**HPNA Position Statement**
**Shortage of Registered Nurses**

## Background

As we entered the 21st century, it was clear that there was growing concern that America was going to be faced with a nursing shortage that would be different than our historically cyclical shortages. Some analysts have proposed that nationally there is not a shortage of nurses, but a shortage of working nurses. It is clear that as you look across the country that the depth of the shortage currently varies. It is projected that by 2020 there will be over 340,000 unfilled positions for registered nurses.[1]

In a 2002 report entitled "Health Care's Human Crisis: The American Nursing Shortage,"[2] four themes emerged.

- "The current nursing shortage is quantitatively and qualitatively different from past shortages."
- "The majority of efforts to address the current nursing shortage, modeled on past market-driven solutions, provide only short-term fixes. Resources would be better spent on addressing the underlying issues driving the shortage."
- "A shortage of nurses endangers quality of care and places patients at risk for increased illness and death. A long-term shortage could undermine the American healthcare system and emerge as a prominent public health issue."
- "The burden of care on nurses has increased, yet work-saving technologies have not been implemented. At the same time, new regulations and documentation requirements takes nurses away from patient care. These work environment issues create formidable recruitment and retention challenges."

Specific data on the depth of the shortage of hospice and palliative care nurses is limited. For example, the California Hospice and Palliative Care Association surveyed hospices in 2001 and found that 14% of hospice nursing positions were unfilled.[3] There is no reason to expect that hospice and palliative care programs will escape the impact of the growing shortage. In fact, in September 2002 the Centers for Medicare and Medicaid Services and Certification Group, Center for Medicaid and State Operations, recognized that "nursing shortages have been documented across the country" and they granted a temporary measure allowing

"individual hospices to contract for nurses until September 30, 2004, if the hospice can demonstrate that the nursing shortage is creating an extraordinary circumstance that prevents it from hiring an adequate number of nurses directly."[4] The temporary measure has been extended through September 30, 2008. In August 2002 the Nurse Reinvestment Act was enacted, including the Nursing Education Loan Repayment Program (NELRP) "which provides loan repayment to RNs in return for work at facilities or in communities with a shortage of RNs."[5, p. 2] Hospice programs were included as an eligible placement site providing further evidence of the impact of the growing nursing shortage on hospice programs.

The Hospice and Palliative Nurses Association (HPNA) recognizes that nursing is central to providing the highest quality of end-of-life care; consequently, shortages of registered nurses will directly impact end-of-life care in the United States.

The HPNA Board of Directors recognizes that hospice and palliative care nurses work in a variety of settings (e.g., hospitals, home care, long-term care). JCAHO's recommendations focus on three areas: (1) creating organizational cultures of retention, (2) bolstering the nursing educational infrastructure, and (3) establishing financial incentives for investing in nursing[(a).] Although presented with the framework of hospital based care, the recommendations are relevant for other sectors of healthcare (e.g., hospice).

**Position Statement**

This is the position of the HPNA Board of Directors:

- Support the 2002 recommendations of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) roundtable.[6] This support will be demonstrated through our continued involvement in national initiatives aimed at addressing the nursing shortage and through promoting the active recruitment and retention of hospice and palliative care nurses.
- Create a culture of retention for nursing staff:
  - Adopt fair and competitive compensation and benefit packages for nursing staff.
  - Adopt information, ergonomic and other technologies designed to improve workflow and reduce risks of error and injury.
  - Adopt zero-tolerance policies for abusive behaviors by physicians and other healthcare practitioners.[(b)]
  - Delegate authority to nurse executives and other nurse managers, and to staff nurses, for patient care and resource deployment decisions.
  - Diversify the workforce to broaden the base of potential workers and to improve patient safety and healthcare quality for patients of all origins and backgrounds.
  - Limit the use of mandatory overtime to emergency situations.
  - Measure, analyze, and improve staffing effectiveness.

  - Minimize the paperwork and administrative burden that takes nursing time away from patient care.
  - Provide the management training and resources nurse executives need to attain and maintain a culture of retention.
  - Recognize and reward hospitals that adopt the basic characteristics of “Magnet” hospitals.
  - Set staffing levels based on competency and skill mix applicable to patient mix and acuity.[c]
- Bolster the nursing educational infrastructure:
  - Create nursing career ladders commensurate with educational level, training, and experience.
  - Emphasize team-training in undergraduate and post-graduate nurse education and training programs.
  - Enhance hospital budgets for nursing orientation, in-service and continuing education.
  - Establish standardized post-graduate nurse residency programs, a nursing equivalent of the Accreditation Council for Graduate Medical Education, and funding to support this training.
  - Fund nurse faculty positions[d] and student scholarships for all levels of nursing education.
  - Increase federal funding for nursing education through the Nurse Education Act and Medicare monies appropriated for clinical education.
  - Provide fast-track, low cost opportunities for nurses to achieve higher levels of education.
- Establishing financial incentives for investing in nursing:
  - Align private payer and federal reimbursement incentives to reward effective nurse staffing.
  - Base the new reimbursement incentives on evidence-based, nursing-sensitive indicators.
  - Condition the continued receipt of new federal monies by hospitals and other provider organizations on the demonstrated achievement of specified quantifiable and standardized criteria and goals.
  - Make new federal monies available for hospitals and other healthcare organizations for investment in nursing services.

**Definition of Terms**

None

**Footnotes**

[a]Permission granted to reproduce JCAHO’s recommendations, personal communication Char Hill (chill@jacho.org), October 7, 2002.
[b]Zero-tolerance policies must also extend to all paid and volunteer hospice and palliative care staff.

[c]HPNA recognizes that there is not a widely accepted acuity system for hospice care; the Board supports research efforts that would define an acuity system for hospice and palliative care patients and families.
[d]Faculty salaries must also be competitive to assure an adequate supply of nurse educators.

**References**


1. Auerbach DI, Buerhaus PI, Staiger DO. Better late than never: workforce supply implications of later entry into nursing. *Health Affairs.* 2007;26(1):178-195.
2. Kimball B, O'Neill E. *Health Care's Human Crisis: The American Nursing Shortage.* Princeton, NJ: The Robert Wood Johnson Foundation; 2002. Available at www.rwjf.org/pr/product.jsp?id=15647. Accessed June 13, 2008.
3. Hospice News Network, *Hospices Working to Address Nursing Shortages.* August 13, 2002;6(3).
4. Director-Survey and Certification Group Center for Medicaid and State Operations. Memo – Impact of Nursing Shortage on Hospice Care sent to Associate Regional Administrators, DMSO State Survey Agency Directors, September 12, 2002.
5. Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York. (2007, February). Toward a Method for Identifying Facilities and Communities with Shortages of Nurses.
6. Joint Commission on Accreditation of Healthcare Organizations. *Health Care at the Crossroads Strategies for Addressing the Evolving Nursing Crisis.* Oakbrook Terrace, IL; August 2002. Available at www.jointcommission.org/NR/rdonlyres/5C138711-ED76-4D6F-909F-B06E0309F36D/0/health_care_at_the_crossroads.pdf. Accessed June 13, 2008.



**Originally developed in 2003 by:**
Linda Gorman, RN, MN

**Revised by:**
Jane Kirschling, RN, DNS



Approved by the HPNA Board of Directors
April 2008.


This position statement reflects the bioethics standards or best available evidence at the time of writing or revisions.


Copyright © 2008 by the Hospice and Palliative Nurses Association

To obtain copies of HPNA Position statements, contact the National Office at
One Penn Center West, Suite 229, Pittsburgh, PA 15276-0100
Phone (412) 787-9301
Fax (412) 787-9305
Website www.HPNA.org