

# Programs aim to attract and keep the 'starry-eyed' among nurses amid bruising pandemic

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Sophia Rois Geffen was working in public health when she decided to train as a nurse so she could connect more closely with people.

With graduation from the Johns Hopkins School of Nursing about six months away, she and other fellow Hopkins nursing students realized most patients won't see their faces, masked against the persistent coronavirus.

It's one of the many ways the landscape has changed and challenged [nurses](#) in the past two years. But it's not deterring Geffen and her classmates from running headlong into a pandemic that pushed many experienced professionals to the exits and created a massive shortage of nurses nationwide.

"We all came in pretty starry-eyed," she said. "Now, we understand it's a challenging time just to be in the profession."

There are big gaps, with some 3,900 nursing vacancies in hospitals around the state, the Maryland Hospital Association reports. That's up 50% since late August.

Nationally, vacancies are up 45% from a year ago and the U.S. Bureau of Labor Statistics expects 500,000 more nurses to quit this year, leaving the nation short 1.1 million nurses.

Nursing shortages aren't new. Nurses from the baby-boom generation have been retiring in large numbers and structural changes in health care management led hospitals to keep nursing staffs lean to save money, said Peter Buerhaus, a nurse and a health care economist at Montana State

University. Sometimes the number of nurses was short, and other times new nurses lacked the experience of the veterans they replaced, though, for the most part, such deficits were regional.

With the pandemic, hospitals across the country just don't have enough of these front-line care providers.

Buerhaus said it's not yet known what types and locations of shortfalls will remain after the pandemic, but an aging population means demand will remain high.

"There are things that need to happen now and when we get COVID in the rearview mirror," he said.

Lawmakers, nursing schools and others are taking steps to boost the nursing workforce with people like Geffen, and keep the skilled nurses on the job.

The University of Maryland School of Nursing has been graduating students slightly early for the past four semesters to get nurses into positions faster and placing trainees in the hospital departments where they plan to work to assure a pipeline and reduce orientation time.

Gov. Larry Hogan used his emergency powers to temporarily loosen some licensing restrictions for retired and out-of-state nurses, and some of the provisions will remain in effect in coming months, despite the recent expiration of the governor's state of emergency.

Longer-term plans include recruiting more teachers for nursing schools, repaying school debt for newly hired nurses, and even marketing to potential students about the opportunities and fulfillment that comes with the job.

There are more than a dozen Maryland universities and community colleges training nurses, and administrators, including Jane M. Kirschling, dean of the University of Maryland School of Nursing, have begun recruiting more students and instructors to more sites.

For example, she said, enrollment at the school's Rockville campus in the Washington suburbs grew to 200 this year from 120 or so in recent years.

Kirschling said she also wants a return to positive images of nurses, who were hailed as heroes early in the pandemic but now feel forgotten or worse.

"One thing we need to be careful of is portraying nursing as not a desirable career, that we don't need nurses or that maybe if they become a nurse they won't be employed," she said. "The truth is, they will have tremendous flexibility over the course of their career."

Sarah Szanton, dean of the Johns Hopkins School of Nursing, also said she wants more positive marketing to attract more students from "all walks of life." She said that includes racially diverse applicants but also men, who make up only 13% of students there.

The school also is creating scholarships with millions in philanthropic dollars to make school more affordable. The average nursing student graduates with \$110,000 in debt, but their first job pays an average of \$66,000 a year, Szanton said.

It also means boosting Hopkins' annual nursing graduation goal to 400 from 300.

"We turn down thousands of qualified applicants a year," Szanton said. "If nursing schools were able to take them, it would make a big dent in

the shortage."

Many Hopkins students turn to nursing as a second career and obtain advanced degrees. Szanton said that can put them on a path toward teaching, research or launching health care startups.

Geffen, 30, is switching careers. She holds a masters of [public health](#) from Hopkins and returned for the nursing program so she could enter clinical work.

Most recently, she was a contact tracer in her native Boston, notifying those exposed to the coronavirus. She also worked in the LGBTQ community and wants to use her new training to more directly ensure equitable access to health care. Geffen speaks Spanish and hopes that will help lift another burden on disenfranchised patients.

She said a scholarship from Hopkins "was an enormous factor for me." Tuition in Hopkins' master's program in nursing exceeds \$65,000 a year and can top \$100,000 for all costs, according to the Hopkins website.

"The emotional roller coaster that comes from hearing about student loan forgiveness on the national stage—it's exciting, but you don't want to get your hopes up too much," she said. "It would offer freedom for so many people, especially people who don't come from a higher socioeconomic status. It would also help develop a workforce that looks like the population they serve."

President Joe Biden delayed some school loan payments during the pandemic, and there are other loan forgiveness programs. But advocates say more needs to be done to forgive debt for medical professionals.

Maryland advocates are backing legislation during the General Assembly session underway aimed at reducing nursing debt, similar to a program

for doctors who practice in underserved urban and rural areas of Maryland. That program gives doctors and physician assistants \$100,000 in repayments in exchange for two years of service. Doctors can reapply for another two years for another \$100,000. Supporters are hoping to expand it, too.

Officials from 1199 SEIU United Healthcare Workers East, a nurses union representing about 2,000 workers in Maryland, want the program to apply to nurses and other lower-wage medical workers in underserved areas and in specialties with high vacancies.

Any training costs put programs out of reach for many lower-income people, said Ricarra Jones, the union's political director. For example, training and certification for geriatric nursing assistants, which are in high demand for nursing homes, can cost up to \$2,000 and a patient care tech certification can cost up to \$2,200.

The union also is backing proposals to retain workers by using government funds to match grants offered by employers for training at a [community colleges](#) or historically Black colleges or universities and by offering raises to low-paid workers by raising the Medicaid reimbursement rate for medical providers.

"All the bills are aimed at increasing wages, especially among the lowest paid in the nursing industry, who can make \$15 an hour at Walmart or Uber and have less demanding work for the same pay," Jones said.

"We hear a lot from nurses about being burned out. They are working short-staffed and often doing double shifts and overtime," she said.

"Other issues are temp agencies are hiring away colleagues and then they come back and make more for the same work," she said. "We need to be thoughtful and not just have short-term solutions or five years from now

we'll have the same problems."

Geffen remains eager to graduate in August and go to work. But she agreed there need to be policies and practices to show nurses they are valued. That means providing proper protective gear, sick leave, crisis pay and student loan forgiveness.

"I am inspired by the nurses I have seen who are organizing nationally around these issues and advocating for the safety and well-being of themselves and their colleagues," she said. "This advocacy and these protections can serve as a promising antidote to the moral injury nurses are currently facing."

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