

The Impact of the National Nursing Shortage on Quality Cancer Care

The United States is experiencing a significant nursing shortage that is expected to continue well into the future—a trend that is mirrored globally (Auerbach, Buerhaus, & Staiger, 2007). The Health Resources and Services Administration ([HRSA], 2007) projected that the nation's nursing shortage will grow to more than one million nurses by 2020, and all 50 states will experience a shortage of nurses to varying degrees by 2015. The nursing shortage entered its 13th year in 2010, making it the longest shortage in the past 50 years (Auerbach et al., 2007).

According to the 2008 National Sample Survey of Registered Nurses by the Federal Division of Nursing, the average age of the nursing population was 47 (Robert Wood Johnson Foundation, 2010). Based on the Aging Workforce Survey released in 2006, 55% of surveyed nurses reported the intention to retire between 2011 and 2020 (American Association of Colleges of Nursing [AACN], 2010). In the coming years, as the nursing shortage continues and the number of patients increases (HRSA, 2007), a decline of oncology nurses likely will occur. The increased demand for nurses coupled with the aging of the nursing workforce is projected to result in significant RN vacancy rates, with rural areas, specialty practice areas, and long-term care settings most adversely affected (HRSA, 2007). National surveys of RNs, physicians, and hospital executives document the perceived negative impact of the nursing shortage on care processes, hospital capacities, nursing practice, and the Institute of Medicine's six aims for improving healthcare systems (Buerhaus et al., 2007).

Enrollment in schools of nursing is not growing fast enough to meet the projected demand for nurses over the next 10 years. Although AACN (2009) reported a 3.5% enrollment increase in entry-level baccalaureate programs in nursing in 2009 over the previous year, the increase is not sufficient to meet the projected demand for nurses. According to AACN (2004), U.S. nursing schools turned away more than 39,000 qualified applicants from baccalaureate and graduate nursing programs in 2008 because of insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budgetary resources. The faculty shortage followed the increased enrollment in programs in nursing. The main reasons for the lack of faculty to meet the demand for more nurses include the increased age of the current faculty and the declining number of years left to teach, expected increases in faculty retirements, less compensation for academic teaching than positions in clinical areas for master's-prepared nurses, and insufficient master's and doctoral-prepared nurses to fill the needed nurse faculty positions (Allen, 2008; AACN, 2004).

Because cancer is a disease of older adults, Americans can expect a dramatic increase in the need for oncology-specialized nurses to care for the growing population of people with cancer. About 77% of all cancers are diagnosed in those who are age 55 or older. In addition, in the United States, men have slightly less than a one in two lifetime risk of developing cancer, whereas in women, the risk is a little more than one in three (American Cancer Society, 2010). Oncology nurses represent a vital component of quality cancer treatment across the spectrum of care; however, the shrinking nurse workforce ultimately will result in fewer nurses who choose oncology nursing as a career, stay in oncology nursing, and become certified in oncology nursing. The quality of cancer care may be negatively impacted as a result.

It Is the Position of ONS That

Workplace Environment

- Improvements in the nursing work environment include strategies designed to recruit and retain nurses, such as non-traditional and flexible work schedules, ergonomically acceptable work environments, on-site child care, and re-entry programs for nurses who have been out of the workforce.
- Healthcare institutions address and resolve stressful, negative workplace issues such as mandatory overtime, inadequate salaries, and understaffing.
- Employers ensure that oncology nurses are educated in the latest technologies and emerging cancer therapies.
- Systems are developed to routinely monitor nursing-sensitive outcomes of care.
- More oncology content is incorporated into nursing school curricula, and more options, such as distance learning, are available to educate nurses.
- Academic and healthcare institutions collaborate on initiatives such as innovative internships, mentorship, and advanced practice programs.

Public Policy

Education

- ONS and other nursing organizations work with schools and teachers to develop and implement innovative programming at the primary and secondary school levels to encourage nursing as a career choice.
- Existing federal loan repayment and scholarship programs are fully funded to provide people interested in nursing with the financial support they need to enter and stay in the field.
- Additional federal support is provided to ensure that U.S. nursing schools can recruit and retain adequate faculty to teach the next generation of nurses, reduce the current wait times for accepted nursing students to matriculate into the classroom, and prevent qualified applicants from being denied admission because of a lack of faculty or resources.

- Federal and state legislation enacts loan-repayment programs to fund scholarships for nurses who wish to advance their levels of education.
- The federal reimbursement model applied to graduate medical schools is applied to public and private graduate nursing schools.
- The National Institute for Nursing Research receives increased annual appropriations to support research grants to assess model programs that restructure the current health-care environment, make the most efficient use of all health-care professionals' skills, and evaluate nursing contributions to health care in general and cancer care specifically.

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