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Foundations of Writing

Due: 11/29/2021

Nursing Shortage

Throughout the years nurses have become significantly scarcer. The drop in nursing employment has caused crucial issues in the hospitals and the nurses working through this downfall. Whether or not the people are realizing what is happening in these hospitals and clinics surrounding them, it will affect them in the near future if not already. Today, there are nurses going through hardship deciding what their next step is going to be and we will see these opposing options through research. With many hospitals and clinics being short staffed and some hospitals even being forced to shut down, we will see through data and the eyes of some of these nurses the decisions they are forced to make. With nursing forming the largest section of employees in the health care system, a shortage like this can endanger not only the hospitals and clinics but the patients in these facilities around the United States. There are some issues that are simple and out of the hospitals control like the retiring rate with the older nurses, but there are also complex issues like the hourly rate these dedicated nurses are making compared to the traveling nurses that are being brought into these hospitals due to the lack of nurses. No matter the issue whether it being complex or simple a nursing shortage is happening, and it is important to understand what this means for the future of our health care system and the health of the American people.

What is Happening in Hospitals and Clinics?

It is important to not only recognize the nursing shortage but understand the issues that are occurring within these hospitals and clinics through the United States. Within these facilities nurses are going through many aspects that are deciding their futures in the health care system. One significant struggle these facilities are having to face is the retirement rate of the older nurses. Granted this is an issue that can occur within any profession, but the health care system will have a more severe impact than others due to nurses making up 30% of the system. According to Lisa M. Haddad, Pavan Annamaraju, Tammy J. Toney-Butler the authors of the article "Nursing Shortage" they state that, "There are currently approximately one million registered nurses older than 50 years, meaning one-third of the workforce could be at retirement age in the next 10 to 15 years. This number includes nurse faculty, and that presents its own unique problem, training more nurses with fewer resources." . With these nurses reaching retirement age it forces the hospital and clinics to increase their hiring process, which leads them to the issue of the reoccurring nursing shortage. These authors also note, "According to an article in the Nursing Times, The US Bureau of Labor Statistics projects that 11 million additional nurses are needed to avoid a further shortage. Employment opportunities for nurses are projected to grow at a faster rate (15%) than all other occupations from 2016 through 2026." . This information being stated not only discusses the concern of retiring nurses but reinstates the issue of the number of nurses needed to fulfill the needs of the facilities and the patients within them.

Not only are these nurses and facilities in danger, but the patients that are going to them. Research shows that when nurses are given the task of taking care of more patients than one is usually permitted issues begin to occur more often than usual. This is where the facilities come into the issue of staffing ratios. Staffing ratios are the number of nurses to patients within the health care system and when the ratios become unrealistic these facilities begin to suffer. According to the authors of "Nursing Shortage" they state, "Nursing shortages lead to errors, higher morbidity, and mortality rates. In hospitals with high patient-to-nurse ratios, nurses experience burnout, dissatisfaction, and the patients experienced higher mortality and failure-to-rescue rates than facilities with lower patient-to-nurse ratios. Some states have begun to pass legislation to limit patient-to-nurse ratios. Despite this, when staffing is short, ratios go up to meet the need." As of January 2021, California is the only state that is required by law to enforce the nurse-to-patient ratio at a safe and sufficient amount. It is stated that in California a nurse is responsible for the care of two patients in intensive care and when not taking care of patients in intensive care they are responsible for four patients in the emergency room. According to the author of Blake Farmer who sat down with nurses and got their input on the issues happening within the facilities one nurse spoke out saying, "Lasater said in most states, there are no strict rules about how many patients a floor nurse might be responsible for. So, especially in a pinch, some are watching eight or 10 at a time." Another author known as Robert Rosseter who wrote the article "News and Information" published by *American Association of Colleges of Nursing: The Voice of Academic Nursing* discusses that, "In March 2011, Dr. Jack Needleman published findings in the *New England Journal of Medicine*, which indicate that insufficient nurse

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staffing was related to higher patient mortality rates. These researchers analyzed the records of nearly 198,000 admitted patients and 177,000 eight-hour nursing shifts across 43 patient-care units at academic health centers. The data show that the mortality risk for patients was about 6% higher on units that were understaffed as compared with fully staffed units. In the study titled "Nurse Staffing and Inpatient Hospital Mortality," the researchers also found that when a nurse's workload increases because of high patient turnover, mortality risk also increases." During this research I also sat down with a Registered Nurse that works at a hospital in Virginia Beach and in the interview, they discussed the nurse-to-patient ratio that is occurring within their hospital. According to the RN the hospital is supposed to be doing a 1:1 and at most 1:2 ratio in their intensive care unit but noted that the nurses working within that unit are taking care of 3 to 4 patients causing a dangerous ratio of 1 to 3 and 1 to 4. This nurse works in the intermediate care unit which is supposed to have a ratio of 1 to 3 but stated that they are constantly caring for 4 to 5 patients, which again leads to another dangerous ratio for the unit and the patients. The RN discussed that with the ratios being insufficient it makes it harder to make sure each patient is treated and taken care of correctly within every unit and it causes some nurses to burnout and leave the environment.

With nurses feeling understaffed, overworked and underappreciated, it leads to the next issue that is occurring within these facilities which are burnouts. Nurse burnouts are becoming increasingly more common, which reopens the threat of nursing shortage. With the nurses becoming burned out, the increase in reemployment comes back into play, which is not always available to these facilities. According to an LPN that

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I got to meet and talk with said while working at the Surgical Specialist clinic at Evangelical only three individuals interviewed for a position at the facility after three and a half months of it being posted. As of now the national average turnover rates within the nursing position is from 8.8% to 37%. According to research that was conducted in September 2007, "Dr. Christine T. Kovner and colleagues found that 13% of newly licensed RNs had changed principal jobs after one year, and 37% reported that they felt ready to change jobs.". With turnover rates being so high it causes questions of what these health care facilities are going to do and where are these nurses going for employment.

Same Job, Different Pay

In the health care workforce, there are nurses known as "Traveling Nurses" that are known in this field to get higher pay and travel reimbursement. This statement is no shock for the people within this environment, but what does cause issues regarding traveling nurses is when they are brought into hospitals and clinics while getting a significant amount of more money than the nurses who are already there. Author Blake Farmer sat down with several nurses during the creation of his article "High Pay for Traveling Nurses a Symptom and Cause of Staff Shortages". Through his research he spoke with one nurse that stated, "Traveling registered nurses are making far more than full-time staffers doing the same job. And that's causing staffers to hit the road to take a traveling gig, only to be replaced by an expensive traveler.". With this reoccurring in many hospitals and clinics it is beginning to take a toll on the hospital's expenses along with the nurse's ability to work sufficiently. Many nurses within these facilities are made to sign a contract that states that they will stay with the hospital or clinic they are

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working for to try and help with the shortage, but despite these contracts many nurses are starting to break them. Some contracts state that if the contract is broken the employee, then needs to pay the amount they are told to get fully out of the contract and even though that nurse is losing money they still pay the amount to get out of it to pursue a career in traveling. Many people came forward and discussed their frustrations with the pay rate being so different for the same job within the facilities, which forced some hospitals and clinics to offer retention bonuses. One nurse that spoke to Blake Farmer said, "In Texas, Kroll said, some hospitals are offering staff nurses retention bonuses. But it's nothing like the money the same hospitals are paying these temporary nurses, who often need some help getting up to speed. And it's the lower-paid staff nurses who do the training." Despite the hospitals trying to reduce the issues that were surfacing another nurse spoke to Farmer and said, "Just within the past couple of weeks, we've had so many nurses put in their two weeks and go travel," she said. "I've seen contracts upwards of \$10,000 to \$12,000 a week because hospitals are so desperate for staff." With rates becoming higher for traveling nurses, hospitals are becoming shorter staffed due to the nurses leaving, which forces the hospitals to hire traveling nurses to come in and do the work of the previous contract nurse which then leads the nurses to be frustrated for being underpaid compared to the new traveling nurses. Many hospitals and clinics are facing this terrible loop which will not be resolved until the nurses that have been there feel they are being reimbursed. As nurses become increasingly harder to find and keep within one facility it is no shock to find that many traveling nursing agencies have had significant increases recently. Leticia Miranda author of the article "Rural Hospitals Losing Hundreds of Staff to High-Paid

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Traveling Nurse Jobs” states that, “While the surge in popularity of travel nursing has deepened the country’s nursing shortage, it has been a boon for staffing agencies. AMN Healthcare Services Inc., a San Diego-based medical staffing agency, reported a 41 percent increase in revenue from the same time last year. Its travel nurse staffing business alone grew by 37 percent, it reported.”. With travelling nurses becoming more popular it has caused many hospitals and clinics to struggle with staying open, because many rural areas cannot afford to pay the fees of these traveling nurses, many of them are trying to focus on what they can do better to keep the nurses that are contracted within these facilities.

Helping the Nursing Shortage

Nursing shortage is a reoccurring issue that has been happening within the United States, but it’s more important than ever to understand what can be done to help this shortage. Realistically the shortage cannot be dealt with quickly like it needs to be, but certain factors can help these hospitals and clinics keep and gain nurses. While Adam Groff the author of “How Your Hospitals Can Overcome the Nursing Shortage and Maximize Profits: Hospitals” was collecting information for his article he stated, “These residency programs give nursing graduates the opportunity to experience specific hospital environments before signing on for a full-time position. This not only makes the transition into nursing easier, it also improves retention.”. By hospitals and clinics taking this step it will allow nurses to make the decision if they want to stay which is beneficial to not only them, but the facilities as well. When working in any occupation it is important to feel as if you have a voice and your voice is heard, especially in the nursing field. Groff found that, “Giving your nursing staff the opportunity to express their

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ideas is also an important measure to take. Listening and implementing any ideas or suggestions your nursing staff brings to the table will help to improve their work environment and increase retention.”. Not only do the nurses want to feel heard, but they want to feel appreciated for their hard work and dedication to the facility. It is crucial for these nurses to feel safe and healthy while working which is why author Apploi pointed out, “Foster a healthy work environment. Create a safe workplace for your nurses and nursing assistants. Start by making a dedicated wellness space so team members can comfortably relax, eat, and nap between shifts. Consider offering healthy meals, fitness programs, or childcare assistance to support your team in and outside of work.”. When nurses feel heard and appreciated, they will be more likely to stay loyal to their facility which benefits the hospitals and clinics by gaining and keeping their nurses. Despite these changes, nursing shortages may occur, but by not doing anything it will worsen over time.

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