

# [Nursing shortage: research proposal thesis](https://assignbuster.com/nursing-shortage-research-proposal-thesis/)

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## Abstract

This research proposal explores shortage of nurses in United States of America. After a concise literature review, a methodology will be explained. This embodies a descriptive quantitative research design. The instrument used for data collection would be a questionnaire designed and accessed through survey monkey. Responses will be gathered from a population of serving nurses and those who have left routine bedside nursing practice now functioning in other higher adjacent capacities such as advanced nurse practitioners. Representative samples of the population will be drawn using simple random techniques. A comprehensive plan of this research is outlined in the following document and a system of how data would analyze initially through SPSS software and more advanced techniques such as ANOVA.

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- 1. Topic - Nursing Shortage   
Introduction   
This paper begins by discussing the background of the problem by capturing global nursing trends and the magnitude of nursing shortage in the U. S and the subsequent effect on communities. It attempts to continue the exploration of policy directives by the government, educational institutions and practitioners. It discusses the rationale of the study, its purpose and research objectives, which seek to examine the effect of low enrollment into nursing course in the U. S. Additionally, the paper examines the effect of inadequate teaching staff on nursing courses at the university and seeks to identify the causes and extent of low enrollment or retention in nursing. The research narrows to those affected by the shortage and explores enrollment apathy with respect to the nursing shortage. This paper has justified the research design and methods, roles of the researcher and potential biases, the target population and scope of the study. The paper finalizes by giving recommendations and conclusions.   
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Historical background to nursing problem   
Nursing shortage is a global crisis that all nations are trying to grapple with. Patients suffer because of nursing shortage in the healthcare sector (Krasner, 1938). According to the Center for Nursing Advocacy, causal factors such as poor working conditions, inadequate resources for nursing, the ever-aging nursing workforce, expanded career opportunities for women who traditionally were in the nursing profession, and the increasing complexity of healthcare technology have been advancing the acuteness (The Center for Nursing Advocacy, 2007). Lintern indicates that not much is known concerning the increasing shrinkage in the professional nursing workforce worldwide. The growing healthcare needs and the diminishing number of nursing care providers pose a serious challenge to nations worldwide (Lintern, 2012).   
The U. S suffers acute shortage of nurses, which has become a critical concern for the healthcare sector. The cornerstone to the problem is the shortage of skilled nurses per individual patients, which results into supply and demand problems. This continues to hinder service delivery and realization of the Millennium Development Goals (M. D. G’s). The supply and demand of nurses is extremely critical to the health sector, and if unaddressed, will result in critical health implications in the U. S. Increased enrollmentlevels into nursing courses at various community levels will cumulatively reduce the problem of nursing shortage. Additionally, those communities which recognize and act on this knowledge will benefit sooner.   
One of the root causes of the nursing shortage is low admission and enrollment into the nursing discipline. The education sector is crucial to solving the nursing problem yet 23% of nurse educators are expected to retire by 2020 (Little et al., 2012). A huge number is needed to fill the emerging vacuum while at the same time requiring a large number to fill the already acute shortage.   
A. 2 Participants   
Nursing shortages are perceived as a shortage of skilled nurses who take care of the individual patients and the entire population in the U. S. The definition is based on country’s staffing levels, resources and healthcare service demands. The shortage is experienced in the form of number of nurses required to provide services to patients. When the numbers are inadequate, it becomes a crisis to the nursing administration. Absolute shortage is experienced when the skilled human resource is not available. On the other hand, relative shortage entails geographical location, inequitable distribution of skilled personnel, recruitment and staff retention challenges. Additionally, when the nurses are few in numbers, it becomes difficult to fill open positions and meet services demands (Buchan & Aiken, 2008).   
B. 1. Problem Outline   
There has been a growing state and national nursing shortage in the U. S, which continues to pose a serious health risk in the healthcare system. The supply of educated nurses in the public health sector remains acute nationally. The U. S shall need 2, 824, 900 nurses by 2020, which is an increase of approximately 41%. The percentage of older or senior citizens aged 85 years is expected to rise from 3. 5 to 7 million in 2020 (Littlejohn, et al, 2012). While they age, their health conditions become weaker as the decrease in nursing services becomes acute. The same challenge faces educational institutions involved in training nurses. The teaching staff wanes as the enrollment for nursing demands increases. Qualified students are turned away for lack of enough teaching staff. Of concern is the turnover rate that is ever increasing while universities grapple with staff retention. Nursing shortage therefore poses the greatest challenge to the U. S and addressing the problem has to start with the root causes. If no measures are taken, then a big nursing crisis looms in the entire U. S. The survey focuses on higher learning institutions and the effects that they lend to the shortage of nurses within the scope of this study. The paper’s intent is to establish communication to all stakeholders, nurses and nurse hopefuls. Additionally, it’s the paper evaluates the magnitude of the problem and provides recommendations to scholars, practitioners, policy makers and service providers.   
Rationale of the Nursing Shortage Survey   
The survey intends to provide critical information on nursing shortage that helps to explain its existence. The in-depth comprehension of the problem will identify crucial causal factors, whichbring out the extent of the nursing problem to the practitioners and policy makers in the U. S. Furthermore, the survey presents the meaning of nursing shortage to decision makers that are necessary to set the pace for action. It attempts to examine various intervention strategies that are practiced in the U. S. It further attempts to probe and analyze the factors that should are needed in orderto eliminate some elements of the nursing shortages in the U. S.   
While research and scholarly works already exist on the nursing shortage, this survey in the nursing community in a local area should and will shed light on emerging trends. In addition, it should also shed light onto community educational institutions, scholars and policy implementers to improve the nursing situation in the country. It will also be useful to practitioners in the nursing field at various levels including administration, policy formulation and service provision in the education sector.   
Purpose of this paper   
The objective of this research paper is to elucidate the meaning of the nursing shortage in the healthcare sector. The focus of the survey is on healthcare personnel, hospital policy makers, practitioners, administrators, students, nurses, and former nurses who have moved into other fields. Implications within the scope of the survey should also prompt those involved in nursing communityto further question how to handle low enrollment and salaries, high turnover rates, nursing discipline and staff retention strategies. By examining nursing shortage at different levels, the paper targets to address the many root causes of the shortage. Based on the fact that the nursing shortage is a universal crisis, it seeks to be part of the solution to existing problems and challenges.   
An additional purpose of this survey is to elucidate that increased enrollment into nursing coursesby communities will cumulatively reduce the nursing shortage problem. The survey will bring forth evidence that help to display the magnitude of the nursing shortage. It will also show statistical data that will expose many of the barriers that the polled participants have witnessed or experienced in attempting to enroll or who have enrolled for nursing courses.   
Additionally, it will produce results which are indicative of the increased need to start addressing the problem. Furthermore, it will show whether there are indications in the numbers of the latest trends that represent declining numbers of rejections. The purpose of the survey will also re-examine ratios and barriers such as student-to-teacher, course completion, content difficulty, skill acquisition, job satisfaction and other formally suggested evidence of earlier and similar studies. The results and data of the survey will support additional increased needs for further solutions to the problem identified in the study.   
B. 2 Problem description - possible causes   
Research by the international council of nurses, in the year 2004, reveals that the shortage of nurses and healthcare professionals is one of the main obstacles hindering the achievement of the United Nation’s Millennium Development goals. Among the eight-millennium development goals, numbers 4, 5 and 6 concern health. World nations cannot achieve these goals if the increasing trend in the healthcare sector is not reversed. In the U. S, nursing profession forms 83% of workforce and a total population of 2. 7 million nurses (Nursing, 2000). Trends show that nursing workforce was diminishing significantly and drastically (Nursing, 2000). According to the survey, nurses formed the largest part of hospital staff and it provided for the majority of primary care (Nursing, 2000). It was notable that critical care nurses are too few; they work in intensive care units, pediatric care units, cardiac catheter labs, telemetry units, progressive care units and recovery units (Nursing, 2000).   
Olson writes that nursing shortage and measurement takes place in relation to the countries staffing levels, resources, and approximations of demand for the healthcare services. This means that it is not easy to quantify the concept of the nursing shortage, and other definitions may base on the concept of the standards of professional capacity, and/or from the economic perception. These perspectives imply that there are differences in the definition and determination of nursing shortages from country to country.   
Today, the healthcare sector has an acute decrease in the supply of healthcare providers and an increase in demand for healthcare services. There are many causes of this situation, including increased demand, decreased supply, shrinkage in the pool of applicants, unfavorable working conditions, and the aging workforce without replacement (Olson, 2012). An attempt by the department of health and human services endeavored to identify registered nurses in March 2004. It was found that the figure stood at 503, 124 nurses in the U. S (nurses involved in critical care stood at 37% of the workforce at the hospital setting) (Nursing, 2000). The critical care nurses comprised of clinicians, educators, researchers, managers, nurse specialists and practitioners (Nursing, 2000). In a research conducted by the Federation of Nurses and Health Professionals, 84 percent of the respondents felt that there is nurses shortage; 45 percent of the respondents felt the problem was acute and 39 percent felt it was moderate (Federation of Nurses and Health Professionals, 2001).   
Eighty six percent of former nurses felt that nursing shortage existed while 48 percent felt the problem was severe and 38 percent felt it was moderate; 10 percent felt there was no change (Federation of Nurses and Health Professionals, 2001). The problem was attributed to retention and recruitment as the main cause. Those nurses that were less experienced or worked for less than ten years were more likely to leave the nursing profession. The survey also indicated those current nurses’ intentions to leave and attitudes regarding their continued work in a direct patient care setting were likely to contribute to nursing shortage. According to the survey conducted in 2001, both current and older or former nurses who were likely to leave the profession formed 50%. Those who had spent less than years in the profession were considering leaving patient care (Federation of Nurses and Health Professionals, 2001).   
Causes of the nursing shortage   
The field of nursing faces numerous shortages due to various causal reasons and aspects. Some of the shortages accrue from the following reasons:   
First, people who would have gone into the nursing profession are opting for other alternative professions. Opportunities in the workforce have opened up for young women, coupled with the fact that there are additional stresses to the nursing profession (Buchan & Linda, 2006). People have begun weighing their professional interests with career choices that have better capacity to re-compensate and improve the quality of their lives.   
On the contrary, the field of nursing is acutely falling short of the many desired qualities and is driving women to pursue competitive, lucrative, and attractive careers that women could not achieve in the last thirty years. The fields of law, medicine, and corporate world have opened avenues through which women can pursue careers; hence neglecting nursing, which was initially the favorite for women. This trend has led to a severe deficiency of nurses in the field of healthcare, and the trend looks like it is going up at a high rate.   
The US Congress (2002) observes that another reason why the field of nursing is sharply falling short of professionals is that training institutions are declining in their enrollment of student trainees and educators. Admissions into the nursing colleges have declined over the recent years. This point is closely linked to the above point about women opting for other professions. On top of that, little has been done to attract men into the nursing profession.   
Additionally, reports indicate that nursing universities and colleges have been denying qualified applicants opportunities due to the shortage of nursing trainers in the year 2005. To be exact, 32, 617 students failed to enroll in nursing colleges due to the shortage of health educators (U. S Congress, 2002). Additionally, nursing educators are also finding more lucrative jobs in other fields, than educating nurses are. Therefore, there is the need for the United States to graduate more than 90 percent of the nurses getting into the nursing training (U. S Congress, 2002).   
There is also the problem accruing from the issue of age. Young people are no longer interested in the nursing profession because of its difficulties. This has risen the average age of the practicing nurses, which lies between 46 and 56 across the United States of America. This implies that half of the registered nurses will reach their retirement age within the next 15 years, therefore, creating an acute shortage in the field. This trend has been on for the last thirty years, and its effect is already spreading across the world.   
Inadequacy of funds for the health sectors in most countries has also been a principal cause of the shortage of nurses. The lack of enough funds hinders staffing of hospitals and other healthcare facilities. It also leads to the registered nurses getting low salaries and low, work privileges, which affects their living standards. This aspect influences nurses to opt for other lucrative professions (U. S Congress, 2002).   
The dynamism in the field has contributed to poor working conditions, with some nurses describing the conditions as horrible (Daniels, 2012). To start with, the workload is incredulous. Increasing health issues have led to an increase in the nursing workload hence making it exhaustive. To make it worse, the extra work that nurses do is rarely compensated. Most nurses have even uttered that they do not see themselves retiring in the field of nursing; they would rather go for other jobs. Some of them have a feeling that there could be more that they could do for their patients, but the time available and the working conditions do not allow that to happen; this makes the field less favorable (Daniels, 2012).   
Within the nursing work path, critical care specialties required certification and orientation of possible nurses. Some employers preferred to employ only certified nurses who had attained a specific level of knowledge and psychometrical job-related examinations even when the critical nursing skills could be attained through experience. To curb turnover effect, the nursing career can diversify in areas that allow nurses to make a variety of choices within their nursing career. For instance, hospital settings include recovery room, pediatrics, surgical, mental health, emergency, operating room and maternal childcare (AACC, 2010).   
Another aspect captured by the AACC report showed that men were also entering the nursing profession and they formed 5. 8% of the entire nursing workforce. Male entry into the nursing profession had changed perceptions and biases by the public towards the profession based on gender differences (AACC, 2010). Nursing was no longer a woman’s job (AACC, 2010). In the Federation of Nurses and Health Professionals survey, reasons for considering to leave by current nurses were to find a less stressful and physically demanding job (56% ); most respondents were twice more likely to have thought of leaving. Twenty-two percent considered leaving due to the lack of predictable work schedules, long hours and floating. Eighteen percent considered leaving for more pay or benefits. On the other hand, fourteen percent advanced there opportunities to raise children. What came out strongly was the fact that most of them wanted a job that was more predictable and regular. This would enable them to plan other life schedules unrelated to work. Furthermore, 53 percent wanted less physically demanding and stressful work. A close examination of workers’ intentions to leave revealed their biggest reason was that they are unsatisfied with their profession. Both current and former nurses in the critical care section had given a negative assessment for direction of the profession in future. Sixty nine percent of them said the overall situation facing nurses was getting worse or while 26 percent of them noted that, the situation has remained the same (Federation of Nurses and Health Professionals, 2001).   
B. 3 Possible solutions   
Making attempts to address these growing concerns are possible solutions. Another aspect indicated that low levels of morale among the registered nurses was at excellent/good (25%) or fair/poor (75%) while another 49% felt wrong choice of their profession was the cause of their predicaments (Federation of Nurses and Health Professionals, 2001). Potential nursing leavers on the other hand had indicated that their overall situation about nursing was getting worse in their health facilities. Job conditions were also appraised to determine what caused low morale and the reasons included patient load (66%); acute care (65%); time with patients (64%); administrative tasks or paper work (60%); physical demands that were stressful (55%); time breaks or uncertainty with work schedule (51%); freedom or discretion in decision making (39%); floating (31%); delegation of duties (30%) and overtime (25%) (Federation of Nurses and Health Professionals, 2001). Seventy seven percent of them felt that negative perceptions of patients on work (patient acuity) had increased (Federation of Nurses and Health Professionals, 2001).   
Another question put to them to determine major problems with direct care nursing indicated that understaffing (39%); physical demands (34%); lack of support by the administration in the nursing facility (22%), unpredictability of work schedule and long hours (15%); low pay benefits (14%) and few opportunities for job progression, are the principal problems (Federation of Nurses and Health Professionals, 2001). Apart from the negative aspects, they were asked to state what things were good about their nursing profession. Some of the reasons were enjoying helping patients and their families (25%); interesting responsibilities (20%); working closely with people they like (15%); professional discretion to make decisions (10%); job progression (9%) and earning good salary (7%) (Federation of Nurses and Health Professionals, 2001).   
Research objectives   
The Research Hypothesis   
Increased enrollmentand certificationopportunities created in higher learning institutions and its communities will cumulatively address nursing shortages at the community, state, and national levels. The survey investigates nursing education and staffing trends at community, state, and national levels and shows a link how these directly influence the nursing shortage.   
Operationalization of Terms   
In this simple designed descriptive study, data will be collected from different groups within or those supportive by job description of the nursing community. The selected participants will all have the variable of being affiliated with and knowledgeable of scope of nursing in one or more ways. The participants will all submit to volunteer status and will receive no compensation for their participation.   
The dependent variable is increased enrollment of students for nursing studies. This will be measured by an expected increase or decrease of nursing professionals. The oscillation between increases and decreases can easily be monitored. The dependent variable is nursing shortages, which relies on admissions or increased enrollment. An increase in admissions reduces the shortage while a decrease in admissions increases the shortage.   
- Research Questions   
- What is your level of involvement in the nursing community?   
- Have you witnessed or experienced conditions in your line of work that have caused deterioration or a contribution to turnover?   
- What is the magnitude or extent of nursing shortage in your workplace?   
- How long have you been in a working relationship with the nursing community?   
- What is the likely effect of increased enrollment into nursing course?   
- Do you remember having special difficulty as you attempted to enroll in nursing programs   
- How many nursing schools have turned you down initially or for advanced practice nursing?   
- How far outside your community did you have to travel to pursue nursing education?   
- Does your employer encourage of offer advance nursing education opportunities in your present job description?   
- Do you experience value at your work place?   
- Is your line of work either supportive of nursing or do you actually do the job?   
- What age category would you describe yourself as?   
- Which level of nursing would you describe yourself in?   
- Do you participate in decision making policy governing nursing education, employment or training at your workplace?   
- What is the closest category of your age?   
- What most closely describes your ethnicity?   
- How long was your training for the level of nursing that you have accomplished?   
- Are you support personnel, administrator or policy maker of nursing activities?   
- What level of administration do you participate in concerning nursing policy?   
Description of the problem specific to the discipline of nursing   
Nursing in the U. S is among the largest healthcare professions (Nursing, 2000). The investigation goes further than hospital setting to nurse training at health institutions. The study evaluates how enrollment is done and why the supply and demand needs exist. The nursing profession requires knowledge, compassion and care. A review of total enrollment into nursing programs indicates that there is a gradual rise in admissions. According to AACC, total enrollment in the U. S leading to baccalaureate degree stood at 201407 in 2010 (AACC, 2010). University admissions records show that student enrollment into nursing which form the basis of the universe population for this study. This study evaluates student enrollment, successful applications and course completion. Student population will be evaluated to find out emerging trends. The teaching staff turnover is quite high and the survey intends to bring to light the issues and ventilate on the causes.   
D. 1 Data -Justification for the research method   
The descriptive simple design is utilized within the study. It lends itself to a collection of information from a population of people that have similar or generalized characteristics but also share some commonality which are relative to nursing. In my population, I will solicit members of a community of healthcare related participants who have had experiences within the education of nurses and their professional service. In this simple descriptive study, data will be collected from different groups within the nursing community. They all will have the variable of being affiliated within the scope of nursing in one or more ways. The participants will all submit to volunteer status and will receive no compensation for their participation.   
The dependent variable is increased enrollment of students for nursing. This will be measured by increase or decrease of nurses. The oscillation between increases and decreases can easily be monitored. The dependent variable is the nursing shortage, which relies on admissions or increased enrollment. An increase in admissions reduces the shortage while a decrease in admissions increases the shortage.   
The characteristics can be as simple as nursing students up to the policy makers who understand the complexities associated with nursing education or the practice of nursing. Simple sampling survey method has been adopted because there is scanty information in the university on enrollment into nursing course trends implications. This survey will elucidate on enrollment status and trends. The study adopts a simple descriptive designed survey design where simple sampling is used to collect data that contributes to the understanding of nursing shortage problem. The study will use a simple survey to achieve maximum understanding of the problem and provide the solutions. Triangulation will base on primary data collected from interviews, observations and secondary sources. Observation, qualitative, quantitative and secondary methods and sources of data will be crucial to the study.   
Researcher Roles and Potential Biases   
The researcher has the obligation to ensure that desired objective outcomes are met while conducting the research. This implies that the research auditor will have to conduct or monitor how the interviews are conducted in an objective, reliable and defensible manner. That implies observing research protocol as respondent confidentiality, communication of research intentions and assurance of sharing results at completion of study. The research sampling method has weaknesses that are likely to affect desired outcomes. Research interviewer’s internal bias is likely to blur the intended way questions should be asked or intended meanings of the respondents while taking note; there are also respondent’s social desirability and researcher type stereotypes (Miyazaki & Taylor, 2008).   
On the other hand, research respondents are likely to base their responses on researcher tendency to ask leading questions. While conducting the study, the researcher should only role as the moderator, experimenter, and facilitation to avoid introduction of systemic researcher biases (Miyazaki & Taylor, 2008). Besides, research questions touching on attitudes and values may result into interaction biases. Sometimes the physical appearances of the survey or even the researcher may cause interaction biases in respondents. Additionally, individual personality traits are likely to cause interaction biases. Another aspect is gender bias; females were more flexible, and open to follow women than with men. Likewise, males formed different expectations depending on the gender of the surveyor or interviewer. Finally, racial and ethnic differences affected in a substantial way the behavior and attitudes of the respondents (McDonald &Kan, 1997).   
The researcher may even experience similar biases in the field. Cultural perceptions influenced the interpretation of questions to the respondent, which produced different responses. The mode of dressing in one instance affected respondents’ behavior and comfort to discuss on particular issues. The researcher had to dress according to the setting of the respondent. For nursing students, it was appropriate to dress like them. Another challenge was communication where the researcher’s listening skills were poor and left out important information from the respondent.   
D. 2. Instruments and Methods   
Sampling Technique   
The simple design survey used random sampling from a group of participants who had similar characteristics, but also contained diverse characteristics as well. The random sampling from within this diverse convenience sample, introduced probability into the study, and therefore achieved a more representative sample from within the original convenience sample (Houser, 2008). This added the element of mixture. Mixtures of characteristics within survey samples often add more dimensions to the evidence based information from the populations studied. In turn, mixture evokes probability in which clusters of information in a study are found to have links in one or more ways.   
Hospitals within the sampled populations had an equal chance to participate by first taking a survey which was brief and concise. This is the concept of convenience sampling. From there, the selected participants were drawn from the brief survey, and further solicited to answer the simple survey. The list of hospitals was generated by the Joint Commission of Accredited Hospital Organization website.