

NURSING SHORTAGE

AARP ISSUE BRIEF

BACKGROUND

The facts are startling. Already there are approximately 116,000 unfilled nursing positions in American hospitals and nearly 100,000 vacant nursing and related care jobs in our nursing homes. Home health agencies report an 11 percent nursing vacancy rate and a 72 percent turnover rate. More than 5,000 community health centers that serve those without adequate insurance are experiencing a vacancy rate of 10 percent for registered nurses (RNs) and 9 percent for nurse practitioners.

Without aggressive action, the problem will only worsen. In fact, a new report estimates a shortage of 500,000 RNs by 2025. The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) presents a less optimistic view in its 2006 analysis, projecting a shortage of more than 1 million nurses by 2020. Regardless of which estimate turns out to be most accurate, the nation faces an unprecedented nursing shortage as 78 million baby boomers age and need more health care and as health care costs continue to rise.

Chief among the many factors that are contributing to the growing nursing shortage, enrollment in nursing schools is not keeping up with the increasing demand for nurses. In 2006, HRSA officials stated that the U.S. must graduate 90 percent more nurses from its nursing programs to meet the growing need. The problem is a significant lack of faculty to teach future RNs. In fact, 88,000 qualified applicants were turned away from U.S. nursing programs in 2006 due largely to a severe shortage of faculty to teach nursing students.

In August 2007, AARP, the AARP Foundation, and the Robert Wood Johnson Foundation launched a joint initiative—Center to Champion Nursing in America (CCNA). As a consumer-driven national force for change, CCNA seeks to ensure that this country has the nurses it needs to care for all of us, now and in the future. CCNA will focus its efforts on two main priorities: the nation's capacity to educate and retain nurses.

LEGISLATIVE ACTION

In order to help solve the shortage of nursing faculty, AARP is advocating for increased funding and better targeting of a number of existing federal programs.

- **Title VIII Public Health Service Act Funding:** Enact no less than the 11 percent increase proposed in The Fiscal Year 2009 Departments of Labor, Health and Human Services, Education, and Related Appropriations Act approved by the House subcommittee for nurse education and training programs. The entire increase should be targeted to efforts to reduce the shortage of nurse faculty through increased scholarships, loan repayment, and other incentives to expand faculty and education capacity.
- **Nursing Workforce in Health Care Reform:** Enactment of health care reform legislation should include a permanent, mandatory source of funding for nursing education to employ nurse faculty at competitive salaries and to draw more nurses from racially and ethnically diverse backgrounds, as well as other efforts to increase education capacity.
- **Title VIII Public Health Service Act Reauthorization:** Enact legislation reauthorizing nurse education and training programs under Title VIII of the Public Health Service Act. These programs were last reauthorized in 2002 and need updating. Such legislation should authorize a comprehensive set of activities to solve the nurse and nurse faculty shortages.

- Higher Education Opportunity Act Funding: Provide start-up funding to implement legislation signed into law in the summer of 2008 authorizing assistance to nursing schools; legislation is specifically targeted to increasing the number of nurse faculty.
- Other Nurse Workforce Programs: Enact legislation that emphasizes nurse faculty shortage solutions and increasing nursing education capacity through existing nursing workforce programs within the Departments of Labor, Veterans Affairs, and Defense.
- Medicare Graduate Nursing Education Funding: Re-evaluate and re-distribute Medicare funding for nursing education. While Medicare is the largest source of federal support for nursing education, it is limited to hospitals in a small number of states and is not up to date with best practices. Reforms should be developed that will substantially improve the role that Medicare support for nursing education plays in ensuring an adequate nursing workforce. As part of health care reform, these changes could target increasing the numbers of nurse primary care providers and chronic care managers, nurses with preparation in geriatrics, and related nurse residencies.

THE COST OF DOING NOTHING

The current shortage of nurses is already causing harm. In the largest study of its kind, a 2007 review by the Agency for Healthcare Research and Quality documented the situation. Among the study's principal findings: Americans treated in hospitals with a shortage of RNs were more likely to experience one of five adverse outcomes (pneumonia, shock, upper gastrointestinal bleeding, longer hospital stay, and urinary tract infection). The Joint Commission found that 24 percent of unanticipated adverse events in hospitals that resulted in injury, death, or permanent loss of function were related to inadequate numbers of nurses at work.

These adverse effects and poor quality outcomes will continue to rise, which means that more people will become ill or die, and health care costs will continue to unnecessarily escalate as a result of our inaction. This is even more troubling because it is happening at precisely the time when we can least afford it—when the nation is about to experience a profound shift upward in the age of its population.