

Creating the 21st Century Nursing Workforce Needed by Society: Building on Our Strengths to Address Post Pandemic Health Needs of Society

Association of periOperative Registered Nurses

Denver, CO

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Agenda

1. Strengths of the nursing workforce

- From 2000-2020, there were many developments that significantly strengthened the nursing workforce ... Will talk about 5 of them

2. Challenges facing the nursing workforce and how we can overcome them

- There were also growing challenges falling increasingly on the nursing workforce well before the Covid-19 pandemic began ... will summarize 5 challenges
 - Emphasize controlling the message to assure a growing workforce

3. Discussion

Disclosures

Past and current funders

- Gordon & Betty Moore Foundation (current)
- Johnson & Johnson (current)
- Robert Wood Johnson Foundation (current)
- John Hartford Foundation (current)
- UnitedHealth Group (current)
- American Association of Nurse Practitioners (recent)

Board and related memberships

- Chair, National Health Care Workforce Commission (*still unfunded*)
- Board of directors: AcademyHealth (recent past)
- Bozeman Health Delivery System (recent past),
- Member, National Academy of Medicine Future of Nursing 2020-2030 (very recent past)

Research Program on Nurses and Physicians

Four Interdisciplinary teams

- 1. Economics and workforce: Employment, earnings, forecasting nurse and physician supply**
Doug Staiger, Dartmouth College & National Bureau Economic Research
Dave Auerbach, Boston, Massachusetts Health Reform Commission
- 2. Quality of care : Constructing, testing & refining quality of care measures associated with nurses; advocating for value-informed nursing practice**
Jack Needleman, UCLA
➤ Olga Yakusheva, University of Michigan School of Nursing
- 3. Survey research: Knowledge, attitudes and behaviors toward nurses, impact of changes in health care delivery**
Karen Donelan, Harvard Medical School and Massachusetts General Hospital
Catherine DesRoches, Harvard and Beth Israel Hospital
Linda Norman, Vanderbilt University School of Nursing
- 4. Assessing contributions of nurse practitioners: Quantities, types, costs, & quality of NP services**
Jennifer Perloff, Brandeis University
Monica O'Reilly Jacob, Boston College
Karen Donelan, Harvard Medical School and Massachusetts General Hospital
Catherine DesRoches, Harvard and Beth Israel Hospital
Lisa Iezzoni, Harvard Medical School and Mongan Institute of Health Policy
Sean Clarke, NYU
Robert Dittus, Vanderbilt University Medical Center

1. Strengths of the Nursing Workforce (2000-2020)

I'll talk about these briefly

1. Increasingly educated, diverse and growing workforce
2. Consistently positive public perceptions of nurses
3. Enduring and astonishing public and private support for nurses
4. Improving projections of the future supply of RNs
5. Steady growth of the advanced practice RN workforce

But not these

6. Steady growth in roles and populations served
7. Hospitals have linked value to BSN-prepared RNs
8. Nurses' contribution to inpatient quality and safety now firmly engrained in quality improvement initiatives, *linked to payment*
9. The 2010 Future of Nursing report, and a new NAM Committee on Future of Nursing
10. Opportunities to re-imagine a different future created by the pandemic

First Strength: Increasingly educated, diverse and growing workforce

EDUCATION

- Since 2011, more RNs have graduated each year with a bachelor's degree than an associate's degree
- In 2000, 6,000 RNs graduated with a master's or higher degree; in 2020, roughly 50,000 RNs

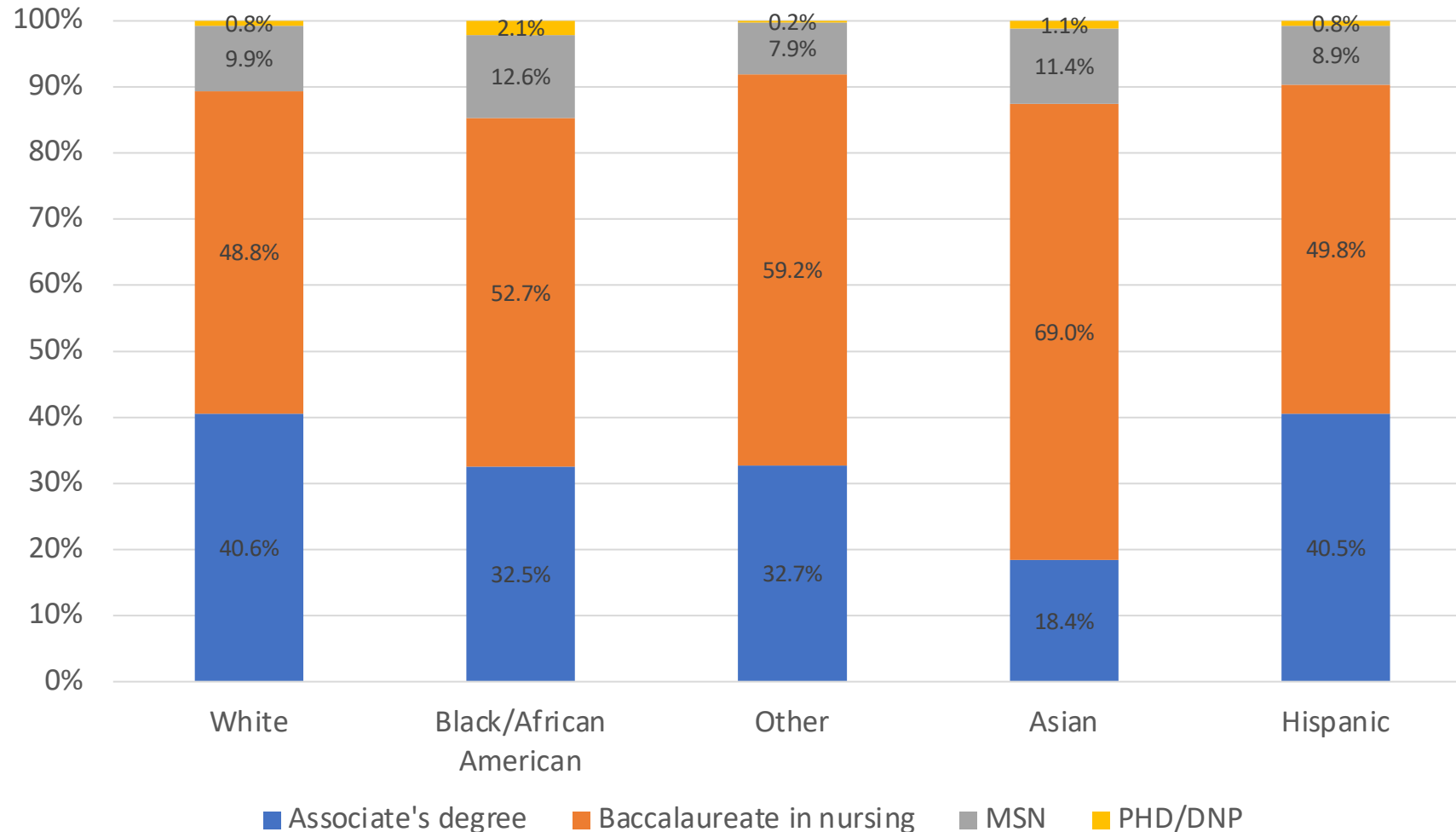
A more diverse workforce

Racial Group	% in nursing (2018)	% in population (2018)
White	69%	76%
Black/African American	12%	13.4%
Asian	9.1%	5.9%
Hispanic	7.4%	18.5%

Source: Based on calculations of data from the American Community Survey, 2018

See National Academy of Medicine. [The Future of Nursing 2020-2030. Charting a Path to Achieve Health Equity.](#) Chapter 3: The Nursing Workforce.

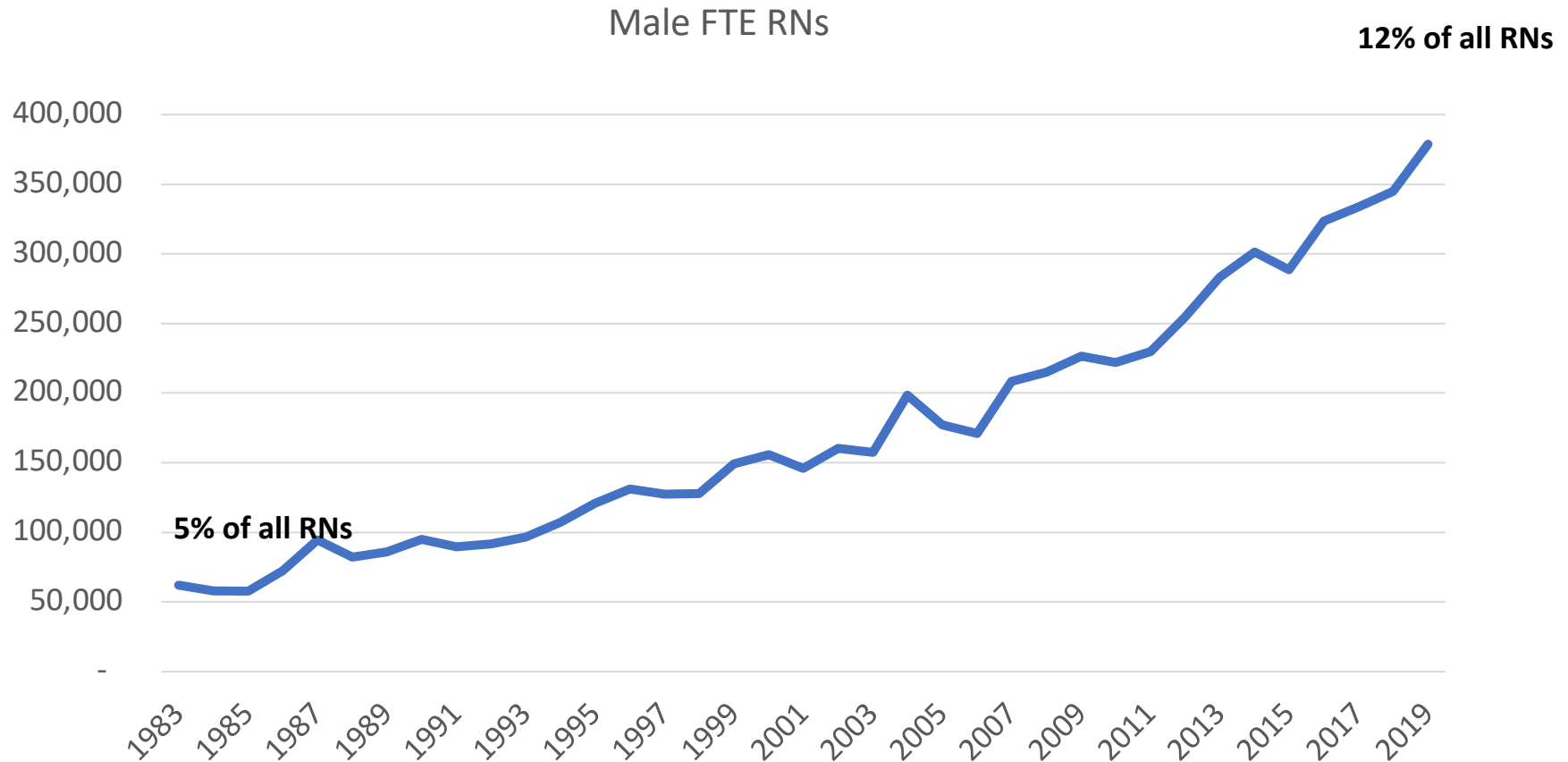
Proportionately, almost all RNs of color are more highly educated than White RNs



Calculations of data from the 2018 National Sample Survey of Registered Nurses

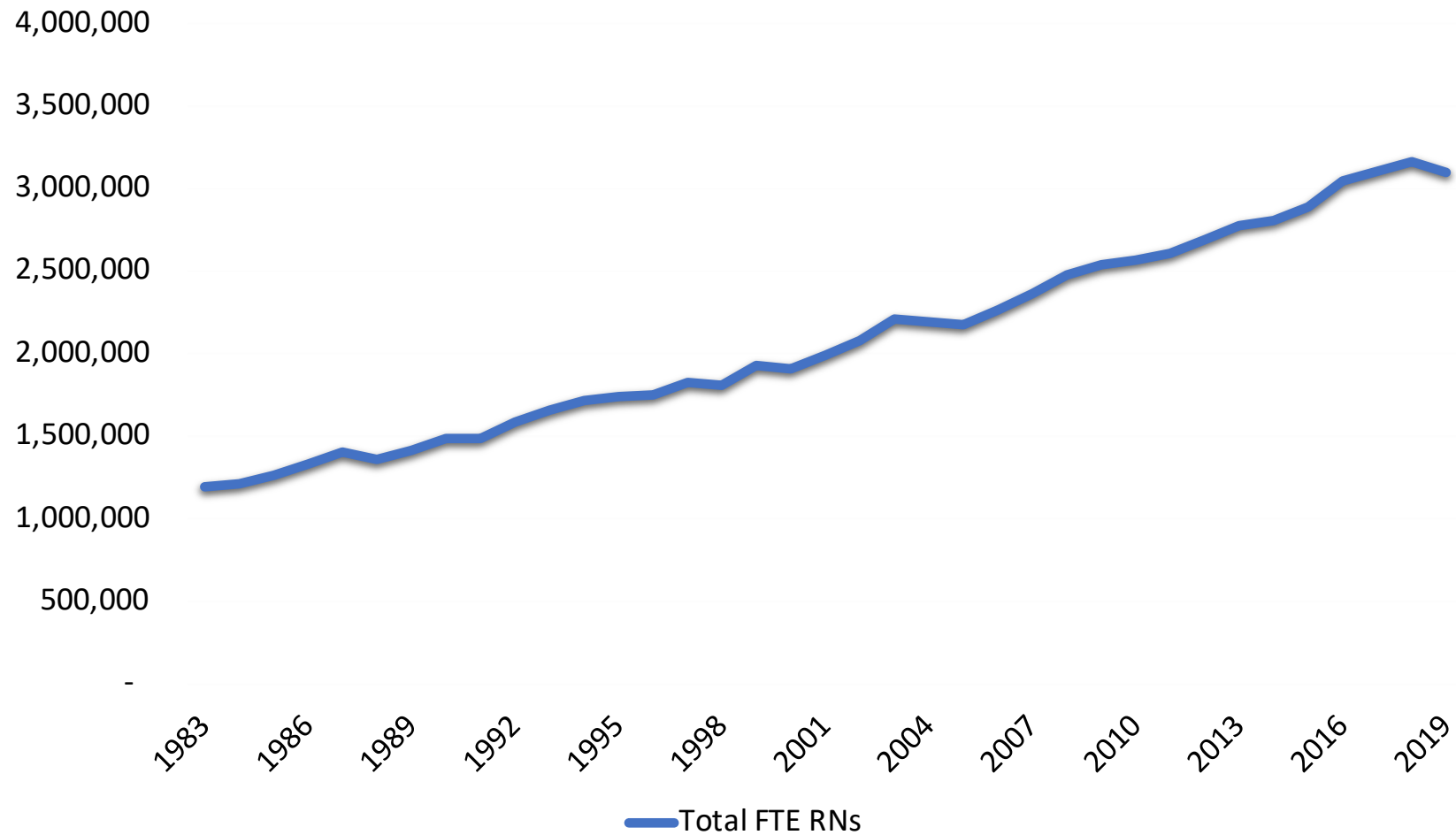
See: National Academy of Medicine. [The Future of Nursing 2020-2030. Charting a Path to Achieve Health Equity.](#) Chapter 3: The Nursing Workforce

There are now nearly 400,000 FTE male RNs in the US



Source: Based on calculations of data from the American Community Survey, 2019

Steady employment growth: RN workforce grew by 50% (1 million RNs) since 2002



Second Strength: Amidst social, technologic, demographic, cultural, health care and political disruptions, the public trusts nurses above all others

Why?

- Protection and safety
- Assure quality of care
- Advice on personal health issues

National survey
conducted only a
few months
before the
Covid-19
disease began
spreading rapidly

AMERICANS' VALUES AND BELIEFS ABOUT NATIONAL HEALTH INSURANCE REFORM

October 2019



The
Commonwealth
Fund

The New York Times



HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Public Trust in Groups to Improve the US Health Care System

(Oct 2019, The Commonwealth Fund, NYT, Harvard TF Chan School of Public Health)

	Total	Prefer Medicare- for- all	Prefer improving the existing ACA	Prefer replacing the ACA with state health plans
'A great deal' of public trust in...				
Nurses	58	54	65	59
Doctors	30	25	31	36
Hospitals	18	15	21	18
Labor unions	14	20	19	6
State governments	6	8	6	4
The federal government	6	9	5	3
Congress	5	5	8	3
Business leaders	5	4	5	7
Health insurance companies	4	3	6	5
Pharmaceutical companies	4	4	5	3

Source: The Commonwealth Fund/The New York Times/Harvard T.H. Chan School of Public Health, Americans' Values and Beliefs about National Health Insurance Reform. July 10 – August 11, 2019. N=2,005 U.S. adults. Groups ranked in order of 'a great deal' % indicated by respondents overall. Don't know/refused responses are included in the total but are not shown.

All Time High! 2020 Gallop Poll on Honesty and Ethics

“Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low.” (% Very high/High)

	2016	2017	2018	2019	2020
	%	%	%	%	%
Nurses	84	82	84	85	89
Engineers	65	--	--	66	--
Medical doctors	65	65	67	65	77
Pharmacists	67	62	66	64	71
Dentists	59	--	--	61	--
Police officers	54	56	54	54	52
College teachers	47	--	--	49	--
Psychiatrists	38	--	--	43	--
Chiropractors	38	--	--	41	--
Clergy	44	42	37	40	39
Journalists	23	--	33	28	28
Bankers	4	25	27	28	29
Labor union leaders	24	--	21	24	--
Lawyers	18	18	19	22	21
Business executives	18	--	--	20	17
State governors	17	16	17	20	--
Stockbrokers	12	--	14	14	--
Advertising practitioners	11	12	13	13	10
Insurance salespeople	12	--	--	13	--
Senators	11	--	--	13	--
Members of Congress	8	11	8	12	8
Car salespeople	9	10	8	9	8

Source:

<https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>

<https://news.gallup.com/poll/328136/ethics-ratings-rise-medical-workers-teachers.aspx>

-- Not reported by Gallop

Third Strength: Enduring and Astonishing Support for Nurses!

- J&J Campaign for Nursing's Future (2002-2018)
- J&J's *new* Campaign for Nursing in September 2018 (leadership, innovation, transformation)
- Robert Wood Johnson Foundation – numerous initiatives
- Jonas Family Foundation – 10,000 doctorly prepared nurses
- Gordon & Betty Moore Foundation
- AARP – largest interest group in nation
- 35 states have developed workforce centers focused on nurses
- Many other examples ...

Fourth Strength: Improving projections of the future supply of RNs

Unpublished national projections made just before the Pandemic:

1. *National* supply of RNs from 2019 to 2030 is projected to grow substantially
2. *Nationally*, able to numerically replace retiring baby boom RNs
3. This year Millennial RNs become largest group of nurses in the workforce

Fifth Strength: Steady growth of the advanced practice RN workforce

- Growing employment of NPs
- Projections of rapid increases in numbers of NPs

Increasing numbers of NPs

(appx half in primary care)

	2001	2010	2016	2030 (Projected)	Ave growth rate 2016 to 2030 (Projected)
Physicians	711,357	862,698	920,397	1,076,360	1.1%
NPs	64,800	91,697	157,025	396,546	6.8%
PAs	44,282	88,097	102,084	183,991	4.3%
NPs & PAs per 100 MDs	15.3	20.8	28.2	53.9	

In 2018, 160,000 NPs certified in either family health, adult health, or pediatrics provide substantial amounts of primary care (2018 NSSRN)

Auerbach, D., Staiger, D., Buerhaus, P. Growing ranks of advanced practice clinicians — Implications for the physician workforce. *The New England Journal of Medicine*. June 21, 2018. 378;25:2358-2360.

2. Five challenges facing the nursing workforce and how nurse leaders can create the 21st century nursing workforce needed by society

1. We'll forget the significant strengths of the nursing profession, and miss opportunities to leverage them
2. Gain control over the message(s) needed to assure a growing nursing workforce
3. Supply side challenges
4. Demand side challenges
5. Payment change -- transition to value-based payment

First Challenge: Forgetting Pre-Pandemic Strengths of the Nursing Workforce and Missing Opportunities to Leverage Them

We have a lot to work with!

1. Increasingly educated, diverse and growing workforce
2. Consistently positive public perceptions of nurses
3. Enduring and astonishing public and private support for nurses
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7. Hospitals have linked value to BSN-prepared RNs
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2nd Challenge: Controlling the Message(s)

Too much of the current imagery, tweeting, and social messaging of nurses and hospitals is dreadful

Emphasizes “unprecedented” shortages, their negative effects, and that hospitals are to blame

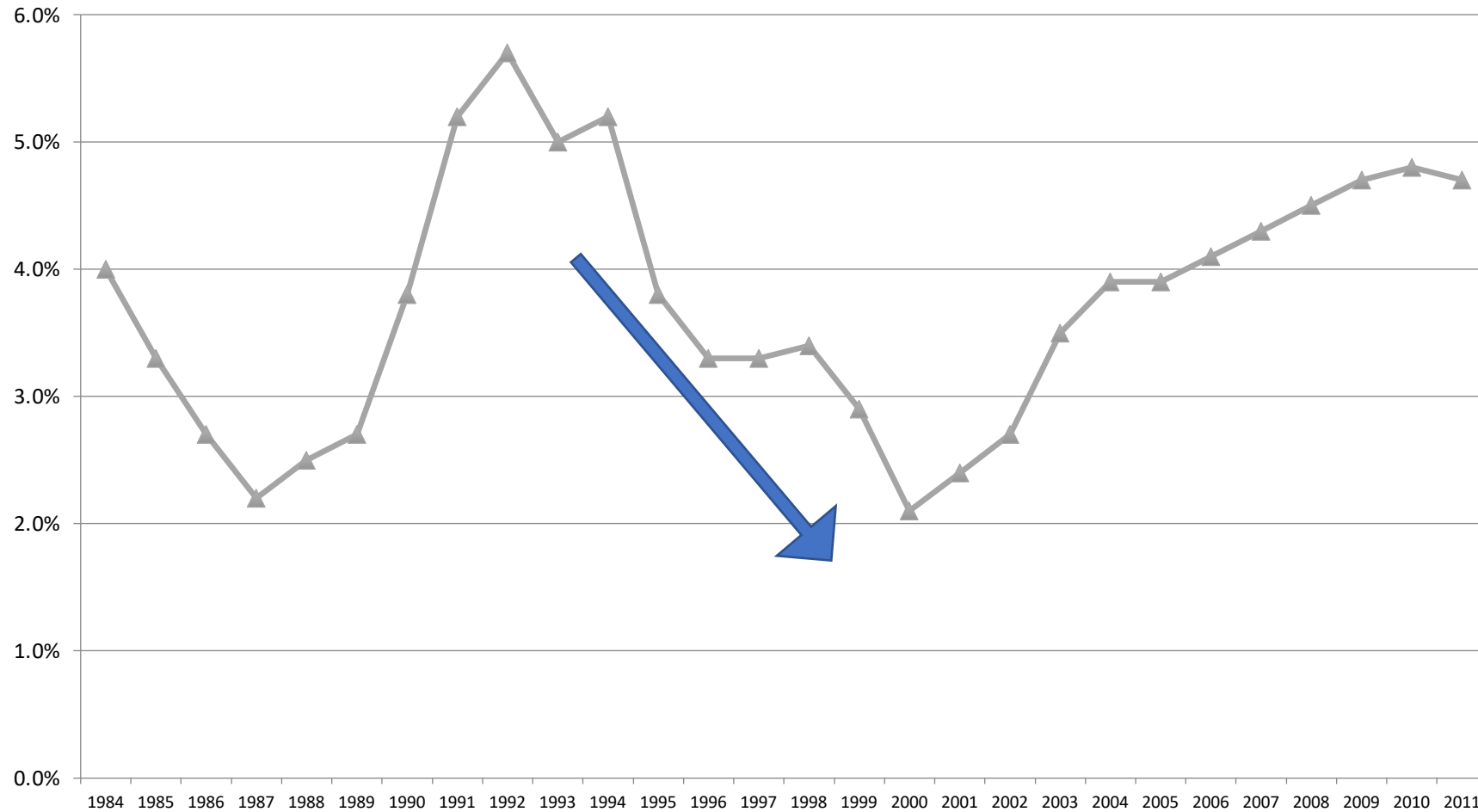
If not counterbalanced with positive portrayals of nurses, we risk decreased entry into nursing education programs and future entry into the nursing workforce and increasing exit by current nurses, particularly older RNs

Recall the 1990s: Managed care and “hospital restructuring”

- Growth of hospital RN employment slowed
- Assertions of poor quality and safety >> Congress >> IOM study*
>> 5 years of decreasing enrollment into nursing education programs between 1996-2000

*Institute of Medicine (US) Committee on the Adequacy of Nursing Staff in Hospitals and Nursing Homes; Wunderlich GS, Sloan F, Davis CK, editors. Nursing staff in hospitals and nursing homes: Is it adequate? Washington (DC): National Academies Press (US); 1996.

Percent of college freshmen expressing interest in a career in nursing decreased from 1995-2000

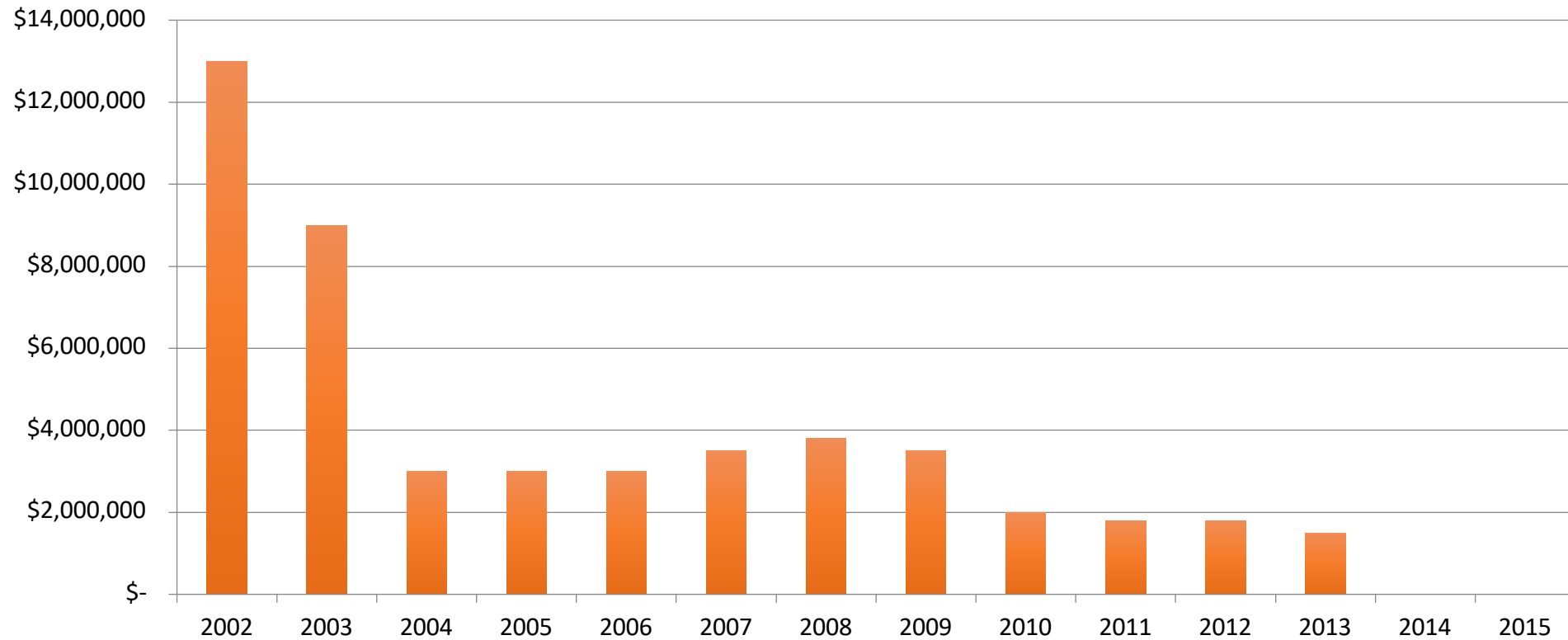


Source: The Cooperative Institutional Research Program Freshman Surveys

Fortunately, the J&J Campaign for Nursing's Future reversed the slide in nursing education enrollments

J&J Campaign replaced negative images and stories with positive and inspiring portrayals of nurses

Advertisement Spending



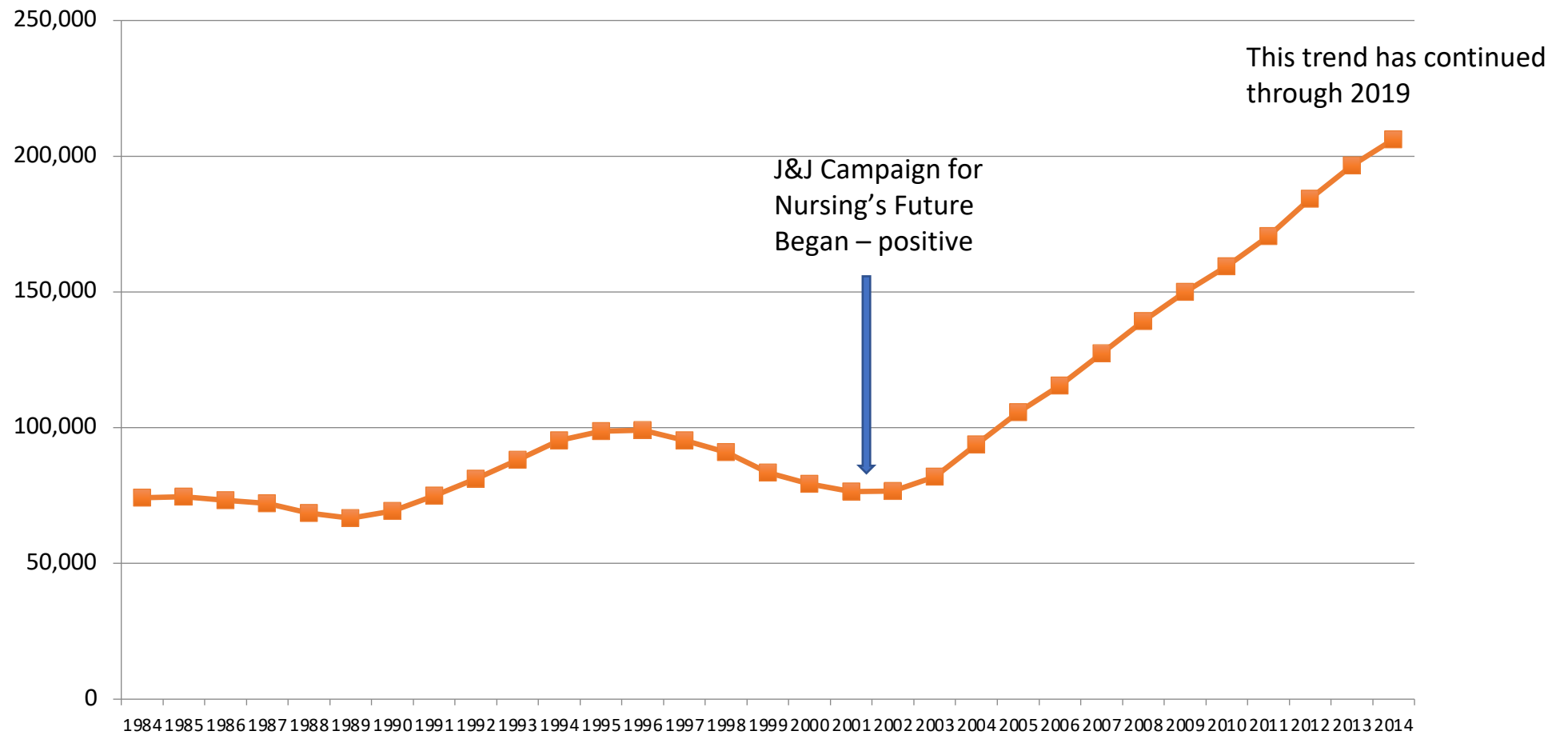
Buerhaus, Donelan, Auerbach, Staiger (2016). Assessing the Impact of the Johnson & Johnson Campaign for Nursing's Future On Increasing the Number of People Becoming Registered Nurses.

And remember the J&J Promise of Nursing celebrations (2002-2015)

No of events	Number of cities	Total amount raised	Number attended	Student scholarships	Faculty scholarships	Nursing school grants	Continue Education
36	24	\$14.3m	18,659	\$4.1m	\$3.8m	\$6.3m	\$50,000

Buerhaus, Donelan, Auerbach, Staiger (2016). Assessing the Impact of the Johnson & Johnson Campaign for Nursing's Future On Increasing the Number of People Becoming Registered Nurses.

Result: Total number of nursing graduates increased!



Source: Calculations based on data from the Integrated Postsecondary Education Data System

Note: Data in this figure includes baccalaureate degrees awarded to RNs who had a prior associate degree in nursing

We must start controlling the message(s)

Shared responsibility – nurses themselves, leaders, professional associations, educators, the media, social media and unions

If we don't get messaging under control and entry into nursing decreases, it will be very difficult to address remaining challenges

2. Five challenges facing the nursing workforce and how nurse leaders can create the 21st century workforce needed by society

1. We'll forget the significant strengths of the nursing profession, and fail to leverage them
2. Gain control over the message(s) needed to assure a growing nursing workforce

➤ **Supply side challenges**

- a) Retirement of Baby Boomer RNs
- b) Rapid growth of nurse practitioner workforce

4. Demand side challenges

5. Payment change -- transition to value-based payment

First Supply Side Challenge: Retirement of the Baby Boom Generation of RNs

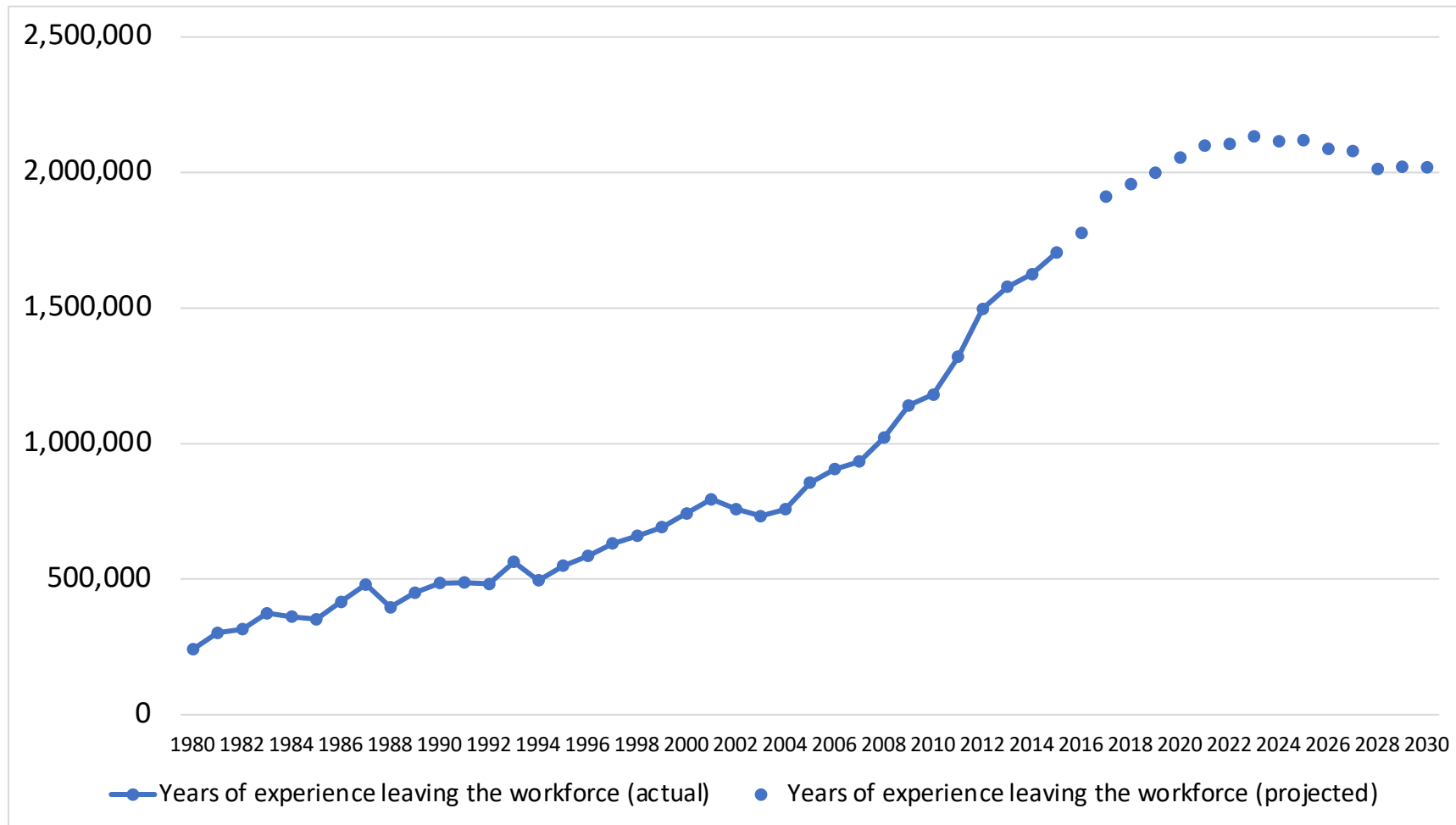
FACTS:¹

- 1.2 million RNs born in Baby Boom generation
- Currently about 70,000 BB RNs retire each year (640,000 expected to retire by 2030)
- Loss of clinical and organizational experience, judgment, leadership, mentorship, and getting things done
- While plenty of new graduates, can't fully replace retiring RN, particularly in critical care and specialties
- Increasing retirements led to/exacerbated shortages in some organizations pre-Pandemic
- Retirement will occur more heavily in *non-hospital* settings

¹ Buerhaus, Auerbach, & Staiger, May 3, 2017. How should we prepare for the wave of retiring baby boomer nurses.

<http://healthaffairs.org/blog/2017/05/03/how-should-we-prepare-for-the-wave-of-retiring-baby-boomer-nurses/>

Millions of years of nursing experience across settings leaving the workforce over this decade



Hospital Employed RNs, Number and Percent over Age 50 in 2018

Employment setting	Number RNs (Percent of RN workforce)	Number RNs Older than 50	Percentage Older than 50
Inpatient units	755,639 (27.2)	210,958	28%
Emergency department	161,603 (5.8%)	32,708	20%
Hospital sponsored ambulatory care	253,347 (9.1)	128,016	51%
Hospital nursing home unit	13,288 (0.5)	7,564	57%
Hospital administration	95,543 (3.4)	54,103	57%

Source: National Academy of Medicine. The Future of Nursing 2020-2030. Charting a Path to Achieve Health Equity. Chapter 3: The Nursing Workforce. Table 3-3

Non-Hospital Employed RNs, Number and Percent over 50 in 2018

Employment setting	Number RNs (Percent of RN workforce)	Number RNs Older than 50	Percentage Older than 50
Nursing homes	60,615 (2.2)	30,557	50%
Rehab facility/ Long Term care	110,554 (4.0)	36,718	57%
Home health agency	175,312 (6.3)	96,400	55%
Occup health/employee health	11,360 (0.4)	8,346	74%
University or college academic	34,698 (1.2)	19,178	55%

If not already doing so, CNOs, patient care unit managers, and human resource officers consider 6 actions ...

Anticipate and act to prevent the negative consequences that could ensue as RN retirement accelerates

1. Gather information on nursing workforce to ascertain when and how many RNs are expected to retire and identify the nursing units, departments and patient populations that will be most affected
2. Share this information with physicians and other clinicians who will be affected and seek their involvement in mitigating potential harmful consequences

Emphasize organizational leadership

(Possible opportunities for DNP projects, dissertation research)

3. Work w department and unit leaders to engage *SOME* soon-to-be retiring RNs to learn what can be done to delay their retirement
4. Create programs that bring older and younger RNs together to identify the knowledge and skills needed by rising RNs that can be imparted by older and more experienced RNs
5. Strengthen succession planning to assure that retiring nursing managers will be replaced by RNs who are well-prepared to assume management of clinical and administrative operations on in-patient and non-inpatient units/settings
6. Offer opportunities to retiring RNs to fill new roles in ... mentoring, community engagement, patient navigation, education and prevention ... imagine the possibilities!

Second Supply Challenge: Growing interest in becoming an APRN, especially an NP

FACTS:

- Employment of NPs increased rapidly prior to COVID
- Size of NP workforce estimated (pre-Covid) to more than double by 2030
- The interest in becoming an NP has reduced the number of RNs in the workforce by an estimated 80,000 RNs between 2010 and 2017
- Increasing interest in becoming an NP or other APRN led to or exacerbated nursing shortages in some organizations pre-Pandemic

Accelerating growth of NPs through 2030

	2001	2010	2016	2030 (Projected)	Ave growth rate 2016 to 2030 (Projected)
Physicians	711,357	862,698	920,397	1,076,360	1.1%
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We need to figure out ways to tap into this interest in and growth of the NP workforce to create a more effective workforce

(This is one of the strengths of the nursing profession to be leveraged)

4. Demand Side Challenge: Increasing population health needs running into significant nursing workforce deficits

Bottom line:

We don't have either the numbers or enough nurses and APRNs trained in the right specialties providing care where they are needed most

Gaps in Demand and Nurse workforce Supply

Demand

- Population aging (77m BB)
 - 13 medical visits per year per capita vs. 7.6 in 1980
- Mental and behavioral health (40-80M)
- Inadequate access to primary care
- High maternal mortality

Supply as of 2018*

- Gerontology Nurses: <1% of US RNs, 31% in Long Term Care; 8.2 % of NPs in Gerontology;
- 4% RNs (91,759); 5.3% NPs (10,173)
- 160,000 family health, adult, pediatric NPs
- Slow growth of CNMs

*National Academy of Medicine. [The Future of Nursing 2020-2030. Charting a Path to Achieve Health Equity.](#) Chapter 3: The Nursing Workforce

How can we close these gaps?

Stay tuned

5. Payment Change: Transition to value-based payment Value = $\frac{\text{Outcomes}}{\text{Costs}}$

- Providers are transitioning to delivering care paid for by evolving value-based and bundled payment systems ... saying good-bye to Fee For Service
- Producing higher value patient outcomes/care means higher reimbursement and *better patient care*
- Creating higher value and receiving higher payment will depend in a large way on nurses
- Yet nurses are ill-prepared for this change... they appear to be unconscious when it comes to creating value
- What to do?

Meeting growing demand and preparing nurses for value-based payment? Focus on nursing faculty

First, start with value: Recognize nursing faculty can't teach what they don't know ... and many (most) don't know what value is, how value relates to nursing practice ... and therefore what to teach and expect from students

- Hospitals have to take the initiative and educate nursing faculty ...help learn about value so they can teach *value-informed nursing practice* to students ... and engrain from the first student care plan!

Might be easier than we think:

- The new AACN baccalaureate essentials require competency in cost and value
- Olga Yakusheva (lead author) and I are publishing a six-part series on value-informed nursing practice starting January 2022 in *Nursing Outlook*

Now that you (i.e., hospitals) have engaged faculty about value-based payment and value-informed nursing practice

Convey your growing need for more nurses to be educated to provide

- Primary care
- Geriatric care, especially for frail elders
- Behavioral and mental health care
- Maternal care
- SDOH and health equity

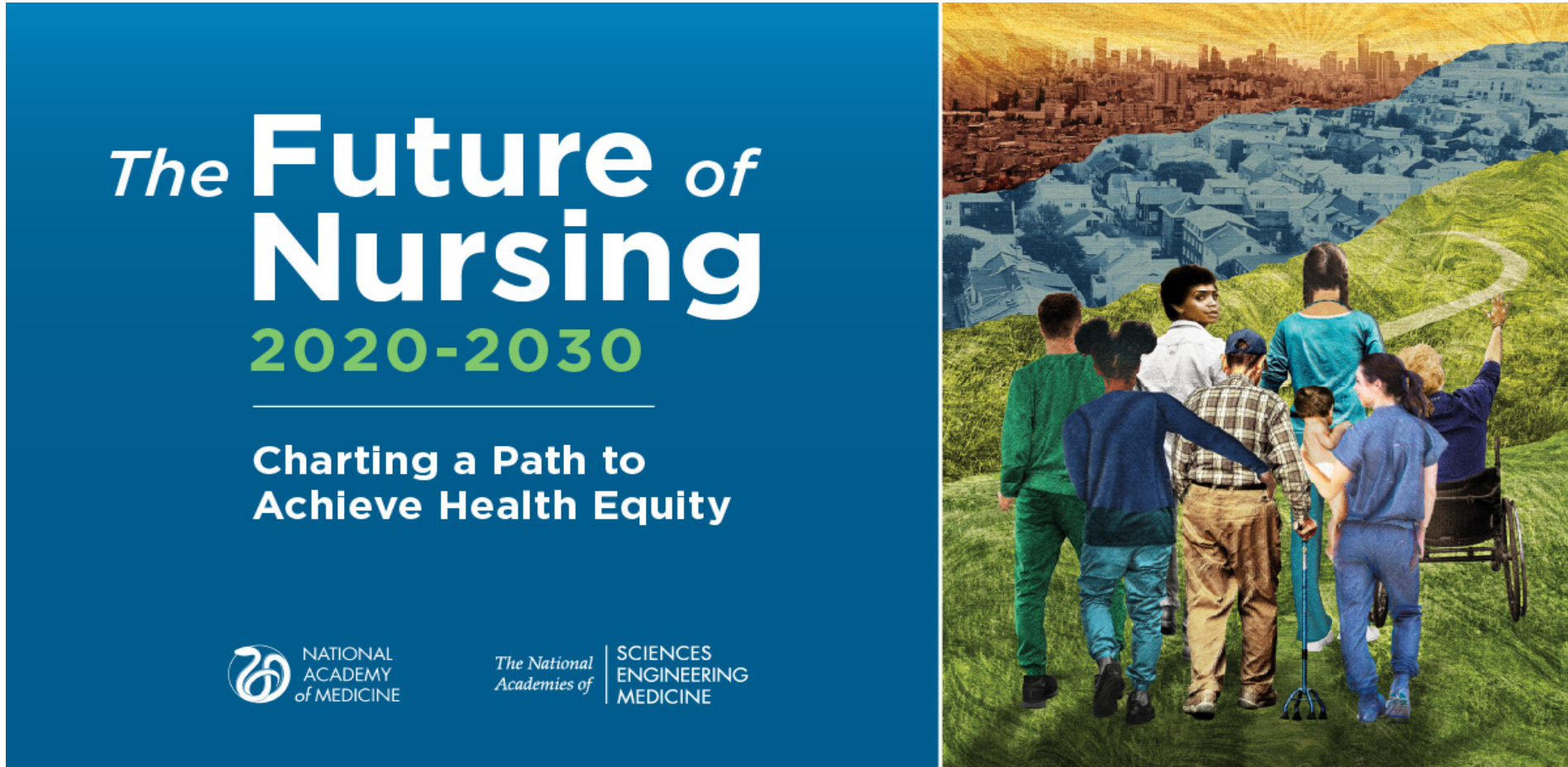
Ultimately a question about value, balance, and incentives ... produce the nursing workforce needed by society

And

Addressing the gaps in demand and nursing's capacity

Will be more effective if we integrate social determinants of health and health equity in our education, practice, research and policy approaches

The report provides many ideas and recommendations about how nurses can address SDOH and help achieve health equity



Wrapping Up

Don't forget the Pre-Pandemic Strengths of the Nursing Workforce

Nurse leaders made these strengths happen ... We can develop new strengths that will enable the creation of a 21st Century nursing workforce needed by society!

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Finally

If ever there was a time for leaders of the nursing workforce to ask for the public's support, this is that time!

Thank You!

What shall we discuss?