

2010

The US Nursing Shortage and Nonprofits

Andrea Rossman
Grand Valley State University

Follow this and additional works at: <https://scholarworks.gvsu.edu/spnhareview>

Recommended Citation

Rossman, Andrea (2010) "The US Nursing Shortage and Nonprofits," *SPNHA Review*: Vol. 6: Iss. 1, Article 6.

Available at: <https://scholarworks.gvsu.edu/spnhareview/vol6/iss1/6>

THE US NURSING SHORTAGE AND NONPROFITS

ANDREA ROSSMAN

Grand Valley State University

The United States is currently experiencing a shortage of full time employed registered nurses at near crisis levels. Nonprofit health care organizations are on the front lines of healthcare in America and are experiencing the burden created by the nursing shortage first hand. This Paper begins by examining the issue of the US nursing shortage and the role of Nonprofit Healthcare organizations in solving the problem. It explores numerous factors that are contributing to the problem such as poor working conditions, low wages, insufficient numbers of nurse educators, insufficient access to nursing education, and insufficient marketing of nursing careers. It then offers possible solutions to the issue and concludes with a suggested plan of action.

"Nurses are the heartbeat of health care." ~Author Unknown

INTRODUCTION

Nonprofit Healthcare in America

The bulk of the health care in the US is provided by the nonprofit sector. Nonprofit hospitals account for over 60% of the more than 3,400 hospitals in the United States (Carreyrou, 2008). Those hospitals treat more than double the patients seen by for-profit hospitals annually, and according to a study done by Harvard Medical School, nonprofit hospitals consistently outperform their for-profit counterparts in delivering high quality care for acute conditions (Gourley, 2006). Nonprofit hospitals make up less than 1% of all nonprofit organizations but account for more than 43% of all revenue received by such organizations.

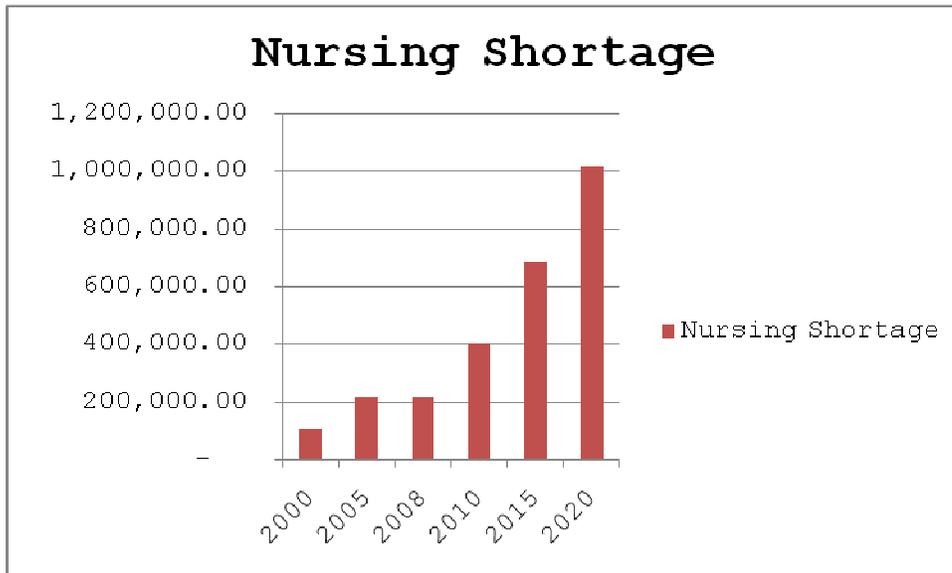
Nonprofit hospitals also give substantial amounts back to the community. Although it is difficult to ascertain the exact economic value of charitable services provided by nonprofit hospitals, according to a study sponsored by Congress in 2003, that value nears \$30 billion/year. In Michigan alone, the amount of unpaid direct patient care given by nonprofit hospitals was \$2.6 billion in 2007 (Pizzi, 2008). Those hospitals gave 224,000 free visits during the year and provided more than 31,900 free health education programs.

It is very evident that nonprofit hospitals have a large and important impact on the health of our nation as a whole, and on a smaller scale, here in Western Michigan. However, these hospitals along with the rest of the health care providers in the United States face a serious and impending problem, the US nursing shortage. In order to continue to give high levels of care and serve the public in the most efficient way possible, nonprofits must make every effort to address and remedy this problem before the effects become catastrophic to the entire industry.

In this paper I will explore the question: What can the nonprofit healthcare industry do to avert the impending health care crisis brought upon us by the nursing shortage? I will offer the reader several possible approaches for solving the issue, and will then highlight the solution I believe is most likely to produce the most positive outcome on the problem.

THE US NURSING SHORTAGE

In the United States, the number of registered nurses working in hospitals is 12% below optimal needed levels (Spetz & Given, 2003, p. 199). By the year 2020, researchers estimate that 50% of the current RN workforce will reach retirement age (Cohen, Burns, Stromburg, Flanagan, Askins, & Jones, 2006, p. 186). As of 2008, the supply of registered nurses in the United States was deficient by 220,000. At the current rate, by 2020 that number will balloon nearly five- fold, bringing the shortage of nurses to near one million (Spetz & Given, 2003, p. 200). Without intervention, the United States health care system will be operating without 20% of its needed nursing staff in 12 years. Numerous studies, including one done by the Bureau of Health Professions, show an undeniable link between deficient levels of nursing staff and increased patient mortality (Buerhaus & Donelan, Data Watch, 2007, p. 854). According to the Joint Commission on Accreditation of Healthcare Organizations, a nonprofit entity, 24% of patient fatalities in 2002 could be attributed to insufficient RN staff levels (Charney & Schirmer, 2007, p. 471).



If the current trend of deficient numbers of RNs coming into the workforce continues, it is certain that the future will hold more preventable patient deaths. According to a report from the National Foundation for American Policy (NFAP), a nonprofit advocacy group, if the nursing shortage is not addressed quickly, nonprofit hospitals will see RN workloads increase by 50% and patient mortalities will rise 31% (Herbst, 2007).

Since nonprofit hospitals rely heavily on public perception of the quality of their care as a determinant for community donations, this factor of the nursing shortage is particularly troubling to them. Increased patient deaths caused by lack of RN staff would be devastating to a community nonprofit hospital, especially in a time of poor economic conditions when donations are down and are going only to the most respected charitable institutions. Billionaire philanthropist Michael Bloomberg has said recently that he is “petrified” when it comes to how nonprofits will handle the decrease in donations and government aid that the current economic

situation presents (Evans, 2008). Nonprofit hospitals must do everything they can to avoid making the current situation worse, and they must address the nursing shortage now.

ANALYZING THE PROBLEM

Working Conditions

There are several interrelated factors that have contributed to the current shortfalls in RN supply. Poor working conditions are a major factor in the current RN shortage. The U.S. Bureau of Labor statistics consistently ranks nursing just a rung above mining and construction as one of the most dangerous jobs in America (Charney & Schirmer, 2007, p. 470). Stress, contagion exposure, heavy lifting, patient-initiated attacks, and mandatory overtime are among the many reasons nursing is no cakewalk. Nurses are often required to work extended hours as a stop-gap due to high RN vacancy rates and high incidence of work-related injury. Numerous studies have shown that nurses in general work more than the standard 40 hour work week (U.S. Department of Health and Human Services, 2002, p. 3). It has also been shown that millions of hours of RN productivity are lost every year due to injury sustained on the job (Charney & Schirmer, 2007). Due to these unsatisfactory and unhealthy working conditions, nurses continually report job satisfaction rates among the worst in the nation. Twenty-three percent of the nurses who participate in annual job satisfaction surveys plan to seek other career avenues due to poor working conditions (U.S. Department of Health and Human Services, 2002, p. 1). These factors contribute to a nearly one in five turnover rate for newly licensed nurses (Madkour, 2009).

Nurse Educators

In nursing programs across the country, teacher vacancy rates have risen to as high as 8.8% (Roberts, 2008). This shortage has occurred due to a market inefficiency where nurses in educator positions are not paid high enough wages to attract a sufficient supply of new educators. Currently, most nurse educators are required to have a Ph.D. in nursing. Attaining that level of education takes a great deal of time, dedication, and resources. Meanwhile, staff nurses generally spend much less time in school and make more money. In fact, three-quarters of all full time employed RNs are educated in 2 year Associates degree programs and hold no further advanced nursing degrees. Therefore, most RNs currently in the workforce are precluded from being RN educators due to insufficient education (Buerhaus, Staiger, & Auerbach, New signs of a strengthening U.S. nurse labor market?, 2004, p. 17). However, since new nurses can sometimes make up to 150% more than nurse educators, the return on investment for advanced nursing degrees is very poor. Why spend eight years in school getting a Ph.D. when you can get a nursing degree in two years and immediately make more money and have less overall responsibility? The average wage for nurse educators in the U.S. is \$70,000, while some staff nurses can make up to \$125,000 (Sims, 2009).

Nursing Education

Due to the deficient number of properly credentialed RN educators, The NFAP reports that nearly all nonprofit nursing schools have waiting lists and every semester thousands of qualified applicants are turned away due to lack of facility space and educators (Herbst, 2007). Due to this, enrollment in nursing schools is down 17% in the last five years. According to Robert Rosseter of the nonprofit American Association of Colleges of Nursing, "The nursing shortage is not driven by a lack of interest in nursing careers. The bottleneck is at the schools of nursing

because there's not a large enough pool of faculty" (Dunham, 2009). Between the years of 2005 and 2006, 32,000 potential RN candidates were dismissed due to these shortcomings. In 2008, that number jumped to 42,000 (ONS, 2007, p. 26). Surveys estimate the number of potential nurses turned away from nursing schools will balloon to between 50,000 (Dattilo & Brewer, 2009) and 147,000 (Sims, 2009) in the next few years.

In response to the limited space available in nursing programs, teaching institutions have begun to thin the herd by instituting stringent educational standards for consideration into nursing programs. This unfortunate consequence of, and contributor to the nursing shortage deters potential RN candidates. Pressure to meet lofty academic standards coupled with no assurance of admittance to an accredited nursing program serve to make students apprehensive about pursuing an RN degree. According to the admissions department at the Kirkhof College of Nursing at Grand Valley State University (GVSU), a nonprofit university, the minimum grade point average for consideration for admittance to their nursing program is a cumulative 2.8. However, since GVSU is not sheltered from the systemic shortage of RN educators, students who achieve grade point averages of 2.8 may still have little chance of entrance since preference for admission is given to those students with the highest grade point averages and nursing aptitudes first. Perhaps frustrated, as I am, with the overcrowded state of GVSU's nursing program, Dr. Linda Scott, member of the GVSU board of admissions, declined to comment on the reasons so many students are denied entry, and only quipped, "entrance to the GVSU nursing program is very competitive" (Scott, 2008). For the precious few who do manage to get into the overcrowded, understaffed, and under-funded programs, many will find health care related scholarships hard to come by because of the poor state of the economy and under-funding of nursing scholarship programs (New Mexico Nurses Association, 2001, p. 1). In fact, this year, due to budget shortfalls, the state of Michigan discontinued its nursing scholarship program which gave nursing candidates up to \$4,000/year to help cover the cost of nursing education (Gustafson, 2009).

Licensed Non-Practicing RNs

There are approximately 355,000 inactive licensed RNs in the U.S (Langan, Tadych, & Kao, 2007). The average age of this group of RNs is 57. These RNs left the workforce for a number of reasons including poor working conditions, long hours, insufficient pay, and lack of advancement opportunity. A survey conducted in 2007 indicated that many of these RNs would consider a return to the workforce given pay increases and opportunity for advancement. However, when it comes to the nursing shortage, this pool of potential labor has been grossly overlooked. In some government reports they are only vaguely mentioned in passing as "another possible source of recruits." These nurses have years of valuable experience and some have advanced degrees, but no one seems to be looking in their direction to help end the nursing shortage (Langan, Tadych, & Kao, 2007).

Public Image of Nursing

The final factor contributing to the nursing shortage is the failure to address the negative stigma the public has attached to nursing community resulting in poor nursing recruitment efforts. Nurses fed up with their workplace plight tend to vent their frustrations upon their families. In a recent poll of active RNs, 55% indicated they would not recommend their profession to potential nursing students (Charney & Schirmer, 2007, p. 473). Since nurses often reinforce most of the negative perceptions of nursing careers, they gain legitimacy and tend to

sway the youth of today towards sharing these unfortunate viewpoints (Cohen, Burns, Stromburg, Flanagan, Askins, & Jones, 2006, p. 187). Public opinion polls of nursing careers clearly show that the public respects nurses as hardworking, honest, and ethical individuals but they also see them as overworked and undervalued (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008).

Today, more than 95% of all registered nurses in the US are female (Meadus & Twomey, 2007, p. 13). Tracing back to Florence Nightingale, Nursing was originally considered a natural profession for women, second only to motherhood (Hull, 1982). This fact along with years of sexist imagery associating nursing with femininity and weakness casts a heavy negative stigma in society against male nurses. Recruitment efforts for male nurses will have to address these issues before society will stop associating male nurses with effeminate qualities and homosexuality.

POSSIBLE AVENUES OF SOLUTION

Status Quo/Do Nothing

One possible answer to the current nursing shortage is to do nothing in hopes that it will sort itself out. However, all reliable data and trends point to impending disaster if nothing is done. Studies show RN workloads will increase, patient mortalities will go up, and the nursing deficiency will continue to rise to 1/5 of the total needed RN workforce. The United States Department of Health and Human Services forecast statistics show that if nothing is done to correct the nursing shortage, by 2020 we will have 133,200 fewer full time employed nurses in the workforce than we do now. As the supply of nurses goes down and the ability to provide care decreases, prices for care will ultimately have to increase. We also will be paying the remaining nurses 32% more than today just to maintain a market participation level that will be deficient by 36% of needed supply of nurses (U.S. Department of Health and Human Services, 2004). If nonprofit hospitals fail to act, other health providers may act in their stead, however, since the bulk of health care and health profession education is provided by nonprofit entities, it seems in order to most effectively affect change, nonprofits will have to be involved. Recent outbreaks of various flu viruses have flooded emergency rooms and doctors' offices across the country. Wait times have gone up and at times can be in excess of several hours. This is at current RN employment levels and without a major outbreak of a deadly virus. If nothing is done to address the nursing shortage there will be a breaking point where the nurses cannot keep up with the need for care. Imagine if that were to happen in a time of great need, such as a flu pandemic. Countless US citizens would die because nonprofits failed to act to prevent a disaster they saw coming for a long time. I, for one, don't want that on my conscience and therefore find the path of doing nothing to be unacceptable.

Improving Working Conditions

I believe that one starting point for stemming the current nursing shortage involves creating suitable working environments for RNs. Pat Rutherford, vice president of the Institute for Healthcare Improvement, a nonprofit organization based in Cambridge, Mass. said, "It costs \$50,000 to \$100,000 to replace one nurse, and that's not counting salary" (Haynes, 2008). Statistics have shown employees that have their base level needs met are more cost effective to the organization when one considers saved costs of, recruitment, training, overtime, workers compensation claims, and legal liabilities. With that in mind, now is the time for nonprofits to

increase their push for the government to pass legislation that summarily improves the nursing work environment. On the topic of nurses' working conditions, Mary Foley, President of the nonprofit American Nurses Association (ANA) said, "If we hope to maintain the quality of care in our health care facilities, we must improve nurses' working conditions, which have deteriorated over the last decade." To help achieve that end, "the ANA is actively calling for legislation that protects patients and nurses, and ensures better care," Foley added (American Nurses Association, 2008).

The ANA, as well as other nonprofit organizations such as The Center to Champion Nursing in America, have set forth an agenda to advocate for legislation aimed at improving working conditions for nurses specifically through the establishment of fixed nurse-to-patient ratios. The ANA's initiative called, "Safe Staffing Saves Lives," attempts to inform the public about the dangers of low RN to patient staffing levels, and how along with patient safety concerns, low staffing levels lead to even further RN loss. The goal of the ANA is to get a bill called the RN Safe Staffing Act passed in Congress (American Nurses Association, 2008). The RN Safe Staffing Act attempts to relieve heavy patient loads by letting RNs set minimum levels of nursing staff for each unit of their respective hospitals based on factors such as patient acuity, patient numbers, and experience of the caregivers. The ANA estimates that adoption of such a plan would save \$3 billion in the form of retained nursing staff and decreased hospital stays (American Nurses Association, 2008).

As with most things in life, you can only assure organizational compliance if noncompliance is detrimental to the organization. To this end, the RN Safe Staffing Act places punitive power for noncompliance in the hands of the Secretary of Health and Human Services in the form of monetary penalties (American Nurses Association, 2008). The possibility of monetary sanctions and public humiliation will undoubtedly motivate nonprofit hospitals to work with nurses to improve working conditions.

The tricky part of this equation will be figuring out fair penalties for noncompliance that serve to prevent the problem and not make it worse. Any financial sanction levied against a hospital for not meeting minimum nursing levels would likely only serve to degrade the environment further for the nurses who work there, thus negating the very purpose of instituting minimum levels. I feel that direct financial hits to non-compliant nonprofit hospitals are not going to help the situation at all. Instead, I believe these hospitals should be subject to revocation of their accreditation from the nonprofit entity, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This action would effectively cripple a nonprofit hospital because it would then be unable to accept Medicare/Medicaid insurance. Since approximately 33 cents of every dollar spent on health care in the U.S. is funded by Medicare, nonprofit hospitals will do whatever it takes to keep their accreditation and the reliable government checks rolling in (Spetz & Given, 2003).

Some hospitals have explored other means of improving nurses working conditions and improving nurse retention. One such program called, the Versant RN Residency program, developed at Los Angeles's nonprofit Children's Hospital. This program has spread to over 70 nonprofit hospitals nationwide as it has gained in success. It costs \$5,000 per participant, which is far less than the estimated \$50,000 it costs the hospital if a nurse washes out. In the first part of the 18-week program, rookies watch veteran RNs' perform their everyday tasks. They stay in teams throughout the program and eventually the new nurses start performing the work while the veterans watch. This program has been shown to decrease stress, decrease job related injury, increase job awareness and self confidence/self reliance and positively affect patient outcomes.

The program has lowered washout rates from 20% to as low as 6% in some participating hospitals. The US government has pledged \$17 million for hospitals to start nurse initiation programs, but this will only provide help for 75 nonprofit hospitals (Madkour, 2009). The need is much greater and a program with this success rate deserves national attention.

One outside-of-the box avenue being explored to improve nurses' working conditions is robotics. In Japan, a technology firm has developed a "Robot for Interactive Body Assistance" or RIBA. This robot is designed to help nurses lift patients out of their beds and into toilets or wheelchairs. Its current capacity is 135 pounds so it is not yet ready for practical application, but the idea is a big step in the right direction for improving nurses working conditions. Technology applications such as this will go a long way in making nurses and patients healthcare experiences safer and more efficient (RIKEN, 2009).

Pay Raises

Another avenue that should be explored to help alleviate the nursing shortage is increasing nurses' pay and financial incentives. A study done in 2006 by the Institute for Women's Policy Research indicated that raising nurses pay directly led to increased demand for nursing positions at the hospitals studied. They conclude that nurses' wages are not yet high enough to promote higher demand for positions and thus alleviation of the nursing shortage (Institute for Women's Policy Research, 2006). Even President Obama commented on nurses' wages in a speech this year saying, "Nurses don't get paid very well and their working conditions are not very good" (Dunham, 2009).

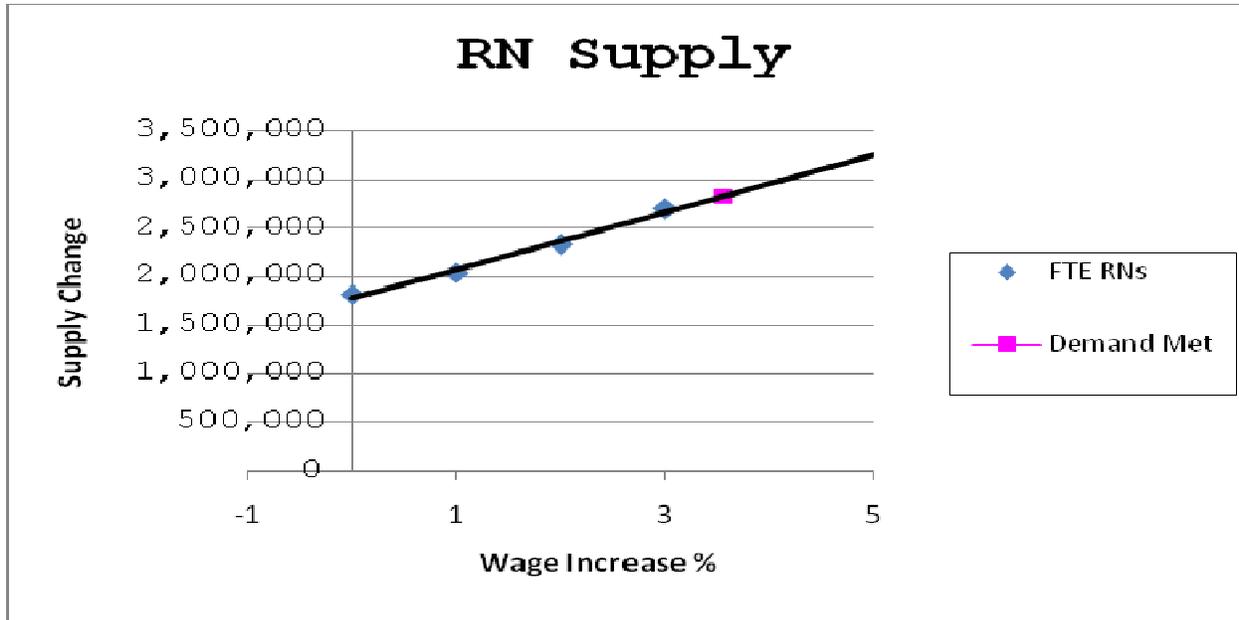
According to the Journal of the American Medical Association, the turbulent state of the economy is prompting more retired nurses back into the nursing labor pool. Higher wages will promote more retired nurses back to work, more current nurses to stay on the job, and more students to pursue nursing careers. According to the CEO of America's largest healthcare system, Tenet Healthcare, "Anyone with a nursing degree in this country does not need to worry about having a job" (Institute for Women's Policy Research, 2006). Rock solid job security and higher wages will be a valuable tool to attract the nurses we need to ensure quality healthcare for the public in this time of high unemployment and uncertainty.

Nurses may also see pay raises by extension of the proposed legislation mandating nurse-to-patient ratios. Hospitals will do whatever they can to retain and attract staff and the only way they can do that beyond improving the working conditions, according to the law of supply and demand, is to raise wages until the demand for nurses is met. RNs may also see increased availability for scholarships for advanced degrees due to hospitals striving for nurse retention and workforce replacement creation.

Train More Nurses and Nurse Educators

Research done by the IWPR has decisively concluded that nurse educators are in very short supply across the nation (Institute for Women's Policy Research, 2006). The current nursing shortage is circular in nature, meaning there aren't enough nurses to meet demand, there aren't enough nurse educators to train new nurses to meet that demand, and there is no financial incentive to become a nurse educator so not enough nurses become educators. The focal point here is the nurse educators. No matter how much money you give to staff RNs, the supply of nurses will not meet demand because there are not enough educators to produce the necessary amount of nurses to fill the demand (Dattilo & Brewer, 2009). If there were enough faculty to train these nurses, the current gap in supply of registered nurses could theoretically be filled

within 7 (Sims, 2009) to 10 years (Spetz & Given, The Future of The Nurse Shortage: Will Wage Increases Close The Gap, 2003). The number of new faculty needed to make this possible would be 7,350, based on statistics that show one educator can train ten nurses in a clinical setting per semester (Ganley & Sheets, 2009).



A 3.54% increase in nursing wages above the market level will prompt supply to equal demand.

In order to increase supply of nurse educators, most data suggests raising their wages to more appropriate levels as the first and most important step in dealing with the problem. The only way the supply of nurse educators will ever increase at a rate that will allow the supply of nurses to meet demand is through significant financial incentives to becoming an educator. This investment in promoting higher education can come from multiple fronts. First and foremost, it must come from nonprofit university nursing programs in the form of substantial increases in nurse educator compensation. Nurse educator compensation must reflect their large investment of time and resources in procuring an advanced degree and also take into consideration the dire current demand for them and their importance in helping to solve a national health care problem that affects us all (Carlson, 2009).

Along with increasing wages, relaxing entry requirements to the nurse educator profession would go a long way in increasing their supply. Most nursing programs currently require advanced degrees and extensive experience in order to acquire a nurse educator position (Nally, 2008). Instead of requiring Ph.D. level credentials and a myriad of responsibility outside of classroom teaching, some suggest requiring master's degrees in nursing and focusing the extracurricular activities required of teachers on the interests of the particular teaching candidate (Warren & Mills, 2009).

Relaxing barriers to entry will be a valuable tool in increasing the longevity of nursing careers as well. Nursing is hard on the mind and body; as nurses start to age, the physical demands may be too much to bear and it is then that these nurses should be recruited to be educators (Langan, Tadych, & Kao, 2007). Those already in possession of masters or higher degrees could move

right into teaching when the daily grind of clinical practice becomes too much for them. Those without advanced degrees could be offered incentives such as tuition reimbursement to prompt these nurses to acquire higher-level degrees and teach future generations of nurses.

Nurse educator positions could also potentially be filled by non-practicing licensed RNs. This potential avenue of supply for nursing educators cites pay as the number one reason they are no longer a part of the workforce. However, according to a 2007 study, 42.4% of these nurse would return to the workforce if pay was increased. Due to their advanced age, this population of registered nurses' clinical days are probably over, but teaching careers remain a strong possibility (Langan, Tadych, & Kao, 2007). Due to the recent economic downturn, many of these RNs are returning to the workforce outside of nursing. Now is the time to relax requirements for these potential nurse educators and offer them a fair wage. Their many years of experience in the clinical setting alone will be invaluable for producing quality nurses for the future.

In order to encourage the pursuit of advanced degrees, the U.S. government must continue to do its part and fund programs such as the Nursing Workforce Development Program, which gives nonprofit nursing schools more money to educate new RNs and hire enough staff to meet the demand for RN educations (Missouri State Board of Nursing, 2005, p. 13). Nonprofit organizations, such as Americans for Nursing Shortage Relief, advocate for increasing spending on this program in the coming years by \$210 million/year (Americans for Nursing Shortage Relief, 2006). Further government funding along with scholarship help pledged by nonprofit agencies such as The March of Dimes, The Florence Nightingale Foundation, and The Minority Nurse Foundation, along with tuition assistance programs from nonprofit hospitals across the nation, need to be made more readily available for RN candidates and RNs seeking advanced teaching degrees. The goal here is to ease funding for those seeking RN degrees and promote graduate level education for existing RNs. With healthcare currently a high priority on the agenda of a democrat-led government, now is the time for nonprofit advocate groups to lobby Washington for funding for these advanced degree programs. The economic stimulus bill signed by President Obama will pump \$100 million into tackling the nursing shortage, but this is not enough. The nonprofit nursing education advocacy group, The American Association of Colleges of Nursing, is pushing congress to enact a bill called The Nurse Education, Expansion, and Development Act (NEED). It would provide \$1400 per student per year for bachelor's degree seeking nursing students and \$1800 per student per year for masters degree seeking nursing students to promote obtaining education credentials suitable for nurse teaching positions (American Association of Colleges of Nursing, 2009).

It also makes financial sense for nonprofit nursing programs to offer their own incentives for students to become educators such as scholarships and employment guarantees. If the university has more educators, they can provide nursing education to more students and therefore, receive more money in tuition (Roberts, 2008). By subsidizing their education, it makes it more attractive for nurses to obtain higher education.

Another avenue being explored to promote nursing education is strategic partnerships between nursing employers and nursing educators. Inova Health System, a nonprofit hospital based in Falls Church Virginia, and the Nonprofit nursing program at Shenandoah University have teamed up to form a mutually beneficial arrangement that allows more nursing students to enter Shenandoah's nursing program, while guaranteeing Inova Health System a steady flow of new nurses. In this arrangement, Inova pledges \$7,500 scholarships to Shenandoah's nursing program for nursing students who sign a contract to work for Inova upon graduation (American

Association of Colleges of Nursing, 2009). My current employer, Spectrum Health, has a similar program in place, however they do not specify which nursing program candidates should attend, but rather remit a portion of tuition back to the nursing student in exchange for signing an employment contract with the hospital.

Programs like these are a start, but unless all hospitals join up with nursing schools to pipeline fresh nurses, generous amounts of government funding needs to keep flowing to nonprofit nursing programs and nonprofit teaching hospitals or the funding won't amount to anything more than a temporary band-aid on the problem. Short of making the issue a national priority, the sheer size of the problem will eventually overcome any quick fixes. Funding nursing programs needs to become commonplace like funding national defense and building infrastructure. The health of the nation needs to become as important as stockpiling guns and making new roads. Without our health, there is nothing to protect.

Online Learning

Along with training more nurse educators, classroom sizes need to be expanded and opened up to more students. In this age of laptop computers, telecommuting, and smart phones where nearly 80% of Americans have internet access, and nearly 90% have computers, it is appalling that institutions of higher learning tasked with training our future RN workforce have failed to leverage technology that could revolutionize the way nurses are educated (The Nielsen Company, 2009). The biggest problems faced by nursing schools now are lack of adequate physical space to hold classes for students and lack of adequate numbers of qualified nursing educators to hold the classes. This causes them to use lofty GPA requirements to deter the pursuit of nursing educations by many students who would otherwise be welcomed with open arms into any nursing program. By utilizing more online, virtual classes, schools would not need physical space to accommodate students which also means that existing nursing educators could hold large online classes and reach a larger student base. This would further mean that schools could lower GPA requirements to more realistic levels, while still maintaining high standards in order to successfully complete the RN program. The lower GPA requirements and easier access to programs would significantly increase interest in a program that would virtually guarantee a good income and job security upon successful completion.

Online classes are also cheaper for the schools to run and therefore could afford the schools a chance to offer scholarships or other incentives to utilize the online nursing program. The Commission on Collegiate Nursing Education (CCNE) has already begun to accredit online nursing programs, but there is a very large market for further venture by nursing schools into this grossly underserved market (American Association of Colleges of Nursing, 2009). Along with the online classes, nurse candidates in these programs do their practical clinical work at local hospitals and health care facilities. The practice of holding clinicals for nursing students by local providers could also benefit them by serving as a pipeline for bringing in new nurses after their degrees are completed.

The expansion of the availability and quality of online nursing programs is essential in creating the capability to train the number of new nurses America needs to avoid future health care catastrophes. Online programs will help alleviate waiting lists at traditional nursing schools and therefore open the door to nursing for students who previously dismissed the career due to long waiting lists. Online classes will also give non-traditional teaching hospitals the chance to host clinical rotations and create professional networks to bring in new nurse recruits. I believe

nonprofit universities and nonprofit hospitals should work together on this mutually beneficial arrangement.

Promoting Nursing Careers

Studies conducted by the US Department of Health and Human Services show that the average age of active RNs is increasing. This means that young RNs are not coming into the workforce at a rate sufficient enough to bring down the average age. In fact, the government accounting office speculates that 40% of all RNs will be older than 50 by 2010 (US Department of Health and Human Services, 2007). Taking that into consideration, another way nonprofits can affect the nursing shortage is by actively promoting nursing careers to young people and attempting to reverse negative stigmas by showcasing vastly improved working conditions, high income potentials, increased availability of nursing education, and ability to learn on your own terms utilizing online courses. Nonprofits can also use this opportunity to use targeted marketing campaigns to help reverse the negative connotations attached to male nursing.

A nonprofit in Colorado called Friends of Nursing has a great program that fits right along with the aim of this campaign. The group holds nursing career fairs each year for students ranging from elementary on up. The fairs aim to put a friendly, human face on nurses and highlight the many different fields of nursing, such as traveling nurses, ER, OB, Military, hospice, etc. They also invite the families of students and try to highlight the benefits of a nursing education to parents. "Every mother is a nurse in their own right," said Greta Howard, cofounder of the organization (LLC, 2008). They believe that by appealing to this nature, parents will be able to better comprehend the value of nursing educations. I believe that in concert with these career days, school guidance counselors should be trained by nurses about the benefits of careers in nursing and be given access to comprehensive lists of available nursing-related scholarships and tuition-based reimbursement initiatives. It is programs like these that educate children and their families at the grass roots level that will be the most effective in promoting nursing as a career.

Building off of the grass roots nursing career marketing, nonprofits can address the gender issue in the most effective manner. Currently, men make up only roughly 5% of the RN workforce (U.S. Department of Health and Human Services, 2002). In order to change that, I suggest a nonprofit sponsored program that sends male nurses across the country into schools to speak to children about their jobs as well as running simultaneous ad campaigns, such as the "Are you man enough to be a nurse?" campaign originally engineered by a nonprofit organization called the Oregon Center for Nursing. In an attempt to counteract years of misguided public conceptions about male nurses, this campaign displays rugged looking men who chose nursing as a career (Meadus & Twomey, 2007). At home in Michigan, another nonprofit, the Michigan Center for Nursing, initiated a campaign called, "It's A Guy Thing," that distributes posters of distinguished male nurses into the community and expresses why a career in nursing is now a viable career path for men (Wilson, 2006). Hopefully by reaching children at a young age through visual media, we can change the negative stigma attached to male nursing.

SELECT AN APPROPRIATE SOLUTION

It is not possible to employ all strategies for alleviating the nursing shortage discussed in this paper simultaneously. It would not be cost effective, politically favorable, and some steps just need to occur before others in order to be feasible and effective. It is also not possible to alleviate the nursing shortage by addressing only one of the issues that have caused it due to the problem's

circular nature. Only an approach that addresses multiple facets of the shortage can be successful in ending it.

Possible Solutions to Nursing Shortage						
	Cost \$	Affect on Community	Political Cost	Nursing Supply	Output Potential	Order Of Importance
Do Nothing	HIGH	Negative	HIGH	Decreased	Negative	0
Working Conditions	HIGH	Positive	MED.	Neutral	Neutral	3
Pay Raises	HIGH	Positive	N/A	Increase Dramatically	HIGH	2
Nurse Educators	HIGH	Positive	N/A	Increase Dramatically	HIGH	1
Online Learning	LOW	Positive	N/A	Increase Slightly	MED.	4
Marketing	HIGH	Positive	N/A	Increase Slightly	MED.	5

As far as non-action goes, the cost to society in financial terms and well-being would be too great to measure. The political fallout for those deemed responsible for letting the problem get out of hand would be equally devastating. Nonprofits themselves exist to serve their communities. They can do their communities no greater disservice than to stand idly by and let the nursing shortage continue unchallenged.

I have come to the conclusion that waiting for the federal government to act in their stead would be a fatal misstep for the nonprofit healthcare industry. Budget constraints, political agendas, and mountains of red tape slow the wheels of government to a pace unacceptable for the degree of urgency faced in the nursing shortage. Nonprofits must act in their own self interest and take it upon themselves to work towards a quick and efficient solution to this growing problem.

In the course of my research, as well as being the most affected by the shortage, I have found that nonprofit organizations, due to their intense involvement and vested interest, can be the most effective actors in implementing plans to reverse this shortage at each level. It will be important to get these nonprofit healthcare organizations and nonprofit universities to come together and form a unified front to work hand in hand in order for change to be implemented on a permanent basis.

The bulk of my research indicates that pay raises are the most effective way to increase the supply of nurses in the job market. In order to attain the required amount of nurses to meet demand however, nurse educators need to be the ones who see pay increases first. Once nonprofit universities see to it that nurse educators are paid a wage that reflects their status in the nurse supply equation, there will soon be enough nurse educators to produce the needed number of nurses. It is at this time that the nonprofit hospitals will need to increase wages of staff nurses by approximately 3% above the average market to entice enough students into the nursing profession to achieve full nursing employment by the year 2020.

Since the objective of nonprofit universities and hospitals is to maximize quality and product output, it fits with their objective to spend more on nursing and teaching wages to improve the

means of production, and by extension improve quality and output. By adding more nurse educators, nonprofit nursing schools will receive more funds in the form of tuition and be able to produce more RNs. By adding more RNs, nonprofit hospitals will be able to see more patients to allow them more billable charges and reduce patient fatalities.

Once the educators are in place and the supply of nurses starts to rise in anticipation of high wages, some of the secondary approaches to solving the nursing approaches can come into play. At this stage a program like the one previously discussed that focused on nurse retention through mentorship would be of great value to nonprofit hospitals to ensure they retain the employees they have significantly increased spending to acquire. Also at this time, nonprofit nursing schools could look to expand online learning capabilities to maximize the possible revenue generated by their newly minted staff of nursing educators. Nonprofit hospitals and universities should then work to form strategic partnerships to insure flow of students and employees as well as share in the cost of marketing and promoting nursing careers.

The one role I believe the government must play is insuring better working conditions for nurses. It is vital to keep safe those who keep us healthy. However, since it will take a great deal of time to implement any government sponsored plan to improve nurses' work environments, nonprofits should work together to apply political pressure on the issue only after they put their own plans into motion to alleviate the shortage.

CONCLUSION

One caveat of gaining nonprofit status for a hospital is that it must provide “community benefit,” which includes maintaining an emergency room open to everyone regardless of their ability to pay (Kelderman, 2008). In the tough economic times our country is now facing, the number of people in desperate need has increased exponentially. Right here in Michigan, that need is higher than ever with unemployment above 10% and the auto industry teetering upon collapse. From first-hand experience working in Spectrum Health Butterworth’s busy Emergency Room, I have come to realize just how much the community relies on this charitable service. Despite heavy patient loads, long hours, and few (if any) break periods, helping these people has become not only my job and sworn duty, but a great privilege. These same people in need are both the reason for nonprofits and the reason they can continue to serve others. It is scary to think that in the coming years nurses may not be able to handle the needs of the public due to a big gap in human resources. In the time it has taken to write this research paper many young people interested in a career in nursing have been shot down by a system that lacks valuable teaching resources and sufficient financial incentives to promote the necessary increase of nursing educators needed by nonprofit universities. Unfortunately, every day this shortage continues, patients in nurses’ care are at risk of dying due to lack of trained caregivers. It is time this cycle is stopped before it is too late. Nonprofit hospitals, nonprofit nursing schools, and to some extent, the United States government must act together to help end the nursing shortage. I have hope that if such a collaboration were created, nursing will gradually gain respect and become one of the most sought-after careers in America. This will be a result of the hard work of nonprofits to broaden educational availability, increase pay, improve working conditions, and increase positive recruitment efforts. If such a collaboration is put into action, I am hopeful that I will never see the day where another patient dies due to lack of RN care in Spectrum’s ER.

REFERENCES

- American Nurses Association. (2008). *Federal Legislation: Registered Nurse Safe Staffing Act*. Retrieved November 16, 2008, from Safe Staffing Saves Lives: <http://safestaffingsaveslives.com/WhatIsANADoing/FederalLegislation.aspx>
- American Association of Colleges of Nursing. (2009, April). *Capitation Grants: A Solution for Expanding Nursing School Capacity*. Retrieved November 30, 2009, from aacn.edu: <http://www.aacn.nche.edu/Government/pdf/CapGrants.pdf>
- American Association of Colleges of Nursing. (2009). *CCNE Accreditation*. Retrieved November 15, 2009, from American Association of Colleges of Nursing: <http://www.aacn.nche.edu/accreditation/>
- American Association of Colleges of Nursing. (2009). *New Partnerships and Grant-Funded Initiatives in Nursing Education*. Retrieved November 30, 2009, from aacn.edu: <http://www.aacn.nche.edu/Media/PartnershipsResource.htm>
- American Association of Critical Care Nurses. (2005). House OKs new flexible schedules to attract nurses. *AACN news*, pp. 16-18.
- Americans for Nursing Shortage Relief. (2006). *Assuring Quality Health Care for The United States*.
- Brown, J., Trinkoff, A., Nielson, K., & Brady, B. (2004). Nurses Perception of their work environment, health, and well being. *AAOHN*, 52 (1), 16-22.
- Brush, B., Sochalski, J., & Berger, A. (2004). Imported care: recruiting foreign nurses to U.S. health care facilities. *Health Affairs*, 23 (3), 78-87.
- Buerhaus, P., & Donelan, K. (2007, May). Data Watch. *Health Affairs*, 26 (3), pp. 853-857.
- Buerhaus, P., Staiger, D., & Auerbach, D. (2004, November 17). New signs of a strengthening U.S. nurse labor market? *Health Affairs*, pp. 526-533.
- Carlson, J. (2009, March 2). Boosting nursing profile. *Modern Healthcare*, pp. 1-2.
- Carreyrou, J. (2008, April 4). *Nonprofit hospitals: Once for the poor, strike it rich*. Retrieved November 6, 2008, from Wall Street Journal: <http://www.wsbt.com/news/consumer/17296354.html>
- Charney, W., & Schirmer, J. (2007). Nursing injury rates and negative patient outcomes--connecting the dots. *AAOHN*, 55 (11), 470-474.
- Cohen, R., Burns, K., Stromburg, M., Flanagan, J., Askins, D., & Jones, L. (2006). The Kids into health care (KIHC) initiative: Innovative approaches to help solve the nursing shortage. *Journal of Nursing Education*, 45 (5), 186-189.
- Dattilo, J., & Brewer, K. (2009, August). Voices of Experience: Reflections of Nurse Educators. *The Journal of Continuing Education in Nursing*, pp. 367-370.
- Donelan, K., Buerhaus, P., DesRoches, C., Dittus, R., & Dutwin, D. (2008, May-June). Public perceptions of nursing careers: the influence of the media and nursing shortages. *Nursing Economics*.
- Dunham, W. (2009, March 8). *U.S. healthcare system pinched by nursing shortage*. Retrieved November 20, 2009, from Reuters: <http://www.reuters.com/article/domesticNews/idUSTRE5270VC20090308>
- Evans, H. (2008, November 3). *Economic crisis places charities at risk*. Retrieved November 15, 2008, from Daily News: http://www.nydailynews.com/ny_local/2008/11/03/2008-11-03_economic_crisis_places_charities_at_risk.html

Ganley, B. J., & Sheets, I. (2009, July). A Strategy to Address the Nursing Faculty Shortage. *Educational Interventions*, pp. 401-405.

Gonzalez, R. (2002). Assessing nursing's legislative progress: in the U.S. congress, the ANA takes on the nursing shortage and mandatory overtime. *Nevada RNformation*, 11 (3), 1-2.

Gourley, L. (2006, December 11). *Nonprofit hospitals, more nurses and greater availability of technology equal better patient care*. Retrieved November 8, 2008, from Bio-Medicine: <http://news.bio-medicine.org/medicine-news-3/Nonprofit-hospitals--more-nurses-and-greater-availability-of-technology-equal-better-patient-care-2192-1/>

Gustafson, S. (2009, 11 03). *Michigan Nursing Scholarship program falls victim to state budget cuts*. Retrieved November 15, 2009, from Mlive: http://www.mlive.com/michigan-job-search/index.ssf/2009/11/michigan_nursing_scholarship_program_fal.html

Haynes, V. D. (2008, October 20). *Hospitals Improve Working Conditions To Battle Nursing Shortage*. Retrieved November 12, 2008, from Hartford Courant: <http://www.courant.com/news/health/hc-atworknursekeep1020.artoct20,0,1895083.story>

Herbst, M. (2007, September 6). *Are Nursing Shortages Causing Deaths?* Retrieved November 8, 2008, from NFAP: <http://www.nfap.com/pdf/070906BW.pdf>

Hull, R. T. (1982, February). Dealing with Sexism in Nursing and Medicine. *Nursing Outlook*, pp. 89-95.

Institute for Women's Policy Research. (2006, March 8). Retrieved November 14, 2009, from Institute for Women's Policy Research: http://www.iwpr.org/pdf/PressRelease2_8_06.pdf

Institute for Women's Policy Research. (2006). *Solving the Nursing Shortage through Higher Wages*. Washington, DC: Institute for Women's Policy Research.

Kelderman, E. (2008, October 14). *Hospitals Use 'Broad Latitude' in Reporting Charity Care, Report Finds*. Retrieved November 17, 2008, from The Chronicle of Philanthropy: <http://philanthropy.com/news/updates/index.php?id=5983>

Langan, J. C., Tadych, R. A., & Kao, C.-C. (2007, February). Exploring incentives for RNs to Return to Practice: A Partial Solution to the Nursing Shortage. *Journal of Professional Nursing*, pp. 13-20.

LLC, M. P. (2008, October 19). *Nonprofit's career festival aims to fight shortage*. Retrieved November 7, 2008, from Denver's Nursing Star: www.denvernursingstar.com/newsletter/newsletter_view.asp?active=0%catid=92&

Madkour, R. (2009, February 15). *Nursing shortage: 1 in 5 quits within first year, study says*. Retrieved November 15, 2009, from USA Today: http://www.usatoday.com/news/health/2009-02-15-nursing-shortage_N.htm

Meadus, R., & Twomey, J. (2007, February). Men in nursing: making the right choice. *Canadian Nurse*, 13-16.

Missouri State Board of Nursing. (2005, May). U.S. senators Barbara Mikulski and Susan Collins honored for increasing federal funding for nursing programs, helping stem national nursing shortage. *Missouri State Board of Nursing*, p. 13.

Nally, T. (2008, June). Nurse faculty Shortage: The Case for Action. *Journal of Emergency Nursing*, 34 (3), pp. 243-245.

Nevada Nurses Association. (2002, May 1). Enrollments rise at U.S. nursing colleges and universities ending a six year period of decline. *Nevada RNformation*, 11 (2), pp. 1-3.

New Hampshire Nurses' Association. (2006, January). With enrollments rising for the 5th consecutive year, U.S. nursing schools turn away more than 30,000 qualified applications in 2005. *New Hampshire Nursing News*, p. 24.

New Mexico Nurses Association. (2001). National Legislation aimed at nursing shortage. *New Mexico Nurse*, 46 (2), 1-2.

ONS. (2007, March). Despite rising student enrollment in U.S. nursing colleges and universities, qualified applicants still turned away. *ONS Connect*, pp. 26-27.

Pizzi, R. (2008, October 1). *Michigan nonprofit hospitals provide billions in benefits*. Retrieved November 5, 2008, from Health Care Finance News:
<http://www.healthcarefinancenews.com/story.cms?id=8732>

RIKEN. (2009, November). *New robot to reduce burden on care facilities*. Retrieved December 12, 2009, from RIKEN.jp:
<http://www.riken.jp/eng/r-world/info/release/press/2009/090827/index.html>

Roberts, B. R. (2008, June). Recruitment and Retention of Nurse Educators: An imperative intervention to Decrease the Nursing Shortage. *Kentucky Nurse*, pp. 11-12.

Scott, D. L. (2008, April 7). GVSU Board of Admissions. (A. Rossman, Interviewer)

Sims, J. (2009, October). Nursing Faculty Shortage in 2009. *Dimensions of Critical Care Nursing*, 28, pp. 221-223.

Spetz, J., & Given, R. (2003, November). The Future of The Nurse Shortage: Will Wage Increases Close The Gap. *Health Affairs*, pp. 199-206.

Spetz, J., & Given, R. (2003, December). The future of the nurse shortage: will wage increases close the gap? *Health Affairs*, 22 (6), pp. 199-206.

The Nielsen Company. (2009). *Home Internet Access in US: Still Room for Growth*. Retrieved November 15, 2009, from Marketing Charts.com:
<http://www.marketingcharts.com/interactive/home-internet-access-in-us-still-room-for-growth-8280/nielsen-internet-access-household-income-february-2009jpg/>

U.S. Department of Health and Human Services. (2002). Bulletin of the Wisconsin Nurses Association. *Wisconsin Nurses Association*, 71 (3), 1-2.

U.S. Department of Health and Human Services. (2002). US health and human services survey shows critical shortage of nurses. *Massachusetts Nurse*, 73 (2), 1-4.

U.S. Department of Health and Human Services. (2004, September). *What is Behind HRSA'S Projected Supply, Demand, and Shortage of Registered Nurses?* Retrieved November 20, 2009, from <ftp://ftp.hrsa.gov/bhpr/workforce/behindshortage.pdf>

Warren, J. I., & Mills, M. E. (2009, May). Motivating Registered Nurses to Return for an Advanced Degree. *The Journal of Continuing Education in Nursing*, pp. 200-207.

Wilson, A. (2006, May 22). *Michigan Center for Nursing*. Retrieved November 9, 2008, from Michigan Health Council: www.michigancenterfornursing.org

Student Profile: Andrea Rossman



Andrea earned her undergraduate degrees from GVSU in Nursing and Health Science. She decided to pursue a Masters degree in the SPNHA program to advance her career and step towards non-profit management, specifically within the healthcare field. Andrea is currently employed as an RN in the ER at Spectrum Health Butterworth. She enjoys helping out at Degage when she gets the opportunity, as well as supports the nonprofit Mexican folkloric dance group, Xochi, that she has been a part of since she was a little girl. Ms. Rossman hopes her work in the SPNHA program helps her to advance in the healthcare field so that she can someday be involved in policy making and have a chance to make a real impact on the topic of her paper, the nursing shortage.