



Where are the nurses working in 2017?

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Objectives

Discuss the changing landscape of where nurses are working in 2017

Articulate the changes in healthcare delivery across the continuum

Identify areas of nursing shortage and nursing surplus

List three emerging roles for nursing in the next 10 years

Sources of Data in Presentation

HealthImpact

UCSF

HASC

BRN

WHO

State of the Union

- Economy will create 1.6M job openings for nurses by 2020
- 3.5M nurses in the US
- 700K will be newly created positions
- 880K will be replacements for retiring baby boomers
- By 2020 there will be a shortfall of 193K nurses
- 11-13% of California RNs plan to retire within the next 5 years (BRN survey)

Average age of Nurses

The average age of an RN is now 45

The average age of an LPN/LVN is 43

Nursing professionals over the age of 40 now make up the majority of the workers in the field, accounting for 62 percent of all RNs and 59 percent of all LPNs/LVNs.

State of the Union

- US spends over \$8,000 per capita/year on health spending
- Australia spends \$3,500
- US life expectancy 78.7
- Australia life expectancy 81.8
- US infant mortality 6.1
- Australia infant mortality 4.1

Nursing in the United States

There are close to 3.5 million nursing professionals in the workforce today, accounting for nearly three of every five healthcare professional and technical jobs in the country, or 57 percent of the 6.1 million jobs in healthcare professional and technical occupations.

Carnavale, Smith, Gulish (2016)

Nurses Per Capita

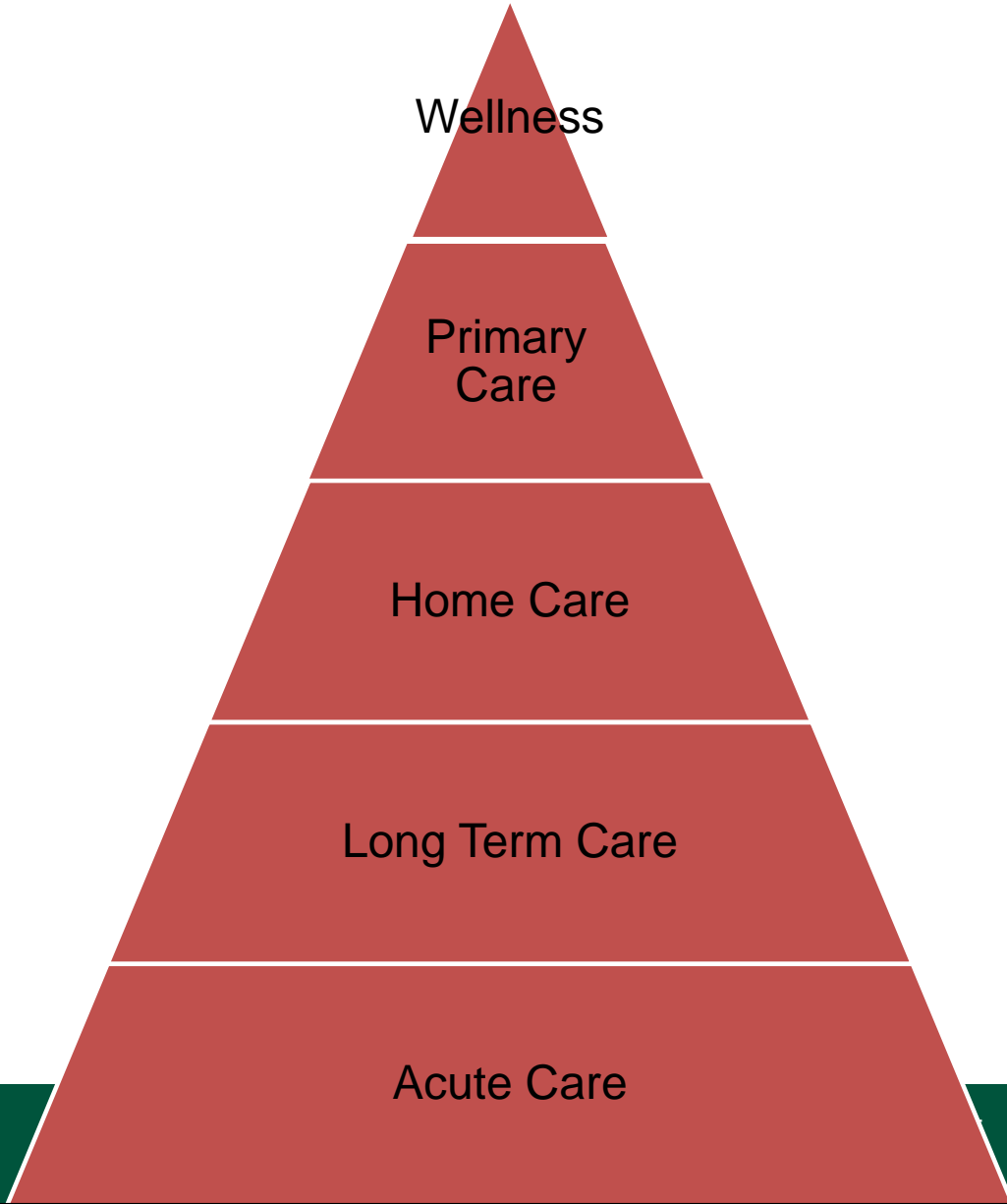
Currently, the United States has the largest nursing workforce in the world.

In 2011, there were 11.1 nurses per 1,000 people in the United States, compared to an average of 8.7 nurses per 1,000 people across the world's most economically developed nations.

Norway has the highest concentration of nurses per 1,000 people, estimated at 19.5 in 2011, while Turkey has the lowest, with 1.7 nurses per 1,000 people.⁷



The current healthcare system



Is the current system working well?

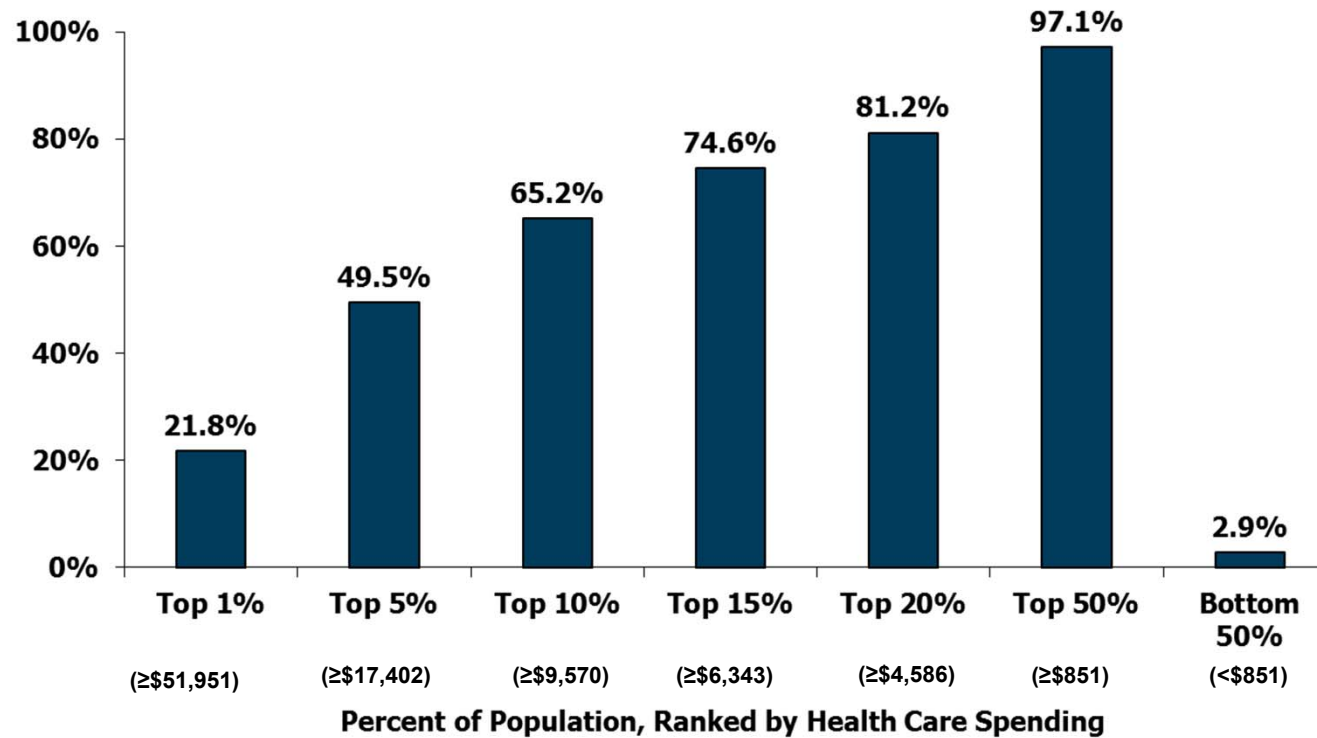
- Life expectancy: Rank 29th
- Infant mortality: Rank 40th (6 deaths/1000 live births)
- 50% higher death rate before age 75 than Australia, France, Japan, and Italy
- 40% of the population is physically inactive (Canada – 34%, Mexico – 38%)

World Health Organization: World Health Statistics 2012

Is the current system working well?

- Only North American country to rank in the top 10 heaviest countries in the world – has 34% of the world's biomass due to obesity, yet is only 6% of the world population (Compared with Asia which has 61% of the world population yet only 13% of its biomass due to obesity)

5% of Population=50% of Spending



Note: Dollar amounts in parentheses are the annual expenses per person in each percentile. Population is the civilian noninstitutionalized population, including those without any health care spending. Health care spending is total payments from all sources (including direct payments from individuals and families, private insurance, Medicare, Medicaid, and miscellaneous other sources) to hospitals, physicians, other providers (including dental care), and pharmacies; health

insurance premiums are not included.

Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), Household Component, 2009.



State of the Union

- By 2022, 574,000 RNs will retire nationally
- 1/3 of population turned 50 in 1996 and reached 65 by 2011
- Baby boomers (between age 51 and 70 in 2016)
turn 65 at a rate of 8,000 a day
- Our healthcare system is still siloed
- Healthcare reform is here and will be changing this year?

How can Nurses Impact the 5%?

- Proactive management of Chronic Disease and elderly patients
- Engage in end-of-life care decisions
- Ensure Durable Power for Healthcare
- Increase primary care access/expand use of APRN role
- Community education
- Develop innovative care models

Root Cause for Spending

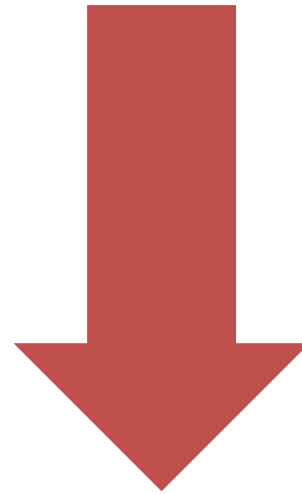
Some disagreement over driving factors exist but the following three areas have been discussed:

- New medical technologies and prescription drugs
- Rise in chronic diseases
- Administrative costs

****Note:** our aging population is not the main reason costs are so high!



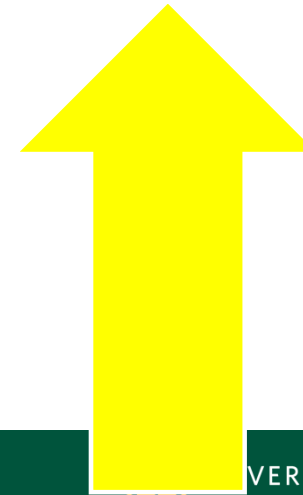
The change coming



Current Health System



Transformed Health Care System



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The future

Acute
Care

Long
Term
Care

Home Care

Management of
Chronic Illness

Wellness and
Primary Care



Factors driving new opportunities

Healthcare Reform

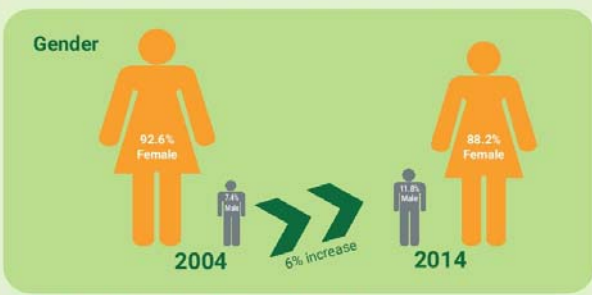
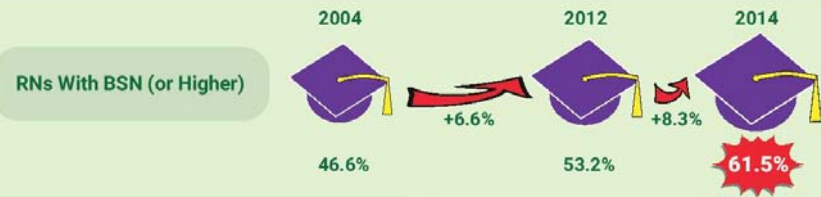
**Increased chronic disease – adults &
children**

Cost pressures

Aging

IOM Future of Nursing report

California's Nursing Workforce



HealthImpact
 Optimizing health through nursing

Committed to improving the health of Californians by promoting a dynamic, well prepared nursing workforce

www.HealthImpact.org

Source: Spetz, J, Chu, L, Levin, Z, Maenich, U, Keane, D. 2014 Survey of Registered Nurses. Sacramento, CA: California Board of Registered Nursing, September 2015.



Everyone please stand up!

**Stay standing if you are
under age 45**

**Stay standing if you are
under age 35**

**You are our Millennial Nurse
Workforce**

Overview of 5 Generations

Gen I, aka generation Z: born 1996 and after

Millennials, aka generation Y: born 1977 to 1995

Generation X: born 1965-1976

Baby Boomers: born 1946-1964

Traditionalists: born before 1945

The Millennial Nurse Workforce

- More than one in three American workers today are Millennials, adults ages 18 to 35. According to the Pew Research Center analysis of the U.S. Census Bureau, 2015 data showed that Millennials surpassed Generation-Xers in becoming the largest share of the American workforce
- It is the first time in history that we have **5 generations** working together


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<iframe width="560" height="315"  
src="https://www.youtube.com/embed/K4kl9_ntt-U"  
frameborder="0" allowfullscreen></iframe>
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Group exercise

Take 2 minutes to work with someone sitting next to you.

**Write down 2 things millennials need at work that is
different from the other generations**

What do Millennials Need at Work?

Millennials seek:

- Financial security however with great importance on an innovative work environment
- Versatility and flexibility in the workplace
- Strong work-life balance in their jobs
- Opportunities for leadership not necessarily with an advanced title but rather in an expansive role that makes a difference
- Organizations with fewer layers of management with greater focus on communication and relationship building

What should current organizational leaders do with a continued increase of the numbers of Millennials in their workforce?

- Establish new, diverse, and creative ways for employees to impact the organization
- Welcome non-traditional approaches in work schedules and requirements
- Applaud the proliferation of media and digital technologies for communication and education
- Explore non-conventional career growth opportunities
- Reward employee-driven efforts and initiatives that support organizational transformation

Kirby/Bates 2017

Emerging Trends in California's RN Labor Market

Funders

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Permanente Nurse Scholar Academy

California Board of Registered Nursing

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What is going on in our RN labor market?

Reports of nurse surplus 2009-now

- Newspaper stories of new graduates who are unemployed
- Shortage may not have ended in some states

Emerging reports of shortage 2014-now

- Anecdotes about using more contract nurses
- Potential mismatch between needs and skills

What will happen next?

Hiring patterns and requirements

- More than 60% of employers said their employment of new grads grew between 2014 and 2015
- Over 50% of employers said their hiring of NPs increased between 2014 and 2015
- 80% of employers said they prefer to hire BSNs, only 5% report that they require BSN and around 20% said they had no preference

Plans regarding BSN-educated nurses, 2015

75% plan to increase the share with BSN

(71% in 2014; 66% in 2013)

9% require that hired RNs obtain a BSN within a certain time

(12% in 2014)

39% require a BSN for promotion beyond staff nurse

(55% in 2014)

32% differentiate RN salary by education degree

(32% in 2014)

31% differentiate RN salary by advanced certification

(48% in 2014)

Challenges to increasing the share of BSN-educated RNs

Most common barriers to increasing share with BSN:

- Lack of interest among incumbent RNs
- Lack of tuition reimbursement funds
- Lack of funds for financial incentives
- Lack of BSN programs in community
- Low supply of BSN-educated RNs in community

Overall hiring expectations for the next year

- There is a trend toward hiring more RNs this year versus last year but not all will be in the acute care hospital
- Highest areas of hiring will be in Long-Term Care and Home Health
- There will be an increase in hiring Case Managers
- 90% of employers that responded to the survey say that they will be hiring new grads this year

Reasons for expected increase in new graduate hiring

- Lack of available experienced RNs
- Expected retirement of incumbent RNs
- Expansion of service lines
- Desire to build a pipeline to staff own clinical specialties

Residency programs for non-employee new graduates, Fall 2015

41 hospitals reported residencies for new graduates not guaranteed to be hired

- Most offered 1-3 times per year
- Most common capacity is 10-15 new grads
- Most common length is 12-16 weeks
- 68% paid program

81% of hospitals said 75-100% of residency completers were hired in last year

- 14% said they hired less than 25%

New RN Graduate Hiring Survey

Statewide survey of new grads conducted in fall of 2015

Collaborators:

- HealthImpact
- California Board of Registered Nursing
- Association of California Nurse Leaders
- California Student Nurses Association

50% random sample of new graduates from Sept 2014-Aug 2015

- 12% response rate in 2015

Funder: Kaiser Permanente Northern California Patient Care Services and Kaiser Permanent Nurse Scholar Academy

Percentage of New Grads Employed in Nursing

- Fall 2010: 57%
- Fall 2011: 57%
- Fall 2012: 54%
- Fall 2013: 59%
- Fall 2014: 65%
- Fall 2015: 74%

Why are they not employed?

- No experience – 85%
- No position available – 37%
- BSN preferred or required – 30%
- Work experience not applicable – 26%
- Weak resume – 12%

Group Exercise

Turn to the person next to you and list 3 areas outside of In-patient care that nurses are needed to lead, direct and provide patient care.

Employment settings of new graduates

In-patient Care – 58.4%

Hospital Other – 13.2%

Long Term Care – 11.1%

HomeHealth/Hospice – 3.6%

Community Clinics/Public Health – 2.1%

Behaviorial Health – 2.9%

Corrections – .2%

Other – <10% (private offices, school health, occupational health, dialysis centers, urgent care – non-hospital)

Concerns for workforce policy

- Will recent graduates who can't find work leave California permanently?
- What education changes are needed to ensure new graduates have the right skills?
- Academic/service partnerships are critical
- Can we foster opportunities to gain on-the-job skills and to pursue additional education?

HOT Nursing Roles for the Next 10 Years

<https://youtu.be/hj2QGIKy7SM>



Emerging Strategies

Case Management/Care Coordination Course for Experienced RNs

- ✓ Regionally based
- ✓ Draw experienced RN participants from multiple hospitals
- ✓ Intensive course, held at convenient time for working RNs
- ✓ Share various aspects of case management/care coordination
- ✓ Possible blended format, faculty team



Advanced Practice Registered Nurse (APRN)

A nurse who has a masters, post-masters, or doctoral degree in a nursing specialty and can generally practice medicine without the supervision of a physician

Certified Registered Nurse Anesthetist (CRNA)

- Masters prepared APRN
- Moving towards doctorate
- Provide anesthetics to patients
- Legally able to practice in all 50 states

Clinical Nurse Specialist (CNS)

- Masters prepared APRN
- Moving towards doctorate
- Clinical experts in a specialty area (clinical or administrative)
- Work with patients to treat and educate
- Work with staff to educate

Family Nurse Practitioner (FNP)

- Masters prepared APRN
- Moving towards doctorate
- 18 states allow independent practice (most in Pacific Northwest)
- Not Mississippi, not California!

Clinical Nurse Leader (CNL)

- Masters prepared generalist
- A relatively new nursing role that was developed in the United States to prepare highly skilled nurses focused on the improvement of quality and safety outcomes for patients or patient populations



Top New Nursing Roles



New Roles for Nurses

Care Coordinator





New Roles...

**Faculty
Team
Leader**





New Roles...

**Informatics
Specialist**





New Roles...

**Community
Centered
Nurse**





New Roles...

**Primary
Care
Partner**



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New Roles...

Simulation

**Coordinator
Director
Faculty
Administrator**





New Roles

- **Care Coordinator**
- **Faculty Team Leader**
- **Informatics Specialist**
- **Community Centered Nurse**
- **Primary Care Partner**



https://www.youtube.com/watch?v=K4kl9_ntt-U

Summary

- This is nursing's time to lead healthcare along the continuum
- Think creatively and look outside of the hospital walls
- Learn strategies to work with multiple generations, embrace the learning and cultural diversity
- Support one another
- Embrace change
- It is all about our patients, their families and the interprofessional team, don't forget that!

Questions/Comments



Thank You!

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