

Four Challenges Facing the Nursing Workforce in the United States

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Four challenges face the nursing workforce of today and tomorrow: the aging of the baby boom generation, the shortage and uneven distribution of physicians, the accelerating rate of registered nurse retirements, and the uncertainty of health care reform. This article describes these major trends and examines their implications for nursing. The article also describes how nurses can meet these complex and interrelated challenges and continue to thrive in an ever-changing environment.

Keywords: Nursing workforce, physician shortage, registered nurse retirements

Over the first 15 years of the 21st century, the size, education, and age of the nursing workforce changed considerably. The annual number of nursing graduates increased rapidly. The growth of registered nurses (RNs) prepared with bachelor's degrees exceeded those prepared with an associate's degree starting in 2011, and the number of RNs who have obtained a graduate degree (master's, PhD, or doctorate in nursing practice) increased fourfold. Moreover, the size of the workforce increased by approximately 1 million RNs, with employment growth occurring in hospital and nonhospital settings. Since 2000, the number of employed RNs older than age 50 years increased by 600,000, and these older RNs currently account for 30% of RNs working in hospital settings and 40% of RNs working in nonhospital settings (Buerhaus, Skinner, Staiger, & Auerbach, In press).

These changes in the RN workforce occurred alongside other forces. The new millennium began with a national shortage of more than 100,000 RNs that lasted until 2003, a brief but sharp economic recession in 2001, and the development and spread of the quality and safety movement. The Great Recession in 2007 to 2009 was followed by a slow and prolonged recovery, the implementation of health reforms created by the 2010 Patient Protection and Affordable Care Act (ACA), and the release of the National Academies Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2010).

The increasing educational preparation of RNs, the growth in the size of the nursing workforce, and the ability to overcome nursing shortages, recessions, and health reform implementation establishes a strong foundation that can sustain the nursing profession as it faces new and unprecedented challenges that lie ahead. This article discusses four challenges that RNs throughout the country will face during the next 20 years. They include the aging of the nation's baby boom generation, physician shortages, the retirement of RNs, and a new era of health reform implementation.

These challenges will undoubtedly affect nursing regulation, particularly those rules concerned with patient care safety in acute and non-acute care settings, use of technology, access to care, scopes of practice for both nurse practitioners (NPs) and RNs, and accreditation of nursing education programs. Regulators will need to be alert for new regulations that may be needed or current regulations that may need to be examined and updated to help nurses successfully respond to each of these challenges.

Aging of the Baby Boom Generation

An estimated 76 million people were born during the baby boom from 1946 to 1964, far more than any generation born before them (Colby & Ortman, 2014). By 2030, all baby boomers will be aged 70 years and older, and the number of U.S. seniors will be 55% greater than that in 2015 (Kirch & Petelle, 2017). The U.S. population aged 85 years and older will double from 6.3 million in 2015 to nearly 13 million by 2035 (See Figure 1), and the number of U.S. residents aged 100 years will triple between today and 2045 (U.S. Census Bureau, 2014).

Currently, 54 million people are enrolled in Medicare, which provides health insurance coverage to U.S. citizens aged 65 years and older, people with end-stage renal failure, and people with certain disabilities (Centers for Medicare and Medicaid Services [CMS], 2017). As baby boomers age, Medicare enrollment is projected to grow to 80 million in 2030 (CMS, 2016) and lead to a substantial increase in demand for health care. Because the demand for RNs is closely related to the factors that drive the demand for health care, as the Medicare population increases, so too will the demand for RNs.

The large numbers of aging baby boomers will also increase the intensity and complexity of the nursing care required. Because of advancements in medicine, more active lifestyles, and lower rates of smoking, emphysema, and myocardial infarction, baby boomers

are predicted to have longer life expectancies than previous generations and therefore will use more health care services financed by Medicare (King, Matheson, Chirina, Shankar, & Broman-Fulks, 2013).

Although baby boomers may be living longer, the prevalence of chronic diseases among them is increasing. By 2030, 40% of baby boomers are expected to have diabetes, 43% are expected to have heart disease, and 25% are expected to have cancer. Additionally, the percentage of Medicare beneficiaries with three or more chronic conditions is predicted to increase from 26% in 2010 to 40% in 2030 (Goldman & Gaudette, 2015). Chronic disease management will stimulate an increase in the demand for health care providers, the complexity of treatment regimens, the use of prescription medications (with consequent untoward adverse effects), the potential for conflicting medical advice, and the risks of duplicative tests, hospitalizations, and emergency visits (Centers for Disease Control and Prevention, 2013).

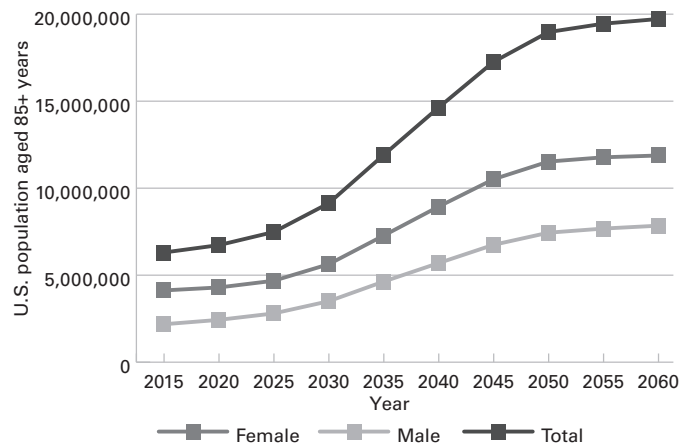
Approximately 11% of adults aged older than 65 years and 32% aged older than 85 years have Alzheimer disease (Alzheimer's Association, 2016). Degenerative and debilitating diseases will require long-term care and challenge families, professional caregivers, and public resources. In the United States, the old-age dependency ratio (number of people aged 65 years and older per 100 people aged 20 to 64 years) will increase from 21 in 2010 to more than 30 by 2030 (Ortman, Velkoff, & Hogan, 2014), increasing pressures on health care providers and family caregivers.

Aging baby boomers are also expected to affect the geography of retirement. In 2010, states with the highest proportion of their population aged older than 65 years were Florida (17%), West Virginia (16%), Maine (16%), and Pennsylvania (15%) (West, Cole, Goodkind, & He, 2014). In 2014, 32% of women and 18% of men aged older than 65 years lived alone (Stepler, 2016). If baby boomers follow the pattern of past generations, the rural and small-town population of 55- to 75-year-olds will increase to 14 million by 2020. Much of this growth is reflected by "aging in place," in which older people have remained in rural communities, while younger people have left for urban areas (Baernholdt, Yan, Hinton, Rose, & Mattos, 2012). However, those living in rural areas have access to fewer health and social resources than those in urban areas, and they have higher rates of poverty, unemployment, substance abuse, and depression. Older people living in rural areas often face a double jeopardy. In addition to the increased risk of age-associated mental health problems and cognitive degenerative diseases, those living in rural areas are more likely to experience social isolation and inadequate or no access to mental health services (Administration on Aging, 2011).

The increased number of older people, the complexity of their health conditions, their geographic location, and their need for social services and family involvement will pose many challenges for nurses and health care delivery organizations in the coming years. Not only will the demand for nurses increase, but also the intensity and types of nursing care required will rise.

FIGURE 1

Projections of Male, Female, and Total Number of the U.S. Population Aged 85 Years and Older, 2015–2060



Source: U.S. Census Bureau (2014).

Physician Shortages

The American Association of Medical Colleges estimates a shortage of between 40,800 and 104,900 physicians by 2030 driven by decreasing working hours, retirement, and increasing demand, particularly from aging baby boomers (Kirch & Petelle, 2017; Association of American Medical Colleges, 2017). Separately, the Health Resources and Services Administration (HRSA) projects a shortage of 24,000 primary care physicians by 2025, mainly because of the aging of the population and the overall population growth (HRSA, 2016). However, not all agree that physician shortages exist. For example, Gudbranson, Glickman, & Emanuel (2017) argue that with improvements in the organization of health care, gains in administrative efficiency, and technologic advances in telemedicine and communication, the size of the physician workforce is more than adequate to meet current and future demands of the U.S. population.

Despite discrepancies regarding the estimates on the size, timing, and existence of primary care and specialty physician shortages, little disagreement exists regarding the uneven geographic distribution of physicians (Gudbranson, Glickman, & Emanuel, 2017). Rural areas average 68 primary care physicians per 100,000 residents; urban areas average 80 per 100,000 (Champlin, 2013). Residents of rural areas are already reporting long wait times and difficulties accessing a physician (Kirch & Petelle, 2017). On the eve of the ACA's 2014 health insurance expansions, nearly 60 million people had inadequate access to primary care, and the HRSA reported 5,900 health professional shortage areas in the United States (Graves et al., 2016).

Current and projected shortages of primary care and specialty care physicians as well as the persistent uneven geographic distribution mean that the nursing workforce will be increas-

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