VIEWPOINT

By Carol S. Brewer, PhD

The Canaries in Our Coal Mine

Watching for the recession's effects on nursing.

The nursing shortage has long been a topic of discussion. Buerhaus and colleagues projected in 2008 that the country will be short 500,000 nurses by 2025. In my own state of New York, the gap between demand and supply was an estimated 4% in 2008, although in some counties it was as high as 26%. Other states report similar data.

Data follow events, however. How can we know what's happening as it does? By looking for the early warning signs, the proverbial canaries in the nursing coal mine. One of these is the number of nursing school admissions and enrollments. The American Association of Colleges of Nursing reports that the annual rate of increase in baccalaureate program enrollment slackened from 16.6% in 2003 to 2.2% in 2008. This decline could be the result of capacity limits, with schools graduating 119,000 nurses in 2008, compared with about 95,000 in 1995, according to a University of California–San Francisco Center for the Health Professions analysis of National Council of State Boards of Nursing data.

Predictions of the magnitude of the shortage have been based on data from before the recession. The recent economic shock forced the government to decrease Medicaid and Medicare funding—major sources of health care dollars. Job losses will mean fewer people have private health insurance and families will spend less of their already limited money on health care, decreasing the demand for nurses' services. Slowing demand for nurses will hinder pay increases. Cuts to higher education funding will increase tuitions and decrease financial aid, lowering the number of nursing students and the demand for nursing faculty. In the short term the supply of nurses is likely to catch up to demand.

As the nursing shortage eases, will the resolve for change fade?

We are beginning to see this in the news. Fewer new graduates are being hired in Arizona, staffing shortages are easing in Idaho, and turnover rates are falling in Ohio. In Washington nurse managers and chief nursing officers have been laid off, and there are no jobs for new graduates. A Buffalo-area facility that hired 150 RNs last year is now hiring none, and turnover rates are down. Labor markets reflect regional economics, of course, but anecdotal reports like these are another canary in the coal mine. They are not evidence of a shortage ending—but they may mark the beginning of a trend.

The nursing shortage has brought to light the value of nursing. Our profession's economic value has been noticed—from the buying power of our salaries, to the taxes we pay, to the savings produced by lower staff turnover, to the human benefit resulting from fewer care errors. The shortage has also encouraged our educational partners to implement urgently needed revisions to nursing education that make it easier for students to proceed to higher-degree programs by building up the curricula in lower-level programs, developing and expanding doctoral programs, and increasing funding for scholarships. Working conditions have improved, thanks to higher wages, expanded opportunities for residencies and internships, and tuition reimbursement benefits. It would be a shame if the recession prompts cutbacks to these efforts just as the economy is starting to heat up again.

As the nursing shortage eases, will the resolve for change fade as well? The fundamentals of the shortage have not changed: the numbers of acutely ill older patients and retiring baby boomer RNs continue to grow. As the economy improves, demand for nursing services will accelerate and the country may once again suffer a severe shortage. Will it catch us unprepared? Nurses must keep pushing for expanded nursing education and better workplaces by implementing changes developed through initiatives such as Transforming Care at the Bedside that may make a difference in nurse recruitment and retention. We must focus on the long term and listen for our canaries to sing. ▼

Carol S. Brewer is a professor of nursing at the University of Buffalo, Buffalo, NY. Contact author: csbrewer@buffalo.edu.