The Impact of the National Nursing Shortage on Quality Cancer Care

A major national nursing shortage is developing that is uniquely different from other nursing shortages previously experienced in the United States. This shortage is expected to peak in the next 10–15 years unless immediate steps are taken in the public and private sectors to reshape the country’s healthcare delivery system and to counteract the individual forces causing the shortage internally. Buerhaus, Staiger, and Auerbach (2000a) estimated that by approximately 2010, the size of the nursing workforce will begin to shrink as baby boomers retire and the number of younger nurses will be insufficient to replace them. Action is necessary now because this shortage already is well under way.

A number of dynamically interconnected factors, including the demographics of the general population, will result in the declining number of nurses. As early as 1990, 77 million American baby boomers lived in the United States, compared with only 44 million young people, creating the smallest pool of entry-level workers since the 1930s (Sigma Theta Tau International [STTI], 2000). Thus, the pool from which nurses are recruited is woefully small. Not only are there not enough nurses to meet the heavy demand, there are not enough people in the nation’s workforce from which to recruit nurses.

These demographic changes, in combination with general workforce dynamics (e.g., the rising demand for more nurses coupled with a declining enrollment in nursing schools, a decrease in the number of nursing faculty available to teach in schools of nursing, a dramatic expansion in career choices for women, changing work roles for women and nurses, and the way in which nursing care is managed in the healthcare system), indicate that the nursing shortage will grow more critical in the future.

Cancer is primarily a disease of the elderly. As the baby boom generation ages, the number of people with cancer is expected to increase significantly in the next 20 years. One in three women and one in two men will receive a diagnosis of cancer in their lifetimes (American Cancer Society [ACS], 2001). In the United States, one in four deaths result from cancer (ACS). Hence, Americans can expect a dramatic increase in the need for oncology nurses to meet the growing needs of people with cancer and their families.

New technology and scientific discoveries are transforming the face of cancer care and require skilled nurses to administer complex therapies. In addition, the evolving healthcare system has led to changes in the settings where care is provided. In the future, the majority of cancer care will be administered in outpatient settings or private physician offices. Outpatient cancer care will, however, still require the skills of oncology nurses to assess and monitor patients for complications and to educate patients and families in self-care skills.

Oncology nurses represent a vital component of quality cancer care across the entire spectrum of care, but the shrinking nurse workforce ultimately will diminish the number of nurses who choose oncology nursing as a career, and this also will reduce the number of registered nurses (RNs) who become certified as oncology nurses. Quality cancer care will be negatively affected as a result.

It Is the Position of ONS That

- The shortage of nurses seriously jeopardizes quality cancer care, to which all citizens have a right.
- Professional nursing organizations should enact programs individually and collectively to address the nursing shortage.
- ONS will actively contribute to building the long-term infrastructure for nursing by taking specific actions to attract people to, and retain them in, nursing. Such actions include participation in the Nurses for a Healthier Tomorrow (2001) program (a campaign launched by a coalition of 24 nursing and healthcare organizations to attract people to the nursing profession) and internship programs as well as seeking appropriate legislation.
- ONS will work to attract nurses to oncology nursing by providing opportunities to learn more about oncology nursing, by completing research studies that examine the oncology nursing workforce, and by providing job shadowing and mentoring opportunities.

Legislation

- The employment of immigrant nurses may be regarded as one of many solutions to the nursing shortage, provided that immigrant nurses meet U.S. standards, that we do not disadvantage their countries of origin by employing them, and that the country build an infrastructure to supply nurses within the United States to meet growing demand.

- Federal programs, such as loan repayments and tax incentives, should be created to provide people with motivation to enter the nursing profession, to reimburse them for doing so, and to require them to work in geographic areas with underserved populations.
- Federal and state legislation enacting loan-repayment programs is needed to fund scholarships for those currently in nursing who wish to advance their levels of education.
- Nursing schools must receive adequate funding to recruit and retain faculty so that qualified applicants will not be denied admission because of a lack of faculty or space.
- Innovative legislation must ensure that the reimbursement model applied to graduate medical schools is applied to public and private graduate nursing schools.
- Direct Medicare and Medicaid reimbursements and reimbursements by private payors and HMOs should be made for advanced practice nursing services whether they are provided in an outpatient or inpatient care setting.

Education

- Programs should be developed and funded to encourage young people and minorities to enter the nursing profession. One such program could be an initiative to produce public-service announcements that accurately and positively portray the profession of nursing.
- Innovative programming should be initiated at primary and sec-
Background

The nursing shortage we now are experiencing differs markedly from previous nursing shortages. Following World War II, reimbursement was free flowing, hospitals had far more beds to fill, and patient demand for RNs exceeded the supply. In the 1960s, the shortage of RNs continued, their wages were kept low, and hospitals began employing ancillary workers.

During the 1980s, prospective payment began to displace fee-for-service payment and nurse employment and compensation showed strong growth. Changes occurred, however, in the way nurses were used, and patients’ hospital stays grew shorter as patients’ needs became more acute.

In the 1990s, a major restructuring of the nation’s healthcare system occurred. Hospitals closed beds, and more patients were treated in outpatient settings. RNs were laid off in large numbers, hospitals hired ancillary workers, and nursing schools reduced faculty and admitted fewer students.

Today, the consensus is that a structurally different nursing shortage is happening that will worsen in 10–15 years unless the public and private sectors work together to reshape the country’s healthcare system. If present trends continue, demand for nurses rapidly will outpace the available number of nursing positions for many years to come.

The Bureau of Labor Statistics predicts that the number of jobs for RNs will grow by 23% by 2006, faster than for all other occupations. But, according to the American Association of Colleges of Nursing (AACN), by 2015, 114,000 jobs for full-time equivalent RNs are expected to go unfilled nationwide (AACN, 1998). The total nursing workforce also is aging. Between 1983 and 1998, the average age of working RNs increased 4.5 years from 37.7 to 41.9 years (Staiger, Auerbach, & Buerhaus, 2000). And by 2010, the average age of RNs is forecasted to be 45.4 years, an increase of 3.5 years over the current age, with more than 40% of the RN workforce expected to be older than 50 years (Buerhaus et al., 2000b). About half of the workforce of RNs is expected to reach retirement age within 10–15 years (Maes, 2000). The average age of new RN graduates is 31 years; RNs are entering the profession older and will have fewer years to work than nurses traditionally have had (STTI, 2000).

Enrollment in nursing colleges is continually decreasing. In the fall of 1999, the number of entry-level students studying for a bachelor of science degree in nursing fell 4.6%, reflecting a drop in enrollment for the fifth year in a row (STTI, 2000). Nursing school faculty also is aging. AACN found that the average age of nursing school associate professors is 52 years, and the average age of assistant professors is 49 years (Tri-Council for Nursing, 2001). Nursing colleges that have greatly reduced the number of faculty members will experience difficulty in recruiting new faculty.

The nursing shortage is occurring and is expected to worsen when the greatest percentage of the population becomes elderly, and in need of more nursing care than ever before. In addition, as the population ages, the percentage of people at risk for cancer increases exponentially. Cancer is a complex, multifaceted chronic disease, and people with cancer require specialty nursing interventions at every step of the cancer experience. Patients with cancer are best served by nurses specialized in oncology care who are certified in that specialty. The nursing shortage will impede the provision of quality cancer care through a lack of nurses trained in the specialty of oncology.

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References


To obtain copies of the ONS position “The Impact of the National Nursing Shortage on Quality Cancer Care,” contact the Customer Service Center at the ONS National Office at 501 Holiday Drive, Pittsburgh, PA 15220-2749 (866-257-4ONS; customer.service@ons.org). Positions also may be downloaded from ONS Online (www.ons.org).