

The Nursing Workforce Issues in Michigan

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Background

- There is an increased need for nurses due to the aging of the baby boomer generation. In 2001 it was reported that 126,000 nurses were needed to fill immediate vacancies in the nation's hospitals. The employment growth rate for registered nurses (RNs) through 2008 is projected to be 21.7 percent, compared with the 14.4 percent average of all other occupations. Between 1998 and 2008, an additional 450,864 new jobs for RNs are anticipated due to technological advances and an increasing number of older people requiring more care.
- The nursing workforce is aging twice as fast as the workforce in all other occupations. The mean age of nurses is approximately 46 with less than 9% of nurses under age 30. Of the 794,000 job openings projected for RNs through 2008, almost 42% could be replacement of retirees. Trends in the age distribution of the Michigan nurse population are consistent with the national trend leading to 15% of the current workforce retiring within the next 10 years.
- In Michigan, the population is growing faster than the number of nurses needed. The number of active nurses in Michigan increased by 0.4 percent from 1996-97 to 1998-99, while the state population increased by approximately 0.8 percent. The rate of growth in number of RNs in Michigan is slower than the national growth rate of RNs.
- The nursing shortage is already at a level that has been upgraded from a health crisis to a security concern. The nation does not have adequate nurses for bio-defense or other situations with mass casualties or a situation threatening general public health.
- The capacity to expand the nursing workforce is limited by the growing shortage of nursing faculty to teach in community college and university programs. Nationally, 0.6 of 1% of nurses have a doctorate while in Michigan 0.2 of 1 % of nurses hold a doctorate. Across the country, approximately 9% of nurses hold a masters degree; in Michigan 5 % are masters prepared. Thus, Michigan has little more than half the national average of masters nurses and one-third the national average of doctorally prepared nurses. The aging of nursing faculty exacerbates the problem with the average age of all nursing faculty being 51 years old.

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- Michigan nurse practitioners (NPs) are not being permitted to practice in the scope of care in which they have been educated. Michigan's nurse practitioners are masters prepared RNs who are fully educated and experienced to independently prescribe medications for their patients. The lack of legal authority to prescribe medications hinders these nurses from effectively and efficiently serving their patients. NPs leave Michigan to go to neighboring states (e.g. Wisconsin) where they have prescriptive authority. Traditionally NPs have disproportionately provided care for the underserved poor rural and urban populations. More than 20 states throughout the country offer full prescriptive authority to nurse practitioners. The economic benefits and safety of patient care are clearly documented in the literature.

Major Issues and Challenges

- No systematic data are currently being collected on the nursing workforce in Michigan. Prior to 2000, data on the nursing workforce were obtained by surveys taken as nurses renewed or obtained their licenses. The cost of this activity was supported by increased re-licensure fees. There have been no re-licensure surveys since 2000. Future surveys should be re-initiated and revised to include essential data to project the workforce requirements in Michigan including supply, needs/characteristics of the population, workforce distribution and credentials.
- Nursing regulation in Michigan, as well as the structure and function of the Board of Nursing need to be re-evaluated to position Michigan to address nursing shortage. These changes are essential to recruit and retain nurses in Michigan, efficiently license new graduates, and support nursing education programs to provide innovative educational models to efficiently prepare more nurses.
- Michigan cannot rely on "re-entry" nurses to address the shortage. Michigan data indicate that the nurses who are licensed but inactive in nursing declined from 22,191 in 1992-93 to 18,761 in 1998-99. Of the inactive licensed nurses, 23 percent (4,408) were employed outside of nursing, a number that has been level since 1992-93. The unemployment rate for licensed Michigan nurses in 1998-99 was identified at 2.5 percent.
- Capacity and unused seats in nursing education programs vary widely across the state for both ADN and BSN programs. The number of graduates successfully taking the licensure examination (NCLEX) for the first time in Michigan, had a 24 percent decrease between 1997 and 2001. The decline does not appear to be a function of a lower success rate on the licensure examination. Nursing education is challenged to increase both the number of students and efficiency of programs to prepare well qualified nurses to care for Michigan citizens.
- Recruitment and retention issues have been linked with issues regarding conditions in the nursing workplace, particularly in the hospital setting. The report commissioned by the Michigan Department of Consumer and Industry Services used five focus groups to collect information on workplace issues, involving nursing educators, staff nurses, first line supervisors and hospital directors of nursing. All five focus groups identified a poor work

environment as a major issue. Areas of concern identified included mandatory overtime, increased patient demands with the aging population, and lack of differentiation in compensation for education and experience.

- Magnet Hospitals provide an exemplar for addressing workplace issues. Hospitals with Magnet status experience fewer problems with recruitment and retention and have excellent patient outcomes. The Magnet hospital designation is obtained by hospitals that successfully complete an external quality review process provided by the American Nurses Credentialing Center, addressing issues of nursing practice and patient care. To date 55 hospitals across the country have achieved this status. Currently there are no Magnet hospitals in Michigan.

Policy and Program Implications

Many of the issues, challenges and opportunities related to the nursing shortage in Michigan suggest the need for state-level policies and programs related to workforce data, recruitment and education of nursing, re-engineering the worksite, and review of nursing regulations.

Examples include:

- Obtain and analyze accurate workforce data to inform policy and legislation.
- Coordinate license holder, employer, health status and educational capacity data to develop a clear picture of supply and demand.
- Reform nursing regulation and licensure in Michigan including review of structure and authority of the Board of Nursing.
- Commission a Blue Ribbon Task force chaired by the Chief Nurse Executive to review these data and recommend changes in licensure and regulation.
- Devise recruitment strategies to attract well-qualified individuals especially gender, ethnic and culturally diverse persons to the nursing profession.
- Design incentives and regulatory waivers to encourage innovative educational models through partnerships between educational and health care organizations.
- Implement nurse internship programs to transition new nurses into the workforce.
- Provide financial support to encourage rapid attainment of masters and doctoral degrees to address the faculty shortage.
- Offer fiscal incentives for new models of care based to improve quality, patient outcomes, nurse functioning, and patient safety drawing from best practices from Magnet Hospital strategies and evidence based practices.
- Encourage retention in the workforce with career oriented compensation models that reward experience, competence, clinical expertise and educational preparation.
- Invest in technology that will improve data retrieval and communication among health care providers, decrease risk of injury to patients and providers, and facilitate older nurses remaining in active clinical practice.
- Offer full prescriptive authority to nurse practitioners.

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Authors

Marilyn Rothert
Dean and Professor, MSU College of Nursing
A-219 Life Sciences Building
East Lansing, MI 48824-1317
Fax 517-432-5667
rothert@msu.edu

Theresa Wehrwein
Director of Professional Partnerships,
MSU College of Nursing
A 113 Life Sciences
East Lansing MI 48824-1317
teresa.wehrwein@ht.msu.edu

Additional Resources

Jeanette Klemczak
Director of Clinical Practice
MSU College of Nursing
A 120 Life Science
East Lansing, MI 48824-1317
Klemczak@msu.edu

Judith Andre
Professor, Ethics & Humanities Center
C 201 E. Fee Hall
MSU, E. Lansing, MI 48824-1317
andre@msu.edu

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Resources on the Web

- MSU College of Nursing www.nursing.msu.edu
- MSU Institute for Public Policy and Social Research www.ippsr.msu.edu
- Joint Commission on Accreditation of Healthcare Organizations. **Healthcare at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis**. 2002.
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- The nursing shortage: An annotated digest of current information www.dartmouth.edu/~ahehome/workforce.html
- American Nurses Credentialing Center (Magnet Hospitals) www.nursingworld.org/ancc