Recommendations to Address the Nursing Shortage

OCTOBER 2020

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Introduction

The nursing shortage in the United States is driven by numerous factors, including nursing student dropout, nurse burnout, rapid turnover, and a retiring nursing workforce.[1,2,3] The high costs of education and licensure also deter potential applicants. As a result, demand continues to outstrip supply, creating a dearth of nurses in the United States.

For example, more than 500,000 seasoned registered nurses (RNs) are anticipated to retire by 2022. To avoid a nursing shortage, the U.S. Bureau of Labor Statistics (BLS) projects the need for 1.1 million new RNs to replace retirees and expand the workforce . The shortage of RNs in the United States, which started in 2009, is projected to last until 2030.[4]

State healthcare responses to the COVID-19 outbreak have varied. Most states are currently in "emergency" mode. They are leveraging existing legislation and taking new actions to help ensure that as many healthcare workers as possible, including nurses, are able to work and help meet the public health needs caused by the outbreak.

When we start to enter a new "normal" and emergency measures are rescinded, the need to address the nursing shortage should continue to be a high priority. This paper lays out recommendations for policymakers, professional associations, nursing institutions, and regulatory boards as they consider the future of the healthcare system and the state of nursing.
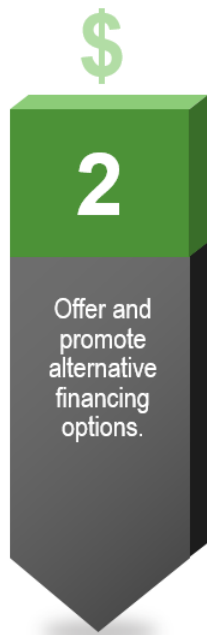
Recommendations

1

Promote nursing as a career choice to high school students.
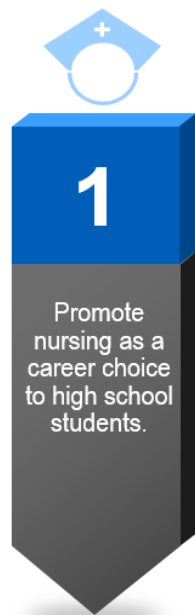
Promote nursing as a career choice to high school students. BLS projects 12% growth for RNs and 11% growth for licensed practical nurses and licensed vocational nurses (LPNs/LVNs) by 2028, making nursing a stable and viable career option. Introducing nursing careers and training opportunities and programs to high school students increases their awareness of nursing as a career option. Although not all students who are informed of the nursing career path will become nurses, over time, this strategy could increase the number of applicants to states' nursing schools and other health career training programs. Additionally, offering programs in high schools that will translate into college credits would further incentivize students to opt for nursing as a career choice. High schools that adopt this option may also consider evaluating the outcomes of these high school programs, to help understand the impact of the program and assess the need for changes.

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[1] https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf
[2] https://www.ncbi.nlm.nih.gov/books/NBK493175/
[3] https://www.prnewswire.com/news-releases/survey-of-20-000-registered-nurses-finds-workplace-pressures-growing-in-the-challenging-decade-ahead-300956197.html
[4] https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1148&context=publichealthresources

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Offer and promote alternative financing options.

Offer and promote alternative financing options. The cost of a nursing degree varies widely, depending on such factors as the length and type of the academic program (e.g., 2-year associate degree program, 4-year bachelor's degree program, or a bridge program) and whether the program is in state or versus out of state. The average cost of tuition per semester for RN students attending community colleges ranges from $864 to $1,019 for in-state students and from $2,627 to $3,168 for out-of-state students.[5] University tuition tends to be higher than tuition for community colleges. In addition to education-related fees, individuals are required to pay for licensure-related fees, including application fees to a nursing regulatory body, which vary from state to state, and for the registration fee for the National Council Licensure Examination (NCLEX), which costs an additional $200.[6]

These financial demands can serve as an additional deterrent to those considering a career in nursing. Increased awareness among students about nonstudent loan financing options—such as tuition reimbursement, institutional aid, and funding available via Title VIII of the Public Health Service Act—can help to increase the accessibility and affordability of a nursing career, allowing it to be a viable option.

While the nursing shortage existed long before the COVID-19 pandemic, this crisis highlights the critical need for nurses for a healthcare system that is strained.[7] This, coupled with a record unemployment rate, which has created a growing need for people to reskill into new jobs,[8] highlights the need for federally funded, high-quality, short-term training programs in the nursing profession.[9] LPNs and LVNs provide a career pathway to fill this gap, and related training programs could help to train job seekers quickly, allowing them to support the healthcare industry and meet its demands. This might also ease the strain on current health professionals who are working overtime and on retired healthcare professionals who have returned to work to support the COVID-19 efforts. In order to implement such accelerated programs, curricula may need to be vetted by nursing boards to ensure the core topics are being covered to an adequate extent.

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[5] https://www.rnprograms.org/tuition-and-fees.htm
[6] https://www.ncsbn.org/NCLEX_Bulletin_March_2020.pdf
[7] https://www.aha.org/guidesreports/2020-05-05-hospitals-and-health-systems-face-unprecedented-financial-pressures-due
[8] https://hbr.org/2020/07/what-would-it-take-to-reskill-entire-industries
[9] https://www.realcleareducation.com/articles/2020/04/24/to_solve_healthcare_worker_shortage_policymakers_should_approve_high-quality_short-term_training_programs_for_federal_student_aid_110412.html

3

Offer professional support and opportunities.

Offer professional support and opportunities. Reasons for dropping out can vary across nursing programs and students. One study identified "ending up in a downward spiral of physical, psychological and social problems" and "experiencing an increasing mismatch between expectations and reality" as core reasons for nursing student attrition among those who dropped out of nursing education toward the end of their degree program. While reasons for early dropout included academic difficulties, this was not the case for reasons for late dropout. However, negative experiences during clinical placements was found to be a factor that contributed to both early and late dropouts.[10]

Providing statewide networking opportunities for students to engage with mentors and access resources could help to support nursing students as they navigate academic and placement challenges. Integrating evidence-based academic support into all nursing schools across a state could allow students to access resources in their home institution. Additionally, conducting an in-depth and realistic job preview before the start of nursing school could help students assess whether a career in nursing is for them and help them to prepare mentally and strategize accordingly.

The need for networking, support, and resources does not stop when students graduate from nursing school and become employed. This includes the need to provide empowering, supportive professional practice environments.[11] Supportive working environments help to decrease workplace burnout, and ultimately, lower turnover.

4

Enhance nursing education resources.

Enhance nursing education resources, including faculty and clinical placement programs. According to a report issued by the American Association of Colleges of Nursing (AACN), *2018-2019 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 75,029 qualified applicants from baccalaureate and graduate nursing programs in 2018 due to insufficient resources, such as a lack of faculty and clinical sites.[12]

Two contributing factors to the shortage of nursing faculty members are: many are approaching retirement, and not enough nurses are opting for a career in nursing education to replace the retirees.[13] Clearly, there is a need to fill open faculty positions in nursing schools by attracting more nurses to a career in nursing education, which in turn may help to increase the number of qualified candidates accepted to nursing programs. Additionally, nurse educators may consider teaching methods that help to increase the number of students accommodated.

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[10] https://www.sciencedirect.com/science/article/abs/pii/S1471595318309144
[11] http://www.atmph.org/article.asp?issn=1755-6783;year=2017;volume=10;issue=6;spage=1467;epage=1473;aulast=Heidari
[12] https://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet.pdf
[13] https://www.theatlantic.com/health/archive/2016/02/nursing-shortage/459741/

Nursing school is not the only barrier to entry to the profession. According to AACN's 2018 biennial survey of schools of nursing, a significant number of survey respondents stated that a lack of clinical placements was the main obstacle to expanding program capacity.[14] A limited number of hospital- and clinic-placement options translates to a limited number of places where new nurses can gain practical experience. To address this need, nursing training programs and local healthcare facilities may consider creating programs that offer healthcare placements to student nurses in order to help develop a workforce pipeline between the industry and education institutions. Policymakers may consider incentivizing industry partners to participate in such programs to offset the potential risk and resource investment they may need to make from hiring relatively inexperienced nursing professionals. In addition to developing workforce pipelines, training programs may also consider using simulations to supplement nursing students' onsite experiences.

5

Consider maximizing licensure reciprocity.
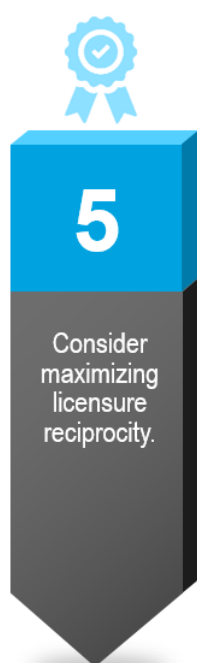
Consider maximizing licensure reciprocity. Differing licensure requirements across states pose a barrier to many professionals in licensed occupations. Nursing professionals experience a similar barrier, which restricts their abilities to practice and earn a living in states where they are not licensed. This creates a particular challenge for military spouses, since military families tend to move every 2 to 3 years, often to a different state, compared with other professionals in the industry. Increasing reciprocity policies, wherein an occupational license from one state is recognized in another state, helps to alleviate barriers and encourages mobility across states.

Participation in compacts allows for reciprocity across the participating states. The enhanced Nursing Licensure Compact (eNLC), created in 2017, allows RNs and LPN/LVNs to have one multistate license. It allows practitioners to practice in person or via telehealth in their home state and other eNLC states. Licensing standards are aligned in eNLC states so that all nurses applying for a multistate license are required to meet the same standards, including federal and state criminal background checks. Currently, 34 states have enacted eNLC legislation.

In addition to allowing nurses to more easily practice across state borders in normal times, eNLC allows them to quickly respond to the need for nursing services in other states during disasters and emergencies. Nurse educators with multistate licenses are also able to teach via distance education in all eNLC states. Labor union support is important to the success or failure of passing legislation such as eNLC.[15] Task forces and working groups also play a critical role in establishing the legitimacy of particular efforts. Furthermore, states challenged with passing eNLC legislation may consider changing policies at the licensing board level to allow reciprocity of licenses from neighboring and other states.

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[14] http://www.nln.org/docs/default-source/default-document-library/lack-of-clinical-placements-is-main-obstacle-to-expanding-capacity-by-program-type-2018-(pdf)16adc95c78366c709642ff00005f0421.pdf?sfvrsn=0
[15] https://www.air.org/resource/ncsl-occupational-licensing-consortium-case-study-reports

6

Consider leveraging high-quality assessments as an alternate to some licensing requirements

Consider leveraging high-quality assessments as an alternate to some licensing requirements. In addition to eNLC, states may also consider provisions that streamline the licensing requirements. This could help get individuals with healthcare credentials into the workforce swiftly, and would be particularly impactful for internationally trained nursing professionals.

When internationally trained nursing professionals come to the United States, they are required to follow an expensive and lengthy process.[16] Across the country, 263,000 immigrants with health-related degrees are working in positions that require a lesser degree than they hold, if they are working in healthcare at all. Because most occupations in healthcare require a professional license, relatively few foreign healthcare workers meet the requirement unless they obtain a U.S. degree and complete the necessary postgraduate training first. [17]

In light of the continuing shortage of nursing professionals, it is prudent to reduce barriers to entering the nursing workforce and make it easier for qualified individuals to practice nursing. In addition to NCLEX, skill-based assessments could be leveraged so individuals can demonstrate the required skillset. These assessments could serve as a proxy for education and experience requirements that supplement the individual's NCLEX performance. For example, clinical skills could be assessed through simulations. Additionally, such assessments can be coupled with more lenient demonstrations of degree and equivalency requirements. If adopted assessments and assessment tools should be tailored to the profession and systematically validated.

States and counties with high percentages of foreign-born residents need internationally trained healthcare workers with foreign language skills and varying backgrounds. This helps meet the languages and cultural needs of these populations.[18] As such, assessments should be offered in different languages and/or with the option of a translator.

Conclusion

A nursing shortage is ongoing in the United States. Many situations can cause the healthcare system to exceed capacity, ranging from mass shootings to extreme weather events. As we navigate the current pandemic and praise healthcare professionals as our heroes, there is an urgent need to support them by making institutional and policy changes that will allow more qualified people to enter the nursing profession.

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[16] https://www.washingtonpost.com/local/as-the-pandemic-rages-foreign-trained-nurses-hope-to-get-back-to-work/2020/08/07/ea6a77c4-d5b6-11ea-930e-d88518c57dcc_story.html
[17] https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018
[18] https://www.washingtonpost.com/local/as-the-pandemic-rages-foreign-trained-nurses-hope-to-get-back-to-work/2020/08/07/ea6a77c4-d5b6-11ea-930e-d88518c57dcc_story.html

Acknowledgments

We would like to thank the following individuals who took the time to share their insights and expertise in the healthcare field, which helped to inform this paper: Cathy Dinauer, Executive Director, Nevada State Board of Nursing; Erica Shelton, Principal Health Clinician Researcher, American Institutes for Research and Assistant Professor, Johns Hopkins University.

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