



Initiatives in Education Policy to Address the Shortage of Nurses in the United States

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Abstract

A medical caretaker personnel lack and monetarily tied schools and colleges are restricting the capacity of U.S. nursing schools to exploit generally large quantities of qualified candidates. To make nursing education more accessible, public subsidies must be increased, with a focus on baccalaureate and graduate nursing programs, which are expected to see the most job growth. And the right treatment for a catastrophe. It is anticipated that job opportunities for nurses in a variety of roles will continue to arise as a result of health reform and efforts to improve quality because nurses have a track record of success in these priority areas. By taking action now to increase the number of students enrolled in nursing schools at a time when applications are at an all-time high, the United States stands to gain a historic opportunity to address the nursing shortage well into the future. Indeed, educational capacity limitations prevented over 40,000 qualified applicants from enrolling in baccalaureate and graduate nursing programs in 2008.

INTRODUCTION

The nurses' adaptability to changing national needs and the kinds of opportunities that are likely to arise and grow in the future are exemplified by a brief look at recent changes in health services. In an era of physician shortages, approximately 600 million patient visits to nurse practitioners (NPs) are clearly an important contribution to access (Laws M, 2008). Since the Great Society legislation established them in the 1960s, NPs have recently assisted in facilitating the largest expansion of community health centers; In 7,354 locations across the country, the centers currently treat more than sixteen million mostly underserved patients (Bohmer RM, 2008). Three million ambulatory visits are provided annually by 1,000 newly opened retail clinics staffed primarily by nurse practitioners. 8 Medical homes, which have been proposed as a component of health reform, will require thousands of nurse practitioners and nurse midwives. Each year, approximately thirty million patients receive anesthetics from nurse anaesthetists (Block AE, 2008). Teaching hospitals added an estimated

full-time nurse for every 5.5 resident physicians, making the implementation of the eighty-hour workweek for resident physicians possible. The extra prerequisites for occupants' work hours proposed as of late by the Foundation of Medication (IOM) would add another 6,000 NPs and doctor aides (PAs) to facilitate the weight on inhabitants. Last but not least, the general public regards nurses as important to patient satisfaction. Even with a large pool of applicants, it is difficult to increase the number of students enrolled in nursing schools due to a lack of clinical placement options, a budget crunch in higher education, and a worsening shortage of nurses (Jha AK, 2008). In order to strengthen the nation's nurse workforce for the future, this paper examines public policy options that can capitalize on the strong interest in nursing reflected in the virtual flood of applications to nursing schools. As nursing education has moved into higher education institutions, more faculty members with graduate degrees are needed. Nurses with graduate degrees are also in high demand in clinical settings, particularly for advanced-practice nurses (APNs), clinical specialists, and administrative positions. It is difficult

to recruit nurses for faculty positions because nurses in clinical care and administration typically earn more than most faculty members (Eastaugh SR, 1985).

METHODS

Nurse Practitioner Production

In many parts of the country, the demand for nurse practitioners (NPs) is still growing, and it may continue to rise in light of the anticipated shortage of physicians, on-going efforts to raise quality, and expectations that health reform will broaden insurance coverage (Lynaugh JE, 1964). However, the number of graduates from NP programs has decreased since the peak in 1998, when it was 8,199, to 6,900.16 this may be due to a combination of faculty shortages and insufficient financial support for full-time graduate study. Part-time students make up a large portion of nurses pursuing graduate degrees and fund their education through employment income and employer tuition reimbursement plans; as managers adjust to the monetary slump, the last option are turning out to be less generally accessible.

Workforce composition based on education

We wanted to know if the nurse workforce's educational background might be a factor in the declining number of APN program enrolments and faculty shortage (Aiken LH, 1995). Higher growth in one pathway could have a negative impact on the number of nurses in future nurse cohorts who have graduate preparation, which could exacerbate the shortage of faculty and advanced-practice clinicians. If the various pathways into nursing result in graduates with very different levels of long-term educational attainment, this could make the shortage even worse. We looked at public data from the weighted national probability sample of 37,635 licensed RNs from the 2004 National Sample Survey of Registered Nurses to learn more about this (Cooper RA, 2007). We looked at the highest levels of education held by nurses who completed their initial prelicensure education in an AD or BSN nursing program—the two educational pathways that now account for more than 95% of new nurse graduates. We estimated, based on unpublished data from the National Sample Survey of Registered Nurses 2004, that in order to produce the same number of nurses with graduate degrees who are qualified for faculty positions, three times as many AD nurses as BSN nurses would need to be educated. Given the current patterns of prelicensure nursing education, these analyses suggest that having enough faculties—along with other nurses with a master's degree—to enable nursing schools to expand enrolment is a mathematical improbability. A cohort analysis of nurses in North Carolina conducted with a different database yielded similar results (Buerhaus PI, 2008).

CONCLUSION

In contrast to Medicare support for physician training, which is a crucial factor in determining the nation's future physician supply, the majority of Medicare funding for nursing education is therefore irrelevant to the nation's future supply of nurses (John H, 2008). Even though Medicare is a national program, almost half of Medicare payments for nursing education went to the five states with the most hospital-sponsored diploma RN and practical nurse programs. The Institute of Medicine's (IOM) 1997 recommendation was to "depend upon the same principles and use the same processes" when making direct Medicare payments for training physicians and nurses. "27 In particular, the IOM suggested that prelicensure RN programs' funding be reallocated to support clinical training of APNs in inpatient and ambulatory settings by redirecting it to graduate nursing education, as it does for physicians. The Pew Health Professions Commission proposed in 1998 that graduate nursing education for APNs be given priority over diploma nursing programs and that Medicare should no longer support them. The redirection of Federal medical care nursing schooling subsidizing to a postgraduate center is upheld by the American Medical caretakers Affiliation and the American Relationship of Universities of Nursing.

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