

**CAP**

# Strategies to address the nursing shortage

*Los Angeles City Health Commission*

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# Agenda

- 1. Why is nursing such a critical profession?**
- 2. The nursing shortage today**
  - 1. Constraints on the nursing pipeline**
  - 2. Solutions**

Discussion, questions and feedback are welcome and encouraged throughout today's presentation



# The case for nursing



## Critical services for all

- Nurses are critical to the health care infrastructure of our country – from preventative to emergency care, school health, vaccine distribution, delivering health care services in almost every setting imaginable.
- Nurses are also very well-suited to address social determinants of health – and thus address many racial, gender, geographic & other health disparities due to systemic discrimination & unequal allocation of medical resources.



## Economic security for workers

- Nursing is one of the most common professions in America today and a bedrock middle class job, particularly for women and women of color.



Between 2021-2020, nursing  
employment declined by

3%

Source: U.S. BLS/CPS

the largest decline in at least 20 years.

*At the height of the pandemic, almost every state instituted executive action to address nursing shortages, and 1 in 6 hospitals formally declared a critical nursing shortage.*

# The nursing shortage today

## Supply-side: constrained pipeline

- Limited capacity at higher education institutions across all components of nursing education means tens of thousands of qualified aspiring nurses are turned away



## Demand-side: working conditions limit retention

- Long hours and overtime
- Low morale and traumatic experiences
- Workplace violence
- Concerns about workplace safety and lack of adequate PPE
- Concerns about patient safety
- More competitive wage opportunities in travel nursing, pharmaceuticals, etc.

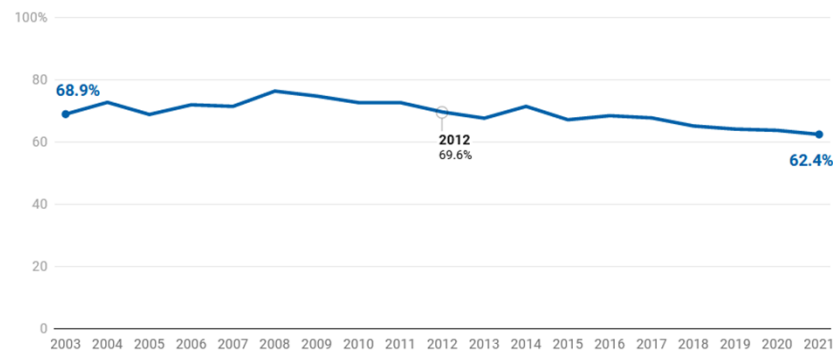


No coordinating strategy between the two

# The nursing shortage today: demographic factors

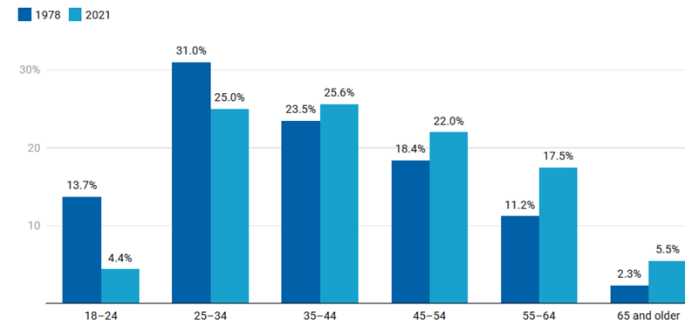
## The number of nurses has not kept up with the aging U.S. population

Total number of registered nurses in the United States per 1,000 people ages 65 and older, 2003–2021



## The share of U.S. nurses nearing retirement age has increased significantly

Share of employed registered nurses in the United States by age group, 1978 and 2021



- The nursing workforce grew from 640,000 in 1967, to 1,272,900 in 1980, to approximately 3 million today.
- Average age for RNs: 43.7 years old in 2021 vs 38.9 in 1978
- RNs over 55: 23% in 2021 vs 13% in 1978
- In 2020, 22.1% of RNs and 20.2% of LPNs said they plan to retire in the next 5 years, over 750K and 150K, respectively.

# Constraints on the nursing pipeline

- **Current pathways into registered nursing include 2 year degrees (ADN) and 4 year degrees (BSN)**
  - Many progress from ADN to BSN
  - LPNs are critical to the workforce, and many progress into registered nursing
- **Constraints on the higher ed pipeline include**
  - Shortage of nursing educators
  - Shortage of clinical placements
  - Inadequate facilities and equipment
  - Lack of funding, awareness and capacity to progress from healthcare support roles into RN work



# Constraints on the nursing pipeline: con't

## **Shortage of nursing school faculty**

- In 2021, 62% of nursing programs had vacancies (AACN), and has increased from 6.5% to 8%
- Half of positions require a PhD; most require graduate education
- Low salaries are a chief concern: Nurse Practitioners and Nurse Midwives make a median wage of \$113k and \$121k respectively; median wage for instructor with equivalent credentials is \$77k
- Diversity in faculty is also critical – in 2021, 16 percent of full-time university nursing faculty are non-white and 7 percent were men (AACN)

# Constraints on the nursing pipeline: con't

## **Shortage of clinical placements**

- Shortage of educators drives the shortage of clinical placements – need staff to oversee placements
- Preceptorship is typically a volunteer role
- New degree programs are created, and new programs require new clinical spots
- Most clinical training happens in hospitals, but there are limited slots, and placements haven't yet shifted to accommodate new health care settings (i.e. community-based sites)

## **Facilities and equipment**

- Higher capacity requires more classroom space, simulation technology, labs and equipment

## Policy recommendations

- Expand the capacity of educational institutions to enroll and graduate nurses while improving access and outcomes for student nurses of color and overall population health
- Expand clinical placement capacity
- Fund pathways from ADN programs and BSN programs
- Create standing bodies to document and advise on issues of recruitment, training and retention

## Recent local approaches

- Local governments often help fund community colleges with local taxes, and thus influence how that money is spent. Some localities have raised local tax levies and other funds to build a new nursing education facilities (see: Dayton, Ohio)
- Mayors and elected or appointed officials can build partnerships between colleges and local businesses, like a hospital that agrees to help pay for a nursing program (see: Delgado, New Orleans)
- Investments in clinical placements and pathway programs can be funded on a local level

**Further discussion? Suggestions?**

**Please feel free to contact:**

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**Want to talk further?**

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