mandatory overtime hours. The effects of a difficult workload
and undesirable hours on nurses correlate to poor job performance and job satisfaction. In fact, the top five reasons for RNs to have an occupation other than nursing all deal with poor working conditions or stress. In order these reasons include: a career change, burnout/stressful work environment, scheduling/too many hours, salaries too low/better pay elsewhere, and inadequate staffing (NSSRN, 2004). The nursing shortage, therefore, adversely affects patient outcomes and employed nurse job satisfaction and performance.

Nursing ethics not only applies to patient outcome and well being, it also applies directly to employed nurses. Ethical issues concerning registered nurses include: the ethics of poor patient care due to understaffed hospitals, the ethics of mandatory overtime and other arduous working conditions placed upon nurses. While financially convenient to hospitals, it is not ethical for nurses to be required to work overtime, when this may lead to adverse patient outcomes and increased stress levels of the nurses themselves. There are numerous of examples of patient mistakes that occur every day to do the carelessness of overworked nurses. For example, an elderly man in Langley, B.C. died last month of hospital-acquired gangrene that was attributed to “inadequate care by overworked staff” (Tomlinson, 2010). Mandatory overtime, in particular, can incur serious consequences for nurses and patients by impacting the quality of patient care and the fatigue and health of the nursing staff. As noted, ethics surrounds a variety of topics included in the nursing shortage issue and must be dealt with seriously. Nursing ethics should not be taken lightly or be cast aside because ethical principles surrounding the shortage apply both to patient and to nurse safety and health. Ethics are and should continue to be the backbone of the majority of laws in place regarding healthcare in general and laws addressing the nursing shortage.
The nursing shortage also places a heavy burden on newly graduated nurses experiencing their first nursing job. New graduates must face the arduous conditions of the nursing career worsened by the shortage in addition to enduring extensive training at new worksites. Furthermore, new RNs must not only overcome the increased learning curves of their nursing positions, they must also endure constant criticism and lack of respect from seasoned nurses (Laschinger, Finegan, & Wilk, 2009). According to a study conducted in Canada, 66% of new nursing graduates experienced “severe burnout” associated with negative workplace conditions (Cho, Laschinger, & Wong, 2006). Even more alarming, 57% of newly licensed RNs quit their jobs within two years of working as a nurse (Lashinger, et al., 2009). These statistics only demonstrate the enormous pressure new nurse graduates experience. New nurses must not only endure criticism from experienced nurses and harsh working conditions imposed of the nursing profession itself, they must also deal with extensive training.

These effects on the livelihood of new RN graduates are not only affected by the nursing shortage, they can also contribute to the cause. When health care employers do hire new nursing graduates, the new graduates are becoming “burned out,” and are thus, leaving the profession. Something must be done to alleviate this downward spiral of nursing shortage. With the economic recession nearing an end, and with the ages of currently employed nurses increasing, there will be a higher demand for new nurses in the immediate future. The future of the nursing profession lies upon newly graduated nurses, nursing students, and prospective nursing students. The goal now is to maintain student interest in the nursing profession, despite the increasing negative working conditions surrounding the nursing profession. The career of nursing must be transformed so that it is more desirable and less demanding.
Solutions to the nursing shortage

One of the two major viewpoints surrounding the shortage claims is that the nursing shortage does not exist. From this perspective, it appears that there is an efflux of nurses in the job market today. Supporting this viewpoint are numerous blogs and forum posts on the internet filled with complaints of RNs who cannot find jobs. While these complaints are valid, the nursing shortage is not over. The economic recession merely masks the effects of the shortage. It is not a matter of an over saturation of a nursing workforce; it is the fact that the number of patients overwhelmingly outnumbers employed nurses. While there is no real solution to the viewpoint of over saturation of unemployed nurses, there can, however, be a solution to the other viewpoint of a nursing shortage in hospitals.

A simple solution to the shortage is to hire more nurses and increase the nurse-to-patient ratio. Numerous studies have shown that a larger nurse-to-patient ratio not only increases the safety and well-being of patients, it also ensures that the hospital does not have to pay for unnecessary expenses related to adverse patient outcomes that could have been avoided had more nurses been employed. Similarly, because higher nurse staffing ratios decrease the likelihood of adverse patient outcome, hospitals are likely to pay less money for hospital-acquired patient illnesses when more nursing staff are employed. A new study funded by the AHRQ now finds that increasing hospital staffing of nurses does not significantly decrease a hospital’s total profit, despite the seemingly large costs of hiring and paying the salaries of newly hired nurses. An increase in RN staffing by one percent only increases hospital operating expenses by 0.25 percent. (Stanton, 2004, pp. 6). This has largely to do with the considerable decrease in adverse patient outcomes as a direct result of hiring more nurses. Overall, hiring
more nurses may seem costly for employers, but in the long run, it ensures overall patient safety and does not significantly lower profit margins of hospitals.

Countless studies have been done to test the effects of nurse staffing on patient outcomes, and each study undoubtedly concluded that higher levels of nurse staffing are directly correlated to increased patient outcomes and vice versa. Furthermore, when there are fewer patients assigned per nurse, each nurse is able to spend more time caring for each patient in every aspect of care. Nurses are able to be more thorough and accurate in their monitoring, charting, and treatment of patients simply because of the additional availability of time spent with patients. Nurse stress would also decrease due to the lower pressure and workload placed on RNs. Sasichay-Akkadechanunt believes that “nursing presence affects processes that have a direct link to quality care and an indirect link to mortality rate” (2003, pp. 483). Whether a patient’s life or illness is at hand, the more time a nurse has to care for that patient, the higher chance that patient has at receiving adequate care and reducing the likelihood of an adverse patient outcome, and possibly reducing the length of hospital stays.

An easily enforceable solution to the shortage is to mandate higher nurse to patient ratios in all states. Currently, California is the only state in the United States that has implemented mandatory nursing staffing ratios in hospitals and other health care settings. These ratios vary from 1:2 to 1:6 nurses:patient, depending on the department and patient attention needed (Buerhaus et al, 2009, pp. 372; NSSRN, 2004). Simply mandating higher nurse staffing ratios in all states would not only alleviate much of the stress placed on employed nurses, it would also decrease the likelihood of adverse patient outcomes.

Another relatively easy solution to the nursing shortage is to increase awareness of the problem and its side effects. While there are multiple studies conducted on the nursing shortage
and its implications, there are too few studies done on RN burnout or on the effects of nurse turnover on patient outcomes. There are also little to no studies done on how to retain new RN graduates and keep them from experiencing burnout (Jones & Gates, 2007).

Finally, a mere shift in perspective on patient outcome could positively impact the nursing shortage. According to Jones and Gates (2007), “Our health care system does not regard quality, yet it incurs the costs of defects.” The focus should not be on lessening adverse patient outcomes, but rather on increasing patient safety and health. Nurses and hospitals should realize that patient safety is the number one priority over anything else, including costs or preconceived notions about patients.

**Conclusion**

Because of the nation’s current economic recession, laws governing health care employers, and a recent increase in the number of hospitalized patients, nursing employers are facing challenges in the ability to hire the necessary nurse workforce. As a result, the nursing shortage impacts both, the health of the patients and the well being of the nurses caring for them. Nurses are not only an important asset to the health care team, and a vital aspect of a patient’s experience at a hospital, without nurses, a patient’s care simply collapses. This is why the nursing shortage is such a crucial and hotly debated topic. For the sake of patients and of the nurses, steps, such as increasing nurse-to-patient ratios and increasing awareness of the problem, must be taken to alleviate this situation.
Resources


professional practice environment, workplace, civility, and empowerment. *Nursing economic*, 27(6), 377-382.


