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Healthcare Workforce Crisis

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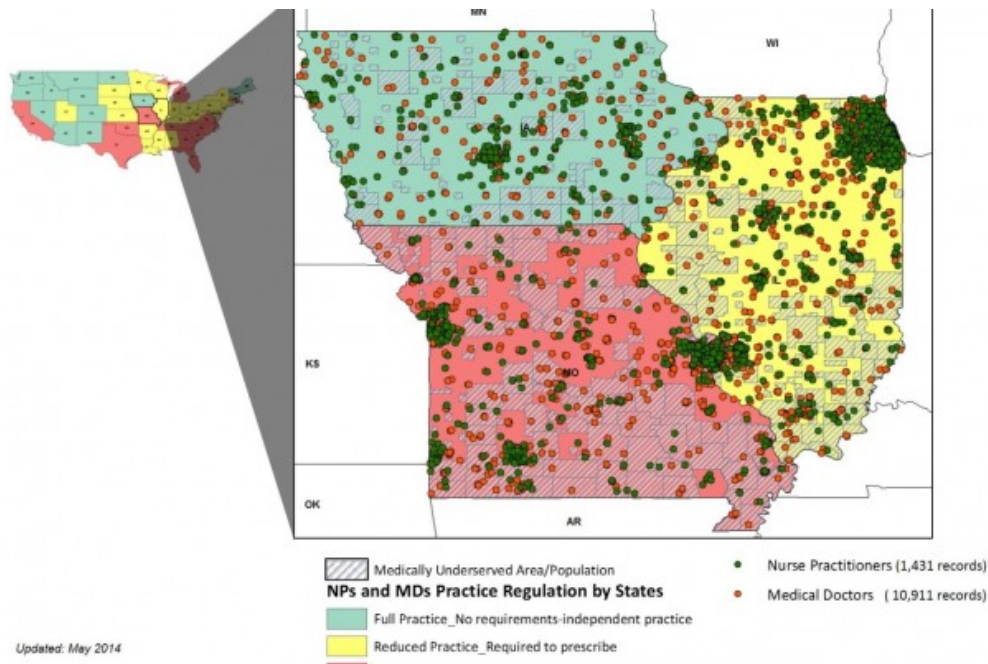
Illuminations

NEWSLETTER FOR NEW FACULTY

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Healthcare Workforce Crisis

March 10, 2015



Dr. Donna Felber Neff is a registered nurse and PhD prepared nurse scientist. Her former clinical and research experiences have helped her frame her research trajectory in the pursuit of understanding determinants of patient health outcomes and identifying leverage points for improving the systems in which they receive care. Her current research is focused on the geographic location and distribution of Advanced Registered Nursing Practitioners in medically underserved areas in the US. Dr. Neff received her PhD in Nursing Science from Case Western Reserve University, Ohio. She received her Masters of Science in Nursing from The University of Akron, Ohio.

Critical to the health of the population in the US is health workforce planning – both in hospital and community settings. There are two key workforce issues that demand attention of policymakers.

First, there is a well-known national shortage of registered nurses. By 2025, there will be a projected national deficit of 260,000 RNs. In Florida, 52,000 RN vacancies in health care delivery systems will represent 20% of the forecasted nursing shortages in the U.S.^{1,2} RNs are the largest group of healthcare providers and are frontline providers of care. They are increasingly burdened by changes in staffing, increased turnover, demands on their time and the continual need for advanced knowledge and training in new technologies.

Second, 16% of Americans are uninsured today, with higher rates of uninsured individuals living in rural and poor urban areas. As of 2014, 32 million Americans received the benefits of the Patient Safety and Affordable Care Act (ACA) and entered the rolls of the insured.^{3,4} Access to care in rural and poor urban areas will likely be limited due to a shortage of physicians in these communities. Advanced registered nurse practitioners (NPs), historically important providers of primary care, provide high quality care at lower costs than physicians, are more likely to work in these underserved areas and are well positioned to fill these gaps in health care delivery.

The conduit to NP autonomy and full scope of practice is limited by state-based practice regulations imposed by state boards of nursing. State regulations vary greatly across states and in some states negatively impact the NPs' authority to provide primary care to the full extent of their education, certification, and training, including their ability to prescribe medications and order tests, be reimbursed and primary care providers of record.

To address these local and national issues, I have undertaken two avenues of research. In 2008, I conducted a large survey of registered nurses who work in acute care facilities in Florida to examine the employment and environmental characteristics.⁵ RNs reported high levels of burnout and job dissatisfaction (25% planned to leave their job within the next year), and inadequate resources and poor administrative support.

A professional nurse work environment that has adequate staffing, respectful nurse and physician relationships and administrative support of patient-centered care were found to have improved nurse and patient outcomes. Findings added fuel to ongoing nurse workforce discussions at the national and state policy levels.

Using a multi-method approach, my research team and I are exploring the complexity of NP practice barriers. Using GIS methods, we have geocoded our national samples of NPs and primary care physicians. We found an unequal distribution of primary health care providers (NPs and primary care physicians [PCPs]). In states where NPs had no restrictions on their practices, NPs, not PCPs, provided care in medically underserved areas (MUAs). Guided by geocoded geographical locations, we surveyed 2,500 randomly stratified NPs across the US and began interviewing them to gain a better understanding of the NP perceptions of barriers and facilitators to practice in states with and without practice restrictions. Results from a NP survey are currently under analysis. Initial findings are in that independent NP practice states, NPs are more satisfied because of their autonomous practice and their ability to expend their clinical skills. This study is still in progress.

This is a glimpse of my research work. My goal is to provide evidence for policymakers in state and national arenas to address the challenges in health care workforce planning.

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