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## An interview with Peter I. Buerhaus, PhD, RN, FAAN: on hopes and threats for nursing's future; Leadership Roundtable; Interview

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UNDOUBTEDLY, PETER I. BUERHAUS, PhD, RN, FAAN, has made some of the most significant contributions to our understanding of the breadth, depth, and character of the nursing workforce both today and in the future. With these findings, leaders from across the country, at all levels of government, and in institutions big and small, have better information with which to prioritize their actions in response to and in anticipation of the nursing shortage. In a recent interview, Dr. Buerhaus discussed his assessment of the current state of the nursing workforce as well as his reasons for hope and concerns for the future of nursing.

Peter I. Buerhaus, PhD, RN, FAAN, is the Valere Potter Distinguished Professor of Nursing and Director for the Center for Interdisciplinary Health Workforce Studies in the Institute for Medicine and Public Health at Vanderbilt University Medical Center. A prolific researcher and author, his work addresses nursing issues related to employment, earnings, managed care, workforce demographics, staffing, public and provider perceptions of the health care system, and quality of care. Prior to joining Vanderbilt, Dr. Buerhaus was a Robert Wood Johnson Foundation faculty fellow, director of the Harvard Nursing Research Institute, and an assistant professor of health policy and management at Harvard School of Public Health. His other professional involvements include his current role on the Joint Commission on Accreditation of Healthcare Organizations Nursing Advisory Committee and past roles on the Board of Directors of Sigma Theta Tau International, the National Quality Forum's Committee on Nursing Performance Measures, and on the National Institutes of Health National Advisory Council for Nursing Research.

In the April 2007 issue of *Nursing Economics*, Dr. Buerhaus and his colleagues published two major papers that reported an analysis of nursing survey and demographic data trends since 2002: "Trends in the Experiences of Hospital-Employed Registered Nurses: Results From Three National Surveys" (Buerhaus, Donelan, Ulrich, DesRoches, & Dittus, 2007) and "Recent Trends in the Registered Nurse Labor Market in the U.S.: Short-Run Swings on Top of Long-Term Trends" (Buerhaus, Auerbach, &

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Staiger). On the heels of these publications, Dr. Buerhaus offers his reaction to the recent findings and his outlook on our short and longer-term future.

Where Are We?

What are your general impressions of the recent survey and demographic findings?

I am sleeping better than I have in quite a while! We have made some important progress. In an analysis of the most recent data, we revealed both a delayed and less-severe onset to the previously predicted shortage which is expected to develop in the next decade. It won't be the crushing and devastating magnitude that was projected by early data. Instead of shortfalls of nurses in the order of 800,000, we are looking at shortfalls of 340,000. While this is still a significant deficit, the numbers are not as overwhelming and should give all of us confidence that we can make further improvements. But make no mistake about it; a shortage of over 300,000 RNs is more than large enough to incapacitate the health care system, and we cannot become complacent. The challenge is clearly (a) more manageable and (b) we have more time to address it. If we remain focused, I believe we can further minimize this projected deficit.

Are there specific aspects of the 2006 survey findings or trends from prior years that stood out in your mind?

If you examine the 25 or so questions in the survey that assess various components of the work environment and sources of nurses' frustration and satisfaction, the findings break down into three major groups. One group of results indicates that on some areas, nurses report that things have remained about the same, certainly not worse. Another group shows a trend toward improvement. The last group provides solid evidence that life for many nurses has clearly gotten better and this improvement is continuing. The findings make it clear to me that we have workforce issues and workplace issues. The improvements in workplace issues, reflected in improved perceptions of working conditions by staff, suggest that nursing leaders have been successful in changing the work conditions and working environment, and that nurses are noticing these improvements.

Are there any notable regional or market-specific differences?

When we examine the age distribution of the workforce by geographic region, the data show that the average age of RNs is not uniformly distributed. For example, in New England and on the West Coast, we find that RNs are older compared to other regions. These variations suggest the shortages of RNs may develop sooner in regions where the age of RNs is higher as RNs in those regions will be retiring and leaving the workforce sooner than other regions where the RN workforce is on average younger. In general, I still remain alarmed by the continued aging of the RN workforce in all regions of the country.

Are We Doing Enough?

In terms of policy, have we done enough at the federal, state, and local levels to address the nursing shortage?

As an economist, I usually favor market solutions which tend to be more innovative, quicker, and cheaper. However, with respect to the nursing shortage, it has been difficult to get traction from legislators, at least at the Congressional level, to help open up the capacity of our nation's education programs. To date, Congress has failed to live up to its responsibility to address this pressing national concern. A modest intervention at the federal level could have a blockbuster impact on expanding nursing education programs and we would not have to turn away all those thousands of qualified students who need to become nurses to replace the aging and retiring nursing workforce. A modest investment in

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nursing education programs now would likely avoid the need for a significant investment at a later, more critical time.

On the other hand, state government, communities, and the private sector have been quite responsive. However, there are limits to the impact they can achieve without national intervention. I also realize that policy interventions, on any level, are slow to develop and take longer to realize benefits.

Does the data suggest that we are applying evidence-based Magnet[R] intervention to address issues in the workplace?

In a regression analysis of the 2004 nursing survey data, we saw a significant relationship between job satisfaction and (a) the degree of influence nurses perceived that they had over the work environment and their ability to make decisions affecting patient care, and (b) if their manager showed care and concern regarding personal aspects of their lives.

With respect to Magnet, in a forthcoming article in the *Journal of Nursing Administration* (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2007), we report the results of an analysis of the 2004 survey data in relationship to a question regarding the employer's Magnet status. The survey respondents were asked if their organization was Magnet recognized, in the process of applying, or neither. When we examined nurse perceptions regarding quality of care and work environment, nurses working in organizations with some Magnet activity had significantly higher ratings. Nurses clearly perceive they are living much better lives in these organizations.

#### Opportunities and Threats

Are there other promising developments that you see changing the landscape for nursing?

I am struck by the increased awareness and attention to quality and safety issues in health care. It seems as though health care leaders outside of nursing have begun to embrace nursing through this issue as many recognize the relationship between nursing and patient outcomes. Concerns over quality and safety have raised awareness about issues that impair the related nursing workforce as evidenced by the actions of organizations like IHI, IOM, NQF, and the Joint Commission. These organizations and their leaders are understanding that the nursing shortage is not only a workforce issue, but is a patient quality and safety issue; hence, they have become more supportive of nurses, more interested in how nurses work, and more aware of how critical nurses are in achieving their particular interests with respect to improving quality and safety. This is encouraging, and we need each other's help.

Also, I remain encouraged by the responsiveness of the nursing education market. Programs have really responded sensitively and rapidly to the changing demands of those interested in becoming a nurse. Many nursing programs have expanded and/or created more flexible options for students to obtain a nursing education. While they are still hampered by the faculty shortage and constrained budgets, their efforts to expand the pipeline have been quite remarkable. Let's hope for their continued success given the number of wait-listed applicants and the fact that we are seeing better-qualified applicants. And, let's hope that programs will continue to enhance their curriculum in the areas of quality and patient safety so that nurses are better prepared for the new quality and safety-sensitive environment.

What issues do you perceive as new or continued threats to nursing?

I am concerned by the slow pace of development of new quality and safety measures that capture the efforts of nurses. Within nursing, I would like to see more nursing-led research teams developing practical measures of the quality of care associated with nursing. We need a stronger conceptual, analytic, and empirical research effort to support more meaningful progress in this arena. With this evi-

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dence, we could create a stronger nursing presence at the table in national debates and discussions, and fundamentally make a positive difference in improving patient care.

With reimbursement models trending toward paying more to organizations/individual practitioners who produce higher quality, I don't want to see nursing miss an opportunity to be recognized for their contribution to care outcomes. I don't think that the measures we have today are rigorous enough. Without a better handle on quality drivers, it will remain difficult to make the case that nursing matters not just to patients' well-being, but to the financial health and viability of health delivery organizations.

On another note of concern, I wrote an article in 1997 regarding the potential for harm stemming from mandated staffing standards. While this "solution" has been slow to be adopted, thankfully, I remain concerned that various jurisdictions will pursue these arbitrary standards and eat up people's time and energy that could be better directed at solving underlying problems, not regulating problems. We just don't understand the potential for unintended consequences with this approach, particularly the risk of losing public trust.

#### New Development and Potential for Action

What other issues do you anticipate will require future action?

We have just analyzed the 2006 employment data which shows some remarkable changes. The data published in the March/April issue of *Nursing Economic\$* (Table 3, p. 65) reflected 2005 U.S.-born employment growth for RNs at -5,897 and foreign-born employment growth at -21,353 (Buerhaus, Auerbach, & Staiger, 2007). In 2006, we saw a complete reversal of these figures, with U.S.-born at +36,616 and foreign-born at +39,075. These new figures are "7's" on the Richter scale of change in nursing employment. In 3 of the last 6 years, employment of foreign-born RNs has increased nearly as much or greater than RNs born in the United States. With foreign-born RNs representing 15% to 16% of the workforce and growing rapidly, we need to better understand the impact of this recruitment practice on the workplace and on patient outcomes.

Another remarkable change occurred in the employment growth for RNs 21 to 34 years of age. In 2005, employment of these younger RNs fell 31,277 and the cumulative growth from 2002-2005 was -10,371. However, in 2006, the growth rate for this younger cohort was 46,000. This surge in younger entrants likely reflects the graduation rate "pay off" that has been anticipated by the career promotion and education program expansion in nursing over the last several years. Since turnover rates among new grads and younger RNs have been high, we will need to carefully nurture these new staff to retain them.

Are there opportunities to collaborate that we are missing?

In a recent random, national survey of CEOs, CNOs, and physicians regarding their perceptions of the impact of the nursing workforce on hospital capacity, care processes, and the six IOM aims for improving the quality of health care, we found an interesting mix of aligned and unaligned perceptions. On some issues, nurses and physicians were in close agreement, but were not in agreement with CEOs. In other cases, nurses and physicians disagreed. Of note, physicians and CEOs were far less likely to report the nursing shortage had negatively impacted patient safety or nurses' ability to detect patient complications.

Regardless of the topics on which they disagreed, my concern is that if doctors, nurses, and executives hold such different perceptions of the impact of the nursing shortage, it will be difficult to recognize the shortage as a problem, and it becomes difficult to work collaboratively on a solution. I give CEOs high marks for their leadership during tough times, but it will be difficult to lead an organization

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forward if key constituents are not on the same page, chapter, and book with regard to understanding the problems that nurses face and their relationship to patient quality and safety. Many disciplines are facing similar shortages, but little collaboration is occurring around solutions.

EDITOR'S NOTE: This is the final "Leadership Roundtable" from Assistant Editor Alison P. Smith as she leaves the Nursing Economic\$ Editorial Board to devote more time and effort to her position as a Director with C-Change. We are sincerely grateful to Alison for sharing her passion and innovative ideas with Nursing Economic\$ readers for the past 7 years.

#### REFERENCES

Buerhaus, P.I., Auerbach, D.I., & Staiger, D.O. (2007). Recent trends in the registered nurse labor market in the U.S.: Short-run swings on top of long-term trends. *Nursing Economic\$, 25(2)*, 59-67.

Buerhaus, P.I., Donelan, K., Ulrich, B.T., DesRoches, C., & Dittus, R. (2007). Trends in the experiences of hospital-employed registered nurses: Results from three national surveys. *Nursing Economic\$, 25(2)*, 69-80.

Ulrich, B.T., Buerhaus, P.I., Donelan, K., Norman, L., & Dittus, R. (2007). Magnet status and registered nurse views of the work environment and nursing as a career. *Journal of Nursing Administration, 37(5)*, 212-220.

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