One need only read the daily newspaper in any town in the United States or browse through popular magazines such as Reader’s Digest (Rock, 2001) to find an article about the shortage of hospital registered nurses (RNs). Media stories have centered on problems nurses have experienced dealing with short staffing, increasingly ill patients, difficult working conditions, concerns about declining quality of care, and falling enrollments in nursing-education programs. In the professional literature, Buerhaus, Staiger, and Auerbach (2000a) focused the attention of the nursing profession and health policy-making community on this shortage when they reported that nearly 60% of the current RN workforce is over 40 years of age and that the number of RNs in the workforce under 30 years dropped 41% from 1983–1998. In another study, Buerhaus et al. (2000b) showed that intensive-care units traditionally have attracted a much larger proportion of younger RNs than older RNs. Thus, the decreasing number of RNs under the age of 30 years may be partly responsible for the current shortate of intensive-care unit RNs. This analysis also showed that shortages in operating rooms and postanesthesia recovery units, where the oldest hospital-employed RNs work, might stem from the retirement of older age RNs.

Background

The American Hospital Association (AHA) has estimated the size of the current shortage of hospital RNs to equal 126,000 unfilled hospital RN positions (2001). In contrast to the pervasive view that a shortage of hospital RNs exists, a study released by the U.S. General Accounting Office (2001) concluded that no overall shortage exists, but rather the difficulties in the current nurse labor market are caused by geographic and specialty-specific maldistribution of RNs. Nevertheless, the Congressional Research Service predicted that a general shortage will develop by 2008 but did not identify the nursing specialties that would be affected most.

Beyond reports of RN shortages, recent studies have focused on the workplace environment and its impact on nurses and on quality of patient care. A study on hospital care in five countries (Aiken et al., 2001) found that 41% of U.S. RNs are dissatisfied with their present job, 43% suffer from “burn out,” and more than 20% are planning to leave their present job in the next year. Further, only about one-third of RNs in the United States reported that enough RNs are available to provide high-quality care, 33% reported sufficient staff to get work done, and 43% reported adequate support services. Aiken et al. also found that 83% of U.S. RNs said that the number of patients assigned to them had increased and only 36% felt the quality of care on their units was excellent. The study included 13,471 nurses from the United States.

In April 2001, the Department of Health and Human Services released the results of a study by Needleman, Buerhaus, Mattke, Stewart, and Zelevinsky (2001) designed to develop the evidence base on the relationship between patient outcomes and nurse staffing in inpatient units in acute-care hospitals. Cosponsored by four federal agencies—the Health Resources and Services Administration Division of Nursing, Health Care Financing Administration, Agency for Healthcare Research and Quality, and the National Institute of Nursing Research of the National Institutes of Health—the study used hospital discharge data to develop measures of outcomes potentially sensitive to...