The Staffing Nightmare: A Nurse Leader’s Unending Challenge

Beryle Verne Fernand

University of Central Florida

College of Nursing

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**History and Background**

The nurse vacancy rate has been noticeable in the early 1970s after nurses have been laid off in order to contain cost constraints in hospitals due to the supply of nurses surpassing the number of patients. Consequently, this resulted in the start of a nursing shortage in the healthcare setting (Huber, 2014). From the 1990s to 2008, as the patient population grew in the hospital setting, the number of nursing staff was suboptimal to meet the inflow of patients, causing a greater gap in the nursing shortage. This phenomenon continued from 2012 and beyond, which further worsened the nursing shortage that has now become a chronic epidemic throughout the healthcare setting (Huber, 2014). The increased nurse vacancy rate has been attributed to the transition of then unemployed nurses into non-healthcare related careers (Zinn, Guglielmi, Davis, & Moses, 2012). Therefore, as studies continue to highlight the impact of the nursing shortage, nurse leaders face the challenge of seeing an alarming divide between the demands of increased patient acuity and the supply of nursing staff to maintain high quality of care. Statistics predict that the supply of employed nurses will be 20% below what is needed by the year 2020 (Hussain, Rivers, Glover, & Fottler, 2012).

**Problem**

As healthcare needs become more complex and chronic illnesses continue to crescendo throughout the American population, as the demands for healthcare seek to appeal to more specialized skill sets whether in nursing or medicine, and as more people have now the opportunity to seek care due to the enactment of the Affordable Care Act, the 21st century is seeing a shortage of nurses that is contributing to an increase in the nurse to patient ratio, an increase in the nursing workload despite severe patient acuity, caregiver fatigue, and a decrease in patient quality of care.

**Contributing Factors to the Nursing Shortage**

As briefly highlighted above, nurses had been laid off in order to contain some of the hospital cost constraints. Nevertheless, as the nursing field expands, other contributing factors unfortunately arise internally and externally and become disruptive to the work environment, hence driving much needed manpower out of the profession. These factors include but are not limited to:

* Disruptive work environment elicited by humiliation, demeaning treatments, and passive aggressive behaviors among staff (Zinn et al., 2012). Even though the work environment should be an arena of the highest level of professionalism where employees should abide by a code of conduct, it remains that passive disruptive behaviors occur.
* Aging of the nursing workforce and preparation of nurses for retirement also affects the nursing shortage (Huber, 2014).
* Decrease in the number of students entering nursing as a career (Huber, 2014). This factor has been influenced by anticipated low wages by prospective applicants and disinterest in observed working conditions of current nurses.
* Aging and retirement of nursing faculty leading to the inability of schools to meet educational demands (Huber, 2014).
* Aging of the American population leading to a struggle to expand capacity to provide care (Huber, 2014). Given that most of the chronic ailments are found in the aging population, the need for nursing staff becomes paramount more than ever before.
* Significant changes in the health care delivery system as the nation is transitioning to the health care reform act (Huber, 2014).

**Role of the Nurse leader**

The nursing shortage is not another theme of mainstream observation for the sake of conversation and notoriety. The contributing factors paint a picture of the existing work environment which unfortunately affect not only patients and nurses, but also nursing leadership. The impact of the nursing shortage expands to any setting where nurses work. Hence, it calls into action Nurse Leaders to use their knowledge, skills, and influence in order to create a platform where nursing staff can feel that the cumbersome shortage is not a verdict, but a transition. Therefore, Nurse Leaders should:

* Develop a relational leadership approach with the nursing staff rather than a directive leadership approach. This step will transcend compassion and genuine interest towards the nursing staff in the midst of work hardship. This step is important especially when management behavior has been found to be directly correlated to nursing turnover (Lartey, Cummings, & Profetto-McGrath, 2014).
* Be receptive to the nursing staff assertiveness on ways to make the work environment more efficient despite the lack of manpower (Lartey et al., 2014). Direct care staff is best at articulating the challenges of the work environment and at proposing remedial ways for its betterment.
* Instill leadership in the nursing staff (Pulcini, 2014). This step will foster autonomy, responsibility, maturity, and more self-reliance without jeopardizing a team approach to care.
* Ask “Stay questions” (M. Cohens, personal communication, April 17, 2015). The emphasis placed on nursing retention often has an extrinsic approach- whether it be the use of bonuses, employee recognition awards, outings, gift cards, and role promotions. Nevertheless, a nurse leader should take an intrinsic approach by asking the nursing staff questions such as ‘why do you like working in this facility’, ‘what do you like about this job’, ‘does it correlate with your values’, ‘what makes you stay in the face of hardship’. This initiative can be implemented through a simple and lay back conversation with the nurse. It does not have to take place in a collective environment at all. For some nurses feel more comfortable to voice their opinion in a one to one approach rather than in a collective setting.
* Develop an understanding for the multigenerational nursing workforce. For, it fosters a climate that supports nurse retention (Stanley, 2010). The nursing workforce is getting more diverse and multicultural. Hence, the nurse leader should be aware that generational differences also extend to generation specific approach to care. With this understanding, the nurse leader is able to help decrease the divide in generational distances that may exist among nursing staff.
* Advocate for improved healthcare delivery systems (Hoying, 2010). This step ensures that nurses have access and use ultimate technology tools in order to perform their job better and have access to electronic health information to better coordinate patient care. This is the revolutionary tool of the era and nurses must be fully engaged in taking advantage of the best technology approaches to ease work processes.
* Engage in team building efforts in order to promote a culture of safety in the work environment (Smith, 2012).

Nurse Leaders cannot be indifferent to the depth of the nursing shortage that is occurring in the healthcare setting. On the contrary, the nursing staff converges their hope towards nursing leadership to make work processes better and safer for nurses and patients.

**Proposed Solutions to Solving the Nursing Shortage**

The skills of the nursing staff are best displayed when working conditions are safe and conducive of the highest quality of care. In order to make the work environment safe, there exist solutions that can help solve the nursing shortage:

1. Address the nurse faculty shortage through the enactment of nurse support programs and the innovation of nurse educator scholarships, grants, and sign-on bonuses. Solving the nursing shortage should start at the academic level where prospective nursing students harbor the hope and expectation that they may be contributors to caring for patients in safe working conditions. The literature suggests that:

* This approach attracts nurses to the education specialty, hence leading to a more diversified nursing workforce (Allan, Crowley, Ports, & Aldebron, 2010).
* This approach also provides financial support to encourage the pursuit of higher education which has helped increase admission to graduate nursing schools (Allan et al., 2010).

1. Foster open communication among nursing staff. This step has shown:

* Improvement in the atmosphere of the workplace,
* Increase in the nursing staff retention rate,
* Improvement in exchange of information among nursing staff, and
* To build a bridge between new nurses and experienced nurses (Hussain et al., 2012).

1. Provide RN residency programs. This approach:

* Helps graduate nurses get acclimated with the work environment,
* It also keeps new nurses from being intimidated by work processes and their peers,
* Ensures the delivery of quality patient care,
* Sharpens the new nurses’ skills for the practice setting, and
* Decreases the nursing turnover rate by about 75% (Zinn et al. 2012).

1. Improve technology in the workplace. Studies have shown that this step:

* Provides nurses easy access to patient health information,
* Improves work efficiency compared to spending extensive time on paperwork,
* Reduces errors, and
* Supports care-related tasks (Hussain et al., 2012).

**Rationale for Selected Solutions**

The extent of the nursing shortage should be alleviated with a multi-system approach. After all, it becomes a chain reaction between the academic setting, work settings, and administrative processes at all levels of nursing- whether it be in the public or the private sector- to rally all the necessary expertise in order to reform work conditions for nurses and provide safe care to patients. It must start in academia. On the one hand, the specialty in nursing education has been the least chosen due to lower wages than other nursing specialties. Consequently, providing incentives such as those described above motivates nurses to choose education as a nursing specialty. On the other hand, tackling the nurse faculty shortage prepares the educational field to receive prospective nursing students and decreases the long waiting list at admission (Allan et al., 2010). Lest not forget that the safety of patients is at the core of nursing care. Therefore, a safe nurse-patient ratio leads to better patient outcomes. These proposed solutions also decrease caregiver burnout, increase job satisfaction, and shared decision making. Last but not least, there is a decrease in occupational health issues that has been noted when adequate staffing exists. The more efficient the work place, the higher the nurse retention rate will be (Hertel, 2012).

**Implementation Plan**

Of the proposed solutions to solving the nursing shortage, it is important to emphasize the importance of ways to foster communication in the work setting. Whether it be verbal or non-verbal, communication processes are essential to bring the interdisciplinary team together. In this era, communication tools are immensely diverse as technology continues to rapidly serpent the hallways of homes and work settings. Even though technology facilitates communication, it may hinder the intent and the emotions that accompany messages depending on the communication tool used. Consequently, improvements in communication are ongoing and can be manifested through steps such as:

* Empower nursing staff to voice their concerns with no fear of punishment (Huber, 2014).
* Organize monthly town hall meetings for nurses.
* Create a nursing council committee that would include both licensed nurses and unlicensed nurses.
* Post a suggestion box accessible to all nursing staff and implement briefings with nursing staff in order to find ways to implement these suggestions.
* Eliminate misconceptions and preconceived thoughts of the nurse knowing what to do at all times because of training received in nursing school by providing frequent in-service trainings for nurses.

These steps provide a platform where nurses can express themselves to their leaders. This is also an opportunity for the nursing staff to make their voice heard, meanwhile influencing work processes.

**Evaluation Plan**

In order to ensure that these proposed communication steps are effective, nurse leaders should:

* Conduct a survey to obtain nursing staff feedback on scheduled meetings that have been conducted. This survey reveal the level of productivity of these meetings.
* Evaluate the number of participants at town hall meetings as well as nursing committees. The more participants at these meetings, the greater the exposure to nursing matters that may exist among peers.
* Keep a log of the number of nursing staff that has approached the nurse leader with a suggestion or concern.
* Perform frequent audits to ensure that in-service trainings have helped enhance nursing care approaches. Nursing performance reveals how effective in-service trainings are.

**Conclusion**

The nursing shortage is as much a nightmare for nurses as well as for nurse leaders. The nursing staff feels and experiences the effects of the nursing shortage first hand because they are at the forefront of patient care and outcomes. This is evident by the high nurse-patient ratios, increase nursing turnover, decrease in staff retention, caregiver fatigue, and poor patient outcome. When nursing staff is overwhelmed, performance is affected. Nevertheless, even though the nursing shortage prevails, patients are entitled to receive the highest quality of care. Therefore, the nurse is left to work harder to provide that quality of care. Consequently, nurse leaders have to advocate for the nursing staff to ensure that impeccable care is provided to patients. Paving the road of the academic setting by addressing the nurse faculty shortage, improve communication processes among nursing staff, innovate nurse residency programs in the work setting, and improve technology in the workplace can become starting points to solving the nursing shortage. Who knows, nurse leaders may very well turn the nursing shortage nightmare into a peaceful work environment.

References

Allan, J. D., Crowley, C., Ports, S. M., & Aldebron, J. (2010). Developing a statewide solution to the faculty shortage in Maryland. *Journal of Nursing Regulation, 1*(3), 15-19.

Hertel, R. (2012). Regulating patient staffing: a complex issue. *Med-Surg Matters, 21*(1), 3-7.

Hoying, C. (2010). RNs are the Rx: Nurse execs must promote quality, continuing education and nursing careers. *Modern Healthcare, 40* (48), 26.

Huber, D.L. (2014). *Leadership & nursing care management* (5th Ed.). St. Louis, MO: Elsevier Saunders.

Hussain, A., Rivers, P. A., Glover, S. H., & Fottler, M. D. (2012). Strategies for dealing with future shortages in the nursing workforce: a review. *Health Services Management Research, 25* (1), 41-47. doi:10.1258/hsmr.2011.011015.

Lartey, S., Cummings, G., & Profetto-McGrath, J. (2014). Interventions that promote retention of experienced registered nurses in health care settings: a systematic review. *Journal of Nursing Management, 22* (8), 1027-1041. doi:10.1111/jonm.12105.

Pulcini, J. (2014). Interview with a Nursing Policy Leader: A Hopeful Look at a Changing Profession. *American Journal of Nursing, 114* (1), 19-22.

Smith, L. R. (2012). The recipe for success? Invest in your team. *Nursing Management, 43* (9), 46-48. doi:10.1097/01.NUMA.0000416406.75979.4d.

Stanley, D. (2010). Multigenerational workforce issues and their implications for leadership in nursing. *Journal of Nursing Management, 18* (7), 846-852. doi:10.1111/j.1365-2834.2010.01158.x.

Zinn, J. L., Guglielmi, C. L., Davis, P. P., & Moses, C. (2012). Addressing the nursing shortage: the need for nurse residency programs. *AORN Journal, 96* (6), 652-657. doi:10.1016/j.aorn.2012.09.011.