



TO: The Honorable the Members of the Board of Regents

FROM: Johanna Duncan-Poitier

COMMITTEE: Full Board

TITLE: The Nursing Shortage

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STRATEGIC GOAL: Goal 3

AUTHORIZATION(S):

EXECUTIVE SUMMARY

This is the eighth in a series of reports to the Board of Regents on emerging issues in professional regulation. The report deals with a potential crisis that may seriously affect all New Yorkers in the next few years – the nursing shortage. Previous reports in this series include corporate practice of the professions, telepractice, cross-jurisdictional professional practice, continuing competence, effective professional regulation and discipline, illegal (unlicensed) practice of the professions, and rising consumer expectations. This report describes a fundamental health care issue that is basic to the Regents public protection mission. The critical shortage of qualified nurses projected within the next five years will have a profound effect on health care for New York's consumers well into this new century. Failure to successfully address the problem will threaten the quality and safety of the entire health care system in this State, the welfare of consumers who depend on this system for patient care, and the future of the professionals who practice within this system.

Research points to a nursing shortage that, if unaddressed, will be more severe and longer in duration than those previously experienced in New York. Several factors differentiate this shortage from previous ones, including the global nature of the shortage, an aging work force, the image of the nursing profession, the impact of managed care and/or other cost containment measures, the impact of new opportunities for women in other professions, low unemployment, the challenging work environment of nurses, and the decreasing overall population. Solutions must be varied, and they must be coordinated across organizations and agencies employing nurses as well as the entities responsible for educating and overseeing professional practice and practice environments.

This report is designed to provide an orientation to the problem and proposed solutions. It describes the shortage, explains how the shortage differs fundamentally from previous shortages, and defines the relationship between nursing education and the supply of nurses. The discussion also highlights workplace, demographic and economic factors that contribute to the impending shortage. We present for consideration a summary of recommendations to address the problem. Recommended actions include those described by the literature which are being explored by the broad health care, education and regulatory community. In addition, this report includes specific actions that the Board of Regents may consider to address the impending nurse shortage and its implications for the health care system as a whole.

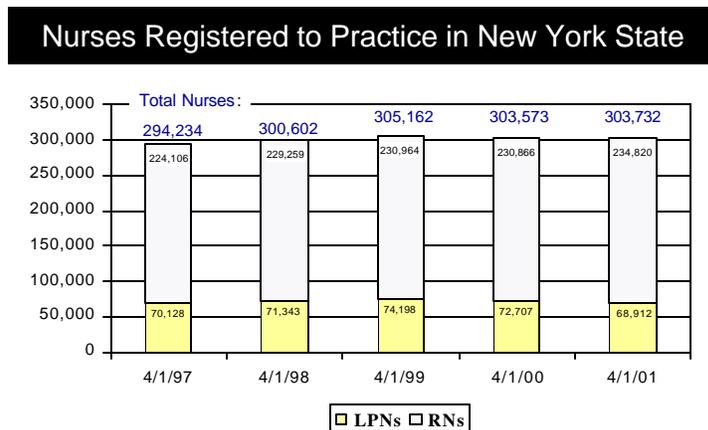
THE NURSING SHORTAGE

I. The Supply of Nurses

In recent years, the nursing profession, health care administrators, government officials, the media and others have warned that a national nursing shortage of critical proportions is imminent. This report will review the evidence behind these predictions, consider contributing factors to this development, and describe what can be done to protect the public and ensure that the need for nursing services will be met.

According to a recent national survey,¹ there are currently over 2.6 million registered professional nurses (RNs) in the United States, an increase of 5.4% since 1996. This is the lowest increase reported since these surveys were first conducted. Just over 2.2 million RNs are employed in nursing; of those, about 1.5 million or (71%) are practicing full time. This year, the National Sample Survey of Registered Nurses projected that by the year 2005, 2.6 million full-time practicing RNs will be needed nationally. The Federal Bureau of Labor Statistics also projects that the need for RNs will grow faster than the average for all United States occupations through 2008.

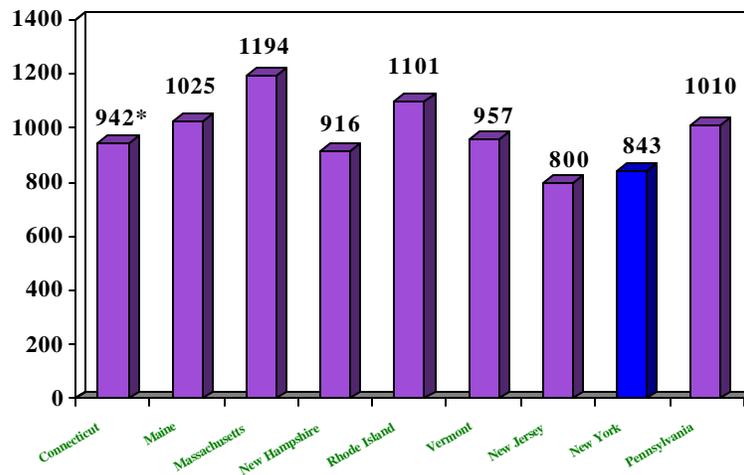
In New York State, where there are over 234,000 RNs and more than 68,900 Licensed Practical Nurses (LPNs) as of April 2001, the trend is similar to the national averages. The number of LPNs registered to practice increased by only 6% between 1997 and 1999 (to over 74,000), and has since dropped by 7% in the past two years. The number of registered RNs has grown slowly by 5% between 1997 and 2001 (to 234,820). Overall, the total number of nurses registered to practice in New York State (LPNs and RNs) grew by just over 3% between 1997 and 2001, reaching its peak in 1999.



¹ The Registered Nurse Population. National Sample Survey of Registered Nurses

Among the nine states within the New England and Middle Atlantic regions, according to the National Sample Survey of Registered Nurses, New York ranks next to last in the number of RNs employed per 100,000 people, with just 843 per 100,000. In contrast, 1,194 RNs are employed per 100,000 people in Massachusetts, the first state to declare a statewide nursing crisis. **By 2005, projections indicate that the demand for registered nurses in New York will exceed supply by over 17,000 nurses. By 2015, that gap is expected to almost double.**²

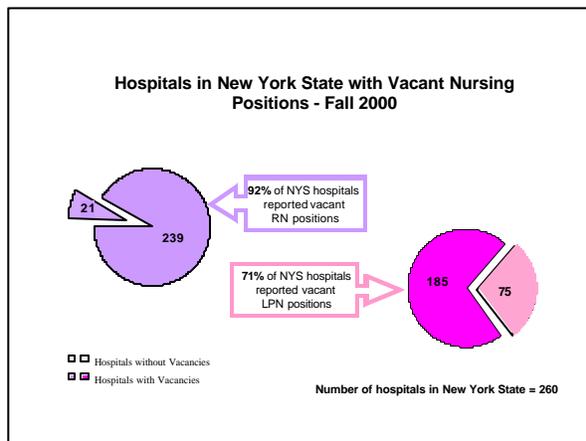
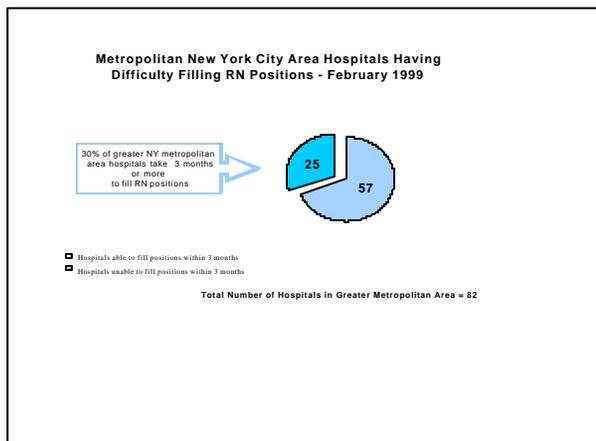
**Registered Nurse's Employed Per 100,000 People
in the New England and Middle Atlantic Region**



While the total supply of nurses is currently adequate in some parts of the State, a convergence of factors is expected to cause an overall shortage of nurses within the decade. Already, there is an **uneven distribution** of the existing nurse supply, and some practice settings are experiencing a shortage **now**. Current shortage areas include hospital emergency departments, critical care units, and peri-operative units (units associated with pre-surgery, surgery and recovery).

² Healthcare Association of New York State

These settings are the most physically demanding and require the highest level of specialized education and experience. In February 1999, 30% of hospitals in the greater New York metropolitan area reported that it takes three months or more to fill RN positions in these units. Statewide, in the fall of 2000, 92% of hospitals reported vacant RN positions and 71% reported vacant LPN positions.³



II. Why Is This Nursing Shortage Different From Previous Ones?

The balance in the current supply and demand for nurses varies both within and among states. While fluctuations in the supply and demand for nurses have driven periodic shortages in the last 40 years, the currently predicted shortage appears to be driven by structural factors affecting the supply of adequately prepared nurses. Just as the supply of RNs is beginning to contract, other forces, such as the growth of our elderly population, may accelerate the demand for RNs.

Veteran practitioners reading about the nursing shortage may experience a sense of déjà vu - we have been here before. Only four and a half years ago (August 19, 1996), the New York Times contained an article, *Once in Big Demand, Nurses Are Targets for Hospital Cuts*. The article reported that to survive in the managed care world, New York City hospitals were cutting costs through early retirement incentives and other methods, including layoffs, to reduce nursing staff. Just two and a half years later (March 23, 1999), another New York Times article alerted us that *Registered Nurses (Are) in Short Supply at Hospitals Nationwide*. This time, the report noted that nearly all acute-care hospitals were experiencing nursing shortages in "...operating and emergency rooms, intensive care units, and pediatric wards...."

The current shortage is different than those in the past. It is defined by several new variables, including an aging work force, increased career opportunities for women, the image of the profession, managed care and other cost containment measures, low unemployment, a shortage of nursing faculty, and a decreasing population overall.

³ Healthcare Association of New York State

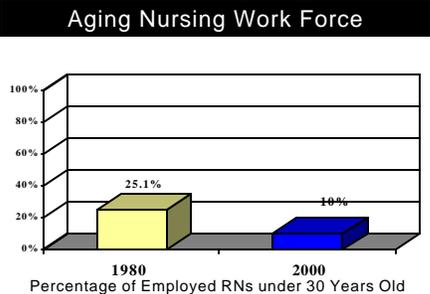
Some of these variables are unique to nursing, while others are also driving the projected declines in many other licensed professions and occupations. Combined, these and other variables render this nursing shortage uniquely challenging, necessitating new strategies for its solution.

The challenge is further complicated by the subtle distinction between “demand” and “need.” From a health care standpoint, we may reasonably conclude that the aging population will *need* more nurses. This is not the same as the industry’s *demand* for nurses, which is a staffing and economic concept driven by reimbursement levels and employee costs. If employers feel financially pinched, they may seek to limit their *demand* for nurses - apart from the *needs* of the aging population. As regulators entrusted with public protection, we focus on the *need* part of the equation. The challenge will be to align the supply, need, and economic demand as closely as possible for the benefit of New Yorkers.

III. The Factors Behind the Uneven Distribution and Shortage of Nurses

Factor: Aging Work Force

The nursing work force is aging; the current average age of registered nurses in New York State is 47, two years older than the national average. The average retirement age for nurses is 49. While no one can predict the future with absolute certainty, the data indicate that a vast exodus of nurses from the work force could occur within the next two to ten years. We need innovative strategies to address this loss, especially in an environment of decreasing supply. Between July 1990 and July 1999, New York State’s population between the ages of 18 and 24 declined by 21.3%. That general statistic mirrors the condition found in nursing. In November 1980, 25.1% of employed RNs were younger than 30 years old; as of March 2000, that figure dropped to less than 10%.⁴



As the country’s 78 million “baby boomers” continue to age, **more Americans will be retiring than joining the work force. By the year 2020, the total population of New York is projected to grow by 7% and the population over 65 is projected to grow by 24% .**

As a result of this sweeping change in the country’s demographics, work force shortages are predicted in a number of health professions - and in the work force in general. Shortages in other health care professions are likely to further contribute to the burdens facing available nurses. Projections in pharmacy, the third largest health profession, predict deepening shortages over the next five to ten years despite the

⁴ New York State Nurses Association

opening of as many as seven new colleges of pharmacy across the country.⁵ As a result, nursing staff may have to incur additional responsibilities, such as having to mix medications that were previously prepared by pharmacists or having to pick up patient medications at the hospital pharmacy because there are no pharmacy staff to provide delivery. Nurses who are attempting to meet their patients' health care needs may be further frustrated with delays in receiving medications and reduced opportunities to easily confer with pharmacists on behalf of their patients.

Factor: Increased Career Opportunities for Women

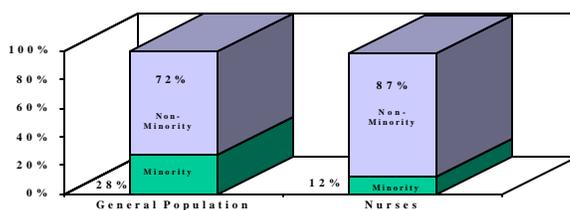
The nursing profession is largely dominated by females - 94.6% of RNs are women. Today, women have many more career opportunities than they did just a few decades ago. Women are now pursuing many competitive, attractive, and lucrative careers that were virtually closed to them in the 1960s when “baby boomers” made their career choices. Women are entering law schools and medical schools in record numbers. They are assuming leadership posts in the corporate sector and in government. Research indicates that 35% fewer women would choose nursing as a career in the 1990s than they would have in the 1970s.⁶

Factor: Underrepresentation of Minorities

While the nursing profession has a higher percentage of minority representation than most other licensed professions, minorities are still underrepresented among nurses, particularly RNs. Nationally, only 72% of the general population is non-minority white, and 87% of registered nurses are non-minority white. This results in only 13% of nurses being represented by minorities compared to 28% for the general population. Of those 13% minority nurses, the largest population groups are: 5% Black/African American, 4% Asian and 2% Hispanic.

As the State's population becomes increasingly diverse, the nursing work force should reflect that diversity in race, ethnicity and gender. The nursing shortage, then, reflects both a general shortfall in the number of nurses needed and in their diversity.

**Underrepresentation of Minorities
in the RN Profession
March 2000**



⁵ Drug Topics

⁶ Analysis of American Nurses Association Staffing Survey

* Racial/ethnic breakdown of LPNs was not located at the time this report was prepared.

Factor: Previous Inaccurate Projections of Need

The present nursing shortage can be traced to the early 1990s when a reduction in the number of hospital beds was predicted due to the emerging influence of managed care. In turn, nursing education programs and potential nursing school applicants anticipated that fewer nurses would be needed in the future. Fewer people applied to nursing programs and fewer faculty were hired.

At the same time, cost containment measures were initiated, including managed care, hospital consolidation, downsizing and financial reengineering, which resulted in shorter hospital stays and changes in staffing models. In some cases, unlicensed assistive personnel were hired to reduce budgets and nursing layoffs occurred. The changes in the level of professional staffing and the movement of patients to home care and ambulatory settings reportedly forced many nurses to reevaluate their career options. A large number of RNs left the nursing work force voluntarily or otherwise. While demand is currently escalating and hiring has intensified in a variety of settings, leading to expanded opportunities for RNs, nurses who left the nursing work force are not returning and the number of potential nursing school applicants is not increasing.⁷

Factor: Workplace Environment of Nurses

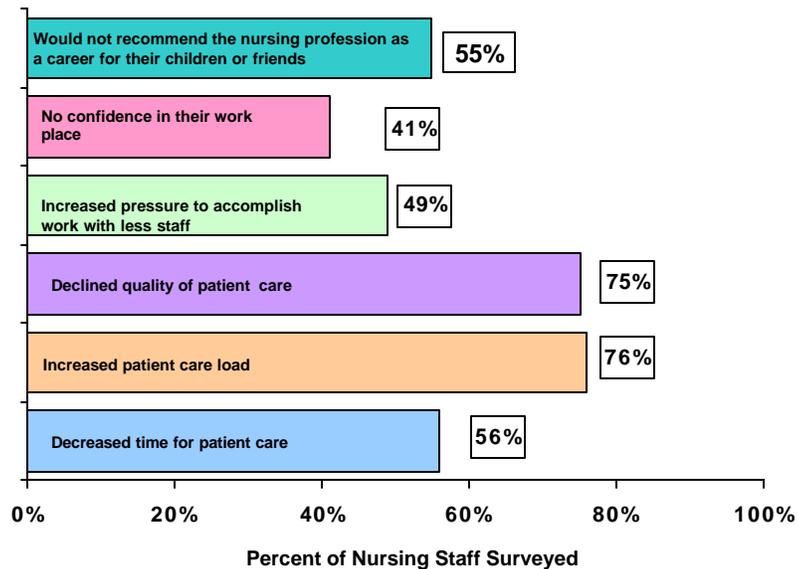
The flip side of the increase in alternative careers is the increasing perception of nursing as a less desirable career choice. Stressful working conditions – night and weekend shifts, exposure to contagious elements, reduced time for patient care, and employer policies that push individuals to do more with less – do not project the profession of nursing as an attractive career choice, as it once was. In a recent American Nurses Association (ANA) national staffing survey, 7,300 nurses commented on their working conditions and provided their assessment of health care in America. Their remarks are revealing:

- Fifty-six percent of the RNs surveyed believe that their time available for direct patient care has decreased within the last two years.
- Seventy-six percent said that they experienced an increased patient-care load, resulting in a dramatic decrease in the quality of patient care provided to each patient.
- Seventy-five percent of the nurses indicated that the quality of nursing care has declined in their work setting and cited examples including: inadequate staffing, delay in providing basic care, and the discharge of patients without adequate information to continue their care.
- Forty-nine percent of the respondents said they feel exhausted and discouraged when they leave work; nurses reported skipping meals and breaks to care for patients, increased pressure to accomplish work, forced overtime, the inability to attend in-service continuing education programs, and increased stress-related illness.

⁷ Nevidjon, B., and Erickson, J.

- Forty-one percent would not feel confident having someone close to them receive care in the facility in which they work.
- Almost 55% of the nurses surveyed would not recommend the nursing profession as a career for their children or friends, and 23% expressed that they would actively discourage someone close to them from entering the profession.

Effects of the Shortage on the Working Environment of Nurses



N = 7,300 nurses surveyed nationwide

Source: American Nurses Association (ANA)

Factor: Future Enrollments and Needs

Recent data from the National League for Nursing indicate declines in enrollments in all types of entry-level nursing programs. A study by the American Association of Colleges of Nursing found that enrollments in entry-level baccalaureate nursing programs decreased by 4.6% in 1999 and by another 2.1% in 2000; the fifth and sixth consecutive drops.

Many hospitals already require a baccalaureate degree in nursing and others have established a baccalaureate degree-preferred policy for new hires. The Veterans Administration, the nation's largest employer of RNs, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beginning in 2005. In the province of Ontario, effective January 1, 2005, all nurses seeking registration for the first time must hold a baccalaureate degree.⁸

⁸ Clarke, S. and Patricia, P.

Factor: Shortage in Nursing Faculty

The national shortage of nurses is intricately linked to a shortage of nursing faculty. Lack of faculty will keep educational programs from producing more nursing graduates. In turn, fewer nurses will be available to choose an academic career, further increasing the faculty shortage. Nurses with graduate degrees have multiple opportunities in health care, including administrative, entrepreneurial, and clinical research positions -- positions that provide more financial rewards than faculty positions.

The shortage of nursing faculty will also affect the expansion of the knowledge base for nursing practice. As the number of faculty conducting research decreases, the knowledge base behind nursing practice threatens to stagnate. In addition, the shortage of nursing faculty will limit their participation as professional leaders who help shape health and education policy in the State and in the nation.⁹

IV. Impact of the Nursing Shortage

The nursing shortage has not yet reached a crisis level in New York State and its severity varies by geographic region and facility. Nonetheless, problems related to inadequate staffing already exist. The critical shortage of qualified nurses will have a profound effect on New York's health care for consumers well into this new century.

Effect on Hospitals

Some hospitals have been forced to close entire departments. For example, Ellis Hospital in Schenectady recently closed its maternity ward, placing an overwhelming burden on the next nearest maternity facility. In large cities, emergency rooms have been closed due to overuse and understaffing. In November 2000, nursing shortages forced Johns Hopkins Hospital in Baltimore to leave 10% of its surgical beds unfilled. The Hospital also delayed or cancelled surgeries. Flu epidemics, highway accidents, natural disasters and many other emergencies are unpredictable. Hospitals need sufficient staff to handle both expected and unexpected demands on emergency rooms and in and out patient services.

Mandatory Overtime

Mandatory overtime is becoming more prevalent as the nursing shortage worsens. Approximately 45% of the respondents in the previously cited American Nurses Association staffing survey indicated that their agencies were using mandatory overtime as a strategy to cover staffing demands. Nurses' concerns about their ability to provide safe care under such conditions are increasing. However, when nurses refuse to work additional hours, employers (reportedly) threaten that the nurses' actions will be reported as patient abandonment. The threat to their nursing licenses and thus

⁹ Hinshaw, A.

their jobs, forces nurses into situations that challenge their abilities to provide competent professional services.¹⁰

Testimony at a February 2001 U.S. Senate Subcommittee hearing related current staffing problems to the hesitancy of nurses to accept positions where they will not be provided appropriate staff support, but instead, will be required to work mandatory overtime, rush through patient-care activities and overlook unsafe practice by others. Georges C. Benjamin, M.D., Secretary to the Maryland Department of Health and Mental Hygiene, summarized the hearing by stating that, “There are three problems. Nurses are not coming into the profession. The ones who are there are not staying in, and those who are there are not happy.”¹¹

The awareness that the negative image of the current workplace environment projected by nurses may hamper recruitment efforts has caused the President of the New York State Nurses Association recently to ask members to focus on projecting the profession of nursing in a positive manner.¹²

V. Proposed Actions/Strategies

Experts across the country are discussing long and short-term strategies to reverse the accelerating trend of an inadequate supply of nurses in the face of an increasing demand. The demand for nurses will continue to expand as 78 million “baby boomers” reach 65 years of age in the next three decades.

This section describes what leading commentators and researchers recommend as a global approach to the impending crisis. This section also provides specific recommended actions that can be undertaken in New York under the leadership of the New York State Board of Regents.

Global Strategies

The traditional response to a personnel shortage has been to increase wages and non-wage benefits, such as health club memberships and paid vacations. In some areas of the State, such incentives are already being offered. While this strategy will have some short-term effect, it will not produce, in the long term, the future supply of nurses required to provide adequate patient care. Dr. Peter Buerhaus, Associate Dean for Research, Vanderbilt University, offers several categories of actions for a global approach:

- Prepare for the needs of an older RN work force – 40% of working RNs will be over the age of 50 by 2010. Hospitals must consider reconfiguring work processes and environments to be more ergonomically sound in order to assure nurses’ health. Ignoring the ergonomic needs of an aging RN work

¹⁰ The New York Times, April 8, 2001

¹¹ American Nurses Association Addresses Nursing Shortage at Senate Subcommittee Hearing

¹² Collins.P.

force, one that is more likely than younger RNs to have foot, back and neck injuries, may cause nurses to look for employment in other agencies or to leave the professional altogether.

- Develop ways to better use scarce RNs by enhancing the application of labor-saving technology and improve the training and competence of unlicensed personnel who appropriately assist nurses in the care of patients.
- Eliminate barriers and stigmas facing men. The apparent lack of interest by men toward entering the nursing profession needs to be studied and removed. If men were to enter nursing at the same rate as women, future shortages would be eliminated.
- Prepare for smaller RN student enrollments and modify the curriculum in response to the future needs of students as ongoing changes in the workplace occurs.

Recommended Actions for the Board of Regents

For over a century, *The Board of Regents* has been at the forefront of public protection in New York State by ensuring that the public is "served by qualified and ethical professionals who remain current with best practice in their fields."¹³ Especially in challenging times, the Regents commitment to protect the public through responsible regulation of the professions remains constant.

Uphold High Standards of Professional Practice

Several recently proposed temporary arrangements and solutions to the nursing shortage challenge the integrity of the nursing profession and could lead to the unsafe and sometimes illegal delivery of nursing care. Examples include:

- the delivery of nursing care by unlicensed, non-nursing personnel who are not under the supervision of a licensed RN and/or LPN;
- the pressure to lower established standards and requirements to allow the licensure of persons who have not fully demonstrated competence to practice nursing; and
- the creation of new categories of health care personnel and other efforts that serve to fragment care.

Although some of these strategies may seem effective for some health care settings in the short term, these "quick fixes" will ultimately put patients and clients in jeopardy and in the long run increase stress on, or may drive out qualified nurses in the profession.

Beginning with the initial licensure process, the Regents demand high standards of professional practice. A New York professional license indicates that the Regents and the Education Department endorse an individual's qualifications to enter the

¹³ Leadership & Learning, New York State Board of Regents Strategic Plan, Goal 3, January 2000

practice of the profession in this State. In addition, the Regents and the Department ensure high standards by reviewing professional program curriculum and quality. These principles are critical to public protection and must not be diluted.

All New York State licensed professionals, including nurses, are charged by the Regents with maintaining high standards of professional practice as identified in Education Law, Regents Rules and the Regulations of the Commissioner of Education. During a staffing crisis, however, professionals sometimes face increased pressures that could challenge their ability to provide safe, quality care. The Regents must be joined by others involved directly in providing education, health care delivery and employment in examining new avenues for addressing the many challenges associated with the nursing shortage, while upholding the highest standards of practice to ensure public protection.

Inform Professionals and Educate the Public

The Regents strategies for public protection include dissemination of information for professionals and education for consumers. This wide variety of information, which is regularly made available to professionals and the general public to keep them current and informed, can also improve the work place environment for nurses. These include:

- written advisories for professionals (practice issues)
- practice guidelines for each profession
- regulatory/policy updates
- meetings with professional and regulatory organizations
- general publications
- Web-based information and forms

Practice alerts, which help professionals to better understand what actions or situations might lead to professional practice complaints and provide strategies to eliminate or minimize such actions or situations, are also available for specific professions. Applied to nursing, such alerts will fortify the RN and LPN capacity to combat dangerous and unsafe situations.

Brochures in four languages on each of the professions and information on the Web are helping make consumers more aware of the services they should expect from licensed professionals. More information is also available about how to recognize and report professional misconduct and unlicensed professional practice.

Student Outreach

The Office of the Professions will be working with other parts of the Department (EMSC, Higher Education, VESID and Cultural Education) to generate additional opportunities for students to learn about the nursing profession. Members of the State Board for Nursing, who also understand the need to inform students early in their education about the wonderfully diverse opportunities that nursing can provide, are

committed to supporting this endeavor through the development of a nurses speakers bureau. This bureau will provide a pool of qualified nurses prepared to speak to student groups about the nursing profession as a career.

Expedite the Licensing of Nurses

The Office of the Professions is dedicated to providing expeditious licensing services to every new applicant for licensure. Approximately 50,000 new applicants for licensure in all the licensed professions are processed each year. Readily available licensure applications are now available on the OP website and all processing has been streamlined to provide licensing within two to three days after all required materials have been received. Additional actions have been taken to more quickly process applications from individuals who have already been licensed in another state. This includes expediting reviews of applications from individuals who were educated outside the United States.

Address Nursing Work Hours and Workplace Setting

The Board of Regents has responsibility for regulatory oversight of the practice of the nursing profession. The number of nursing work hours in an employment setting is normally not within that oversight. Nonetheless, a stressful, understaffed workplace environment can foster instances of professional misconduct resulting from negligence. The Regents discussed this topic extensively in 1996 and 1997 within a report on the possible effects of the workplace environment on medication errors by registered professional nurses. This report was requested by the Regents in response to a noted increase in the number of nurses charged with medication errors, together with numerous anecdotal reports, newspaper articles, professional newsletters, and word-of-mouth accounts of inadequate patient care connected with changes in the workplace resulting in fewer nurses being required to do more work with fewer resources at their disposal.

An internal research study, conducted by the State Board for Nursing and the Education Department in 1995 revealed downsizing, layoffs, position consolidations and eliminations, the “tasking out” of professional procedures, and the increased use of unlicensed assistive personnel, combined with the increased acuity of hospital in-patients as the main factors nurses identified as contributing to the increased incidence of reportable incidents and negative patient outcomes. This study also found notably distinct characteristics of nurses who had been disciplined for medication errors, which included the following:

- They held two or more jobs concurrently; approximately 20% of disciplined nurses had three or more jobs.
- They had been practicing for less than five years after graduation when the errors occurred; 21.5% of disciplined nurses (compared with only 7.5% of the general RN population) surveyed had graduated within the previous five years.
- They worked overtime more often than did the general population of nurses.

- They were more likely to report that the reason for working overtime was staff reductions or unfilled RN positions at their place of employment.
- They were employed, at the time the error was made, by an institution that had “downsized” in the last three years, and had fewer RNs or RN positions than originally established for the needs of the facility.

While more research needs to be undertaken, there is little question that the increasingly demanding workplace setting and staffing demands has led to higher incidence of substandard patient care by nurses. Close to a decade ago the medical profession confronted similar situations when the death of a patient was directly linked to the number of hours worked by a medical resident. The Department of Health responded by limiting the number of consecutive shifts during which a medical resident can provide patient care.

A number of proposals have been discussed to address the specific problem of workplace setting and staffing ratios. Some of these proposals can be implemented by the Department, some by the Regents in declarations and Regents rules, and some must be developed collaboratively with other stakeholders, including the Legislature and the Department of Health. The proposals include:

- Adopt Regents regulations clarifying patient abandonment, ensuring that refusal to work a double shift or other mandatory overtime in ordinary circumstances does not constitute professional misconduct.
- Stipulate, in collaboration with the Department of Health, a maximum number of hours during which a nurse may work within a given time period.
- Issue Departmental practice guidelines to professionals to reaffirm the individual practitioner’s responsibility, even within demanding workplace settings, to clarify for employers the responsibilities of the individual licensee and licensed supervisor for patient care when there is severe understaffing.

In situations where a hospital can anticipate in advance that coverage will not be adequate for a specific shift, the hospital must exercise a variety of options for providing care, other than requiring mandatory overtime. The Michigan Board of Nursing recently unanimously passed a resolution on this subject to protect patients and nursing staff.

Provide Data

Employers, policy makers, futurists, researchers and legislators are all demanding accurate data to determine the future need for nurses in the workforce. As the agency responsible for the professional licensure and regulation of nurses, the Department can help meet that demand. The Department’s last survey of nurses was conducted in 1995. A comprehensive nursing survey for 2002 is now recommended so that broad based data describing the present supply of nurses in New York State may be disseminated to inform public and private discussions and decisions about the nursing profession.

Provide Technical Assistance to Nurses

As the primary entity responsible for interpreting the nurse practice act, the Department must continue to respond swiftly and accurately to an increasing number of inquiries from nurses about their scope of practice. All nurses must have a clear understanding of which elements of care are legally essential to patient well-being, which must be carried out by licensed nurses, and which patient needs may be assigned to unlicensed support staff. Identifying common questions for print and Web response will help to provide essential practice information swiftly.

Survey Other States

As New York identifies proactive solutions to this anticipated crisis, it is also helpful to learn what other states are doing to address this nationwide problem. We are currently surveying the actions taken by other states to assess benchmarking opportunities. Examples of actions in other states including the following:

- California's Strategic Planning Commission Nursing Summit, which led to a law providing greater financial support for state institutions and increased financial aid for nursing students enrolled in private institutions;
- North Carolina established a separate agency for nursing work force planning to monitor the current nursing workforce status in the state and to focus on recruitment and retention activities; and
- Maryland created a commission on the nursing crisis to make legislative recommendations.

These and other actions are being reviewed for applicability to and effectiveness in New York State.

Legislative Action

More than ten separate bills focusing on the nursing shortage have been introduced into the Legislature this session and several others are under development. The State Education Department has provided technical assistance in the development of some of these legislative proposals, and is currently reviewing all of them to provide recommended positions to Legislators.

The scope of these proposals ranges from improving working conditions, such as the elimination of mandatory overtime and restricting the consecutive hours of work that may be required of a nurse, to offering financial incentives, such as scholarships, loan forgiveness for current and potential nurses and grants to hospitals, schools and other entities to enhance the recruitment of nursing students and the education and retention of existing nurses.

Pursue the Provision of Additional Educational Opportunities

Nursing school administrators have indicated the need for additional financial and academic support systems to increase the pool of potential Associate and Bachelor Degree nursing school graduates. Many individuals, from a variety of backgrounds, would be interested in pursuing and advancing in the health care field if only they could obtain additional assistance to graduate from nursing programs and pass the licensure exam. Assistance such as pre-nursing school remediation (English as a second language, science and math) as well as financial support for daycare and scholarships. Adults who are currently working as nurses' assistants or LPNs interested in moving up the career ladder to an RN would also benefit from financial assistance, enabling them to attend school while continuing to support their families.

Collaborate with Stakeholders

The Department's response to the teacher shortage is being carefully reviewed to assess what approaches might be adapted for the field of nursing. A number of proposals may be useful to address this situation. Unlike the teacher shortage, however, the Department has no statutory authority over the employment settings and the working conditions of nurses. Therefore, we will also continue to collaborate with agencies, such as the Department of Health, the Office of Mental Retardation and Developmental Disabilities, and the Department of Mental Health to isolate key environmental issues and advocate for improvement.

The Regents, members of the State Board for Nursing and staff must participate in discussions and forums locally, statewide and nationally to address the nursing shortage and influence all parties in their decision-making to assure that suggested solutions do not compromise patient safety. Members of the State Board for Nursing have been monitoring the emerging shortage for some time.

The Board for Nursing is representative of the geographic, ethnic, specialty and practice settings of nurses throughout the State. As practitioners, they have witnessed, and at times experienced first hand, the frustration faced by nurses when they cannot provide optimal nursing care to their patients because of insufficient staff. As educators, they recognize the large numbers of unfilled seats in their classrooms and are concerned about the ability of their students to be appropriately mentored in a clinical affiliation because of harried staff who are reluctant to take on the additional task of precepting a nursing student. As administrators, they have explored avenues to increase retention and address the high turnover rates of their staff. The Board understands that there is no quick fix to this problem and that a multi-dimensional approach is required which must include all of the major stakeholders involved in providing quality health care to New York residents.

VI. Closing

We are confident that the public protection mission of the Regents will be upheld by the actions and plans noted here and by other innovative strategies that will be identified within the next few months.

Nothing is more critical to the health and well-being of New Yorkers than safe, sound and available health care. This critical need cannot be met if there are not enough nursing program graduates to replace retiring nurses and to staff the emergency departments, critical care units and other demanding areas. Without incentives to pursue a nursing education and improvement in the work environment to attract and keep qualified nurses in our hospitals, nursing homes and other health care settings, we will lose the battle for public protection to which the Regents are dedicated.

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