The Americans for Nursing Shortage Relief (ANSR) Alliance represents a diverse cross-section of health care and other related organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage and the delivery of high quality nursing care to the nation. Our country continues to be challenged by a chronic nursing shortage of registered nurses (RNs) that was first noted over 14 years ago in 1998. The shortage abated slightly with the recession in some localities, but is projected to worsen as health care requirements increase in the future. Having a sufficient nursing workforce to meet the demands of a highly diverse and aging population is essential to improving the health status of the nation and reducing health care costs.

The ANSR Alliance believes Congress must enact and fund a comprehensive set of initiatives to address these challenges and ensure that the nation has an adequate infrastructure of well-qualified nurses. To meet the basic nurse workforce demands, the ANSR Alliance recommends that Congress:

- Appropriate $251 million in funding for Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA) in FY 2013.
- Appropriate $20 million in FY 2013 for the Nurse Managed Health Clinics as authorized under Title III of the Public Health Service Act.

**The Nursing Shortage**

The link between health care and our nation’s economic security and global competitiveness is undeniable. Health care one of the largest economic employers in the United States, overshadowed only by retail. One is eight is employed in the health care sector in some manner. Health care has taken the place of manufacturing as a significant employer in the U.S.\(^1\) Health care is a field that attracts educated individuals and is frequently a choice for those that seek second career professions. Health care, and specifically nursing, the largest employer within the health care sector, provides jobs and keeps American healthy.

Nursing is the largest health care profession in the United States. According to the National Council of State Boards of Nursing, there were nearly 3.854 million licensed RNs in 2010.\(^2\) Nurses and advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and certified

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registered nurse anesthetists) work in a variety of settings, including primary care, public health, long-term care, surgical care facilities, schools, and hospitals. The March 2008 study, *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*, calculates an adjusted projected demand of 500,000 full-time equivalent registered nurses by 2025.¹ According to the U.S. Bureau of Labor Statistics, employment of registered nurses is expected to grow by 26 percent from 2010 to 2020 resulting in 711,900 new jobs. ⁴ Based on these scenarios, the shortage presents an extremely serious challenge in the delivery of high-quality, cost-effective services.

**BUILD CAPACITY OF NURSING EDUCATION PROGRAMS AND ENHANCE NURSING RESEARCH**

According to the National Advisory Council on Nursing Education and Practice’s Eight Annual report to Congress, *Addressing New Challenges Facing Nursing Education: Solutions for a Transforming Healthcare Environment* nursing practice in the 21st century faces a number of challenges including:

- growing population of hospitalized patients who are older and more acutely ill,
- increasing healthcare costs,
- and the need to stay current with rapid advances in medical knowledge and technology
- existing shortage of nurses,
- an aging nurse workforce,
- and prospects of a worsening nurse shortage.

In addition, new models of overall healthcare delivery are being developed to address a range of challenges in healthcare and impact the structure of the workforce and care delivery.⁵ Even the Department of Veterans Affairs, the largest sole employer of RNs in the U.S., has a nursing vacancy rate of 10 percent. Government estimates indicate the nursing shortage only promises to worsen due to an insufficient supply of individuals matriculating in nursing schools, an aging existing workforce, and the inadequate availability of nursing faculty to educate and train the next generation of nurses. At the exact same time that the nursing shortage is expected to worsen, the baby boom generation is aging and the number of individuals with serious, life-threatening, and chronic conditions requiring nursing care will increase. Consequently, more must be done today by the government to help ensure an adequate nursing workforce for the patients of today and tomorrow.

A particular focus on securing and retaining adequate numbers of faculty is essential to ensure that all individuals interested in – and qualified for – nursing school can matriculate in the year that they are accepted. The National League for Nursing found that in the 2009-2010 academic year:

- 42 percent of qualified applications to prelicensure RN programs were turned away.
- One in four (25.1 percent) of prelicensure RN programs turned away qualified applicants.

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• Four out of five (60 percent) of prelicensure RN programs were considered “highly selective” by national college admissions standards, accepting less than 50 percent of applications for admission. 

Aside from having a limited number of faculty, nursing programs struggle to provide space for clinical laboratories and to secure a sufficient number of clinical training sites at health care facilities.

ANSR supports the need for sustained attention on the efficacy and performance of existing and proposed programs to improve nursing practices and strengthen the nursing workforce. The support of research and evaluation studies that test models of nursing practice and workforce development is integral to advancing health care for all in America. Investments in research and evaluation studies have a direct effect on the caliber of nursing care. Our collective goal of improving the quality of patient care, reducing costs, and efficiently delivering appropriate health care to those in need is served best by aggressive nursing research and performance and impact evaluation at the program level.

**STRENGTHEN THE CAPACITY OF THE NATIONAL NURSING PUBLIC HEALTH INFRASTRUCTURE**

Nurses make a difference in the lives of patients from disease prevention and management to education to responding to emergencies. Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are the most preventable of all health problems as well as the most costly. Nearly half of Americans suffer from one or more chronic conditions and chronic disease accounts for 70 percent of all deaths. Also, increased rates of obesity and chronic disease are the primary cause of disability and diminished quality of life. An October 2008 report issued by Trust for America’s Health entitled “Blueprint for a Healthier America” found that the health and safety of Americans depends on the next generation of professionals in public health. Further, existing efforts to recruit and retain the public health workforce are insufficient. New policies and incentives must be created to make public service careers in public health an attractive professional path, especially for the emerging workforce and those changing careers. Another report, *Bending the Obesity Curve* estimated that the U. S. could save $29.8 billion in five years, $158.1 billion in 10 years and $611.7 billion in 20 years if obesity rates were reduced by five percent.

Public health nursing is the critical resources for healthy communities. Nurses are key health care worker than can help our nation achieve its public health goals and protect our nation from the full impact of disasters, both natural and man-made. Data from the 2000 National Sample Survey of Registered Nurses (conducted by the Health Resources Services Administration, Division of Nursing) indicate that the number of registered nurses (RNs) employed in public/community health settings with the title “public health nurse” has decreased from 39% in 1980 to just 17.6% in 2000.

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Even in the overall public/community nursing group, there was a decrease of almost 16% between 1996 and 2000.9

The shortage of school nurse positions contributes to holes in the health care safety net for all children. The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, points out that with an expected increase in the number of children who have complex medical, genetic and mental/behavioral health conditions that require more nursing oversight, school nursing provides the expertise and coordination to assure that children receive the care they need.

**HELP RETAIN NURSES, WITH SPECIAL EMPHASIS ON THE AGING NURSING WORKFORCE**

Some of the recent forecasts of the nursing shortage indicate that the nursing workforce will continue to grow older. Interest in nursing among individuals in their early to mid-twenties is at its lowest point in forty years. One study reports that the average age of RNs in the workforce would increase from 42.0 years in 2000 to 44.7 years in 2012. It is important to note that RNs in their 50s may comprise a large part of this workforce and a number of nurses may work into their 60s.10 Retaining these experienced, aging nurses in the workforce will make a critical contribution to curbing the effect of the nursing shortage. Nursing is a physically demanding career. Strategies will be needed to encourage and accommodate these nurses to stay in the workforce. With the advent of the recession, experienced nurses are delaying retirements. This has created an artificial sense of relief to the nursing shortage. This is merely temporary, and may mask the challenge of a projected nursing shortage of 260,000 registered nurses that is anticipated to develop by 2025.11 A secondary impact of the retirement of these older nurses will be the loss of years of expertise that may have an impact of patient care quality unless attention is given to retention of these nurses to transition the new workforce.

The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. A 2006 National League for Nursing/Carnegie Foundation Preparation for the Professions Program national survey of nurse educators found that fully one half of today’s nurse faculty say they expect to retire within the next 10 years.12 The NLN/Carnegie data also distinguished the nurse faculty cohort from the rest of the academic workforce by age: Where 48 percent of nurse educators are age 55 and over, only 35 percent of U.S. academics and only 29 percent of health science faculty are over the age of 54.

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EXPAND RECRUITMENT OF NEW NURSES WITH EMPHASIS ON THOSE WITH DIVERSE BACKGROUNDS

RNs, advanced practice registered nurses, and nursing faculty are all critically necessary to sustain an adequate supply of nurses available to deliver quality health care. The U.S. nursing shortage is part of a larger world-wide nursing shortage. The international scope of this problem makes it an immediate and critical need for our nation to develop additional strategies to appeal to men and women to pursue nursing and teaching nursing as a profession. Congress specifies the mission of Title VIII is to ensure a sufficient national supply of nurses; Title VIII programs must be adequately funded to fulfill that important mission.

The percentage of minority students enrolled in prelicensure RN programs has remained close to 28 percent with just minor variation since 2002. In 2010 slightly under 27 percent of prelicensure RN students were members of a minority group, compared with almost 37 percent of the US population to whom they will eventually provide care. Hispanics are dramatically underrepresented among nursing students. Whereas about 16 percent of the US population was Hispanic in 2010, among associate degree students only half those percentages (7.6 percent) were Hispanic.13 The US Census Bureau projects that by 2050 the percentage of Americans of Hispanic origin is projected to double to over 30 percent. Attention to minority recruitment and retention not only provides new clinicians to the RN workforce, this diversity of nurses in the workforce will be better equipped to serve a diverse patient population. Cultural competent health care providers are essential to the provision of high quality health care in this nation. Ideally, the health care workforce should reflect the cultural diversity of the general population.

Studies have shown that people are most comfortable receiving care from someone of their own cultural and ethnic background. Studies provide evidence that minority practitioners are more likely than their Caucasian counterparts to serve in minority and medically underserved communities.14 It is critical that we invest in strategies to encourage this diversity in nursing, and work to enhance cultural competence among nurses of all ethnic backgrounds.

Data also indicate that in large part the nurse faculty workforce is not reflective of the nation’s population or of the nursing student population. The NLN/Carnegie study affirmed that 96 percent of the nurse faculty are female, contrasting with the three-fifths of the U.S. postsecondary faculty who are males. The 2006 NLN/Carnegie study reports that nursing also lags significantly behind the remainder of academia with respect to diversity. Seven percent of nurse educators are minorities while 16 percent of U.S. faculties belong to a racial minority group. A NLN nurse faculty census found that Hispanics are also underrepresented among nurse faculty – just 3 percent of full-time and 5 percent of part-time nurse educators are Hispanic.

The homogeneity of the nurse faculty plays out as a unique capacity constraint, which limits nursing schools' ability to provide culturally appropriate health care education toward developing a health care system that understands and addresses the needs of the nation’s rapidly diversifying population. Factors such as biases and stereotyping, communication barriers, cultural sensitivity/competence,

and system and organizational determinants contribute to health care disparities, generating a compelling need for workforce diversity.

The undersigned organizations endorse this Consensus Document. If you have any questions, please contact:

- Academy of Medical-Surgical Nurses
- American Academy of Ambulatory Care Nursing
- American Academy of Nurse Practitioners
- American Academy of Nursing
- American Association of Critical-Care Nurses
- American Association of Nurse Anesthetists
- American Association of Nurse Assessment Coordination
- American Association of Occupational Health Nurses
- American College of Nurse-Midwives
- American Organization of Nurse Executives
- American Psychiatric Nurses Association
- American Society for Pain Management Nursing
- American Society of PeriAnesthesia Nurses
- American Society of Plastic Surgical Nurses
- Association for Radiologic & Imaging Nursing
- Association of Pediatric Hematology/Oncology Nurses
- Association of State and Territorial Directors of Nursing
- Association of Women's Health, Obstetric & Neonatal Nurses
- Citizen Advocacy Center
- Dermatology Nurses’ Association
- Developmental Disabilities Nurses Association
- Emergency Nurses Association
- Infusion Nurses Society
- International Association of Forensic Nurses
- International Nurses Society on Addictions
- International Society of Nurses in Genetics, Inc.
- Legislative Coalition of Virginia Nurses
- National Association of Clinical Nurse Specialists
- National Association of Hispanic Nurses
- National Association of Neonatal Nurses
- National Association of Neonatal Nurse Practitioners
- National Association of Nurse Massage Therapists
- National Association of Nurse Practitioners in Women's Health
- National Association of Orthopedic Nurses
- National Association of Registered Nurse First Assistants
- National Association of School Nurses
- National Black Nurses Association
- National Council of State Boards of Nursing
- National Council of Women's Organizations
- National Gerontological Nursing Association
- National League for Nursing
- National Nursing Centers Consortium
National Nursing Staff Development Organization
National Organization for Associate Degree Nursing
National Student Nurses’ Association, Inc.
Nurses Organization of Veterans Affairs
Pediatric Endocrinology Nursing Society
Preventive Cardiovascular Nurses Association
RN First Assistants Policy & Advocacy Coalition
Society of Gastroenterology Nurses and Associates, Inc.
    Society of Pediatric Nurses
    Society of Trauma Nurses
Women's Research & Education Institute
Wound, Ostomy and Continence Nurses Society