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The Coming of Age

A Technical Paper on
Aging, Health and
Arizona's Capacity to Care

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St. Luke's Health Initiatives

**Do We Care about
Caring for Our
Aging Population?**

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**Do We Care about Caring for Our Aging Population?
Strategies for Confronting the Shortage of
Nurse Caretakers for the Aging Baby Boomers**

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Preface

Aging affects all dimensions of our society, but none so much as health. Because of this, St. Luke's Health Initiatives asked Arizona State University's School of Public Affairs and Morrison Institute for Public Policy to explore Arizona's capacity to meet the demands likely from an aging population.

This complex topic called for analysis from a variety of disciplines. Hence, as a key part of The Coming of Age research effort, we invited experts from different fields to explore and write about the topics essential to understanding public policy choices for an aging future. *The Coming of Age Technical Series* is the result. These papers provide in-depth, objective analyses of important trends and facts at the heart of the coming of age.

These technical papers provided the foundation for *The Coming of Age: Aging, Health and Arizona's Capacity to Care*, as well as *Four Scenarios of Arizona's Future*. All of the products from The Coming of Age project are available at www.slhi.org.

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Do We Care about Caring for Our Aging Population? Strategies for Confronting the Shortage of Nurse Caretakers for the Aging Baby Boomers

We are getting older. No one doubts or refutes that fact. Demographers have thrust the numbers in front of our faces and policymakers have initiated a litany of doomsday financial scenarios. The appearance of our country will change rapidly in the next few decades with one out of every five adults over the age of sixty-five. The unforeseen consequences of seventy five million over sixty-five adults utilizing health care services are a primary concern of health care providers in particular. In addition, how this cohort will age and what demands it will place upon the health care industry present quandaries for policy makers. Regardless of how this cohort enters into its old age, the fact remains that nurse caregivers will be necessary at some point to meet elders' health care needs. Coupled with the need for nurse caregivers are the facts that shortages have been identified at both the professional registered nurse level and the paraprofessional nursing assistant level.¹ Developing strategies to deal with these shortages is a critical necessity. These strategies need to address the myriad of issues that have plagued the nursing profession for decades, hopefully before the aging baby boomers reach old age. This paper examines the nursing shortage in this country and the anticipated increased demand associated with the aging baby boom. In addition, long-term strategies will be explored to present a cogent plan for the anticipated burgeoning demand of the Baby Boomers on the health care system.

Historical Perspective

In the early part of the twentieth century, an abundance of registered nurses existed in part because almost every hospital of any size had a nursing school training program.² With a steady flow of student nurses providing care at hospitals as part of their training, there was little need to hire a significant number of graduate nurses at those same hospitals. This resulted in an excess of nurses and a period of high unemployment for the nursing profession. At the same time the quantity of nurses was growing, the quality of those nurses came into question. As a result of an investigation of nursing school training, the federal government determined that the standard of teaching at many of these hospital schools of nursing was substandard. With that knowledge, the Committee on the Grading of Nursing Schools closed approximately 219 schools of nursing in the early 1930s.³

In light of that action, the hospitals began to hire more graduate nurses and, in the process, changes were made to the working environment including altering the length of the workday. These two factors stabilized the number of registered nurses throughout the 1930s and into the 1940s. The onset of World War II, though, created a new, unanticipated level of demand for nurses. The nursing profession met the demand as best it could between the needs at home and abroad. By the end of the war, a surplus was predicted when military nurses returned to the

United States. Sixty-five per cent of the military nurses had held hospital positions prior to the war.⁴ There was a real concern that that these nurses would not be able to regain their former positions. This did not turn out to be the case, however.

Following the war many factors influenced what occurred in the nursing field. Many of the nurses returning from war decided to leave the profession to marry and start families thus reducing the supply. Fewer nurses were entering into nurse training programs as the pull of wartime service ended. In addition, in 1946, Congress passed the *Hospital Survey and Construction Act*, better known as the *Hill-Burton Act*. This act was designed to provide communities with funds to build or expand existing care facilities in exchange for an obligation to provide a percentage of free care.⁵ The effect of this act was most pronounced in the 1950s when new hospital construction was completed and the staffing of those facilities was attempted. In addition, the new care services that were to be provided by the hospitals to the needy also increased the demand for nurses. Finally, advanced technology that had been developed as part of the war effort was transferred home to the medical industry. Thus, with fewer nurses returning to the bedside, fewer nurses enrolling in programs, new hospitals, more requirements for care, and new medical technology, another period of nurse shortages began. In response to this latest nurse shortage, two new caregivers positions were added—the licensed practical nurse (LPN) and the nursing assistant (NA).⁶ They were both intended as substitutes for registered nurses, but did not function independently of the RN's direction. The personnel shortages were felt not just in the nursing profession. After the war, new areas of ancillary positions developed. Previously nurses had done a multitude of tasks—treatments, lab work, and radiographic work. Now due to the shortage, the nurse could not be spared from direct patient care and new positions were established for supportive departments in the hospital.⁷ Just as numerous recruitment efforts luring individuals back to the nursing schools started to see some success, the Korean War started and drew more nurses to the military.

By the early 1960s, social policy had taken center stage. President Johnson and Congress addressed the need for health care for those unable to pay or those who had retired and were no longer covered through employer-sponsored health insurance. Title XVIII of the *Social Security Act*, Medicare, was enacted in 1966 to provide acute hospital care for any individual over the age of sixty-five regardless of financial status. Title XIX, Medicaid, came into being at the same time and was designed to provide health care services to low-income Americans. Due to these two new programs, millions of elderly and poor residents were now afforded health care who had previously utilized the system with great discretion. These new consumers created tremendous demands on the nursing field. The *Nurse Training Act of 1964* approved \$283 million over four years to help build the supply of nurses nationwide. The funding supported numerous projects, some of which went to construction and rehabilitation of nursing schools, new curricula, and debt forgiveness on student loans for nurses in training.⁸ The *Nurse Education Act of 1971*, PL-92-158 followed the 1964 program. The 1971 legislation provided funding to nursing schools to increase their enrollments by an established percentage.⁹

Nurse shortages, though, continued into the 1970s and 1980s. Again and again, a mix of wage adjustments and personnel maneuvering increased the supply of nurses. Unfortunately, by the 1990s, the shortage of nurses had a new name—crisis. Complicated messages had been conveyed to nurses in the 1990s that have contributed to the decrease in supply.¹⁰ As managed

care's penetration deepened in the United States, the care companies communicated that long hospital stays were a thing of the past. In an age of new job opportunities and many other social changes, the response from the workforce was to pursue careers other than nursing.¹¹

For the past seventy years, employment in nursing has ebbed and flowed. For the most part, the size of the nursing workforce has lagged behind the demand that has been created through wartime, technology, social programming, improved access and changes in the delivery of health care.

Identifying the source of the problem

Size of the workforce. The current nurse shortage is in part a supply issue (i.e., many currently employed nurses have left the profession or expressed a desire to do so).¹² This outlook points to the declining enrollments at nursing programs and the aging of the nurse workforce and nursing faculty. One third of the current nurse workforce is over fifty years of age.¹³ By 2010, 40 percent of the nursing workforce will be fifty or older.¹⁴ Only one year later, the first of the baby boomers will be eligible for Medicare. Therefore, as the boomers age, the number of nurses between twenty-five and fifty-four will remain essentially unchanged.¹⁵ In fact, researchers determined that the supply of employed nurses would be 20 percent below what is needed by 2020.¹⁶

Another aspect of the supply of nurses is the number of enrollees in nursing programs. Whether at the associate degree, diploma, or baccalaureate degree level, all have experienced decreases in enrollment. Between 1993 and 1996, diploma program enrollment decreased 42 percent. For that same time period, associate degree programs decreased 11 percent. Between 1995 and 1998, baccalaureate programs declined 19 percent.¹⁷ Finally, the faculty who teach the nursing students is aging as well. The average age of nursing faculty is 52.1 and 48.5 years for associate professors and assistant professors, respectively. Not only the age of the faculty but the "overall flat" enrollment in doctoral programs producing more faculty add to the problem.¹⁸

One very important component of the nurse shortage is the paraprofessional shortage (i.e., the nursing assistants, home care aides, and personal care attendants). These individuals are vital to health care and particularly to long-term care. Yet the paraprofessional is one of the lowest paid components of nurse caregivers as documented recently by the Urban Institute.¹⁹ One key aspect in this shortage (identified as a component in recruiting and retaining nursing personnel) was how society values the job.²⁰ In this case, the nursing assistant position is viewed as a minimum wage job involving basic caretaker duties of feeding, bathing, and toileting. These not-so-glamorous tasks compete with other jobs in a market that, up until recently, had seen unprecedentedly low rates of employment.

However, with the anticipated increase in the over sixty-five population, these workers are more necessary than ever. A Bureau of Labor Statistics (BLS) estimate places personal and home care assistance employment as the fourth-fastest growing occupation by 2006.²¹ The influence of federal- and state-government regulatory practices and financial reimbursement have impacted the retention and recruitment of the paraprofessional as well.²² Reductions in Medicare and Medicaid payments to provider institutions directly influence the wage rates and benefits of professional and paraprofessional employees. In addition, closure of numerous long-term care

facilities, due to financial constraints, has created wariness about job security for the paraprofessional.

With an anticipated increase in demand for professional nurses and paraprofessionals, solutions would naturally be directed at recruitment and wage issues. These solutions have been utilized in the past. However, in order to have a comprehensive appreciation of the source of the nurse shortage, the current work environment of the nurse has to be considered.

Work environment. The state of the work environment has been identified as a significant contributor to the nurse shortage.²³ The desire here is to retain currently employed nurses as well as to tap into the estimated 500,000 registered nurses who have left the field, but are not retired. This represents approximately 18 percent of the nursing profession.²⁴ Current and formerly employed nurses who were surveyed regarding their impressions of the nurse shortage identified stress and understaffing as two major reasons nurses leave the field.²⁵ Fully 66 percent of the nurses surveyed noted large patient loads as a serious problem, while 65 percent identified understaffing as an issue, especially in conjunction with the increased needs of the patient loads.²⁶ The nurse shortage is not the result of one major issue in the health care system.²⁷ The complexity of the work environment issues speak to the specifics of mandatory overtime, inflexible schedules, unsafe workloads, and understaffing in the workplace. A 1999 study done by Mercer, the consulting business of Marsh & McLennan Companies, Inc., found that the second most cited reason for turnover was the workload and staffing.²⁸ These drawbacks have contributed to reduced interest in nursing as a career over the past decade.²⁹

Mandatory overtime. Frequently used as a staffing method by some facilities, mandatory overtime potentially places the licensed nurse in an ethical dilemma as well as a possibly unsafe practice situation. If the nurse refuses to work additional hours she may be charged with patient abandonment in violation of her nursing license. She may also be considered by her employer as insubordinate and risk her employment if she refuses the overtime. However, the potential for medical error grows with additional hours of employment.³⁰ Nurses who must consistently balance patient safety, licensing violations, and employment eventually leave nursing and find less stressful jobs.

Low wages. Increases in demand for labor are frequently balanced by increases in wages leading to growth in the supply of labor. Registered nurse wages gained approximately 3 percent per year in the 1980s, but were essentially flat in the 1990s.³¹ Some believe that the nurse shortage is merely a misperception due to the fact that the nursing supply has shifted from the acute care setting to the outpatient and home care setting.³² Many believe that the RN wage decline in the 1990s was associated with the influence of the managed care organizations. In fact, RN earnings growth for 1994 through 1997 fell short of the average rate of inflation for the same period.³³

Schumacher³⁴ challenged this belief that the downturn in RN wages in the early 1990s was due in large measure to managed care. In his study, he attempted to identify the characteristics associated with the wage decline that nurses experienced in the 1990s. Considering the fact that there was an overall decrease in demand for the RN, the RN demonstrated an increased level of skill due to additional education. Therefore, Schumacher believed that the decline in relative RN wages was due to the decrease in health care costs slowing.³⁵ The author determined that much

more was going on in the health care industry in the 1990s than just managed care penetration. He attributed some of these other events as influencing the nurse labor market. Schumacher concluded with the belief that “the overall decline in real and relative wages for RNs along with an increase in the return to nursing skills indicates the increasingly competitive nature of the health care industry.”³⁶ This traditional economic view of market behavior has not always been the case with nurse shortages. For this reason, the wage issue related to the nursing market warrants evaluation. Specifically, the impact of monopsonistic markets on nurse shortages demonstrates the role hospitals may play in the shortage issue.

Monopsonistic markets are so named because such employers will note nurse vacancies, but a desire to hire only at their wage rate. From that point the hospital would claim a nurse shortage based on this accepted wage rate. Some hospitals also choose to list their vacancies according to budgeted vacancies instead of desired vacancies. Some of these positions are likely to never be filled, but act to represent a shortage only based on the accepted wage rate.³⁷

Adequate staffing. Not only have the hospitals set the standard for which a nursing shortage is determined economically, but they have also altered the level of demand for nurses based upon how they choose to deliver care. This has been demonstrated in the changes made in hospital staff to patient ratios and staffing mixes. This change in the method of delivery of care has been associated with the penetration of the managed care organizations. These concerns were examined by the Institute of Medicine’s Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes in 1996 and the President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1998.³⁸ That committee evaluated the impact of managed care organizations (MCO) on the employment and earnings trends of nursing personnel. Findings from that study indicated that a reduction in demand for registered nurses directed from the MCOs led to a decline in nurse wages.³⁹ In addition, while this reduction in demand for RNs was first noticed in the early years of MCO’s penetration, it has started to reverse itself since 1998. This may be attributed to the efforts of the hospitals and MCOs to first gain efficiency in the market through downsizing and staffing mixes, which now have served their purpose.⁴⁰ Less is known about how the managed care market will respond to the aging population and a more mature MCO industry.

Strategies for resolution of the nurse shortage

In order to avert further career abandonment that contributes to the critical issue of supply, efforts must be made in the short run to keep working RNs in the health care system.⁴¹ Several recommendations have been made regarding methods that would result in greater staff retention. These include greater flexibility in work schedules, legislative action to curb mandatory overtime, and increased marketing to promote nursing. In addition, approaches to increase the supply of the nurse workforce cannot be considered without incentives to insure retention in the health care delivery environment, whether that environment is an acute care facility, a clinic, or a long-term care facility. Education is paramount for the public, currently employed nurses, and potential enrollees in the nursing programs.

Improve the Work Environment

One important strategy that may help to address the nursing crisis is modifying the working conditions of the registered nurse and the paraprofessional. The federal General Accounting Office identified job dissatisfaction as a major factor in the nursing shortage.⁴² Indeed, for many, it is the crux of the problem.⁴³ A challenge to the provider facilities is to make an objective evaluation of the recruitment and retention situation at their own institutions. This provides the best basis for identification of local work environment issues. The American Hospital Association is currently engaged in an evaluation of workplace issues. The association's Commission on the Workforce will identify strategies that can be utilized for retention and recruitment of professional staff and support staff as well. This Commission's preliminary recommendations include:

1. Establish a workplace panel that is comprised of a diverse representation of hospital employees to discuss workplace issues
2. Conduct regular staff surveys that monitor issues specific to that facility, promoting a dialog between administration and the bedside nursing personnel
3. Once issues are identified, develop a plan that keeps the same problem from reoccurring
4. Take time to evaluate if the program is successful
5. Once the program for retention and recruitment has been developing, keep it as part of the vision and mission of the facility; give the program a place in the "infrastructure" of the facility⁴⁴

The *Nurse Retention and Quality of Care Act of 2001* was introduced in the U.S. Senate in November 2001 by Senators Hillary Clinton (D-NY) and Gordon Smith (R-OR) as a bipartisan effort to induce health care providers to improve workplace settings to retain those nurses already in the workforce. By providing grants to facilities identified as "magnet hospitals," legislators hope to see facilities promote greater nurse participation in administrative and managerial actions and career development. These "magnet hospitals" were so named because they were successful in recruiting and retaining nurses in their facilities. Nurses at these facilities stay up to twice as long as nurses who work in nonmagnet hospitals.⁴⁵ This bill would authorize \$40 million in grants to health care facilities that:

1. Encourage nurses' participation in decisionmaking
2. Develop collaborative relations among health professionals
3. Provide opportunities for nurses to pursue education and career advancement
4. Promote a balanced work-life environment for nurses⁴⁶

Maintaining adequate staffing levels in acute care as well as long-term care facilities is vital to the stability of the workplace environment. With adequate staff, the nurse can provide the patient care that may be compromised in understaffed units. Directly related to problems with staffing is the satisfaction of the nurse. With dissatisfaction comes an increased turnover rate among staff.⁴⁷ However, the development of acceptable staffing guidelines and an increased level of authority both present potential solutions to the workplace environment. California has

taken the initiative to institute minimum nurse-patient staffing ratios. In addition to that action, the state has enacted legislation that places limits on the activities of the unlicensed assistive personnel/paraprofessional.⁴⁸ While these legislative acts work to bring about a better satisfaction level within the nurse workforce, they also succeed in achieving a level of patient safety.

The answers for improvement in the workplace do not come easily. For the future increased demand, the best strategy may be found in working to enhance the size of the workforce through educational incentives and scholarships.

Provide Educational Opportunities

The American Association of Colleges of Nursing (AACN) has directed recommendations to Congress to revisit the actions of the *Nurse Education Act*. According to the AACN, over 5,000 students were turned away from accredited nursing programs due to an insufficient number of faculty.⁴⁹ In attempting to increase the supply of nurses, the AACN stresses that a “fast track nursing faculty scholarship and loan program” be instituted in order to offer incentives that will bring the baccalaureate or master’s prepared nurse back to school. Thirty million dollars in funding for scholarships, loans, and stipends would be required to educate 1,500 nursing students as future nursing school faculty. The AACN noted that without such support less than 1 percent of baccalaureate students would become faculty members.⁵⁰

Already in existence is the National Nursing Education Initiative, which provides scholarships to nurses working in the Veterans Hospital Administration (VHA) system.⁵¹ VHA nurses receive up to \$20,000 in scholarship assistance in exchange for a work commitment at a VHA facility. Several legislative bills directed at nurse scholarship funding were introduced in the 2001 session of Congress. They included the *Nurse Reinvestment Act* (H.R. 1436, S. 706) and the *Nursing Education and Employment Development Act* (NEED) (S. 721). Both would support the individual through scholarships and loan repayment in exchange for commitments to work in areas of severe nurse shortages. The American Association of Homes and Services for the Aging (AAHSA) especially recommends that the Senate members “include provisions increasing the Medicaid reimbursement for training nurse assistants.” According to Larry Minnix, president of AAHSA, this is necessary because the “long-term care providers are hampered by a tight labor market, noncompetitive wage and benefit levels limited by current Medicare and Medicaid rates.”⁵² Monies from these legislative efforts would support public service education and promotion of the field of nursing to improve the impression that society has of nursing as a career field.⁵³

Promote the Profession

If the efforts to entice young adults into nursing are to succeed, the profession, both at the professional and paraprofessional levels, must be represented as a career worthwhile for economic reasons as well as personal satisfaction.⁵⁴ The education that the public has received in the past about the field of nursing and the demands placed upon them, unfortunately, seems to have come more from “sitcoms” than real sources. This portrayal of nursing as a comedic, “not so bright” profession has had only a detrimental effect.

Therefore, this effort to educate the public is probably best achieved at a local level working with community leaders and individual health care facilities. Recognition of the achievements of nurses in the community can serve as a springboard for information and communication. Once the community takes note of the value of the profession and the contributions that are made, then the recruitment efforts can begin to bring interested and informed individuals into the nurse workforce.

If the morale of the currently employed nurse is not lifted, however, through changes in the work environment, then the primary representative of the profession might sabotage efforts to promote the profession to the community. Once the nurse professional as well as the paraprofessional feel that their efforts have received a degree of recognition, then we will see currently employed nurses become “ambassadors” for nurse recruitment.

Increase Wages

While an increase in wages is a potential solution to the nurse shortage, it is not sufficient alone. While most nurses (42%) indicated in a recent survey that they would be induced to stay at their current jobs with better pay, only one in four thought that raising wages was a very effective way in the long run to manage the nursing crisis.⁵⁵ According to the Mercer study,⁵⁶ retention bonuses were being considered by some employers, although since the reward was not tied to a specific time period, the strategy lost power.

Expand the Nurse Workforce

Another issue that warrants attention to address supply issues is the assessment of opportunities for substitution. Currently, RN functions include clerical and nontechnical duties. With a reduction in nonprofessional activity, the capacity of the current supply of nurses increases significantly. As already noted, a paraprofessional nurse shortage exists as well. The shortage of assistive personnel has been associated with the competitive labor market of unskilled labor the last few years.⁵⁷ The demands of the nurse assistant working for a lower wage are considerable when compared to the demands of nonmedical employment for the same or higher wage. This substitution of unlicensed assistive personnel was attempted in the 1990s by managed care organizations that recognized that RNs comprise a significant portion of the hospital’s total work force. Therefore, any cost reductions that could be made would likely target them.⁵⁸ This effort met with significant resistance from the RN industry due to the fact that the role of the unlicensed worker could not be clearly defined as a complement or a substitute to the RN. Clearly, the nonregistered employee was not meant to have the responsibility that the RN had, but more and more activities that RNs routinely carried out were being handed over to them. It was a fine line with regard to levels of responsibility.

One controversial recommendation that has been considered to increase the supply of nurses is the recruitment of foreign-born nurses and paraprofessionals. One speculation is that the work opportunities are greater in the United States than in the individual’s homeland. The other belief is that hospitals are interested in filling positions, especially low-wage positions with individuals who would be willing to accept the low-paying work. The American Nurses Association is against this type of action and believes that the health care industry has “failed to maintain a work environment that is conducive to safe, quality nursing practice and that retains experienced U. S. nurses within patient care.”⁵⁹ Studies also point to the fact that having “low-skilled

immigrants fill entry level jobs in the long-term care industry would likely mean a sharp cultural discontinuity between the client and the caregiver.”⁶⁰

Numerous recommendations have been made to ease the shortage of the paraprofessional. These recommendations include:

1. Establish “wage pass-throughs” that would provide a state with some portion of the public long-term care program’s reimbursement to be used for wages and benefits
2. Increase fringe benefits
3. Develop career ladders for the paraprofessional
4. Increase and improve training programs
5. Develop new worker pools, including former welfare recipients⁶¹

Offering better work schedules and promoting the image of nursing are not enough to fill the void in nursing supply. More steps must be taken to adjust the nurse supply in the long run. Adjusting the demand side is not very acceptable given the number of boomers that will soon receive Medicare. Increasing wages of the currently employed nurse has always been associated with short-run solutions to the problem.⁶² For the most part this has been successful. However, if the nurses are not being trained, there is little concern for wage increases. In that same manner, if there is little interest in the career field, then there is little concern for educational opportunities. It is the image of nursing and the value that the individual holds in the profession that will lead to an increase in education and training of individuals. This is truly a multidimensional issue.

Conclusion

The importance of finding viable strategies to cope with the current and future nurse shortage cannot be ignored. Changing the size and structure of the baby boomer cohort is not possible. Predicting how this cohort will age and what level of health care utilization will follow is an educated guess at best. The only undeniable fact is the continued need for the services of the nurse health care provider in the future. In the long run, after evaluating various strategies for resolving the nursing shortage, the past demonstrates to us once again that what has successfully been accomplished before might be applicable now. An evaluation of the safety of the workplace is an important now as it was seventy years ago when provider facilities were forced to decrease the use of nursing students as primary providers of care. The implementation of a *Nurse Education Act* to assist in financing educational opportunities for enrollees in programs was necessary in 1964, 1971, and 2001 as well. Finally, the initiation of assistive personnel to relieve the professional nurse of unnecessary clerical tasks is vital today to permit the nurse to carry out her assessment and patient care skills. The past has given us many solutions to utilize and modify to meet the specific needs of today’s health care setting. In addition, today’s health care environment is fertile ground for empirical analysis of safety and staffing issues due to managed care’s emphasis on data analysis.

Regardless of what educational programs are planned, what wage increases and signing bonuses are given, “[N]o effort to address the impending nursing shortage will be successful unless the work environment is also improved” [Their italics and bold].⁶³ Once educated, nurses

can still elect to leave the profession if workplace environments are too stressful or understaffed. Therefore, all the federal funding for nursing scholarships and faculty grants could be for naught if the issues related to the basic problems of patient care are not fully elucidated.

We have a limited amount of time to prepare for the demand on health care services that will come from the baby boomer cohort. However, opportunities exist for both the nursing profession and health care provider institutions to prepare themselves for this demand. In light of well thought out strategies addressing core issues of the nurse caregiver shortage, the baby boomers may never know that the level of nursing services available to them was ever potentially compromised.

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