The Impact of Retiring Baby Boomers on Nursing Shortage

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Abstract

The critical shortage of hospital-based nurses in the U.S. continues, and is expected to become increasingly acute as the baby boomer generation retires, grows older, and experiences age-related illnesses. The aging of the nursing workforce, and the global nature of this shortage, compound usual contributing factors. Given the far-reaching implications of the projected shortage, I explore key issues related to retiring nurses of the baby boom cohort group. Using a descriptive study approach, I sought to analyze existing strategies for stemming the problems related to nursing shortage, to offer recommendations, viable in meeting the projected U.S. nursing shortage. I review extracted secondary data to explore the current the relationship between retiring baby boomers the problem of nursing shortage in United States.

Keywords: baby boomers, nursing, quality care, stress, shortage of workers, turnover

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A prolonged unanswered call bell in a hospital or nursing facility; a medication error involving a patient or a resident; under-staffed medical units; over-worked, stress-ridden nursing staff; inability to schedule a needed medical appointment due to the unavailability of health care providers, are among the many possible consequences of the U.S. nursing shortage. When a patient call bell goes unanswered, lives are jeopardized; life may be endangered. Medical emergencies and falls are all too prevalent. Medication errors resulting from untimely administrative responses, place patients at-risk. Delays in scheduling appointments with a health care provider have been a determining factor for early diagnosis, preventive intervention, or fatal prognosis (Beurhaus, Staiger, & Auerbach, 2003).

Many of us have likely been patients, visitors, or employees at some type of health care facility (i.e., hospital, nursing facility, or the doctor’s office). Being in this capacity, we have had opportunity to witness un-anwered call bells or calls for assistance. We have also possibly observed nurses who were weary due to the increased rate at which they have to respond. We may have heard complaints of nurses working multiple shifts; under-staffed; over-worked; and suffering the consequences of job-related stress. As a result, patients’ needs are not met; at least in a timely manner. Grave concerns surround the future of the nursing profession. These concerns will only multiply as the baby boom generation of nurses prepares to retire.

Retirement of Baby Boomers

Research indicates the aging baby boomer generation (i.e., those born between 1946 and 1964) will significantly impact all arenas of the U.S. health care system (Hooyman & Kiyak, 2005). This is especially true in the field of nursing. The full impact of projected nursing shortage may not be realized until care is required and service delivery fails. With the retirement of the baby boomers and the slow growth of workers in the nursing industry, this shortage will be pronounced.

Over time, the scarcity of nurses will impact everyone since most individuals seek medical intervention at some point during the life course. This challenge is expected to increase as the first wave of boomers turns 65 and begins retiring in 2011. The significance with this generation is represented as the largest percentage of the U.S. population, when compared to other generations. These retirees, with advancing age, are also likely to utilize more health care services. As a result, the industry will be doubly challenged—to provide sufficient numbers of nurses, while also providing adequate care to larger numbers of consumers (Buerhaus, et al., 2003). The number of registered nurses [RN] grew substantially after 1998, but the boomers still “…comprise the largest group of health care professionals in the U.S., with more than 2.0 million RNs employed in health care organizations (Buerhaus, et. al.).

The health care industry faces many challenges, including: job-related stress, nurse recruitment and retention, provision of quality care, staff turnover rates. Quality of care will be impacted as the nurse-to-patient ratio increases. Overly taxed nurses will likely seek outside employment, contributing to increased turnover at a time when the nursing population is decreasing due to the retirement of baby boomers. Crafting viable, pro-active strategies to address these escalating challenges is paramount.

Aging and Health Care Utilization

Not only will retiring baby boomers deplete the work force, they will also require more health care services than other generations – thus challenging the industry even more. In 2007, Centers for Disease
Control and Prevention (CDC) reported that that 22% of persons aged 65+ had diabetes, one of the most costly chronic diseases. Among those aged 75+, cases of diabetes are projected to increase 336%, over the next fifty years. According to CDC (2007) the leading causes of death among older adults were heart diseases (33% of all deaths), cancer (22%), and stroke (8%). Given these statistics, financial challenges will be seen in providing healthcare to the growing numbers of aging Americans. Several studies suggested an even bleaker forecast regarding the impact of nursing shortages. These challenges are multi-faceted, resulting in solutions which are neither quick nor easy (Sternberger, 2002).

Policy Implications

The perceived nursing crisis has motivated U.S. Senators to propose legislation in an effort to address the challenges of the baby boomer generation. Proposed legislation includes regulatory/legislative, and incentive strategies designed to improve education and employment (Fottler & Unruh, 2005). In an effort to increase the numbers of nurses, The Nurse Reinvestment Act was passed, in July 2000, by the U.S. Senate and House of Representative, and subsequently signed into law by President George W. Bush (Donley et al, 2002).

In the 2003 House Representatives, Capuano and Fletcher introduced the “Nurse Education Promotion Act,” providing grant monies for two-year nursing programs and continued nursing education (Capuano, 2006). In addition to these bills, organizations are continually seeking innovative ways of stemming the impending nursing shortage. Many states have convened task forces to deal specifically with this concern, or have issued calls for studies (Delevan & Koff, 1990). For example, New York, implemented initiatives specific to their respective state; The Regents Blue Ribbon, is the task force which focuses on the future of nursing in the state (Office of the Profession, 2001). The Regents initiatives include:

- recruiting additional numbers of men, minorities, non-practicing nurses, and recent high school graduates;
- providing additional academic and financial support systems to increase a pool of nursing school graduates and to create career ladders;
- increasing the application of labor-saving technology to eliminate unnecessary, duplicative paper work and improve access to, and communication of, patient information—thereby improving workplace conditions; and
- developing a reliable central source of data on the future need for nurses in the workforce upon which employers, policy makers, futurists, researchers, and legislators may base public policy and resource allocations.

The shortage of nurses is not new to the health care industry. Research findings indicate that a nursing shortage began in the 1970’s, when women started pursuing career choice opportunities beyond nursing and teaching (Kenney, 2007). However, the current shortage has unique differences. The critical variable appears to be retiring baby boomers. This variable was not present in the 1970’s, and its presence now contributes to this difference.

Numerous studies have attempted to find solutions to the impending nursing shortage crisis. A study conducted by Buerhaus and colleagues identified their objective to recognize and assess key sources of changes in the age distribution and total supply of RNs and they projected the future age distribution and total RN workforce, to year 2020. Results indicated the average age of RNs increased by 4.5 years, between 1983 and 1995. Findings also projected that by year 2020, the RN workforce will be roughly the same size as today’s workforce, but still declining nearly 20% below projected RN workforce requirements (Buerhaus, et al, 2003).

Objectives

Given the depth and breadth of concerns surrounding the current and future U.S. nursing shortage, I believed that further exploration is warranted. Therefore, I developed this paper to address the following objectives:
Nursing Shortage

Richardson

In this paper will review secondary data to explore the current state-of-the-art, as well as projected trends. It will further examine relationships between retiring baby boomers and nursing shortages. Study results are intended to benefit both internal and external health care consumers, e.g., nurses, educators, administrators, patients, and residents. Moreover, this author hopes research findings may contribute to the growing body of literature in the field.

Method

This research paper originated from a need to explore the effects the baby boomer generation on the U.S. nursing shortage. I intended to underscore the need for health care facilities to examine the impact of retiring Boomers on the health care work force and, in turn, to implement appropriate and effective interventions. Variables examined were nursing shortage and retiring boomers. As existing research indicates, the aging of the baby boom generation (i.e., those born between 1946 and 1964) will significantly impact all arenas of the U.S. Health Care System (Hooyman & Kiyak, 2005). The health care industry will face many challenges, including job-related stress, nurse recruitment and retention, provision of quality patient care, and staff turnover rates. Quality of care will be impacted as the nurse-to-patient ratio increases. Many overly-taxed nurses will likely seek employment in other industries, further compounding a high turnover rate. Implementation of viable, pro-active strategies to address these escalating challenges is paramount.

Descriptive Study

By definition, a descriptive study approach provides important information about the population or phenomenon being studied. This approach seeks to explain what is common, prevalent, or already exists in a population (Swatzell & Jennings, 2007). Such an approach does not attempt to predict or manipulate an outcome, as is done in experimental or inferential research. Descriptive research simply aims to answer the questions – who, what, when, where, and how (Swatzell & Jennings).

Descriptive statistics assist with a better understanding of data collected in research investigations and logically simplifies large amounts of data. Descriptive statistics are not designed for hypothesis testing or identifying causal relationship, but rather for inventory building and classification (Swatzell & Jennings, 2007). Use of a descriptive study approach allowed me opportunity to explore and examine the effects retiring baby boomers on the nursing shortage. Such an approach enables one to gain information about the impact upon nursing shortage, thereby increasing knowledge. Data can then be used to recommend specific strategies for implementing or improving the recruitment and retention of registered nurses (RNs).

To explore the impact, I used a survey technique to collect secondary data. Review of secondary data was central because it helps to better understand the nature of the problem faced by health care providers, who are challenged by a resulting nursing shortage. Furthermore, we can glean special insights from what currently exists in the field and by examining prevalent relationships.

Sampling, Data Collection and Analysis

My objective was to examine the impact of retiring boomers upon the U.S. nursing shortage. Given the study’s parameters, the sample included RNs. Literature suggested that the increased nurse-to-patient ratio will create a stressful work environment. In response, many nurses may seek employment in health care facilities where this ratio meets acceptable federal guidelines. Such factors influence high staff turnover rates.
Secondary data was used in exploring relationships. I took into account findings from secondary data of earlier research studies, as well as observations. I collected literature and data for this study from peer reviewed journals, textbooks, and scholarly on-line articles dating 1981 to 2007. I extracted data and reviewed for relevant content. Careful selection of periodicals and articles helped to ensure validity and reliability of information. Articles were restricted to years 1981-2007 to ensure current content and a comprehensive review. Nursing shortages, from a historical perspective was briefly explored. Case studies were excluded.

Keywords, such as: nurse/nursing shortage; solutions for nursing shortage; and baby boomers – all were used to activate search methods. Among the information obtained were:

- reported previous researches and findings;
- findings and suggestive solutions regarding the impact of retiring baby boomers upon nursing shortage; and
- specific methods for expanding the work pool of nurses.

This Study provides valuable insights into the U.S. nursing shortages and the effects resulting from this shortage. Such findings may be critical in helping determine solutions to stem the projected shortages.

**Limitations**

This descriptive study has several limitations. First, this project was restricted to a review of existing literature and an examination of secondary data. No human subjects were involved, nor were any institutional records analyzed. Moreover, given that this is a descriptive study, the author can make no definitive projections about future impact. As noted by many scholars, the complexity of factors contributing to nursing shortages is a challenge to sort through (Stone, 2007). Future research studies may benefit by using longitudinal studies, interviews, and statistical analyses to provide a deeper understanding of relationships between and among study variables. I will address these recommendations in latter sections of this paper.

**Findings**

Beginning around 2011, the first wave of baby boomers will begin retiring, affecting health care’s supply and demand equation. This is especially true in the field of nursing. Baby boomer retirement anticipation may create an unprecedented challenge for the entire U.S. health care industry. The shortage of nurses is not new to health care. Although the U.S. has experienced many shortages of RNs in earlier years, most have not lasted as long as the current shortage, which began in 1998 (Buerhaus, et al, 2003). Our current shortage has unique differences, with the critical variable being the retiring baby boomers. The baby boomer population was not present in previous experiences, and its presence now may significantly contribute to this difference. Unless solutions are found, it seems clear that the current nursing shortage will only heighten and intensify.

Despite a 15-year national effort to bring the supply of nurses into balance with increased demand, the critical shortage of hospital nurses in the U.S. continues to increase (Aiken, et al., 1981). Many published articles address the health care challenges presented by this shortage of nurses, especially following the retirement of the baby boomers. As this cohort of nurses retire, grows older, and experiences aging-related illnesses, the shortage will become increasingly acute (Vastag, 2003). According to Hader, et al. (2006), we have only to observe those health care facilities within our local communities, to witness nurses and managers transitioning into retirement, which will contribute to a crisis in the nursing workforce. A shortage of health care workers, especially nurses, will loom significantly over the entire health care industry.

The Bureau of Labor Statistics (BLS)(2002), reported that new registered nurses are expected to fill more than 1 million job openings, between years 2000-2010 – a number greater than any other occupation.
Projections report that baby boomers (i.e., persons born between years 1946 and 1964) will increase the labor force proportion of those aged 45+ from 33% (in 1998), to 40% (in 2008) (BLS, 2001). The BLS (2000) reported that since the 1950’s, jobs in health care have increased more than in any other comparable industry group in part, because of services required for an aging population. We are living in a world few could have imagined fifty years ago. What will the workforce look like in the next half century?

**Historical Perspectives**

The scarcity of nurses has been experienced in earlier times, as well. A shortage of professional nurses, which has existed since the 1940’s, was still evident in 1956, when it was projected that an additional 70,000 nurses were needed (BLS, 2007). In response to that need, minimal age parameters were placed upon qualified nurses seeking to re-enter the labor force. Additionally, to facilitate the re-employment of inactive nurses, a number of hospitals responded with various incentives, such as: establishing child care centers; organizing special transportation facilities; and creating part-time job positions (BLS).

Despite a growing number of employed nurses, a serious shortage has developed since 1984. Research suggested this shortage resulted from an increased demand for nurses (Aiken, 1989). Recent studies and reports point to a common set of concerns, including an aging professional nursing population, a shrinking cohort of entry-age workers, and increasing economic pressure upon the health care system from a large cohort of aging baby boomers needing and demanding more hospital-based care (O’Neil & Seago, 2002).

If this nursing shortage remains unaddressed, the result may be more severe and last far longer in duration than those previously experienced. Several factors differentiate projected trends from earlier ones, these factors included: global nature of the nursing shortage; aging work force; perceived images of the nursing profession; impact of managed care (and/or other cost-containment measures); impact of new professional avenues for women; low unemployment; challenging work environment of nurses; and decreasing over-all population (Office of the Profession, 2001).

U.S. nursing shortage predictions may be more extensive than previously experienced, traditional strategies implemented by employers will likely have limited success (Nevidjon & Erikson, 2001). Lien (2004) indicated that previous approaches will prove effective only if used in conjunction with innovative, creative ideas for nurse recruitment and retention.

**The Aging Workforce**

The nation’s nursing workforce is aging; less obvious, however, is what needs to be done to retain RNs in the work place. The aging workforce will significantly impact the U.S. health care system. Aging of the RN workforce is the result of a fundamental shift occurring within the field. The number of older RNs is expected to peak around 2010 and decline thereafter (Buerhaus, et al, 2003). In 2004, a federal survey found that the average age of nurses was 47 years. Findings further suggested that about one-quarter of all nurses were age 54+ years (Trossman, 2006).

Findings from a federal survey, conducted every four years, indicated that the average age of nurses in 2004 was approximately 47 years (Trossman, 2006). Trossman reported that approximately 25% of all nurses surveyed were age 54 or older. The disturbing fact was the projection that brain drain would occur over the next 5 to 15 years, as large numbers of mature nurses left the workforce leading to serious challenges in health care.

Observing one’s own community health care setting, we might note that most employed nurses are in their 40’s and 50’s. In 1980, more than 50% of nurses were younger than age forty. Currently, the number of nurses younger than 40 has dwindled to less than one third. Nationally, the average age of nurses was projected to reach 45.5 years by 2010. The aging nursing workforce, low unemployment, and the global nature of this shortage compound usual factors contributing to nursing shortages.

As suggested in the literature, for sustained change and assurance of an adequate supply of nurses, solutions must be implemented in several arenas. These arenas include: education, health care delivery
systems, policy and regulations, and perceived negative images of the nursing profession (Nevidjon and Erikson, 2001). More than 1 million openings for new nurses are expected as a result of retirement and those leaving the occupation. This is especially true as the median age of the RN population continues to rise (Lien, 2004). Rapidly expanding the flow of new RNs into health care delivery is essential if we are to replace the large number soon to retire. Another suggestion offered in the literature is to improve the clinical ergonomic environment to minimize physical strain reported by RNs, thereby accommodating aging nurses (Buerhaus, et al, 2003).

The Supply – Demand Equation

As is widely acknowledged in gerontological research, older adults utilize health care services to a much larger extent than do younger age groups. Correspondingly, the older population is growing dramatically and well into advanced old age (Lien, 2004). If efficient measures are not implemented addressing the growing nursing shortage, the supply-demand equation will be unbalanced, resulting in a possible crisis situation.

The U.S. population is living longer, but with more debilitating illnesses. As a result, the demand for health care services will increase. As baby boomers retire, the nursing industry, in particular, will experience a serious shortage of workers. Demand will exceed supply. In 2000, the U.S. supply of full term equivalent RNs was estimated at 1.89 million, while the demand was about 2 million, representing a shortage of 110,000 RNs – or 6 percent of the nursing population (U.S. Dept. of Health & Human Services, 2002). Population growth and the increasing proportion of individuals age 65+ are two factors expected to significantly accelerate the future demand for RNs. Over the next two decades, the demand for RNs is expected to increase by 40 percent (Buerhaus, et al, 2003).

Labor Force Projections

It is noteworthy that the national shortage of RNs is not evenly distributed across states. In 2000, thirty states were estimated to have shortages. Uncertainties in projections exist, but only in states with shortages greater than 3% are identified as shortage states. (U.S. Dept. of Health & Human Services, 2002).

A survey conducted by the American Hospital Association (2001) reported that 17 state hospital associations provided statewide RN vacancy rate data for years 2000 or 2001. Of those states, 11 reported rates of 10% or higher. For year 2000, California had an average RN vacancy rate of 20 percent. In 2001, Florida and Delaware had nearly 16%, while Alabama and Nevada reported an average rate of 13 % (U.S. General Accounting Office, 2001).

Political Implications

Policy analysts continue warning governmental, educational, and business leaders of the impending problem. In turn, they seek solutions (Mitka, 2000). For many years, governmental officials, health administrators, and long-term care managers have discussed nursing shortages and avenues in which to stem related concerns (Sanner, 2004). The projected nursing workforce imbalance has galvanized policy makers, providers, private foundations, nurses, and other health care providers to offer aggressive, sustainable strategies to ameliorate the looming crisis. Suggested solutions are largely those that seek to increase the supply of nurses (Sochalski, 2002). State and federal policy makers have acknowledged their constituents’ concerns and have been spurred into action (Laraway, 2002).

In the Nurse Reinvestment Act, the U.S. Government authorized several programs aimed at increasing the number of qualified nurses and improving the over-all quality of nursing services. The Workforce Diversity Grant Program is among such programs. This program provided scholarships or stipends, exam preparation, and retention activities to financially and/or educationally disadvantaged students – including racial and ethnic minority populations – to enable them to complete nursing education programs (Lien, 2004).
Recruitment and Retention

Resolving the U.S. nursing shortage will require a heavy dose of innovative recruiting, talent-based hiring, as well as effective management (Paller, 2004). Building a viable, future workforce mandates the highest standards for staff retention. Thus, the more progressive organizations have, as their centerpiece, components for measuring and improving patient, employee, and medical staff satisfaction. The U.S. General Accounting Office conducted a study, comparing the current national average vacancy rate with projected future vacancy rates. Findings indicate the current rate for RNs is 14.7%; the projected rate in 2010 will be 20% (U.S. General Accounting Office, 2001).

Unfortunately, issues surrounding nurse retention have a long-standing history. They were a reality before the unique challenges posed by an aging baby boomer generation and well before the increase in patient acuity (Graves, 2006). Historically, attracting and retaining skilled staff, especially nurses, has been among health care’s greatest challenges. However, this challenge has been further accentuated by recent trends, such as increased demand for care by aging baby boomers; limited nursing school capacity; and increased patient acuity. As underscored in the literature, a combination of visionary leadership and systemic change are essential in the resolution process (Graves, 2006).

Recruiting and retaining valued nurses must be the centerpiece of a health care organization’s strategic plan (Needleman & Buerhaus, 2002). These two activities can be accomplished by offering sign-on bonuses, family-friendly work schedules, and subsidized training. A growing number of hospitals are also experimenting with on-line bidding, in which nurses volunteer to fill open shifts and at premium wages. Such an approach can decrease the amount of mandatory over-time that nurses are required to work (BLS, 2002).

Developing strategies to accomplish the goal of attracting future nurses, while retaining dedicated nurses is vital. Dynamic and inspirational recruiting tactics can bring a wealth of qualified workers into the profession. In turn, seasoned nurses, with their knowledge and expertise, are pivotal in training novice nurses to become experts (Westendorf, 2007). As research concludes, strategies focused on improving working conditions and staff retention must occupy a central position in all nursing workforce revitalization efforts (Sochalski, 2002).

Current, as well as former nurses, believe that retaining and recruiting qualified nurses are significant problems. Seven in ten current nurses report their facility as having a major or moderate problem retaining (70%) and recruiting (69%) qualified nurses. More than 2/5 report that each is a major concern (American Nursing Association, 2001),

Cross-Cultural Trends

It is noteworthy that enrollments in academic nursing programs, at all levels, have increased rapidly in recent years, as students seek jobs with stable employment (BLS, 2007). However, many qualified applicants are turned away because of the shortage of nursing faculty. This need for faculty will only increase as large numbers of instructors who enter retirement (BLS, 2007).

Employers in many parts of the country also rely on foreign-educated nurses to fill open positions. Receiving assistance from outside the U.S. may not solve the problem, as the nurse shortage plagues not only the U.S., but other countries as well. For example, Jordan is also faced with a health care crisis related to scarcity of nurses (AbuAlRub, 2007).

A similar refrain was echoed in recent television broadcasts, where global participants reported a world-wide nursing shortage had been linked to job-related stress and limitations to quality of patient care (CBS News, 2007). Japan, for example, is confronted with the challenges of being short, about 50,000 nurses. Among factors contributing to Japan’s challenge are a rapid increase in the number of hospital beds, between years 1986-89, poor working conditions, and nurses’ low social position in their workplace (Sawada, 1997).

Recent studies indicate that the global shortage of health workers is over 4 million. In the U.S., that shortage is projected to reach half a million by year 2015, with Canada’s shortage reaching 113,000 (Pan American Health Organization, 2006). Despite a tradition of excellence in nursing education, in the
Caribbean, approximately 35% of nursing positions remain unfilled. In Jamaica, Trinidad, and Tobago the figure reached 50% (Pan American Health Organization).

Areas of Impact

Areas of that will be impacted by the demographic shift include shortage of workers, job related stress, decreased quality of life, and high turnover rates. This section contains a discussion about these areas of impact.

Shortage of Workers

As I have underscored throughout this paper, there will be a shortage of almost 400,000 nurses, by year 2020—a 29% increased vacancy rate, from the current 8% rate (Wagner, 2006). In a 2002 report, the Health Resources and Services Administration projected a 55% shortage of nurses, by year 2020 (Salzman, 2005). Administrators of health care facilities are increasingly recognizing the benefits that a satisfied nursing staff can bring to their organizations. This is particularly true in the delivery of quality care. One study found a near-perfect correlation between nursing satisfaction and patient satisfaction (Graves, 2006). Lynn and Redman (2006) requested 787 staff nurses from eight geographically and demographically diverse states were asked to select “The Top 5 Actions” they believed would improve the nursing profession. Eight-five percent chose career ladders, while only 33% selected increased pay.

Nursing is an embattled profession. Many hospital-based nurses feel they are over-worked and frequently unable to provide quality patient care (Steinbrook, 2002). As suggested in the literature, the shortage is likely to abate if nurses’ wages increase, making substitution more costly. Even in the absence of continuing wage increase, hospitals could ease the shortage by re-structuring patient services and enabling nurses to spend a greater portion of their time in direct patient care (Aiken, 1989).

One approach used within some U.S. hospitals is to mandate minimum nurse-to-patient ratios (White, 2006). In hospitals with high patient-to-nurse ratios, surgical patients experience higher adjusted 30-day mortality and failure-to-rescue rates. Correspondingly, nurses are more likely to experience job dissatisfaction (Aiken, et al, 2002).

An important finding in the literature review was the effect the shortage of RNs on the quality of patient care. The findings further supported hypotheses that a nursing shortage directly impacts the work environment. Those findings contribute to the mounting evidence that the retiring baby boomers will contribute to this shortage, thereby impacting our entire U.S. health care system. The nursing shortage grows annually and is projected to further increase throughout year 2020.

The Health Resources & Services Administration projected a 55% shortage of nurses by year 2020 (Salzman, 2005). Predictions claim that as baby boomers retire, nursing shortages will increase significantly. As a result of unavailable workers, growing responsibilities will further challenge current nurses.

Job-Related Stress

Hart Research Associates (2001) indicated that 56% of surveyed nurses considered leaving the patient care field, for non-retirement reasons, in order to secure jobs that are less stressful and less physically demanding. While individual nurses leave patient care for a host of reasons, the primary motivator for their departure is stressful working conditions, especially as related to understaffing. Currently, many nurses report facing working conditions they deem intolerable (Hart Research Associates).

Nurses leave patient care for many reasons. The biggest cause for departure is often related to overall working conditions (Hart Research Associates, 2001). The American Nurses Association conducted a national, on-line survey in (date) to examine working conditions of 7,300 nurses. Nurses were asked about their assessments of the U.S. health care system. Of the responding nurses, 5,340 felt increased work pressure; 4,258 reported being required to work overtime; and 3,762 had stress-related illness. An alarming 2,989 nurses (41.5%) reported no confidence in having their family and friends receive care in
the facility in which they worked. Fifty-five percent of survey respondents stated they would not recommend nursing as a career for their children or friends (American Nurses Association, 2001).

Fifty-six percent of the nurses surveyed believed their time available for direct patient care had decreased. More than 70% indicated prolonged stress and overwork were among their top health-related concerns. According to the 2001 study by Hart Research Associates, over half of the surveyed nurses indicated a primary reason for leaving the patient care field (other than retirement) was to secure a less stressful job and find work which was not as physically demanding (Joint Commission on Accreditation of Healthcare Organizations, 2002).

Three-quarters of nurses surveyed, felt the quality of care had been seriously compromised within the previous two years. Inadequate staffing (i.e. worker shortage) was the primary contributing factor, as reported by 5,067 nurses. Others (4,445) associated the decline with decreased nurse satisfaction, (i.e. stress-related). Delays in service provision, resulting from worker shortage, were cited by others (4,262) as a contributor to declines in quality patient care (American Nurses Association, 2001).

Decreased Quality of Care

Decreased quality of patient care is attributable to nursing shortages; indeed, low quality is directly linked to an increase in the number of patients assigned to one nurse (Needleman & Buerhaus, 2002). A major concern of the nursing shortage is the issue of medication errors. The Institute of Medicine (IOM) (2006) reported that at least 1.5 million preventable adverse drug events (ADEs) occurred in the U.S. each year. During every stage of the medication process, errors are prevalent. Errors occur when procuring the drug, prescribing, dispensing, administering, and monitoring the impact of the drug. Medication errors occur most often during prescription and administration stages (IOM).

Needleman and Buerhaus (2002) reported that 53% of physicians and 65% of consumers cited the shortage of nurses as a leading cause of medical errors. In their survey of frequency of medical errors, Needleman and Buerhaus found that 35% of physicians and 42% of health care consumers experienced errors in their own care or that of a family member. The results of this survey indicated a higher proportion of care provided by RNs, as well as a larger number of hours of care by RNs daily, were associated with better outcomes for hospitalized patients.

In a year-long national, on-line survey, by the American Nursing Association (2001), 7,300 responding nurses expressed their views about working conditions and the current state of U.S. health care. According to the nurses surveyed, respondents believed care had declined due to (a) inadequate staffing (69.4%), (b) decreased satisfaction (61%), and (c) delayed basic care (58%). If quality is to be maintained, there must be an adequate number of nurses. Patient care provided by nurses is the commodity that hospitals provide. Therefore, if hospitals are concerned about consumer satisfaction, they need to learn how to retain an adequate supply of nurses (Westendorf, 2007). With the proliferation of high-profile studies examining the resulting dangers, we are now witnessing a public outcry for action (Laraway, 2002).

To provide quality patient care, the health care industry will be expected to find ways to resolve these noted concerns. When there are too few nurses, patient safety is threatened and health care quality is diminished (Joint Commission on Accreditation of Healthcare Organizations, 2002).

When nurse staffing levels are optimized, several studies have shown that quality is positively impacted - i.e. fewer complications, decreased adverse events, shorter hospitalization time, lower mortality rates. In a recent study conducted for The American Hospital Association, 60% of respondents reported that nurses feel it is more difficult to provide quality care today because of workforce shortages (Joint Commission on Accreditation of Healthcare Organizations, 2002).

High Turn-Over Rates

While many U.S. hospitals face critical problems related to the rising nursing vacancy and increased turn-over rates, many leaders are unable to fully appreciate the complexities of this challenge (Paller, 2004). In order to devise viable solutions, it is first essential to uncover contributing causal factors (Graves, 2006). The good news is that the causes of nursing turn-over are identifiable. As such, organization
leaders can focus on solutions. According to Davis (2002) better pay, improved benefits, and effective management are three approaches mentioned most frequently as appropriate solution to the nursing shortage. This then leads to the pivotal questions: (a) how can health care organizations in turn the obstacle of nursing shortage into an opportunity to break away from the pack? (b) how an organizations attract and retain skilled nurses, keeping them satisfied, fulfilled, and happy? (Graves, 2006).

Compromising some 77% of the nursing workforce, RNs are responsible for providing a substantial portion of U.S. health care services (BLS, 1999). Nurse retention is crucial in balancing the supply-demand equation. Turnover is an indicator that can be useful in identifying shortages and, in turn, pointing toward potential impact (Buchan & Calman, 2004). The vacancy rate among the population of U.S. health care professionals, were highest for staff RNs (18.5%); making the annualized turnover rate was 56.2 percent. Seventy-five percent of respondents reported that it had become more challenging, relative to one year before, to recruit staff RNs (American Health Care Association, 2002).

Strategies Suggested in the Literature

So far have attempted to provide evidence that the nursing shortage is expected to heighten as the baby boomer generation enters retirement beginning 2011. As evidence from research indicates, the aging of this cohort group of baby boomers will significantly impact all arenas of the U.S. health care system (Hooyman & Kiyak, 2005).

Several workers have attempted to find solutions to stem the impending crisis in nursing. Welsh (2004) recommends six strategies to employers indicating that they (a) encourage U.S. youth to consider health careers with a special emphasis on nursing, (b) provide scholarships and loans to beginning students and those seeking to advance their level of educational attainment, (c) support and expand nursing education programs, (d) implement nursing recruitment and retention strategies, (e) provide a positive nursing work environment, and (f) advocate collaboratively with state nursing leaders and related trade associations.

Recommendations

Based upon findings and conclusions, I make the following recommendations.

Address Worker Shortage

- **Augment Number of Nursing Educators**
  Health care will face not only a critical shortage of hospital-based nurses, but nurse educators as well. As Boomers retire, educational programs will be challenged due to retiring nurse educators. Through incentive programs, such as loan forgiveness & tuition reimbursement, employees may be motivated to pursue further professional training as nursing educators.

- **Reduce Job-Related Stress**
- **Increase Work Pool of Nurses**
  Encourage younger generations to consider health careers, especially in the field of nursing
  - Recruit additional numbers of men, members of minorities groups, non-practicing nurses, as well as mature/retired nurses
- **Decrease staff turnover rates**
  Motivate employees for long-term employment. By implementing educational programs, flexible work hours, and appreciation programs, employees can feel appreciated and inspired. As a result, turnover rates will likely decrease.
- **Actively recruit talented workers**
  Employers must consider implementing strategies designed to facilitate gradual retirement and/or phased retirement of nurses. Moreover, part-time positions for retired nurses may also stem the shortage.
- **Re-structure existing pension programs**
Through visionary management, employers can re-structure programming which will allow nurses to work while also receiving retirement benefits (Spetz & Adams, 2005).

**Enhance Quality Patient Care**
- Allow a higher proportion of total direct care hours provided by nurses.
Within some U.S. hospitals, minimum nurse-to-patient ratios have been mandated successfully (White, 2006).

**Reduce Staff Turnover Rates**
- Provide better pay, improved benefits, and more effective management.
- Institute policies allowing flexible, family-friendly work hours.
- Implement career ladders (Sochalski, 2002).

**Expand Educational Programs**
- Provide additional academic & financial support systems to increase the pool of nursing school graduates, as well as to create career ladders.

**Encourage Visionary Management & Leadership**
- Implement labor-saving technology, thereby eliminating needless, duplicative paper work.
- Improve access to, and communication about, patient information, thus improving workplace conditions.

**Limitations**
In the views of this author, existing national data are insufficient for describing the full nature and extent of nurse workforce shortages. Data are also not adequately sensitive to allow discerning comparisons of nursing shortages across states, specialties, or provider types.
As previously noted, this author is aware of limitations set for this particular Research Paper. Namely, it is restricted to a review of existing literature and examination of secondary data. Given its descriptive nature, no projections about future impact can be definitively made. This author suggests that future research studies may benefit by using longitudinal methodology; interviewing techniques; and statistical analyses. This would allow a deeper understanding of relationships between and among study variables.

**Summary**
As research indicates, the aging of the Baby Boom generation will significantly impact all arenas of the U.S. Health Care System. With the impending retirement of many Baby Boomers, this shortage will be pronounced, as there will be only a slow growth of workers in the nursing industry to replace retiring Boomers. Overtime, the scarcity of nurses will impact everyone since most individuals seek medical intervention at some point during the life course. This challenge is expected to increase as the first wave of Boomers turns age 65 and begins retiring, in 2011. Identifying viable, pro-active strategies must be addressed due to the escalating challenges faced by the U.S. healthcare system.

By 2020, a shortage of 400,000 nurses is projected. This represents a 29% increased vacancy rate, from the current 8% rate (Wagner, 2006). This type shortage is not new to the health care industry. However, the current shortage has unique differences when compared to earlier times. A critical variable, retiring Baby Boomers, was not present in previous nursing shortages.

Not only will retiring Baby Boomers deplete the work force, they will also require more health care services than do other generations – further challenging this struggling industry. U.S. Senators have been motivated to propose legislation in efforts to find solutions (Fottler & Unruh, 2005). In addition,
organizations are continually seeking innovative ways to stem the impending nursing crisis (Delevan & Koff, 1990).

Nursing remains an embattled profession. Many hospital-based nurses feel they are over-worked as a result of understaffing and are also unable to provide quality patient care (Steinbrook, 2002). The U.S. health care industry will face many complex challenges, including: job-related stress; nurse recruitment and retention; provision of quality patient care; and high staff turnover rates. Results from a prominent survey (2001) indicated that 56% of responding nurses consider leaving the patient care field in order to secure jobs that are less stressful and less physically demanding. Developing strategies to accomplish the goal of attracting future nurses, while also retaining dedicated nurses is vital. As research concludes, strategies focused on improving working conditions and staff retention must occupy a central position in all nursing work force initiatives (Westendorf, 2007).

**Conclusion**

As addressed throughout this Research Paper, the U.S. nursing shortage is expected to heighten as the baby boomer generation enters retirement. Many studies have attempted to find solutions to stem the impending nursing shortage. Building a viable, future workforce mandates the highest standards for staff retention. Previous approaches will prove effective only if used in conjunction with innovative, creative ideas for nurse recruitment and retention (Lien, 2004). Developing strategies to accomplish the goal of attracting future nurses, while retaining dedicated nurses is vital. As underscored in the literature, resolving the U.S. nursing shortage will require a heavy dose of innovative recruiting, talent-based hiring, as well as visionary management (Paller, 2004).
References


www.jghcs.info JOURNAL OF GLOBAL HEALTH CARE SYSTEMS/VOLUME 1, NUMBER 1


