Shortage of Nurses Within the United States

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Writing Samples

16 August, 2016

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The nursing shortage is a critical issue that is currently confronting the American nursing profession. The purpose of the present APA-style sample nursing research essay provided by Ultius is to discuss this issue in greater depth, including the nature of the issue and potential solutions to the issue. The essay will be organized into four main parts. The first part will consist of an overview and definition of the problem itself. The second part will then consider the reasons underlying the emergence of the problem at its current level of magnitude. The third part will then consider the potential solution of the implementation of minimum nurse/patient ratios, and the fourth part will consider the potential solution of nursing education and funding for workforce development.

**Overview of the Problem**

To start with, then, the nursing shortage refers to basic problem of there not being enough professionally trained nurses within the United States in order to meet the needs of all the patients within the nation. The idea is that a certain quantity of nursing care is needed within the nation, and the nursing profession does not have the capacity to produce this quantity of care. This generally produces one of two main results. The first is that many patients within the nation may not receive the care they need at all, since it just will not be available. The second is that patients may receive care, but that care will be of inferior quality, since nurses will have to push themselves beyond their natural limits in order to even attempt to meet the needs of each and every patient. Either way, the situation that would result could only be described as a highly problematic one.

The nursing shortage, insofar as it implies a strong risk of nurse overwork as nurses attempt to meet the needs of all their patients, actually has potential consequences that could be downright dangerous for patients within the nation. Kiekkas, Karga, Lemonidou, Aretha, and Karanikolas (2011), for example, have indicated that most medication errors—that is, events of the wrong medications being given to the wrong patient, possibly in wrong amounts—primarily occur when nurses are distracted as a result of being in a state of overwork. So, if overwork can produce medication error (along with various other potentially dangerous declines in the overall quality of care delivered), and insofar as the nursing shortage tends to produce overwork, the nursing shortage can be said to actually endanger patients—either directly by preventing them from accessing care altogether, or indirectly by giving them access to inferior-quality care. This is clearly a very serious problem, and it is clearly essential for the nursing profession to do something about this if it wishes to live up to its own professional mission.

**Reasons behind the Problem**

In principle, the nursing shortage is a simple problem of a mismatch between supply and demand (Heakal, 2016). In a single sentence, the issue is that there is too much demand for nursing care within the United States relative to the available supply of nursing care within the nation. Logically, then, there are two main ways that the nursing shortage could come about. The first consists of an increase in demand, through which more people than before want to purchase nursing care, while the supply of nursing care remains relatively constant. The second consists of a drop in supply, through which there is less nursing care available than before, while the demand remains relatively constant. Of course, both of these dynamics could also be occurring at the same time; or, relatively speaking, nursing care supply remaining constant could seem like a relative decline within a situation in which the demand for care is skyrocketing.

It is clear that at the present time within the nation, the demand for nursing care is in fact rising at almost unprecedented levels. There are two main drivers of this dynamic. The first consists of the Affordable Care Act healthcare reform passed under President Obama, and the second consists of the demographic shift of the baby boomer generation now entering into the elderly phase of their lifecycle (Fox & Abrahamson, 2009). Regarding the reform, it is clearly morally well-intentioned to expand access to healthcare in general and nursing care in particular to anyone and everyone who would like such access. Unfortunately, however, money has always served as a key healthcare rationing mechanism within the United States; and with that limit now relatively removed, the healthcare system—and the professionals within it, including nurses, are left with the daunting task of coping with this huge influx of demand for their services. This general economic dynamic is exacerbated by the fact that a large generation of people are now entering old age, where the elderly are the ones who have always utilized the lion's share of healthcare services.

Insofar as it is admitted that simply telling people that they cannot access healthcare is not an acceptable option, it is fairly clear that the only real way to address the problem of the nursing shortage would be to improve the supply of nurses within the nation and the quantity as well as the quality of the nursing care delivered to all patients. Morally speaking, it was not mistake to significantly expand Americans' access to healthcare through the implementation of healthcare reform. But this has produced several, and sometimes unforeseen, economic consequences, and strategies must now be developed and implemented in order to deal with these consequences in an effective way. The present essay will now turn to two key proposals that have emerged with respect to how to deal with the nursing shortage and ensure that all patients receive the care that they need and deserve.

**Solution #1: Minimum Nurse/Patient Ratios**

The first potential solution to the nursing shortage is very simple in its concept: it consists of simply implementing legally mandated minimum nurse/patient ratios in hospitals, such that the presence of an *x* number of nurses is absolutely required by law per *y* number of patients within the hospital. This is a policy that has already been implemented in some states, perhaps most notably California, although the results of implementation would seem to be somewhat mixed and unclear (Aiken et al., 2010). In any event, the main idea here would be that the quality of care delivered to patients cannot go down as a result of the nursing shortage if a legal limit is established on the downward slide that is catalyzed by the laws of supply and demand. If there is (say) 1 nurse per over 4 patients in a given unit of the hospital at all times no matter what, then this cannot produce the kind of nightmare that may emerge if the nurse is forced by circumstances to take care of 12 patients by herself instead.

In general, nursing labor unions have supported this policy solution, since it would surely establish some kind of baseline for decent working conditions for nurses. At another level, however, this solution has come under heavy criticism. And this is primarily because as well-intentioned as the ratio rule may be, it could simply make matters worse within a context in which there are just objectively not enough nurses available to meet the needs of all the patients that are present. For example, in order to meet the demands of the ratios, a given hospital could simply assign a given nurse to multiple shifts across multiple units, since it would be legally required that the minimum ratio be met, and there would just logistically be no other way to make this happen. Far from preventing nurse overwork, then, the implementation of minimum ratios could simply create a new kind of situation in which nurse overwork ironically becomes required by law.

Moreover, it is worth noting that the American Nurses Association—the preeminent organization for the nursing profession within the United States—has strongly contested the value of implementing legally mandated minimum nurse/patient ratios. Tevington (2011), for instance, has strongly argued, on the basis of the American Nurses Association's own position, that the professional expertise of trained nurses should take precedence over the relatively arbitrary adherence to an abstract numerical ratio formulated by policymakers. In a way, such reliance on expertise may itself be a way of alleviating the nursing shortage through the promotion of efficiency in the delivery of nursing care: if the ratio says that two nurses must be present but professional expertise suggests that one nurse would be fine, then adherence to the ratio would actual result in the waste of the work capacity of one nurse—which can of course be rather significant, within a context in which nurses are already struggling to meet the care needs of all patients.

**Solution #2: Nurse Education and Development**

The second main policy solution to the nursing shortage would simply be to invest more heavily in nurse education and workforce development, with the ultimate objective of developing a professional nursing workforce that is adequate to meeting the rising demand for nursing care within the nation. This has been the solution that has been advocated by the American Nurses Association (n.d.) itself: "ANA urges Congress to significantly increase funding for the Nursing Workforce Development Programs contained in Title VIII of the Public Health Service Act. This investment is needed to address the growing shortage of registered nurses" (para. 1). Ultimately, investment on the one hand and incentivization on the other (i.e. convincing young people to pursue a career in nursing) would be the only serious way to address the American nursing shortage in the long run.

This perhaps helps to explain why the Institute of Medicine (2010), in its comprehensive report on the future of the nursing profession, has placed such a strong emphasis on nursing education. If there is an objective shortage of nurses within the nation, then this could only be remedied by producing more nurses; no matter what individual hospitals do to improve efficiency and such, this can only go so far, with policy solutions such as the implementation of legally mandated minimum nurse/patient ratios often serving as little more than stopgap measures that are only meant to be held in place while a more meaningful and lasting solution to the problem is found. From the perspective of this second policy solution, it is perhaps acceptable to do what is logistically necessary at the moment in order to ensure that the quality of care delivered to patients does not decline to unacceptable levels; but this should not detract attention from the more serious root causes of the problem, which have to do with structural issues in nursing education and workforce development.

**Conclusion**

In summary, the present essay has consisted of a discussion of the nursing shortage within the United States. The essay has discussed this issue in a fairly thorough way, beginning with an overview of the problem, proceeding to the underlying causes of the problem, and then considering two potential policy solutions to the problem. A main conclusion that has been reached here is that the nursing shortage is fundamentally a simple issue pertaining to an imbalance of supply and demand: the demand for nursing care has risen to historically high levels within the nation, and the nursing profession has been unable to generate an adequate supply to keep up with this demand. Ordinarily, this would just raise the price of nursing care until an equilibrium is re-established; but given the nature of the commodity in question, this would be immoral, which is the reason that the nursing profession is at its current impasse.

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