



## The Impact of the National Nursing Shortage on Quality Cancer Care

The United States is experiencing an unprecedented 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 the year 2020, and all 50 states will experience a shortage of nurses to varying degrees by the year 2015. The nursing shortage entered its 10th year in 2007, making it the longest shortage in the past 50 years (Auerbach et al.). In a report describing employment trends of RNs since the mid-1990s, Buerhaus, Staiger, and Auerbach (2004) noted that despite the increased employment of nearly 185,000 hospital RNs since 2001, no evidence indicates that the nursing shortage has ended. In their national survey, a clear majority of RNs (82%) and doctors (81%) perceived nursing shortages where they worked.

According to the 2004 National Sample Survey of Registered Nurses by the Federal Division of Nursing, the average age of the RN population in 2004 was about 47 years (American Association of Colleges of Nursing [AACN], 2007b). Based on the Aging Workforce Survey released in 2006 by *Nursing Management*, 55% of surveyed nurses reported the intention to retire between 2011 and 2020 (AACN, 2007b). In the coming years, as the number of nurses entering the workforce decreases and the number of patients increases (HRSA, 2007), a commensurate decline of oncology nurses will occur. In the United States, cancer causes one of every four deaths (American Cancer Society, 2007). Cancer primarily is a disease of older adults; therefore, as the baby-boomer generation ages during the next 15 years, the number of Medicare beneficiaries with cancer is estimated to double. 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). National surveys of RNs, physicians, and hospital executives document the perceived negative impacts 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 the AACN (2007c) reported a 5% enrollment increase in entry-level baccalaureate programs in nursing in 2006 over the previous year, the increase is not sufficient to meet the projected demand for nurses. In 2006, HRSA officials determined that to meet the projected growth in demand for RN services, the United States must graduate approximately 90% more nurses from U.S. nursing programs (AACN, 2007b). According to an AACN (2007a) report, U.S. nursing schools turned away more than 32,000 qualified applicants from baccalaureate and graduate nursing programs in 2006 because of insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budgetary resources. In addition, unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for faculty roles have decreased the nursing education workforce (AACN, 2007a).

Americans can expect a dramatic increase in the need for oncology-specialized nurses to care for the growing population of patients with cancer and their families. Oncology nurses represent a vital component of quality cancer treatment across the spectrum of care, but 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 nontraditional and flexible work

schedules, ergonomically acceptable work environments, on-site child care, and reentry programs for nurses who have been out of the workforce.

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- 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.

### 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.
- 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 internship, mentorship, and advanced practice programs.

### Public Policy

- Existing federal loan repayment and scholarship programs are funded fully 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 employment of immigrant nurses be regarded as one of many solutions to the nursing shortage, provided that immigrant nurses meet U.S. standards, their countries of origin are not at a disadvantage as a result of their employment in the United States, and the United States creates and funds methods to supply nurses in the United States to meet growing demand.
- The National Institute for Nursing Research receives increased annual appropriations to support research grants to assess model programs that restructure the current healthcare environment, make the most efficient use of all healthcare professionals' skills, and evaluate nursing contributions to health care in general and cancer care specifically.

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