

Ensuring Access to Safe, Quality, and Affordable Healthcare through a Robust Nursing Workforce

Making the Case for Healthcare Reform

America's healthcare delivery system is in desperate need of reform. Since the early 1990s, healthcare appeared to shift from a system based on providing quality care to one driven by market-based economic models. Demands by the customers (business and government) to lower costs and adhere to a structured business plan overrode the public's ideal of health care as a humanitarian service.¹ The shift received significant attention. In 1995 the American Hospital Association referred to the changes as the "worst disaster to hit US hospitals" explaining that patient errors, malpractice suits, and union activities all increased under this flawed model.¹ Within the next six years, institutions such as the Health Research and Services Administration (HRSA) and the Institute of Medicine (IOM) looked critically at the failing system. Landmark IOM studies such as "*To Err is Human*" and "*Crossing the Quality Chasm*" showed that the healthcare system was in crisis.^{2,3} Adverse outcomes were on the rise with as many as 98,000 Americans dying each year from avoidable medical errors.² These numbers sent shockwaves throughout the healthcare community and on Capitol Hill. The basic premises of healthcare-quality, and safety- were being compromised.

The national healthcare system is at a crossroads. It can no longer continue to function under the current circumstances, but there are positive aspects that must be retained. It is the role of the new Administration, Congress, and vested stakeholders to differentiate what must be kept, from what must be reformed. The nursing workforce fits squarely in both of these categories. Registered Nurses (RNs) are the backbone of the healthcare system representing the largest group of healthcare professionals with 2.4 million practicing nurses in the United States. Yet, the ongoing shortage of nurses is contributing to the breakdown of the nation's ability to ensure access to safe, quality, and affordable healthcare. Unfortunately, the demand for RNs continues to outpace the supply of new nurses entering the healthcare system each year.

As a stakeholder in healthcare reform, the American Association of Colleges of Nursing (AACN) offers its expertise by recommending that a significant investment be made to increase the capacity of nursing schools to educate more nurses. Without a robust nursing workforce, the healthcare system will not be able to offer safe, affordable, and quality health care. Outlined below is an overview of the nursing shortage crisis and AACN's specific recommendations of healthcare reform from the nursing education perspective.

Nursing Shortage

- According to the latest projections from the U.S. Bureau of Labor Statistics, more than one million new and replacement nurses will be needed by 2016.⁴ This estimate takes into consideration the overburdened healthcare system, the growing complexity of nursing care, and the basic demand for nurses as the baby boomer population ages.

ADVANCING HIGHER EDUCATION IN NURSING

However, the perception that “just more nurses” are needed is flawed. The greatest need is for nurses prepared at the baccalaureate and graduate levels.

Demand for a Highly Educated Nursing Workforce

- RNs provide services along the entire spectrum, including lifesaving interventions and preventative care. Patients who enter the nation’s hospitals and healthcare facilities typically suffer from multiple co-morbidities such as obesity, diabetes, and hypertension. More acute patients have fundamentally changed the intensity of nursing care. The changes in how health care is delivered have created demand for nursing personnel who can function with more independence in clinical decision-making and case management, perform the traditional role of clinical caregiver, and teach patients how to comply with treatment regimens and maintain good health. Knowing that patients today are more complex and require an advanced level of specialized care, the need for nurses who are highly educated is critical. Therefore, the nursing shortage and its impact on patient care cannot be solved by simply increasing the pipeline. The workforce must be fortified with more highly-educated and well-qualified nurses, specifically nurses with a baccalaureate degree or higher.
- Unlike graduates of diploma or associate-degree nursing programs, the nurse with a baccalaureate degree is prepared to practice in all health care settings - critical care, outpatient care, public health, and mental health. In addition to the liberal learning and global perspective gained from a four-year baccalaureate education, the curriculum includes clinical, scientific, decision-making, and humanistic skills, including preparation in community health, patient education, as well as nursing management and leadership. Such skills are essential for today's professional nurse who must make quick, sometimes life-and-death decisions; design and manage a comprehensive plan of nursing care; understand a patient's treatment, symptoms, and danger signs; supervise other nursing personnel and support staff; master advanced technology; guide patients through the maze of healthcare resources in a community; and educate patients on healthcare options and how to adopt healthy lifestyles.
- The National Advisory Council on Nurse Education and Practice, policy advisors to Congress and the U.S. Secretary for Health and Human Services on nursing issues, has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing by 2010. Currently, only 47.2% of nurses hold degrees at the baccalaureate level and above.⁵ Organizations such as AACN, the American Nurses Association, and the American Organization of Nurse Executives are calling for *all* professional registered nurses to be educated at the baccalaureate level in an effort to adequately prepare nurses for their challenging and complex roles. However, this task is not easily achieved.

The Nurse Faculty Shortage

- The nursing educational system in the United States is significantly strained. Despite marked increases in nursing school enrollment and graduations, capacity barriers have prohibited schools from accepting more students. Last year AACN reported that 40,285 qualified applicants were turned away from baccalaureate and graduate nursing programs. The top reason cited by schools of nursing for not increasing enrollment

was a lack of faculty. According to a *Special Survey on Vacant Faculty Positions* released by AACN in July 2008, data show a national nurse faculty vacancy rate of 7.6%.⁶ Most of the vacancies (88.1%) were faculty positions requiring or preferring a doctoral degree.⁶ Yet, enrollment in research-focused doctoral nursing programs was up by only 0.9% from the 2006-2007 academic year.⁶ More concerning, only one in ten of our nation's registered nurses hold master's or doctoral degrees, which are required to teach. If action is not taken to educate the next generation of nurses and nurse faculty, health care in America will continue to suffer.

The Solution

As Congress looks towards healthcare reform, AACN strongly suggests that the nursing workforce be increased. A robust nursing workforce is needed before quality, access, and affordability of health care can be addressed. AACN is committed to working with Congress to address the nursing and nurse faculty shortage through legislative efforts that not only increase the number of nurses, but ensure that they are qualified to practice in a demanding healthcare environment. Provided below are AACN's top recommendations to Congress as they address the nursing shortage as a component of healthcare reform:

- **Reauthorize the Title VIII Nursing Workforce Development Programs, which are authorized under the Public Health Service Act, (42 U.S.C. 296 et seq.)**
 - Over the last 44 years, Nursing Workforce Development programs have addressed all aspects of nursing shortages – education, practice, retention, and recruitment. As the largest source of federal funding for nursing education, these programs bolster RN education from entry-level preparation through graduate study. The Title VIII programs award grants to schools of nursing, as well as direct support to nurses and nursing students through loans, scholarships, traineeships, and programmatic grants. By supporting the supply and distribution of qualified nurses, these programs help to ensure that nurses are available to provide care to individuals in all healthcare settings. Additionally, the Title VIII programs also favor institutions that educate nurses for practice in rural and medically underserved communities. However, authorization of all Title VIII programs has expired.

- **Increase funding for the Title VIII Nursing Workforce Development Programs.**
 - During the nursing shortage of the 1970s, Congress addressed the problem by providing increased levels of funding for Title VIII programs. Specifically, in 1973 Congress appropriated \$160.61 million to the authorities; the largest appropriation of funds Title VIII has ever received. In today's dollars this would be a commitment of over \$763 million. Currently, Title VIII receives \$156.05 million to focus on a similar, critical national nursing shortage. Compounding the impact of this low appropriation level is the stagnant nature of Title VIII funding in the face of escalating education costs. In FY 2006 and 2007, \$149.68 million was appropriated to Title VIII. This allocation supported 75,946 nursing students and nurses in 2006 while only 71,729 in 2007, due in part to increased tuition costs and inflation.

¹ Curtin, L.L. (2007). The perfect storm: Managed care, aging adults, and a nursing shortage. *Nursing Administration Quarterly*, 31(2), 105-110.

² Institute of Medicine (2002). *To err is human: Building a safer health system*. Washington, DC: The National Academies Press.

³ Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press.

⁴ Bureau of Labor and Statistics, (2007). *Occupational projections to 2016*. Accessed July 29, 2008 from www.bls.gov/opub/mlr/2007/11/art5full.pdf

⁵ Health Resources and Services Administration (2004). *National Sample Survey of Registered Nurses*. Accessed February 19, 2008 from <http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm>

⁶ American Association of Colleges of Nursing. (2008). *Special Survey on Vacant Faculty Positions*. Washington, DC.