Background

The nurse shortage continues into a third decade, despite multiple innovative efforts by nursing schools to maximize both faculty and infrastructure resources. The demographic roots of the shortage are unalterable: an aging workforce, coupled with an aging population with greater acuity or care needs. The inevitable resurgence of demand will almost certainly outstrip supply, even if reforms to improve efficiency in healthcare delivery are instituted. Approximately 49 million Americans are uninsured currently. The Affordable Health Care Act, passed in March 2010, will provide insurance coverage for 32 million more Americans. Although the nursing profession represents the largest segment of the U.S. healthcare workforce with more than 3 million registered nurses (RNs), newer projections based on recent employment fluctuations and revised workforce characteristics predict a total number of job openings for nurses due to growth and replacements to 1.2 million by 2020.1

An analysis of three national surveys (one of physicians, one of nurses, and one of hospitals' chief nursing officers and chief executive officers) all agree that the shortage has seriously impaired communication between hospital staff members, patient-nurse relationships, hospital capacity, and patient-centered care.2

In 2010, the Institute of Medicine announced a landmark report entitled The Future of Nursing: Leading Change, Advancing Health.3 One of the eight recommendations stressed the importance of having a baccalaureate-prepared nursing workforce. Academic nurse leaders are challenged to “increase the proportion of nurses with a baccalaureate degree to 80% by 2020.”3, p. 12 This is an ambitious goal given that only 50% percent of nurses currently hold a baccalaureate degree. It is also a critically important goal as “several studies support a significant association between the educational level of RNs and outcomes for patients in the acute care setting, including mortality rates.”3, p. 169-170 This recommendation clearly adds another level of complexity to the evolving nursing shortage – not only is it important to have an adequate supply of registered nurses but it is also important to have the right mix of baccalaureate prepared nurses.
Specific data on the depth of the shortage of hospice and palliative nurses is very limited. The final report of *The Registered Nurse Population Findings from the 2008 National Sample Survey of Registered Nurses* found that 3% of the America’s estimated 3.1 million registered nurses identify hospice as their clinical specialty area and that the majority of them practice in non-hospital settings (72%). This data also indicated that the average age of registered nurses increased slightly from 46.8 years of age in 2004 to 47 years of age in 2008, with 45% of the nurses aged 50 years or older. The average age for RNs in 2012 is expected to be 44.6 years and nurses aged 50-59 years are projected to become the largest age demographic of the nursing workforce, accounting for almost one quarter of the RN population.

In palliative care, nurses are full partners with providers from other disciplines and play central roles on care teams. As such, palliative care is a model of interprofessional collaboration, which has been linked to improved patient outcomes, more efficient use of resources and increased retention of nurses. The Hospice and Palliative Nurses Association (HPNA) recognizes that nursing is central to providing the highest quality of palliative care; consequently, shortages of registered nurses, including sufficient numbers of baccalaureate-prepared nurses, will directly impact palliative care in the United States.

The HPNA Board of Directors recognizes that hospice and palliative nurses work in a variety of settings (e.g., hospitals, home care, long-term care). The Joint Commission’s recommendations for addressing nursing shortages focus on three areas: (1) creating organizational cultures of retention, (2) bolstering the nursing educational infrastructure, and (3) establishing financial incentives for investing in nursing. Although presented within the framework of hospital based care, the recommendations are relevant for other sectors of healthcare (e.g., hospice).

**Position Statement**

The HPNA Board of Directors supports the 2002 recommendations of the Joint Commission roundtable, acknowledging their relevance across a variety of healthcare sectors. HPNA’s support is demonstrated through our continued involvement in national initiatives aimed at addressing the nursing shortage, through encouraging our members to continue to advance their nursing education, and through promoting the active recruitment and retention of hospice and palliative nurses.

The Joint Commission’s specific recommendations include

- Create a culture of retention for nursing staff
  - Adopt fair and competitive compensation and benefit packages for nursing staff.
  - Adopt information, ergonomic and other technologies designed to improve workflow and reduce risks of error and injury.
  - Adopt zero-tolerance policies for abusive behaviors by physicians and other healthcare practitioners.
- Delegate authority to nurse executives and other nurse managers, and to staff nurses, for patient care and resource deployment decisions.
- Diversify the workforce to broaden the base of potential workers and to improve patient safety and healthcare quality for patients of all origins and backgrounds.
- Limit the use of mandatory overtime to emergency situations.
- Measure, analyze, and improve staffing effectiveness.
- Minimize the paperwork and administrative burden that takes nursing time away from patient care.
- Provide the management training and resources nurse executives need to attain and maintain a culture of retention.
- Recognize and reward hospitals that adopt the basic characteristics of “Magnet” hospitals.
- Set staffing levels based on competency and skill mix applicable to patient mix and acuity.(c)

- Bolster the nursing educational infrastructure
  - Create nursing career ladders commensurate with educational level, training, and experience
  - Emphasize team-training in undergraduate and post-graduate nurse education and training programs.
  - Enhance hospital budgets for nursing orientation, in-service, and continuing education.
  - Establish standardized post-graduate nurse residency programs, a nursing equivalent of the Accreditation Council for Graduate Medical Education, and funding to support this training.
  - Fund nurse faculty positions(d) and student scholarships for all levels of nursing education.
  - Increase federal funding for nursing education through the Nurse Education Act and Medicare monies appropriated for clinical education.
  - Provide fast-track, low-cost opportunities for nurses to achieve higher levels of education.

- Establishing financial incentives for investing in nursing
  - Align private payer and federal reimbursement incentives to reward effective nurse staffing.
  - Base the new reimbursement incentives on evidence-based, nursing-sensitive indicators.
  - Condition the continued receipt of new federal monies by hospitals and other provider organizations on the demonstrated achievement of specified quantifiable and standardized criteria and goals.
  - Make new federal monies available for hospitals and other healthcare organizations for investment in nursing services.

Recognizing the aging of the nursing workforce, the HPNA Board of Directors further agrees with the Robert Wood Johnson Foundation Wisdom Works team that “many incremental steps can and are being taken to accommodate older nurses at the individual facility and organizational level.”9, p. 53 Examples from Wisdom at Work: The Importance of the Older and Experienced Nurse in the
Workplace illustrate ways employers can demonstrated their commitment to older nurses.\(^{(e)}\)

- Encourage health systems to make immediate and incremental ergonomic and design changes, such as improved lighting and the installation of lifts.
- Invest in the creation of expanded roles for older nurses with appropriate continuing education to prepare them for these roles. Design career paths to provide expanded and enriched opportunities for older nurses that support and improve patient care.
- Encourage nursing administrators to customize education and training for the seasoned nurse, including on-boarding programs and technology-related programs.
- Work with employers and unions to advance the concept of individualized benefits packages, along with flexibility in scheduling options.
- Encourage every healthcare setting to be a good place to work as evidenced by policies that demonstrate respect for and appreciation of staff, promote a balance between work and life, and offer an array of benefit options across the span of the work life.
- Equip supervisors and managers to understand and support an older workforce.
- Create talent management to foster the right mix and skill level.
- Create succession-planning programs to promote personal and professional growth and development opportunities on the job.
- Encourage every healthcare organization to strive for a culture that brings together the [fourteen]\(^{(f)}\) Forces of Magnetism.
- Invest in the design and evaluation of knowledge management programs in healthcare organizations.
- Formally assess the perceptions of hospital and nursing administrators about recruiting and retaining older nurses, and develop and evaluate any awareness/educational programs aimed at this group.

In order to assure high quality, cost effective, and safe palliative care, we need a highly educated nursing workforce in sufficient numbers to meet the growing demand for care for persons with progressive chronic or serious life-threatening illness. The strategies proposed by The Joint Commission and in *Wisdom at Work* provide clear guidance on how to assure that all registered nurses, whether relatively new to the profession or experienced, are valued and retained.

**Definition of Terms**

None

**Footnotes**

\(^{(a)}\)Permission granted to reproduce the Joint Commission’s recommendations, personal communication Char Hill, October 7, 2002.
Zero-tolerance policies must also extend to all paid and volunteer palliative care staff.

HPNA recognizes that there is not a widely accepted acuity system for hospice care; the Board supports research efforts that would define an acuity system for palliative care patients and families.

Faculty salaries must be competitive to assure an adequate supply of nurse educators.


Wisdom at Work stated there were eight Forces of Magnetism; there are fourteen.

References


**Additional Resources**
