

**Assuring Quality Health Care for the United States:  
Building and Sustaining an Infrastructure of Qualified Nurses for the Nation  
*Consensus Document***

The Americans for Nursing Shortage Relief (ANSR) Alliance represents a diverse cross-section of health care and other related organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage and the delivery of high quality nursing care to the nation. Our country continues to be challenged by a chronic nursing shortage of registered nurses (RNs) that was first noted over 13 years ago in 1998. The shortage abated slightly in the recession in some localities, but is projected to worsen as health care requirements increase in the future. The link between health care and our nation's economic security and global competitiveness is undeniable. Having a sufficient nursing workforce to meet the demands of a highly diverse and aging population is an essential component to reforming the health care system as well as improving the health status of the nation and reducing health care costs.

The ANSR Alliance believes Congress must enact and fund a comprehensive set of initiatives to address these challenges and ensure that the nation has an adequate infrastructure of well-qualified nurses. To meet the basic nurse workforce demands, the ANSR Alliance recommends that Congress:

- **Appropriate \$313 million in funding for Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA) in FY 2012.**
- **Appropriate \$20 million in FY 2012 for the Nurse Managed Health Clinics as authorized under Title III of the Public Health Service Act.**

Nursing is the largest health care profession in the United States. According to the National Council of State Boards of Nursing, there were nearly 3.780 million licensed RNs in 2009.<sup>1</sup> Nurses and advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists) work in a variety of settings, including primary care, public health, long-term care, surgical care facilities, and hospitals. The March 2008 study, *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*, calculates an adjusted projected demand of 500,000 full-time equivalent registered nurses by 2025.<sup>2</sup> According to the U.S. Bureau of Labor Statistics, employment of registered nurses is expected to grow by 22 percent from 2008 to 2018, much faster than the average for all occupations and, because the occupation is very large, 581,500 new jobs will result. Based on these scenarios, the shortage presents an extremely serious challenge in the delivery of high-quality, cost-effective services, as the nation looks to reform the current healthcare

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<sup>1</sup> National Council of State Boards of Nursing, (2010). *2009 Nurse Licensee Volume and NCLEX® Examination Statistics. (Research Brief Vol. 50)*. On the Internet at: [https://www.ncsbn.org/10\\_2009NCLEXExamStats\\_Vol52\\_web.pdf](https://www.ncsbn.org/10_2009NCLEXExamStats_Vol52_web.pdf) (Accessed March 17, 2011).

<sup>2</sup> Buerhaus, P., Staiger, D., Auerbach, D. (2008). *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*. Boston, MA: Jones & Bartlett.

system. Even considering only the smaller projection of vacancies, this shortage still results in a critical gap in nursing service, essentially three times the 2001 nursing shortage.

## **BUILD CAPACITY OF NURSING EDUCATION PROGRAMS AND ENHANCE NURSING RESEARCH**

Nursing vacancies exist throughout the entire health care system, including long-term care, home care and public health. Even the Department of Veterans Affairs, the largest sole employer of RNs in the U.S., has a nursing vacancy rate of 10 percent. In 2006, the American Hospital Association reported that hospitals needed 116,000 more RNs to fill immediate vacancies, and that this 8.1 percent vacancy rate affects hospitals' ability to provide patient care.<sup>3</sup> Government estimates indicate that this situation only promises to worsen due to an insufficient supply of individuals matriculating in nursing schools, an aging existing workforce, and the inadequate availability of nursing faculty to educate and train the next generation of nurses. At the exact same time that the nursing shortage is expected to worsen, the baby boom generation is aging and the number of individuals with serious, life-threatening, and chronic conditions requiring nursing care will increase. Consequently, more must be done today by the government to help ensure an adequate nursing workforce for the patients of today and tomorrow.

A particular focus on securing and retaining adequate numbers of faculty is essential to ensure that all individuals interested in – and qualified for – nursing school can matriculate in the year that they are accepted. The National League for Nursing found that in the 2009-2010 academic year:

- 42 percent of qualified applications to prelicensure RN programs were turned away.
- One in four (25.1 percent) of prelicensure RN programs turned away qualified applicants.
- Four out of five (60 percent) of prelicensure RN programs were considered “highly selective” by national college admissions standards, accepting less than 50 percent of applications for admission.<sup>4</sup>

Aside from having a limited number of faculty, nursing programs struggle to provide space for clinical laboratories and to secure a sufficient number of clinical training sites at health care facilities.

ANSR supports the need for sustained attention on the efficacy and performance of existing and proposed programs to improve nursing practices and strengthen the nursing workforce. The support of research and evaluation studies that test models of nursing practice and workforce development is integral to advancing health care for all in America. Investments in research and evaluation studies have a direct effect on the caliber of nursing care. Our collective goal of improving the quality of patient care, reducing costs, and efficiently delivering appropriate health care to those in need is served best by aggressive nursing research and performance and impact evaluation at the program level.

## **STRENGTHEN THE CAPACITY OF THE NATIONAL NURSING**

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<sup>3</sup>American Hospital Association, (2007). *The State of America's Hospitals: Taking the Pulse, Findings from the 2007 AHA Survey of Hospital Leaders*. On the Internet at: <http://www.aha.org/aha/content/2007/PowerPoint/StateofHospitalsChartPack2007.ppt>. (Accessed December 3, 2008).

<sup>4</sup>National League for Nursing, (2011). *Annual Survey of Schools of Nursing, Academic Year 2009-2010*. On the Internet at: <http://www.nln.org/research/slides/>. (Accessed May 4, 2011).

## **PUBLIC HEALTH INFRASTRUCTURE**

Nurses make a difference in the lives of patients from disease prevention and management to education to responding to emergencies. Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are the most preventable of all health problems as well as the most costly. Nearly half of Americans suffer from one or more chronic conditions and chronic disease accounts for 70 percent of all deaths. Also, increased rates of obesity and chronic disease are the primary cause of disability and diminished quality of life.

Even though America spends more than \$2 trillion annually on health care – more than any other nation in the world – tens of millions of Americans suffer every day from preventable diseases like type 2 diabetes, heart disease, and some forms of cancer that rob them of their health and quality of life.<sup>5</sup> In addition, major vulnerabilities remain in our emergency preparedness to respond to natural, technological and manmade hazards. An October 2008 report issued by Trust for America’s Health entitled “Blueprint for a Healthier America” found that the health and safety of Americans depends on the next generation of professionals in public health.<sup>6</sup> Further, existing efforts to recruit and retain the public health workforce are insufficient. New policies and incentives must be created to make public service careers in public health an attractive professional path, especially for the emerging workforce and those changing careers.

An Institute of Medicine report notes that nursing shortages in U.S. hospitals continue to disrupt hospitals operations and are detrimental to patient care and safety.<sup>7</sup> Hospitals and other health care facilities across the country are vulnerable to mass casualty incidents themselves and/or in emergency and disaster preparedness situations. As in the public health sector, a mass casualty incident occurs as a result of an event where sudden and high patient volume exceeds the facilities/sites resources. Such events may include the more commonly realized multi-car pile-ups, train crashes, hazardous material exposure in a building or within a community, high occupancy catastrophic fires, or the extraordinary events such as pandemics, weather-related disasters, and intentional catastrophic acts of violence. Since 80% of disaster victims present at the emergency department, nurses as first receivers are an important aspect of the public health system as well as the healthcare system in general. The nursing shortage has a significant adverse impact on the ability of communities to respond to health emergencies, including natural, technological and manmade hazards.

## **HELP RETAIN NURSES, WITH SPECIAL EMPHASIS ON THE AGING NURSING WORKFORCE**

Some of the recent forecasts of the nursing shortage indicate that the nursing workforce will continue to grow older. Interest in nursing among individuals in their early to mid-twenties is at its lowest point in forty years. One study reports that the average age of RNs in the workforce would increase from 42.0 years in 2000 to 44.7 years in 2012. It is important to note that RNs in their 50s may

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<sup>5</sup> KaiserEDU.org. “U.S. Health Care Costs: Background Brief.” Kaiser Family Foundation. On the Internet at: <http://www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx> (Accessed May 4, 2011).

<sup>6</sup> Trust for America’s Health, (2008). *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness*. On the Internet at: <http://healthyamericans.org/report/55/blueprint-for-healthier-america> (Accessed December 3, 2008).

<sup>7</sup> Institute of Medicine, Committee on the Future of Emergency Care in the United States Health System, (2007). *Hospital-Based Emergency Care: At the Breaking Point*. On the Internet at: <http://www.iom.edu/?id=48896>. (Accessed December 3, 2008).

comprise a large part of this workforce and a number of nurses may work into their 60s.<sup>8</sup> Retaining these experienced, aging nurses in the workforce will make a critical contribution to curbing the effect of the nursing shortage. Nursing is a physically demanding career. Strategies will be needed to encourage and accommodate these nurses to stay in the workforce.

The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. A 2006 National League for Nursing/Carnegie Foundation Preparation for the Professions Program national survey of nurse educators found that fully one half of today's nurse faculty say they expect to retire within the next 10 years.<sup>9</sup> The NLN/Carnegie data also distinguished the nurse faculty cohort from the rest of the academic workforce by age: Where 48 percent of nurse educators are age 55 and over, only 35 percent of U.S. academics and only 29 percent of health science faculty are over the age of 54.

### **EXPAND RECRUITMENT OF NEW NURSES WITH EMPHASIS ON THOSE WITH DIVERSE BACKGROUNDS**

RNs, advanced practice registered nurses, and nursing faculty are *all* critically necessary to sustain an adequate supply of nurses available to deliver quality health care. The U.S. nursing shortage is part of a larger world-wide nursing shortage. The international scope of this problem makes it an immediate and critical need for our nation to develop additional strategies to appeal to men and women to pursue nursing and teaching nursing as a profession. Congress specifies the mission of Title VIII is to ensure a sufficient national supply of nurses; Title VIII programs must be adequately funded to fulfill that important mission.

The percentage of minority students enrolled in prelicensure RN programs has remained close to 28 percent with just minor variation since 2002. In 2010 slightly under 27 percent of prelicensure RN students were members of a minority group, compared with almost 37 percent of the US population to whom they will eventually provide care. Hispanics are dramatically underrepresented among nursing students. Whereas about 16 percent of the US population was Hispanic in 2010, among associate degree students only half those percentages (7.6 percent) were Hispanic.<sup>10</sup> The US Census Bureau projects that by 2050 the percentage of Americans of Hispanic origin is projected to double to over 30 percent.

Cultural competent health care providers are essential to the provision of high quality health care in this nation. Ideally, the health care workforce should reflect the cultural diversity of the general population. Studies have shown that people are most comfortable receiving care from someone of their own cultural and ethnic background. Studies provide evidence that minority practitioners are more likely than their Caucasian counterparts to serve in minority and medically underserved communi-

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<sup>8</sup> Auerbach, D.I., Buerhaus, P.I., & Staiger, D.O., (2007). Better late than never. Workforce supply implications of later entry into nursing. *Health Affairs*, 26(1): 178-185.

<sup>9</sup> National League for Nursing, May/June 2007. *Nursing Education Perspectives*. Introducing the NLN/Carnegie National Survey of Nurse Educators: Compensation, Workload, and Teaching Practice, Vol. 28, No. 3:164-169. On the Internet at: <http://nln.allenpress.com/doi/pdf/10.1043/1094-2831%282007%2928%5B164%3AHFTN%5D2.0.CO%3B2>. (Accessed February 26, 2010.)

<sup>10</sup> National League for Nursing (2011). *Annual Survey of Schools of Nursing, Academic Year 2009-2010*. On the Internet at: [http://www.nln.org/research/slides/exec\\_summary\\_0910.pdf](http://www.nln.org/research/slides/exec_summary_0910.pdf). (Accessed May 4, 2011).

ties.<sup>11</sup> It is critical that we invest in strategies to encourage this diversity in nursing, and work to enhance cultural competence among nurses of all ethnic backgrounds.

Data also indicate that in large part the nurse faculty workforce is not reflective of the nation's population or of the nursing student population. The NLN/Carnegie study affirmed that 96 percent of the nurse faculty are female, contrasting with the three-fifths of the U.S. postsecondary faculty who are males. The 2006 NLN/Carnegie study reports that nursing also lags significantly behind the remainder of academia with respect to diversity. Seven percent of nurse educators are minorities while 16 percent of U.S. faculty belong to a racial minority group. A NLN nurse faculty census found that Hispanics are also underrepresented among nurse faculty – just 3 percent of full-time and 5 percent of part-time nurse educators are Hispanic.

The homogeneity of the nurse faculty plays out as a unique capacity constraint, which limits nursing schools' ability to provide culturally appropriate health care education toward developing a health care system that understands and addresses the needs of the nation's rapidly diversifying population. Factors such as biases and stereotyping, communication barriers, cultural sensitivity/competence, and system and organizational determinants contribute to health care disparities, generating a compelling need for workforce diversity.

The undersigned organizations endorse this Consensus Document. If you have any questions, please contact:

Academy of Medical-Surgical Nurses  
American Academy of Ambulatory Care Nursing  
American Academy of Nurse Practitioners  
American Academy of Nursing  
American Association of Critical-Care Nurses  
American Association of Nurse Anesthetists  
American Association of Nurse Assessment Coordinators  
American Association of Nurse Executives  
American Association of Occupational Health Nurses  
The American College of Nurse-Midwives  
American College of Nurse Practitioners  
American Organization of Nurse Executives  
American Psychiatric Nurses Association  
American Society for Pain Management Nursing  
American Society of PeriAnesthesia Nurses  
American Society of Plastic Surgical Nurses  
Association for Radiologic & Imaging Nursing  
Association of Community Health Nursing Educators  
Association of Pediatric Hematology/Oncology Nurses  
Association of State and Territorial Directors of Nursing  
Association of Women's Health, Obstetric & Neonatal Nurses  
Citizen Advocacy Center

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<sup>11</sup> The Sullivan Commission, (2004). Missing Persons: Minorities In The Health Professions. On the Internet at: <http://www.aacn.nche.edu/Media/pdf/SullivanReport.pdf>. (Accessed February 26, 2010.)

Dermatology Nurses' Association  
Developmental Disabilities Nurses Association  
Emergency Nurses Association  
Infusion Nurses Society  
International Association of Forensic Nurses  
International Nurses Society on Addictions  
International Society of Nurses in Genetics, Inc.  
Legislative Coalition of Virginia Nurses  
National Association of Clinical Nurse Specialists  
National Association of Hispanic Nurses  
National Association of Neonatal Nurses  
National Association of Neonatal Nurse Practitioners  
National Association of Nurse Massage Therapists  
National Association of Nurse Practitioners in Women's Health  
National Association of Orthopaedic Nurses  
National Association of Registered Nurse First Assistants  
National Black Nurses Association  
National Council of State Boards of Nursing  
National Council of Women's Organizations  
National Gerontological Nursing Association  
National League for Nursing  
National Nursing Centers Consortium  
National Nursing Staff Development Organization  
National Organization for Associate Degree Nursing  
National Student Nurses' Association, Inc.  
Nurses Organization of Veterans Affairs  
Pediatric Endocrinology Nursing Society  
Preventive Cardiovascular Nurses Association  
RN First Assistants Policy & Advocacy Coalition  
Society of Gastroenterology Nurses and Associates, Inc.  
Society of Pediatric Nurses  
Society of Trauma Nurses  
Women's Research & Education Institute  
Wound, Ostomy and Continence Nurses Society