



**National Platform Hearing of the Democratic National Committee
August 1, 2008**

**Testimony of Jeri Milstead, PhD, RN, FAAN on behalf of the
American Association of Colleges of Nursing**

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

On behalf of the American Association of Colleges of Nursing (AACN), I appreciate this opportunity to bring forth to the Drafting Committee our perspectives on issues that impact healthcare reform. AACN represents baccalaureate, graduate, and post-graduate nursing programs. From an original membership of 121 institutions in 1969, AACN today represents more than 630 schools of nursing at public and private universities and senior colleges nationwide. Within our membership, we represent 260,000 students and 13,000 faculty members. These institutions are responsible for educating half of our nation's registered nurses and all of the nurse faculty and researchers.

America's healthcare delivery system is in desperate need of reform. The system and the policy created to improve it have become ineffective in recent years. Experts at the Institute of Medicine (IOM) suggest that this system is unable to meet the needs of today's consumers much less the increasing demands of the future.¹ The challenges have become so complex that the IOM considers the healthcare system to be in crisis.² One factor contributing to the breakdown of the nation's ability to ensure access to safe, quality, and affordable healthcare is the shortage of Registered Nurses (RNs).

Nurses are the backbone of the healthcare system and are the single largest group of providers with 2.4 million nurses practicing nationwide.³ RNs provide services along the entire spectrum, including lifesaving interventions and preventative care. However, due to the overburdened healthcare system, providing Americans with nursing care is growing increasingly complex. Patients who enter the nation's hospitals and healthcare facilities typically suffer from multiple co-morbidities such as obesity, diabetes, and hypertension. Knowing that the patients are more complex and require an advanced level of specialized care, the need for nurses who are highly educated is critical. Yet, the decade-long shortage of RNs⁴ inhibits attempts to improve the quality of care. Unfortunately, this shortage is expected to intensify as the baby-boomer population ages and the need for nursing care grows. 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 2016.⁵

When too few nurses are available to provide care, patient safety is compromised. A 2007 report by the Agency for Healthcare Quality and Research found that the shortage of RNs, in combination with an increased workload, poses a threat to the quality of patient care. In situations where nurse staffing was increased, patient mortality and failure to rescue rates decreased substantially.⁶ Moreover, research shows that having an adequate nursing staff with a higher level

ADVANCING HIGHER EDUCATION IN NURSING

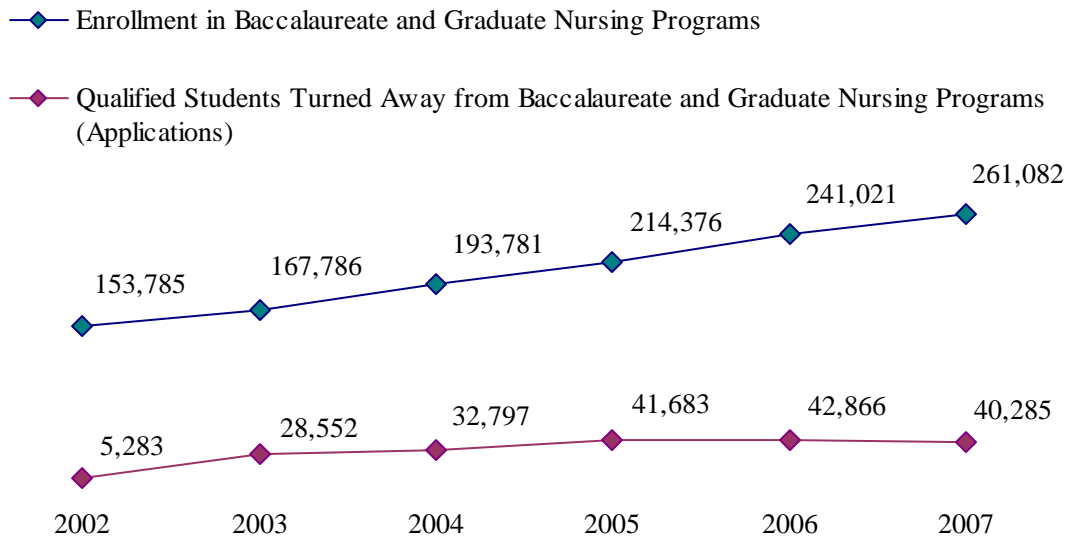
of education improves patient care. In 2008, Dr. Linda Aiken and her colleagues confirmed the findings from their landmark study published in 2003, which show a strong correlation between RN education level and patient outcomes.⁷ It was found that every 10% increase in the proportion of baccalaureate nurses on the hospital staff was associated with a 4% decrease in the risk of death.

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.³ Organizations such as AACN, the American Nurses Association, and the American Organization of Nurse Executives are calling for all 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 nursing educational system in the United States is significantly strained. Despite marked increases in nursing school enrollment and graduations, capacity barriers have inhibited schools from accepting more students. Last year AACN reported that 40,285 qualified applicants were turned away from baccalaureate and graduate nursing programs⁸ (see figure 1).

Figure 1

Historical Trends in Enrollment and Graduations in Baccalaureate and Graduate Nursing Programs



Source: American Association of Colleges of Nursing. (2008). *2007-2008 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC.

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 2007, data show a national nurse faculty vacancy rate of 8.8%.⁹ This translates into roughly 1,652 vacant faculty positions in baccalaureate and graduate nursing programs across the country. Most of the vacancies (86.2%) were faculty positions requiring or preferring a doctoral degree.⁸ Yet,

enrollment in research-focused doctoral nursing programs was up by only 0.9% from the 2006-2007 academic year.⁸ More concerning, only one in ten of our nation's registered nurses hold master's or doctoral degrees, which are required to teach.

AACN noted the nurse faculty shortage in 1999, shortly after the current nursing shortage was first documented. As the problem has been investigated, many factors have emerged that contribute to the dilemma. One of the most critical factors being the age of nursing's experienced faculty members. The average age of faculty holding their master's degree is 54 years of age and for faculty that hold their doctorate, it is 55. For nursing's most senior faculty, those holding the rank of full professor, the average age is 59.¹⁰ Considering that the average age of retirement for nurse educators is 62, a wave of retirements will be occurring in the next decade.

Another concern is the wide variances in compensation for nurse faculty and practicing nurses. AACN recently conducted a study with nursing students who receive federal funding for their education and found that their debt can range from \$60,000 to \$100,000 when pursuing a higher education in nursing.¹¹ Therefore, many nurses look for ways to offset the financial burden of educational loans. Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching. According to the 2007 survey in *ADVANCE for Nurse Practitioners*, the average salary of a master's prepared nurse practitioner is \$81,517.¹² By contrast, AACN recently reported that master's prepared associate professors earned an annual average salary of \$66,588.¹⁰ Choosing a career in academia is difficult when economic incentives lie in the practicing arena.

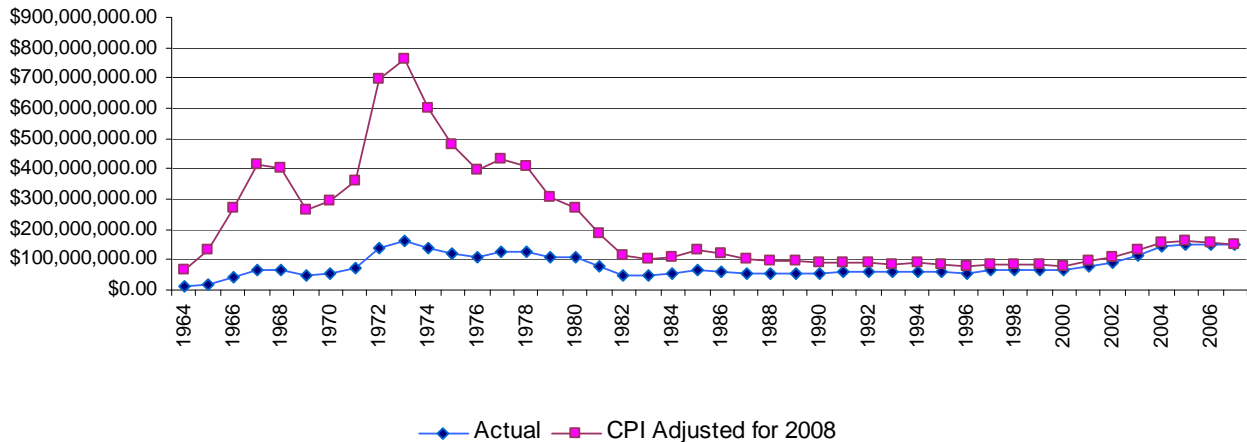
Finally, master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand. In 2007, graduations from nursing master's and doctoral programs increased by 13% from the previous year. Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. AACN found that in 2007 schools turned away 3,048 qualified applicants from master's programs, and 313 qualified applicants from doctoral programs.⁸ Again, the primary reason for not admitting additional students is a lack of experienced faculty.

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 the demanding healthcare environment. One of our top legislative priorities is to increase funding for the Title VIII Nursing Workforce Development Programs, which are authorized under the Public Health Service Act. 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.

Unfortunately, Title VIII programs are extremely underfunded. During the nursing shortage of the 1970s, Congress addressed this problem by providing higher levels of funding for these programs.

Specifically in 1973, Congress appropriated \$160.61 million to the Title VIII programs, which is the highest level of funding Title VIII has ever been appropriated (see figure 2). This amount is close to the current funding level of \$156.05 million. However, adjusting for inflation to address the 35-year difference, this level would be \$763.52 million. The funding for nurse faculty under the Title VIII programs is also underfunded. Currently, the only program solely dedicated to preparing nurse educators is the Nurse Faculty Loan Program which is significantly underfunded.

Figure 1
Historical Funding for Title VIII Nursing Workforce Development Programs (in millions)



Source: Health Resources and Services Administration (HRSA), Division of Nursing, 2008 & U. S. Bureau of Labor Statistics, Inflation Calculator, 2008

AACN Recommendation

As the Drafting Committee of the Democratic National Committee considers future healthcare reform in the 2008 Platform, AACN urges you to include an emphasis on increasing the supply of highly educated nurses. As articulated above, AACN believes attention should be paid to alleviating the nursing education crisis because of the impact it has on future access to reliable healthcare. As the demand for nurses outpaces the growth in the supply of nurses, the costs of healthcare will increase exponentially. Our nation must work to strengthen and expand existing federal programs such as Title VIII of the Public Health Service Act. These programs are critical to preparing the next generation of nurses as well as the faculty who educate them. Below, AACN has provided suggested language for the 2008 National Democratic Platform and would be honored to have the Drafting Committee consider.

Suggested Language Regarding the Nursing Shortage for the 2008 Democratic National Platform

Ensuring access to safe, quality, and affordable healthcare through a robust nursing workforce. Our country is now facing an insufficient supply of healthcare providers with the most severe being the shortage of Registered Nurses (RNs). The demand for RNs will intensify as experienced nurses retire in large numbers and the need for nursing care continues to grow. Workforce analysts project that the U.S. will require more than one million new and replacement RNs by the

year 2016. The nursing shortage is limiting access to essential healthcare services including lifesaving interventions and preventative care.

Despite marked increases in nursing school enrollments, capacity barriers have inhibited nursing programs from accepting more students. Last year, nursing schools turned away over 40,000 qualified applicants. The top reason cited by all schools was the lack of qualified nurse educators. Aging faculty members and too few nurses choosing a career in academia contribute to the inability to educate more nurses and address the broader nursing shortage.

Ensuring access to safe, quality, and affordable healthcare requires that we have a highly educated nursing workforce. We understand the effect faculty shortages have on increasing the number of providers. Given these circumstances, we must strengthen and expand existing federal programs such as Title VII and VIII of the Public Health Service Act. These programs are critical to preparing the next generation of nurses as well as the faculty who educate them.

Brief Language Regarding the Nursing Shortage for the 2008 Democratic National Platform

Ensuring access to safe, quality, and affordable healthcare requires that we have a highly educated nursing workforce. We understand the direct link between faculty shortages and the ability to expand the nursing workforce. Therefore, we all must work together to find effective solutions to the shortages so healthcare in our nation is not further compromised.

¹ Institute of Medicine (2002). *To err is human: Building a safer health system*. Washington, DC: The National Academies Press.

² Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press.

³ 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>

⁴ Buerhaus, P.I., Donelan, K., Ulrich, B.T., Kirby, L., Norman, L., and Dittus, R. (2006). State of the registered nurse workforce in the United States. *Nursing Economics*, 24(1), 6-12.

⁵ Bureau of Labor and Statistics, (2007). *Occupational projections to 2016*. Accessed July 29, 2008 from www.bls.gov/opub/mlr/2007/11/art5full.pdf

⁶ Agency for Healthcare Quality and Research (2007, March). *Nursing staffing and quality of patient care*. Accessed July 29, 2008 from <http://www.ahrq.gov/downloads/pub/evidence/pdf/nursestaff/nursestaff.pdf>

⁷ Aiken, L.H., Clarke, S.P., Sloane, D.M., Lake, E.T., & Cheney, T. (2008) Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes. *Journal of Nursing Administration*, 38(5), 223-229.

⁸ American Association of Colleges of Nursing. (2008). *2007-2008 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC

⁹ American Association of Colleges of Nursing. (2007). *Special Survey on Vacant Faculty Positions*. Washington, DC.

¹⁰ American Association of Colleges of Nursing. (2008). *2007-2008 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*. Washington, DC

¹¹ American Association of Colleges of Nursing. (2008). *The Effectiveness of Nursing Workforce Development Programs*. Washington, DC.

¹² Advance for Nurse Practitioners. (2007). *2007 Salary Survey Results: A Decade of Growth*. Accessed July 28, 2008 from <http://nurse-practitioners.advanceweb.com/Article/2007-Salary-Survey-Results-A-Decade-of-Growth-3.aspx>