



NURSING IN CALIFORNIA: *A Workforce Crisis*

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THE CENTER
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The California HealthCare Foundation is an Oakland-based, independent non-profit philanthropic organization whose mission is to expand access for underserved individuals and communities, and to promote fundamental improvements in health status of the people of California.

The California Endowment is a private foundation with staff throughout the state whose grants are made to organizations and institutions that directly benefit the well being of Californians.

* CALIFORNIA WORKFORCE INITIATIVE
MISSION STATEMENT

The California Workforce Initiative, housed at the UCSF Center for the Health Professions and funded by the California HealthCare Foundation and The California Endowment, is designed to explore, promote and advance reform within the California health care workforce. This multi-year initiative targets supply and distribution, diversity, skill base and regulation of health workers, utilization of health care workforce and health care workers in transition.



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The mission of the Center for the Health Professions is to assist health care professionals, health professions schools, care delivery organizations and public policy makers respond to the challenges of educating and managing a health care workforce capable of improving the health and well being of people and their communities.

The Center is committed to the idea that the nation's health will be improved if the public is better informed about the work of health professionals.



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NOTE: Sidebars on “best practices” in the RN work environment and RN education appear throughout the report.

* EXECUTIVE SUMMARY

Introduction

What follows is a report on the nursing practice and education issues confronting California. The study was conducted as a part of the California Workforce Initiative of the Center for the Health Professions at the University of California, San Francisco. The California Workforce Initiative is a joint effort of the California HealthCare Foundation and the California Endowment.

Background

Most Californians assume that when they need to visit a health care clinic, be admitted to the hospital, or stay in a nursing home the needed services will be available. Essential to such access is the availability of health professionals to provide the needed care. As the largest, most widely dispersed, and most flexibly deployed of all of the health professions, nursing is the backbone of the health care delivery system. Without nursing, many of the services that are taken for granted would not be available or would be seriously compromised.

For a host of complex and interrelated reasons, over the coming decades California may not have adequate numbers of nurses with appropriate skills. This problem is just rising to the attention of the profession, nursing educators, and managers in the health system. Increasingly, it will affect the public through constrained access, higher costs for care, and reduced quality of service. While the nursing crisis in California has some distinct characteristics, it is essentially driven by the same dynamics that exist throughout the U.S.

Because nursing is central to so many dimensions of care, there currently is a great deal of attention and some activity being focused on the problems of those most immediately affected. Understandably, much of this activity is of a short-term nature that may help but will not solve the issue in all of its dimensions. This study is an effort to capture the complexity of the problem and to identify those longer-term strategies that can assist

California in positioning nursing education, practice, and professionalism to meet the challenges of the coming years.

Secular Trends

These issues may be the most daunting; although they are far and away the most powerful contributors to the situation, they are independent of direct action. Perhaps most obvious is the aging of the U.S. population. As the Baby Boom generation ages over the coming forty years, they will require more and more care. Few, if any, parts of the health care system are prepared to meet these challenges, and the inadequate supply of nurses is no small part of the problem. Part of the nursing supply problem is itself related to aging. In some regions of California, over half of the RNs in practice are over 50. If the tendency of RNs in their 50s and 60s to retire or shift to non-patient care jobs persists, then they will represent much of the shortfall in nurse staffing.

An equally powerful demographic trend is the growing diversity of the population. Although California is well ahead of most of the U.S. in experiencing this reality, much work remains in rebuilding institutions to reflect the new multicultural reality of a non-majority state. While most non-white groups are underrepresented among California's nurses, recent nursing graduates have shown a definite trend toward representing the makeup of the state's population, particularly in regard to Asians and African Americans. Nursing has an opportunity to address its needs for greater numbers and add needed diversity to its ranks.

For years in the U.S., nursing and teaching were two of the few career paths that were widely available to young women. The fairly recent expansion of opportunity for women means that the professions can no longer count on a large number of young women being induced to enter the fields for lack of other options. This means that nursing will have to reposition itself as an attractive professional career in order to compete successfully for the interest of those entering the workforce.

Attracting and keeping younger workers are challenges for all employers. Increasingly evident is a shift in values within the next generation and that the images of nursing as a profession and the hospital as an employer are inconsistent with their desires and ambitions.

A part of the solution to the nursing problem will be aligning the profession and the work of nursing with these values.

Similarly, there is a much broader redefinition of work going on throughout the U.S. economy. Part of this is driven by the enormous information and communications technological revolutions that make work more flexible and dispersible. But other dimensions of the change have to do with a more broadly educated public, desire for independence and accountability by individuals, and growing consumer demands. Little of this has yet to affect how nursing work is structured or organized.

Nursing Work Environment

As critical as the broader social changes are, nurses are more directly affected by changes in their immediate work environment. These changes, real or perceived, account for much of the satisfaction derived and value added by the staff nurse. To understand the nursing crisis, it is essential to grasp this changing work environment.

Over the past decade, the hospital has been the epicenter of the effort to rationalize the health care system through managed care. As pressure to decrease cost and increase accountability has grown, the effects have been felt throughout the hospital. Most immediately the pressure has led to efforts to reduce the length of stay in the hospital and limit admission to those that are most in need of care services. In consequence, there is a higher level of patient illness and more activity within the hospital. This means more critical decisions and work need to be carried out in less and less time. The change in work has led to more stress and less satisfaction on the part of staff nurses. It also has led to the constrained ability of hospitals to invest in orientation and training for new nurses and growing tension between those with experience and those needing it.

Another consequence of the effort to control cost is the deterioration of the support system that surrounds the nurse. Decreases in auxiliary staff, particularly in clerical and custodial positions, training and development, and support technology, have been identified as exacerbating the already stressful nursing environment. Moreover, the high-pressure environment coupled with declining resources has made the overall work environment more contentious and less rewarding.

Wages are inevitably under pressure when reductions in cost are demanded. In a robust California economy with many career options available to nurses, inflation adjusted wage rates actually fell in the mid-1990s.

Making the needed changes in the hospital is a complex undertaking. It requires flexibility, cooperation, and leadership skills to manage an involved change process. Too often, inadequate organizational resources have been applied to the problem. These inadequacies include the current professional model of nursing; an increasingly contentious and less cooperative relationship between management and labor in many health care settings; insufficient levels of management and leadership skills, particularly for front-line managers of staff nurses; and lack of understanding by executive leadership that the creation of a constructive work environment for nurses is of central strategic importance.

Education

Nursing schools are an important part of both the problem and the solution. Unlike in many other areas of the U.S., the demand for nursing education in California has not dropped precipitously. However, there are parts of the system of education that need serious attention, expansion, and integration.

The system of nursing education does not function like a system. The three public systems of education — California Community College, California State University, and the University of California — dedicates significant resources to the education and training of new nurses. However, looking across the schools and programs, one sees little integration, standardization, or cooperation. This approach does not serve the needs or demands of students, the employing health care organizations, or the state. There have been several notable efforts to address these problems. However, the nursing education resource is so critical to successfully addressing the crisis in nursing that these efforts need to be moved to the highest priority. No new investment in expanding nursing education should be made until the system is made more responsive.

Even with a properly functioning system, California has an inadequate supply source for new nurses. Historically, the state has imported a large proportion of nurses from around

the country and abroad. With growing demands for nurses across the country and the rising cost of living in California, it seems unlikely that such a trend will continue. Expanding the number of opportunities for education must become a priority. This includes expanding faculty and financing. However, these expansions must be sensitive to other dimensions of this crisis or potential students may well pass over these new opportunities.

Expansion of the system should recognize the need to go beyond the traditional nursing student. Of particular importance is the ability to attract minority students, especially Latinos, and individuals with career and educational experiences and interests that are not traditionally associated with nursing.

Finally, education cannot and should not carry out these changes alone. The care delivery system must meaningfully engage in addressing these problems. Over the past few years, as pressure has mounted, there has been a growing separation of education and practice in nursing. Although the development is understandable from both sides, it will not be possible to address the crisis in the nursing workforce supply without the active engagement of education by the care delivery system.

Conclusion and Recommendations

Merely increasing the number of training programs or raising wages will not address the problems facing nursing. Although both steps are likely to contribute to the solution, they are at best necessary and not nearly sufficient. Nursing work must be remade. First, the health care system must figure out how to value and support the nurses that are currently employed. Next, the skills of the RN must be effectively leveraged against the tasks and challenges facing health care. This may mean redefining nursing practice, adding new types of health care workers, sharing authority differently, and focusing on improving the outcomes of a system that will face resource constraints from now on. This middle step points to the final one in which nursing as a practice, profession, career choice, and educational program must be repositioned to capture the interest and skills of the new California workforce. Without such a fundamental realignment, wage increases or new programs will not adequately meet the challenge of this crisis.

What follows are the specific recommendations for action that have been derived as a part of this study. Two themes emerge throughout: leadership and collaboration. Many of the resources to address this crisis exist. They need to be activated with a spirit of leadership and cooperation, which has been absent in health care of late.

WORK ENVIRONMENT RECOMMENDATIONS

1. Leaders in the health care industry and unions representing RNs should partner with one another to strengthen trust between labor and management.

Restoring trust between labor and management is critical to increasing interest in nursing careers, as well as to retaining experienced RNs.

2. Senior health care executives need to constantly evaluate their organizations, engage RNs in these efforts, and take seriously their assessment of current practices and suggestions for addressing the problems.

The success or failure of any change in care delivery hinges in large part on its implementation by RNs, because they are the largest workforce in hospitals and most other health care organizations.

3. Health care organizations should invest in the retention of RNs.

Instead of relying on quick fixes, health care organizations need to invest their resources in long-term strategies for retaining RNs.

4. Unions representing RNs should place greater emphasis on career security and shared governance.

Today's workers are not only interested in good salaries and safe working conditions; they also want to participate in the management of the organizations in which they work.

5. Health care organizations should invest in state-of-the-art information systems for patient monitoring and record keeping.

Outmoded information systems compound the challenge of complying with the documentation demands of insurers and regulators, making the job of an RN more difficult.

6. The health care industry and unions representing RNs should create partnerships with nursing education programs to provide new graduates with better preparation for clinical practice.

Ensuring adequate clinical education is critical to patient safety as well as RN satisfaction.

EDUCATION RECOMMENDATIONS

7. Increase RN licensure entry slots.

Provide funding to establish new RN education programs and expand existing programs.

8. Collect comprehensive data on RN education programs and make this information easily available to the public.

Nursing programs should provide the California Board of Registered Nursing comprehensive data, including average length of time to complete program, average length of time to begin nursing classes, and percent of graduates who successfully pass the licensing examination on the first attempt. This data should be issued by the BRN as public report cards.

9. Redefine nursing faculty to include non-nurses in selected areas.

10. Make nursing programs more accessible to RNs who choose to further their education.

Streamline curricula and expand evening and weekend classes and use of distance learning technology.

11. Increase diversity (race/ethnicity and gender) of nursing students.

Nursing programs should aim programs at the entire “learning pipeline” to provide educational support and enrichment and to target groups traditionally underrepresented in nursing.

12. Expand alternative pathways for RN education.

Maximize the number of persons pursuing a nursing education by investing in programs that provide alternate RN education pathways.