

The nursing shortage in the United States of America: an integrative review of the literature

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Aim. The aims of this paper are to review the literature to determine what factors are contributing to the nursing shortage in the United States of America (USA) and discuss possible solutions to this current and future nursing shortage.

Background. The need for nurses is often depicted as cyclical in nature. Throughout history, the USA has experienced a series of nursing surpluses and shortages. However, the current shortage has been characterized as being unlike those experienced in the past. Trends of an ageing Registered Nurse (RN) workforce and limited supply to fill the impending vacancies are some of the unique aspects that bring a new dimension to an old problem. Today's nursing shortage will not be resolved by simply returning to the solutions of yesteryear, and strategies to reduce its impact will have to be more creative and focus on the long-term.

Methods. Integrative literature review of published literature on the current nursing shortage in the USA from 1999 to 2001.

Discussion. Four main areas were identified as the major contributors to the nursing shortage in the USA: the ageing RN workforce; declining enrolment; the changing work climate; and the poor image of nursing. Solutions to the shortage followed similar themes to the contributing factors and encompassed four main areas: exploring recruitment efforts; exploring retainment efforts; improving the image of nursing; and supporting legislation that helps to rectify the shortage.

Conclusion. There is firm evidence that the USA amidst a nursing shortage. Much is known about the many contributing factors but now nurses need to become proactive to help secure the future of their workforce. By forming partnerships within the profession and with other influential parties, nurses can be in the forefront of resolving their workforce issues.

Keywords: nursing shortage, solutions, job satisfaction, integrative review, education, recruitment, retention, image, students, ageing RN workforce

Introduction

Without a doubt, the United States of America (USA) is experiencing a nursing shortage. Although some areas of the country are being affected at different rates and in various nursing specialty areas, it remains largely undisputed that

there is national shortage of Registered Nurses (RNs). Furthermore, this trend is anticipated to worsen within the next decade. Considering the impact this prolonged shortage will have on the USA health care system, nursing and other health-related organizations have even brought their concerns to lawmakers in the central government for immediate

consideration. It is believed that this nursing shortage is unlike those experienced in the past [Sigma Theta Tau International (STTI) 2001]. Solutions to reverse its progress now, rather than face the brunt of a 20% deficit in RN workforce by the year 2020 (Buerhaus *et al.* 2000) are proposed. The purposes of this paper are to conduct a review of the literature to determine what factors are contributing to the nursing shortage in the USA and recommend possible solutions to rectify this potential health care crisis.

Literature review

A review of the literature was conducted via hand, internet, and database searches. The primary search engine used for the internet searches was provided by 'Yahoo!' at <http://www.yahoo.com>. Internet searches mainly generated resources from government or nursing professional organizations that offered news releases or publications on the nursing shortage situation. CINAHL and Medline were the primary databases used for the literature search. Key words such as 'nursing shortage', 'ageing RN workforce', and 'solutions' were used to enhance search methods. In addition, the reference sections of the original articles retrieved were reviewed for related literature that had been previously missed or omitted. The literature primarily focused on articles or newsletters within the last 4 years that researched or discussed the current nursing shortage in the USA. Literature was reviewed until saturation was achieved for all possible factors and/or solutions that could have an effect on the impending nursing shortage.

Findings

The review revealed two main themes regarding the current nursing shortage in the USA: factors that contribute to the shortage and possible solutions.

Contributing factors to the nursing shortage

In the past, causes of nursing shortages could be readily identified and rectified. For example, the growing population across the USA after World War II precipitated the need for more community hospitals staffed by licensed nurses, and shortages in the 1970s and late 1980s were fueled by nurses' dissatisfaction with working conditions and lack of professional autonomy (Alspach 2000). Unlike past shortages, the impending RN workforce crisis will not be ameliorated by 'quick fixes' and simple solutions. Although some of the factors that have contributed to the current RN workforce situation are the same as in past shortages, many factors have

added an entirely new dimension to the current problem. These issues will be examined individually.

Ageing RN workforce

The RNs are the largest group of health professionals in the USA (USA Department of Labor 2002). Nursing experienced its largest influx of women into the profession during the 1960s and 1970s but, because of a proliferation of new career opportunities for women in the 1980s and 1990s, fewer women have entered the nursing profession since then. Consequently, the average age of RNs currently employed continues to rise and most middle-aged RNs born during the 'baby boom' generation (born between 1946 and 1964) who dominate the nursing workforce will reach retirement between 2005 and 2010 (Gabriel 2001). This means that the most experienced nurses, mainly middle-aged women, will be leaving the profession at an alarming rate and at a time when demand is highest.

In a study by Buerhaus *et al.* (2000), some troubling results regarding the implications of an ageing RN workforce were found. Based on a retrospective cohort analysis of RN employment trends in the USA between 1973 and 1998, they were able to make a reliable estimation of the future RN workforce. It was forecast that within the next 10 years the average age of RNs would be 45.4 years, with more than 40% older than age 50 years. For example, the average age of nurses in Ohio is 47 [Ohio Hospital Association (OHA) 2001a]. Therefore, some states may experience the effects of the ageing RN workforce before other areas of the country.

Impact on nurse educators

The ageing RN workforce also impacts the nation's supply of nursing educators. Although this teaching workforce has remained stable for most of the 20th century (Brendtro & Hegge 2000), the impending retirement of the 'greying professoriate' will leave many programmes with fewer nursing educators (Hinshaw 2001). Not only are these educators ageing but the average age of nurses in general is also increasing, partly because most nurses attend graduate school and enter academia later in their careers than those in other professions (Hinshaw 2001). However, this trend of older nurses pursuing graduate degrees may be indicative of an increasing average age of those who pursue nursing as a non-traditional student or as a second degree. The greatest challenge will be to attract qualified nurses to teaching positions in the midst of a nursing shortage. Also contributing to the problem of dwindling teacher numbers are unrealistic expectations, non-competitive salaries and lack of support, which often hinder educators recruitment and retention (Brendtro & Hegge 2000). Unfortunately, the scarcity of

nursing educators will limit student enrolments and decrease the number of nursing graduates (Hinshaw 2001). This will lead to increasing use of non-doctorally prepared educators and will decrease the supply of RNs in the workforce.

Declining enrolment

It is projected that employment opportunities for RNs will grow faster than in the average occupation up to the year 2010 (USA Department of Labor 2002). This growing trend, coupled with a worsening nursing shortage, will result in far more job vacancies than RNs can fulfil. Since 1995, enrolments in entry-level baccalaureate programmes in nursing have declined by 21.1% and the number of graduating nurses who took the national licensure examination decreased by 26% from 1995 to 2001 [American Association of Colleges of Nursing (AACN) 2001a]. Enrolments in RN-to-baccalaureate and graduate programmes also continue to decline or are struggling to maintain current numbers (AACN 2001b). Although USA nursing colleges and universities have experienced a slight increase in enrolment of 3.7% over the past year, this increase is still insufficient to meet projected future workforce demands (AACN 2001b).

Because of the proliferation of new career opportunities for women, who make up more than 90% of the RN workforce (AACN 2000), education in the field of nursing is no longer the prominent choice. In reality, the total population of RNs is growing at its slowest rate in 20 years (AACN 2001a, b). However, there has been a slight increase in the number of men and those from minority ethnic groups entering the nursing profession. According to the Health Resources and Services Administration's (HRSA) (2001a) national sample survey of RN, 5.9% of RNs employed are men; this is an increase from 5.4% in 1996 (HRSA 2001b). Furthermore, 12.3% of all RNs reported being from one or more racial or ethnic minority backgrounds, and this is an increase from 10% in 1996 (HRSA 2001b). Overall, these increases are marginal at best. Many schools of nursing and state nursing organizations have begun to assess their current nursing employment situation through the assembly of task forces, coalitions, and local surveys so that they can begin to project future workforce needs and shortages [Woods *et al.* 2000, Brewer & Kovner 2001, Massachusetts Nurses' Association (MNA) 2001, South Dakota Nurses' Association (SDNA) 2001]. The data reveal that fewer people are choosing nursing as a career and that nursing schools are perplexed as to how they can meet the challenge to increase public interest in the nursing workforce.

Changing work climate

Once again, there are many elements that affect overall satisfaction with the RN work climate. The greater life

expectancy of individuals with acute and chronic conditions requires more complex nursing care (Heller & Nichols 2001). Further, managed care has reduced length of stays for patients, leaving RNs to care for and stabilize patients in a shorter period of time (Leigh & Krier 2001). There is also a concern that as nursing becomes more specialized, there will be fewer experienced and competent nurses in nursing specialty areas (MNA 2001) such as critical care (Diehl-Oplinger & Kaminski 2001). It is believed that these changes, among other contributing factors affecting the RN work climate, have contributed to a decrease in overall health care quality (American Health Consultants 2001).

The American Nurses Association (ANA) (2001a) conducted a national internet survey, in which approximately 7300 nurses participated, to study nurses' opinions of their working conditions. Seventy-five per cent of the respondents stated that the quality of nursing care had declined in their work setting over the past 2 years. Because of increased patient load and decreased time to provide direct patient care, close to 50% of those surveyed were said to be less satisfied in their jobs (ANA 2001a). In addition, 40–60% of respondents reported that they frequently skipped meals and breaks to care for patients, felt increased pressure to accomplish their work, and participated in mandatory overtime. As a result, many of these factors have contributed to nurses' increased dissatisfaction with their work environment.

International situation

A large study has been conducted on nurses' reports on hospital care in five countries: USA, Canada, England, Scotland, and Germany (Aiken *et al.* 2001). Based on reports from 43 000 nurses in more than 700 hospitals, similar and confirming data were revealed. Reports of low morale, job dissatisfaction, burnout and intent to leave their current employers were common across the sample. Further, nurses reported that they experienced increases in workload and non-nursing tasks and a decrease in their ability to complete nursing tasks fully. The researchers concluded that if inadequate staffing becomes chronic, the quality of care delivered would be compromised and result in adverse patient outcomes.

Williams (2001) attributed this increase in demanding workloads to sicker patients, an ageing population, decreased support in nursing roles, and hospital cost-cutting. In fact, it was repeated assertions that today's nurses are overburdened, overworked and overstressed that led to a survey conducted by ANA of the health and safety of RNs in their current health care environments (ANA 2001b). This online health and safety survey attracted 4826 respondents from across the

USA and represented a cross-section of nurses from various age groups, years of experience and work environments. It revealed that the top three health and safety concerns of those who responded were acute/chronic effects of stress and overwork (70.5%); a disabling back injury (59.4%); and becoming infected with human immunodeficiency virus (HIV) or hepatitis from a needlestick injury (45.3%). In addition, 80% of nurses surveyed indicated that they did not feel entirely safe in their current workplace. Although there is evidence that there are nurses who are primarily satisfied by the patient care they provide (McNeese-Smith 1999), nursing roles are becoming increasingly strained. Consequently, it is evident that there are many variables that contribute to the changing RN work climate, and at present it appears that most nurses are not satisfied with these changes.

Poor image of nursing

Throughout history, stereotypical and negative portrayals of nurses such as the physician's handmaiden have continued to dominate society's perceptions of the nursing profession. Although nurses are ranked very highly as a trusted profession in the USA, they are often undervalued and there is still a lack of understanding about what they really 'do' (Nevidjon & Erickson 2001). This confusion could be a result of awarding RN licensure to graduates from three different levels of educational preparation: a 2-year associate degree, a 3-year diploma or a 4-year baccalaureate degree. This variety of educational pathways has led many students and school guidance counsellors not to value nursing as an intellectual enterprise (Williams 2001). Furthermore, having three levels of entry creates a disincentive to attracting people to a 4-year baccalaureate programme when they could qualify in 2 years (Bednash 2000). Although there are no current trends to limit the type of entry into nursing, the different levels of education attained in nursing should be recognized and nursing as a profession valued as a whole.

The data reveal that there will be a mass departure of RNs from the workplace over the next 10–20 years, in addition to the continuous attrition of those currently employed who leave nursing for various reasons. Furthermore, fewer people are choosing nursing as a career and the image of nursing has been deteriorating. Based on projected nursing shortage statistics, there is an immediate need for a call to action to protect and support the nursing profession.

Possible solutions to the nursing shortage

Nursing has been plagued with numerous shortsighted solutions throughout its revolving cycle of workforce shortages, but over the long-term these have failed to sustain it as a

rewarding profession (Williams 2001). Many efforts have been made at local (by individual nursing programmes and hospitals), state (by various state nursing associations and legislature), and federal level (involving the US Senate and various national committees) to alleviate strains on the current and future workforce.

Amongst these are potential and realistic solutions which have generated hope for significant change in the nursing workforce.

Recruitment efforts

Efforts to increase enrolment in nursing programmes are evidenced across the country. Recruitment strategies identified in the literature range from those by local hospitals and schools of nursing to state-wide nursing associations. Many believe that recruitment initiatives need to focus predominantly on attracting more young people, including men and people from minority ethnic groups to the nursing profession. There is a need for more young persons to choose nursing as a career option because they are the future of nursing. The recruitment of students, often referred to as the need for 'priming the pipeline', has been identified as a possible long-term solution to the nursing shortage. Nevidjon and Erickson (2001) have acknowledged this recruitment priority, even stating that children must be reached earlier than high school because 'students often have their minds made up by fifth grade about desirable and undesirable careers' (para 17). Because students are considering their careers at earlier ages, children at grade school levels need to gain awareness of the advantages and opportunities of selecting a career in nursing. For example, the University of Maryland School of Nursing has developed what they call a 'career academy', which helps prepare high school students for college by integrating career themes into their academic courses (Thompson *et al.* 2001). The prenursing academy curriculum begins the summer before high school and continues until graduation from high school. Learning opportunities include discussions of nursing in contemporary society, investigating community problems, the science of nursing, and hands-on experience such as experience in simulation laboratories and internships. It is hoped that early exposure to the challenges and realities of nursing will recruit more young people into the profession.

There is evidence of other successful efforts to recruit middle and high school students into nursing. For example, the USA Department of Health and Human Services (2001) division of Health Resources and Service Administration has awarded over \$20.1 million dollars in grant money to 82 colleges, universities and other organizations to help increase the enrolment of students in baccalaureate and advanced level nursing programmes. Nursing associations such as the

National League for Nurses (NLN) have also advocated the need for increased funding for loan and scholarship programmes to bring in more young people (NLN 2001). Some schools of nursing have developed partnerships with health-related workplaces to increase monetary incentives and financial support to enter the nursing profession (Heller & Nichols 2001). The availability of such grants and loans should help to remove some of the financial barriers to nursing education and ensure students that they can receive financial assistance during their studies. A policy statement developed by an alliance of four autonomous nursing organizations [AACN, ANA, American Organization of Nurse Executives (AONE) and NLN], known as the Tri-Council, also supports this notion of reaching out to America's youth through schools, counsellors, youth organizations and other outlets to encourage a more diverse population of nursing students (AONE 2001). This also includes encouraging more men and people from ethnic minorities to enter the profession, because nurses are genuinely committed to increasing the diversity of the RN workforce (Sullivan 2000).

Therefore, to help increase the enrolment from this diverse learning community, nursing programmes must be committed to providing flexible educational opportunities for their students. Strategies such as adaptable scheduling (including evening and weekend classes), providing accelerated programmes, and expanding educational access to underserved geographical regions via distance or web-enhanced learning (Heller & Nichols 2001) may help to narrow the gap by offering 'user-friendly' education to today's adult learners. According to Beck (2000), effective recruitment strategies should be based on the reasons students chose nursing in the first place. In a study using focus groups and questionnaires, Hemsley-Brown and Foskett (1999) found that most young people based their decision on interest and enjoyment or having a desire to help people. Perceived salary was not a significant factor in their decision to choose or reject nursing. However, in a grounded theory study conducted by Boughn (2001), interviews with 12 male and 16 female nursing students did reveal differences in expectations about salary. More males clearly indicated that they chose nursing because they expected good wages. However, both groups demonstrated comparable commitment to caring for others as their major motivation. Therefore, it is imperative that clear and realistic images of nursing are conveyed when recruiting both men and women into the profession.

Reaching unemployed and immigrant nurses

There is also a fairly large percentage of licensed RNs who are unemployed or working in non-nursing fields. In 2000,

approximately 18.3% of the RN workforce was not employed as nurses (HRSA 2001a). Thus, there appears to be a substantial supply that employers can tap into and re-recruit into the RN labour market. These 're-entry' nurses are an important resource because they have many assets such as life experience and maturity (Domrose 2001); what they lack may be current nursing knowledge and skills. Therefore, employers should advertise that they offer nursing refresher programmes or other re-training opportunities to attract RNs who have been out of practice for a period of time. These same educational opportunities should also be provided to foreign nurses as an incentive to work in the USA. In addition to easing the immigration of nurses from other countries (Brewer & Kovner 2001), preparatory courses for the nursing licensure examination, extensive orientation programmes and, if needed, courses in English as a second language should be offered free-of-charge. There is also interest in creating innovative recruitment strategies to attract currently employed individuals to choose nursing as a second career (Second-Career Nurses 2001).

Continuing education

Lastly, RNs should be encouraged to further their education and to pursue advanced degrees (certifications, Master's or Doctorate degrees) in preparation for careers as nurse practitioners, nurse-midwives, instructors/professors, nurse anaesthetists, and a wide-range of other nursing careers. Some schools of nursing have responded by providing programmes that facilitate associate degree and diploma nurses to enter baccalaureate nursing programmes (Alspach 2000). The development of 'fast-track' graduate programmes would help those with bachelor's degrees earn Master's or Doctoral degrees more quickly (Brendtro & Hegge 2000). Often there is a time lag between earning a Bachelor degree and deciding to return to graduate school. Opportunities in higher education should be discussed with nursing students during their initial studies and they should be advised to pursue advanced degrees in nursing immediately after graduation. Financial support in the form of scholarships, grants and loans should be readily available to aid those pursuing higher education in nursing, in addition to offering competitive and lucrative salaries on entering the workforce. Support could also be given to non-tenured teachers who are employed full-time or part-time in academia and are concurrently studying in doctoral or postdoctoral programmes. To help retain and alleviate role strain in newly employed teachers, staff development strategies such as comprehensive orientation programmes, mentoring, and support for teaching, research and scholarly work would help to increase overall satisfaction and success in the academic role (Boyden 2000).

Retaining currently employed RNs

The RNs held approximately 2.2 million jobs in 2000; three of five of these were in hospitals and one in four RNs worked part-time (USA Department of Labor 2002). Because the average age of the RN workforce continues to rise, employers may have to be ergonomically sensitive to older RNs, who are more susceptible to certain injuries and have a reduced capacity to perform certain tasks (Buerhaus *et al.* 2000). However, although it is important to recognize the value of retaining experienced nurses in the workforce, attention must be given to all RNs who are currently employed.

To retain qualified nurses and to remain competitive in a changing labour market, employers need to improve personnel policies and benefits, provide opportunities for career advancement, lifelong learning and flexible work schedules, and develop retention strategies (Aiken *et al.* 2001). Contributions made by nurses must also be recognized and rewarded (Williams 2001). Furthermore, it is important that nurses be compensated accordingly based on their differing levels of preparation, responsibility, and performance (Williams 2001). The median annual pay of RNs was \$44 840 in 2000 (USA Department of Labor 2002), and RN wages will need to rise to attract more people into the profession, but these effects will occur slowly (Buerhaus *et al.* 2000). Employers typically offer signing on bonuses and various incentives first because these strategies are less costly than general wage increases (Brewer & Kovner 2001), although it has been recognized that bonuses only provide short-term solutions (Aiken *et al.* 2001). It is anticipated that the supply and demand balance will be profoundly influenced by the baby boomer RN retirement in the next five to ten years (Minnick 2000). Only when the labour markets begin to respond to the imbalances of supply and demand in the nursing workforce will overall improvements in RN wages be seen.

Unfortunately, many of our experienced nurses have reached their maximum salary earnings in their workplaces. Often salaries do not continue to rise in proportion to years of experience, which hinders the capacity to increase earnings throughout employment (Mee & Carey 2001). Therefore, salary levels should not be fixed and should be commensurate with experience and increased skill level (Farella 2001). Recruitment bonuses may help attract RNs, but retention bonuses should be given to those who stay in their workplaces (Farella 2001). Employment agencies need to focus on making the nursing profession more 'attractive' to both younger and older generations. By offering competitive pay, flexible scheduling, and career advancement opportunities (Alexander 2001), employers must accommodate the workplace to fit the dynamic lifestyles of new graduates.

Improving the image of nursing

Improving the image of nursing is the single, most pivotal act that nurses can do to reframe and enhance the image of nursing. How nurses communicate their professional lives to family, friends and the general public conveys a genuine picture of how they feel about themselves as nurses. Recently, there has been stronger media interest in the work of nurses and, in particular, the effect of nursing on patient outcomes (Dean-Baar 2001). Nursing can also use marketing techniques and the media to strengthen and revitalize its public image.

It is essential that today's young people are exposed to more positive and authentic images of nursing. Those who are not in touch with the current realities of the profession often misrepresent the reality of nurses. For example, most school guidance counsellors have outdated perceptions of nursing and may not perceive it as a professional career (Gabriel 2001). Hence, any steps to improve its image in the eyes of middle and high school students must include guidance counsellors who have influence over their career choices. Programmes such as introducing the world of nursing to middle school children by providing 'career days' or 'shadow days' for high school students have been found to be very successful (AACN 2000). This exposure to nursing in the form of 'hands-on' experiences helps show students some of the real aspects that a career in nursing has to offer. The distribution of printed or web-based career information to middle/high school students, adult learners, guidance counsellors, and other career educators can also help to improve the image of nursing (Texas Nurses' Association 2001). Asking nurses and nursing students to become role models for nursing and speak with high school students about career options in nursing can help clarify many of the misconceptions about the profession (McDonald 2000, SDNA 2001). Exposing individuals and communities to the rewarding challenges that a career in nursing has to offer is key to improving the image of the profession.

A campaign entitled 'Nurses for a Healthier Tomorrow' (2001) is a coalition of 32 nursing and health care organizations who are working together to develop a campaign to improve the image of nursing. They have devised a campaign featuring the lives of real live nurses and entitled 'Nursing. It's Real. It's Life'. Similarly, nursing organizations such as STTI have assisted the company Johnson & Johnson to launch 'The Campaign for Nursing's Future' as a complement to 'Nurses for a Healthier Tomorrow', which includes television advertisements on the themes 'I'm a Nurse' and 'They Dare to Care' (STTI 2002). Farella (2001) has suggested that nursing organizations should buy 'air time' on children's programming to exemplify the real-life goodness of nursing to children at younger ages. If the nursing profession can be enhanced in

What is already known about this topic

- Many countries are currently experiencing the effects of a diminishing RN workforce.
- The nursing profession is rapidly changing and is coming under increasing strain due to a variety of factors.
- There are no quick and easy solutions for the nursing shortage.

What this paper adds

- It provides a comprehensive review of the current RN workforce situation in the USA.
- It heightens awareness of new factors contributing to RN shortage elements, including the ageing of the nursing workforce, declining enrolment to nursing schools, and changing work environment.
- It provides a 'call to action' for all nurses to become active participants and decision-makers regarding the future of their profession.

the eyes of consumers (children and adults), perhaps its status will become more respected in our society.

There has also been an attempt to implement a certification process for nurses with Bachelor degrees to validate the role competences unique to their educational programme (American Nurses Credentialing Center 2000). According to Bednash (2000), reforming educational and credentialing mechanisms for nurses is essential to empowering RNs in the workplace. There is a need to help employers understand the value of baccalaureate education, rather than believing that all nursing programmes are the same and that graduates entering the workforce should all qualify for the same jobs at the same salaries (Acord 2000). It has been estimated that there will be a greater need for baccalaureate-prepared nurses in the future because enhanced skills will be required in response to dynamic and emerging roles like those needed in community health nursing (Coffey-Love 2001). Different career paths or clinical ladders can be offered to reward RNs according to their educational level or to those who further their education. Nurses also need to value the notion of lifelong learning and explore tuition reimbursement options at their employment institutions. In turn, employers should provide and pay for nurses' educational opportunities.

Nurses can decide to take a stand, become advocates for nursing, and engage in an active role within their profession. Joining and participating in a nursing organization promotes unity and a collective voice that can make an impact on legislators, the community, and the profession as a whole (Coffey-Love 2001). Improving the image of nursing must

begin within individuals and become unified with many voices from other nursing organizations. If nurses can make a difference in how nursing is perceived, then the profession can promote a heightened level of respect throughout the USA.

Support the passage and enactment of nursing shortage bills

It is obvious that the recurring nursing shortages are not only nursing's problem; ultimately the viability and effectiveness of the USA health care system will be compromised and the nation as a whole will be affected (Williams 2001). The passage of the Staffing Ratio Law, AB 394, on 10 October 1999, which mandates safe nurse: patient ratios in the state of California, is a good example of how nurses acted as advocates for their profession (California Nurses Association 2002).

Over the past 2 years or so, many politicians and other advocates of nursing have come together to engage in discussions about the nursing shortage and its impact on America's health care delivery system (Committee on Health, Education, Labor and Pension 2001, OHA 2001b). As a result of Senate hearings and other statewide discussions about the crisis, the Nurse Reinvestment Act was passed on 22 July 2002 and signed into law on 1 August 2002 (AACN 2002). This Act focuses on nurse recruitment and retention through the establishment of educational scholarships, retention grants, elder care training grants, supportive career ladder partnerships between nursing schools and practice settings, loan cancellation for nursing teachers, and public service announcements that promote the nursing profession. Although the passage of this law appears positive towards alleviating the nursing shortage, funding for Nurse Reinvestment Act programmes appears tenuous at best and at the time this paper was written, no funding was available for these Act programmes. According to the (AACN 2002), nurses can best respond by contacting their state legislators to ask for their support to enact this law by appropriating the necessary funding.

It is important for nurses to act as advocates for their profession by keeping abreast of the issues surrounding the nursing shortage and by paying particular attention to the decisions that will be made by lawmakers in the coming months. If the government allocates funds to improve the current nursing situation, the implications for the nursing profession in terms of recruitment and retention could be tremendous.

Conclusion

It is obvious that the current nursing shortage is not being ignored: nursing and health-related organizations, the government, and nurses from every area of the discipline are addressing the problem through newsletters and articles,

research studies, coalitions, committees, hearings and bill proposals. Some of the factors contributing to the nursing shortage and potential solutions to address the problems are known. The bottom line is that nurses must act now; it is critical that they communicate and form partnerships with their employers, nursing associations, lawmakers, and other influential key players. If the vision is to help secure the future of the United States' health care system, nurses should also ensure that there is continuous interest in their profession. As the largest group of health professional in the USA, nurses now need to also have the leading voice and influence in the decisions regarding the future of the nursing profession.

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Commentary: an Australian perspective

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The global shortage of nursing highlights some common issues affecting nursing worldwide. The issues discussed by Janiszewski Goodin (2003) in the United States of America (USA) context, including the ageing of the nursing workforce, the decline in enrolments to nursing programmes, changing working conditions and the poor image of nursing, are all

impacting on the ability to recruit and retain nurses, not just in the USA, but worldwide.

In Australia, the current average age of nurses is 41.6 years and this is comparable with Janiszewski Goodin's statistics for the USA, and also with other countries, such as Canada (Australian Institute of Health and Welfare (AIHW) 2001,

