

Pool of retired and nonworking emergency nurses could be recruited in a disaster

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The COVID-19 pandemic fueled an acute, countrywide need for registered nurses, and this underscored the need for clear staffing plans and an assessment of what, exactly, the registered nursing workforce

looks like.

To that end, new research published in the *Annals of Emergency Medicine* by assistant professor Sue Anne Bell, a disaster expert on the faculty at the University of Michigan School of Nursing, estimates the workforce capacity of all registered nurses who are not currently working in the nursing field in the United States and attempts to describe the job mobility of emergency nurses.

Can you describe the study and the important findings?

The goal of this study was to estimate the registered nurse workforce in the U.S. that is not currently working in nursing. In a large-scale disaster, recruiting from retired and nonworking registered nurses is one strategy to address surge demands in the emergency nursing workforce.

We were also interested in mobility into and out of the emergency nursing specialty between 2016 and 2017. We used an existing data source, the 2018 National Sample Survey of Registered Nurses, where estimates of all registered nurses—including nurse practitioners who were not actively working in nursing, as well as only those who were retired—based on demographics, place of residence and per 1,000 state population, were visualized on choropleth maps.

Workforce mobility into and out of the emergency nursing specialty between 2016 and 2017 was quantified, where we found that there is a very small potential pool (around 5%) of skilled emergency nurses who have left the specialty to work in other settings that could return to the emergency department setting for surge capacity. These specific findings are important because emergency nursing is a speciality that is highly skilled, and requires training over time, where recruiting nonworking

nurses with recent experience as emergency nurses would be an approach to addressing staffing needs in the emergency department.

We found that of the survey participants, 61% worked full-time as registered nurses at the end of both 2016 and 2017. At the end of 2017, 17% were not working in nursing. The largest proportion of those entering the emergency nursing specialty were newly licensed nurses, 15%.

Our results indicate there is an additional and reserve capacity available for recruitment that may help to meet the workforce needs for nursing, specifically emergency nurses and [nurse practitioners](#), across the United States under conditions of a large-scale disaster. The results from this study may be used by the emergency care sector leaders to inform policies, workforce recruitment, workforce geographic mobility, new graduate nurse training, and job accommodation strategies to fully leverage the potential productive human capacity in emergency department care for registered nurses who are not currently working.

Michigan's results were noteworthy in that the Great Lakes states and Maine demonstrated the highest per capita rate of those not working in nursing, including those who had retired. Does this set Michigan apart?

This study does set apart Maine and the Great Lakes states, and what we learned is that there may be a greater reserve capacity of registered nurses to pull from in future public health emergencies. While we did not look at the reasons why, I would say that Michigan is a great state to live in and retire to—in the summer. We have a large population of "snowbird" retirees, as do other Great Lakes states, and Maine. This means snowbird retirees often leave to spend winters in warmer states. That might be one explanation for the results, but there may be other

reasons we have not investigated as well.

Michigan had among the most nurses currently not working as nurses, and also a lot of retired nurses. Any idea why?

We looked at regional variation to inform what the reserve pool of nonworking nurses might be. This study did not look at the reasons why nurses are not working—though we already know that burnout, unsafe working conditions (often related to inadequate staffing) and high workloads are just a few reasons. Exploring the 'why' behind the nonworking nurses in Michigan is another future study.

Nurses were under such pressure during COVID, it seems like the perfect time to reach out to retired nurses and those not currently working, etc., to ask for help. Why didn't that happen?

The nursing profession is one where the focus is on caring, supporting our patients' return to optimum levels of health and responding to those in need. Just a quick scan of news headlines about the pandemic—and the vaccination campaign—shows that many retired nurses did in fact come out of retirement and return to nursing, whether on a volunteer basis, a part-time role or even back to full-time employment.

For example, I was part of the field hospital planning team at Michigan Medicine at the height of Michigan's first surge—we were overwhelmed with nurses willing to volunteer their time to support this effort. However, I think a clear plan, driven by policy, that can target the nonworking nursing workforce would be an excellent and needed output that could be informed by our study.

Did anything about this study surprise you or challenge conventional thinking?

Nursing is an aging workforce, so that was not surprising. But, we were surprised by the fairly large number of nurses who are no longer working in nursing, but are not of formal retirement age.

As a [nurse](#) myself, this profession has been one that is incredibly rewarding, but I believe steps must be taken to better protect and support the nursing workforce as a whole. Just this month, the National Academy of Medicine released a consensus report that charts the vision for the future of nursing—the report specifically emphasized the need for a more diverse workforce as well as one that is better prepared to respond to public health emergencies.

What's the next step in this line of research?

Our team has another paper under review right now that looks at national estimates of telehealth use by registered nurses—another potential solution to addressing patient care needs despite health care worker shortages in pandemics and in other disasters. Other next steps might include reaching out to this group of RNs to assess their interest and readiness to return to the [workforce](#), should the need arise again.

More information: Jessica Castner et al, National Estimates of the Reserve Capacity of Registered Nurses Not Currently Employed in Nursing and Emergency Nursing Job Mobility in the United States, *Annals of Emergency Medicine* (2021). [DOI: 10.1016/j.annemergmed.2021.03.006](https://doi.org/10.1016/j.annemergmed.2021.03.006)

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