

***Past Event: 2022 NCSBN Annual Meeting - Education Session: Workforce
Issues Video Transcript***

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Event

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Presenters

shortage in the U.S. This is one of the primary issues that we are seeing in our workforce across the country.

However, we are observing that there's variation as we look at regions across the country and, of course, by organization or by healthcare institution. This is not just a hospital and health system issue. This really permeates all areas where nurses practice. I know my colleague, Loressa, probably, and ANA has some wonderful statistics.

You know, in preparing for today, you know, there is just such a wealth of information, and the statistics that we find are confusing. However, you know, in trying to find the most current information, 2022, I think it's important that we look at, you know, different aspects of the data.

Researchers of the McKinsey Institute estimate that the U.S. will have a 10% to 20% nursing gap by 2025 as the number of patients needing care exceeds the number of nurses. I can tell you that at AONL and AHA, we are working with a company called ProLucent who is actually on a daily basis scrubbing the hospitals and health systems postings.

And the number of healthcare organization vacancies for registered nurses is very significant in many organizations in the double digits. Loressa, I'm going to kick it to you to see if...

I know ANA also does a wonderful job at collecting stats.

- [Loressa] Thank you, Robyn. Certainly, I agree with Robyn, ANA agrees with Robyn. This staffing shortage has been referred to in communications that ANA has sent out, including to HHS, the surgeon general, and many others as a crisis. And we'd like to, I think, sometimes say, "Well, it's a crisis for hospitals."

Otherwise, people are doing okay. And I really disagree with that. And ANA does have some statistics that speak to the general population and numbers of nurses that suggest that we're losing ground. And we've encountered, historically, of course, we all know this, nursing shortages over the decades for a variety of reasons.

But I certainly think that with the statistics speaking for themselves, we're headed for a shortage, unlike perhaps something that we've never seen. There's a variety of reasons for that. Hospitals do account for a large portion of the shortage as they approach about a 20% vacancy nationwide. But when you take a look at just what's happened through the pandemic, in 2021, nursing supply dropped by about 100,000 nurses in this country.

And we certainly are not in a time with the aging of Americas, our baby boomer nurses dropping out of the workforce, we're not at a time where we can lose any ground such as that. And certainly, I know one of the questions coming will speak to the effect of the pandemic. But we have to consider that a large number of nurses under the age of 50 dropped out of the workforce last year.

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- [Joan] I would just add that...Loressa mentioned this, some of the reasons for the shortage, but also, I would add that this is something that is going to continue to grow as we look at the increased need for nursing care, which if you look at what's occurring in our healthcare system, the increasing focus on prevention and population health and the increased chronic disease and management, in addition to the aging of the population, but if you look at those two areas, those are areas which nursing needs to be able to focus on and will increase the numbers of nurses needed and worsen the shortage if we don't come together and do something about it.

- David, do you want to weigh in and also give us a global perspective?

- [David] Yeah, thank you very much. So, I actually think this is a bit like the blind group of people trying to figure out what an elephant is. They all get a lit

Dakota, or it might be from Saskatchewan, or it may be from Thailand. It doesn't matter. Let's look at it all and figure out what is going to provide the service for the future.

- Okay, David, I want to pick up on one of the things you said about applications to nursing programs. And that's a big question I'm asked quite frequently. Joan and Linda, do you want to weigh in on that? What does application numbers look like?

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Faculty are leaving and faculty are resigning as other nurses are resigning, and that is putting up a barrier in terms of the numbers of students that can come into nursing programs. The traditional issues have been with the number of clinical sites that are available, and things are easing up with COVID.

That did put an extra burden on clinical site availability for a while. That has eased up according to the reports and the information that we are receiving. There, of course, is still issues with numbers of faculty and prepared faculty in the educational arena to really educate the students that want to come in.

- Right, thank you. I think you've given us a very good look at the current environment, but now I want to project ahead a little bit. So, NCSBN data, the last time we collected it in 2020, although we have a new study going on right now of the workforce, but in 2020, it showed us, if we look at those data, that there were an equal number of nurses retiring as there were entering the workforce.

If we look at NCLEX data plus the retirement data from our study, will that be enough to sustain us for the future? Can you look ahead and tell me what does the future outlook look like? Anyone?

- So, Maryann, it's Robyn. You know, that number is from 2020, correct?

- Correct.

- And I'm just worried that the last two years are not going to reflect what we saw in 2020. We know from, you know, the hospital and health system side that the number of retirements has absolutely escalated. Anecdotally, you know, in the very beginning of the pandemic, we did see and we heard from some, you know, planning to retire baby boomer nurses that they would hang in there for a little while.

And they got through perhaps the first wave or the second wave of COVID. But particularly in '22,

I think the other thing that we're not really anticipating are all the new jobs. When it comes to the availability of nurses, you know, there's just jobs that we never anticipated our nurses would have.

I don't know how many of you saw the article a week or so ago that ER nurses are leaving for Botox, to inject Botox, and these medi spas are cropping up all over the place with jobs available for registered nurses. I mentioned this to a young audience I was speaking to this past week and asked how many of them knew a nurse that had gone to a medi spa.

And I was astounded that more than a dozen hands in the audience went up. And we just heard from Amazon about a pipeline of nurses that they need for their healthcare coverage. So, we really don't have a handle on demand, I guess is my point, and where nurses might go in the future. But when we consider, as I said before, that last year, this past year, the number of nurses under 50 leaving the

what professional nursing practice is, then we can figure out what the competencies are and what they need to be able to do, and how to demonstrate them.

- I want to continue on this for just a moment and talk more about strategies. So, Li

So, that whole model of care analysis... I know, again, there's organizations that are evaluating not only in hospital models but hospital at home models. Around 200 organizations around the country have pilots that are delivering, you know, acute level care in a patient's home.

I mean, I forget who said it before, but, you know, just imagine in five years where nurses are going to be practicing, and I think that's all levels of nurses.

- So, Maryann, I think you cannot look at the licensed practical nurse in isolation from how you deliver nursing in its entire continuum. So, the comments that Joan made earlier about really starting to define what nursing is all about, I think you've got to actually look at the entire continuum as part of this.

Certainly, when I was working in medical and surgical wards, we did have licensed practical nurses there in Scotland. They had often many, many years of experience and it was often their own personal histories that had actually prevented them going further because they weren't able to access education.

So, part of what we've got to think about is how you articulate from support worker, licensed practical nurse, registered nurse, APRN in a continuum, and people can actually progress through that at a pace which suits their life circumstance. And I think the more that we come out of COVID, life circumstance is actually going to be one of the key factors in terms of retaining and recruiting nurses.

And I think as part of that, we need to have regulatory framework that actually embraces that entire continuum so that we can make sure that people with the right skills are safe to practice, whatever that practice is, across the cradle to grave community to tertiary service.

And we've got to work that out because that's the reality of where we are.

- And David, I'd like to build on what you and Robyn have said, and that is the importance of teams. And if we define what it is that the professional nursing role is and then we figure out what it is that is needed, what other support services are needed within that team, they may be non-professionals, they could be other health professionals from other disciplines, they might be nursing.

But I would add that currently, we have a very... and I'm being a little bit of a devil's advocate here. And those who know me know I love to debate and be analytical. But we have a system right now that has so many different types of pathways to get from here to there to nursing.

We have multiple different credentials, we have different kinds of education programs, and that is extremely confusing for students who are interested in coming in. It's confusing for the public. It's confusing for nurses themselves and other health professionals about that scope and how people are used and what that credential means.

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who's...because I got in this discussion with somebody last week about they were trying to find monies to help support students to go to a certified nursing assistant program and then to move on to do an LPN program and then to move on to an ADN program and then to move on to a BSN program.

And if you figure out how many resources that individual, how much time, how much effort, and how much that costs that individual, is that the way we want to help them progress? I do understand that there are certain circumstances that may prevent somebody from moving directly into a certain type of education program, but I think that we can do better.

I think by defining what nursing is, we can attract individuals to the profession. We need to provide more scholarships, more loans, more loan repayments. Maybe they can work off. I went to school as I worked off a loan working in an underserved area. And also mentorship to help folks transition.

But I think when we're constantly trying to put people into programs and think they can progress out, I

because there weren't an adequate number of clinical sites, they've been trained in a different way. They've not been trained in the acute care setting.

So, we have to consider and shore up what those gaps might be as we bring them back in.

- Thank you. Linda, final word.

- In order to find workable solutions, I think you have to identify what are the issues, what are the questions? And I think forums such as this and gathering such as this brings additional issues to light and additional facts about the issues to light. With the focus of the nursing organizations, and by that I mean not just the organizations represented on this panel today, but I mean the multitude of nursing organizations working together, I think we can come up with solutions that are going to answer many of the issues that are going to be facing us.

Those issues are going to change and we're going to have to adapt and we're going to have to be flexible, but we have how many thousands of nurses and that amount of creativity and that amount of looking at the future and looking at what the needs are and being creative has to propel us to help meet the needs of where we're going to be in the next 5 years, 10 years, 20 years.

- Well, I'd like to thank my panelists for all your wisdom and insight into this.