

United States Senate
Health, Education, Labor and Pensions Committee
Examining Health Care Workforce Shortages: Where Do We Go From Here?

February 16th, 2023

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Chairman Sanders, Ranking member Cassidy and Members of the Committee –
Thank you for the opportunity to describe some factors contributing to our national nursing crisis – and to offer some solutions for consideration.

My name is Sarah Szanton. I am a professor, a nurse and the dean of the Johns Hopkins School of Nursing. I have spent 25 years at Johns Hopkins, teaching nurses and nurse scientists, making house calls in the community, and conducting research. I now lead the Nursing school.

I state for the record that the opinions expressed here today are my own and do not necessarily reflect the views of The Johns Hopkins University or the Johns Hopkins Health System.

Our country is perilously short of nurses, and those we *do* have are often not working in the settings that could provide the most value. This was true before the COVID pandemic, and has become more acute since COVID struck. According to the McKinsey Institute, the nation needs at least 200,000 more nurses -- and perhaps closer to a half million.

The average age of U.S. nurses today is 54 years old. Fully one fifth of working nurses are at least 65 years old! The nurse shortage will only grow more severe over time, as these nurses approach retirement at the same time as COVID's long-term disabilities become clearer, and the aging population encounters more chronic diseases.

Nurses are the largest component of the health care workforce -- 4.5 million strong. Nurses are often considered the oxygen of any health care setting.

As a country, we need people to become new nurses and to retain current nurses. And there are many steps to both.

To become a nurse, one needs to be able to imagine oneself as a nurse, to apply and be accepted by a nursing school, to have the resources to pay tuition, food, housing and perhaps childcare while in the program. One needs to have dedicated time and space to learn. And then pass the nursing boards.

For the school to be able to admit that student, it needs: enough faculty; adequate facilities; clinical settings in which to place nursing students for experience; and scholarships to offer.

To stay in nursing, nurses need: supportive, safe work environments, a career ladder and, for some, the ability to return to school to develop the science behind prevention and care.

Let's take each factor separately – As a field, nursing has historically been composed of predominantly women, so men have a hard time seeing themselves in the role. Another misperception is that nursing is all hospital-based, when the reality is that only 60% is.

As for nursing schools, about 90,000 qualified applications are turned down from nursing schools each year due to lack of space, and there is not enough scholarship and loan repayment money to support nursing students. The nursing shortage is, in large part, a nurse faculty shortage. This country is shy about 2,100 nurse faculty. We need to increase the number of highly educated nurses who can be faculty in the U.S. To retain them, we need to pay them on par with what they can earn clinically.

I mentioned that schools also struggle to find nurses outside of school willing to precept nursing students-in-training. Like medical school, nursing education combines classroom learning with hands-on clinical training in hospitals and clinics. That clinical training relies on established nurses willing to precept students. In medicine, there's a paid mechanism through Medicare to support medical education, but not so in nursing. At a time when nurse shortages are glaring, nurses with a full clinical workload are often overtaxed and struggle to take on students, too.

Finally, some schools have offices, classrooms, practice spaces, and/or simulation areas that are arcane or inadequate.

As leaders in nursing, at Johns Hopkins, we prepare for both current and future challenges. We prepare nursing students for today's acute care-focused medical system, and we must prepare them for the health system of the future, in which most encounters will happen at home, online, in clinics, at schools, or in businesses.

As you consider solutions to the crisis, I want to acknowledge the vital work Congress has done to strengthen and grow the Title VIII nursing workforce development programs through annual appropriations and the CARES Act of 2020.

I urge the committee to support the Future Advancement of Academic Nursing Act (Or FAAN Act) when it is reintroduced by Senator Merkley and Congresswoman Underwood, and cosponsors. It would address all the areas I have mentioned, specifically, solving barriers for students, preceptors, faculty, and enhancing infrastructure.

In closing, I highlight two additional principles to guide this body's deliberations. First, as a nation, we must strive to make nursing more disability- inclusive. Twenty seven percent of the country has a disability. Both ethically and practically, we should tap the strengths and skills of people with disabilities.

Second robust support for preventive health care approaches could also save money, reduce poor health outcomes and, thus, require fewer nurses. With a more deliberate emphasis on a preventive healthcare system, we might no longer have a nursing shortage. Models delivered at home, like the CAPABLE program I spearheaded, for instance, would allow older adults to age in the community. Today, nurse scientists are developing many models that may soon provide health care for our nation that is both better AND less expensive.

Thank you and I would be pleased to answer any questions you may have.