

# Nursing shortage

[Health & Medicine](#), [Nursing](#)



Six years prior to the publication of Spetz and Given, reports of the US media indicate a shortage of registered nurses (RNs) in the US. In that article too, forecasts see the continuity of this trend, such as that of the Bureau of Health Professions projecting a shortage of 800,000 nurses by 2020. However, Buerhaus et. al. suggests that the nursing shortage may actually be satiated, with hospital RNs' employment and earnings "increasing sharply in 2002." No matter how we look at it, whether or not the shortage is easing, the problem of shortage is there. The question now is, what causes the shortage of registered nurses?

Spetz and Given discusses four reasons that account for the shortage of registered nurses, first of which are licensure delays. Since World War II, nursing shortages have occurred cyclically, and this led to the birth of studies regarding labor markets. They (Spetz and Given) found most of these studies agreeing on the point that "the delay between people's choice of the nursing profession and the time they are licensed as nurses is a central reason for these recurrent shortages."

Poor working conditions also account for the shortage of RNs, and this includes wage and benefits in general. Not much was mentioned by Spetz and Given, but they have cited that these are "a primary cause of nursing shortage." Aiken et. al. gives a more detailed explanation, stating that nurses spend an "inordinate amount of time in nonnursing tasks" resulting from "poor work design, underinvestment in information and other nurse-saving technologies." They further add that is associated with high levels of nurse burnout and dissatisfaction.

The third reason for the nursing shortage is comprised of wages and demand. Spetz and Given maintains that “ demand for RNs should decline as RNs’ wages increase during a shortage,” and they have seen evidences showing that wages do affect demand. However, there are reasons for demand to be not responsive in today’s labor market. Two of these reasons are the reluctance of health care institutions to reduce staffing, and the growing number of RN Unions that want to maintain, if not to expand, the current staffing levels.

Another scenario relating to the issue of wages and demand is seen in Aiken et. al., where it was mentioned that “ the Philippines is the leading primary source country for nurses internationally by design and with the support of the government.” A motivator for Philippine nurses to migrate to other countries is higher wages, which cannot be earned in the local setting. This may account for the shortage that the country itself was experiencing, as Aiken et. al. found that “ there are more than 30, 000 unfilled nursing positions in the Philippines.” Last of the causes of the nursing shortage, as discussed by Spetz and Given, are exits from the RN workforce. According to them, the magnitude of retirements poses the question of whether it is possible to raise the number of new RNs to meet future demands.

One solution to the nursing shortage, and maybe the most popular today, is to recruit foreign nurses. Spetz and Given consider this to be only a short-term option as it is expensive and the WHO reports majority of the countries experiencing nurse shortages, thereby putting a pressure on hospitals to limit foreign recruitment. Buerhaus et. al. goes farther to discuss other issues

relating to the employment of foreign RNs to meet US health care demands. They cite impediments such as “likely negative impact on wages,” “quality of care,” and foreign policy.

Another solution suggested by Buerhaus et. al. is to retain older RNs. In order to do this, facilities of health care systems should be designed so as to minimize physical strain. According to them, “altering schedules (working fewer hours), developing new roles (becoming mentors to younger RNs), and offering economic incentives can help to retain older RNs.”

But among the three broad types of policy responses that Buerhaus et. al. suggested, I find increasing the flow of RNs in the workforce to be the most responsive, because that is exactly called for by the situation. This can be done either privately or by the government through raising money to increase faculty salaries and scholarship grants, and expand the physical learning space of nursing students.

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