

Executive Summary

Health Policy Institute of Ohio

The Future of the Nursing Workforce in Ohio

INTRODUCTION

The Issue and its Background

According to the U. S. Bureau of Labor Statistics, registered nurses represent the largest health profession in the United States with over 2.4 million registered nurses (RNs) providing services across a wide range of healthcare settings. Yet since 1998, the U.S. has experienced the longest nurse shortage in the past fifty years (Auerbach, Buerhaus and Staiger, 2007). According to the most reliable projections, estimates of the nursing workforce shortage range from between 300,000 to more than a million by 2020-2025 (Aiken et al, 2009).

Although the nursing workforce shortage may have recently eased somewhat (Auerbach et al 2007) — and current media reports indicate a trend of nurses coming back into the workforce as a result of the country's economic recession and job loss — there is no authority who disputes projections of a substantial long-term nurse shortage if current trends continue without planned and directed policy interventions.

Ohio is one of three states — including California and Texas — with the largest gaps and needs for nurses and nursing students (www.allnurses.com; Health Workforce Information Center, 2009). Ohio's shortage is projected to be 32,000 nurses or a 29% shortage by 2020, with the adult critical care and medical-surgical nursing segments having the greatest shortages (Center for Health Affairs, 2007). In the absence of a considered and coordinated nurse workforce plan — particularly given health reform's emphasis on models of care that provide access to primary care and focus on disease prevention and chronic care management — Ohio stands to face serious implications for patient safety, quality of care, health outcomes, and health care costs.

PAST AND PRESENT CAUSES OF THE SHORTAGE: INCREASING DEMAND AND DECREASING SUPPLY

A primary reason the projected nursing shortage is so alarming compared to current and past shortages is that the decline in the number of available nurses will coincide with an increased need for the services of nurses as a result of the aging of the baby boom generation (Keenan, 2003). At the same time, the nursing population is experiencing a parallel aging process. In Ohio, for example, the average age of registered nurses (RNs) is 47 and the average age of licensed practical nurses (LPNs) is 48 (Ohio Nursing Education Study Committee, 2008). In addition, the number of nurses entering the workforce is not keeping pace with the number of nurses expected to retire in the next decade. In Ohio, the median age for retiring academic nursing faculty is 51.5 years (*ibid.*) and 40 percent of Ohio's practicing nurses are expected to leave the field within the next 10 years (*ibid.*).

A second reason for the current and projected shortage is the range of new and often frustrating demands placed on nurses that can result in an unfavorable work environment. For example, a recent American Nurses Association (ANA) survey of nearly 5,000 nurses across the nation revealed that more than 67 percent are working unplanned overtime every month (<http://www.nursingworld.org>, citing 2007 ANA's National Survey of the Nursing Workforce). In addition, an increasing number of relatively inexperienced graduates are being hired by hospitals to care for patients whose needs are more complex and labor-intensive than in the past. An Advisory Board survey of 2,000 nurses found that between 10 to 13 percent of U.S. medical-surgical, critical-care and emergency room nurses have less than one year of work experience (Evans, 2006). In Ohio, nurse leaders cite long hours, increasing caseloads and the demands of physical

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management of patients as critical factors in the state's shortage. In addition, they cite the need for standardized and enforced safe handling practices to improve the current work environment and retain today's nurses.¹

THE SHORTAGE AND ITS IMPACT ON HEALTH CARE QUALITY AND PATIENT SAFETY

Recent research has found definitive links between nurse staffing issues and health care quality and patient safety:

- One in four unexpected events leading to patient death, injury or permanent loss of function are the result of inadequate staffing, according to a 2002 report by the Joint Commission on Accreditation of Healthcare Organizations.
- The risk of hospital deaths would increase by 31 percent — or roughly 20,000 avoidable deaths each year — if all hospitals staffed eight patients per nurse instead of four, according to a 2002 study published in the *Journal of the American Medical Association*.
- Improved RN staffing cuts down on pneumonia, urinary infections, cardiac arrest, shock and other adverse health outcomes, based on findings from a 2002 study published in the *New England Journal of Medicine*.
- U.S. hospitals could avoid as many as 6,700 patient deaths, 70,400 complications and 4 million days of hospital care if they employed more registered nurses and increased the hours of nursing care per patient (Needleman, 2006).
- The Agency for Healthcare Research and Quality (AHRQ) found in its meta-analysis that every additional full-time nurse per patient day was associated with a 9 percent reduction in mortality in intensive care patients and a 16 percent reduction in mortality in surgical patients (<http://www.ahrq.gov>; March 2007, Nurse Staffing Report)

SOLUTIONS: NURSE RETENTION AND RECRUITMENT

According to Linda Aiken, a health policy

¹ In preparing background materials for this Issue Paper, interviews were conducted with several key stakeholders identified as lead thinkers regarding the nursing workforce in Ohio. The interviewees represented a range of nurses in practice, academic and research positions. Please see "Acknowledgements" section at the close of this paper.

researcher with the University of Pennsylvania and an authority on the causes, consequences, and solutions to the nursing shortage, researchers and experts have identified several solutions to remedy the root causes of the nursing shortage:

- The nurse education community must develop incentives for teachers and students to enter and remain in the field, and must design additional educational pathways towards becoming a professional nurse;
- There needs to be an increase in and expansion of the federal investment in nursing training and education;
- There needs to be ongoing support by hospitals and other nurse employers for the education of new nurses;
 - Employer strategies need to focus on increasing nurse efficiency;
 - Health care payers need to understand the critical role that nursing plays in patient quality and safety and ensure appropriate payment for services

In addition to innovative strategies related to recruitment and retention, nursing workforce researchers stress the importance of further exploring the role of nurses, their relationship to other health care providers, work redesign, and the linking of nursing practice to positive health outcomes.

POLICY IMPLICATIONS: THE ROLE OF OHIO'S POLICYMAKERS

Support Nurse Education Funding and Innovation

An important role for Ohio's policymakers in addressing the nursing workforce shortage is to continue to support existing nurse education funding. For example, as noted earlier, the Nurse Education Assistance Loan Program (NEALP), established by the Ohio General Assembly in 1990, assists the state in meeting nursing shortages by providing financial assistance to students enrolled in approved post licensure nurse education programs. For the 2008 application period, \$265,000 was awarded to NEALP applicants (<http://www.ncsbn.org>).

In addition, through the Nurse Education Grant Program (NEGP), the Ohio Board of Nursing works collaboratively with education programs and

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facilitated partnerships to increase the enrollment capacity of education programs. From 2005, the Board has disbursed \$2,748,425 to nursing education programs. At present, 11 education programs are partnering with 35 other education programs, community health centers, or health care facilities (Ohio Administrative Code Chapter 4723-25-01).

In December 2008, after the Ohio General Assembly's Nursing Education Study Committee found that 65 percent of nursing schools in Ohio cited "faculty shortage" as the main reason for not accepting all qualified nursing school applicants, the Committee made a set of recommendations to address the shortage of nursing educators. In April 2009, those recommendations became the basis of SB89 introduced by Ohio State Senator Sue Morano. The bill's status remains uncertain given the legislature's current focus on state finances and budget concerns.

Address Clinical Education Requirements

Given the shortage of clinical training sites for Ohio's nursing students, Ohio policymakers should look for ways to streamline clinical education requirements. Efforts should be made to correlate the number of clinical hours with health outcomes in order to set an appropriate and evidence-based standard.

Regulate Work Standards

Some states see greater regulation of the nursing industry as one way to address nurse turnover and attrition on the job. Ohio already moved in this direction with the passage of HB 346 in 2007, setting nurse-patient ratios and requiring hospitals to establish nursing care committees and conduct annual reviews of staffing ratios. Pending bills in the Ohio legislature — HB 2273 and S1031 — would mandate minimum nurse patient ratios; limit an organization's ability to adjust other staffing costs to contribute to increasing nursing care hours; provide whistle blower protections; and enact enforcement and penalty provisions (Ohio Organization of Nurse Executives, 2009). In addition, S1031 would mandate staff safety measures. Pending bill HB74 would limit mandatory overtime for nurses.

The Role of Advanced Practice Nurses (APNs)

A recurring theme among Ohio's nursing leaders interviewed for this issue paper was that among

the country's APNs, the state is not perceived as being at the forefront of appropriate and effective utilization of the APN workforce. More specifically, reimbursement models often exclude APNs, and state requirements for certification and licensure are stringent.²

Require Data Collection and Reporting

In 2008, the Ohio Nursing Education Study Committee recommended that the state legislature make data collection on the nursing workforce a priority for the state. The Committee found that Ohio is lacking substantial statewide statistics on the nursing workforce. It suggested that the Board of Nursing conduct a survey (tied to the online licensure process) that collects information about each nurse's education, employment status, years of experience, etc.

To its credit, since 2002, the Ohio Board of Nursing has collected data from each pre-licensure nursing education program related to program capacity, intent to expand, actual expansion, and the projected need for future faculty. In the Board's 2007-2008 Nursing Education Annual Report Summary, two additional categories of information were added: (1) whether programs incorporated clinical or patient simulation technology into their curriculum and (2) how many hours were spent by students in supervised clinical practice in health care facilities.

CONCLUDING REMARKS

Across the states, nurse leaders, health services researchers and policymakers continue to work on a range of strategies and approaches to address the primary issues related to the nursing workforce. They may vary in scale, in focus and in funding, yet they share the singular goal of creating an adequate, appropriately trained nursing workforce. The challenge is how best to forge the most appropriate and effective policies, programs and initiatives — and to remove administrative,

² Chapter 4723.50 of Ohio Revised Code, "Administrative Rules for Prescribing Drugs and Therapeutic Devices," includes a requirement that before nurses who have been authorized to prescribe in other states can begin such practices in the state of Ohio, they must completion a 500-hour externship program. A physician must supervise the APN's prescription practices during this externship. Such a requirement acts as a detriment to attracting APNs to practice — and potentially work as nurse educators — in the state. Ohio SB 89 would eliminate this requirement for APNs.

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regulatory and fiscal barriers — toward improvement. Ohio is fortunate to have nursing and health care leaders who are committed to a new direction for the future of the state's nursing workforce — one which will ensure its ability to meet the challenges of a changing health care landscape while protecting quality of care and patient safety.

The Ohio Nursing Leadership summit — comprised of representatives from a broad range of nursing specialty organizations, nurse educators and provider associations — developed a statement on health care reform from the perspective of nurses, who represent the largest segment of the health care workforce: *"The Ohio health system must be re-structured to guarantee access to appropriate high quality, affordable, sustainable health care for all... A true health care system emphasizes the professional services and skills in which nurses specialize: prevention, screening, health education, cultural competency, chronic disease management, coordination of care, as well as provision of community-based primary care by nurses and advanced practice nurses... A well-designed system or approach that shifts the emphasis from a 'sickness' system to a 'health care system' and improves health care, quality, equity, cost-effectiveness and access, deserves our attention and support."*

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ABOUT HPIO

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