Interview with Dr. Peter Buerhaus

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Lisa Bonsall: Hi. I'm Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. I'm here at the 2022 Nursing Education Innovation Summit and I have the pleasure of speaking with Dr. Peter Beurhaus this morning. Dr. Beurhaus is a nurse and health care economist who is well known for his studies on the nursing and physician workforces in the United States. He is a professor of nursing and director of the Center for Interdisciplinary Health Workforce Studies at the College of Nursing, Montana State University. Thank you, Dr. Beurhaus for being with me today.

Dr. Peter Buerhaus: Well, hello, Lisa, and thank you for having me. And I appreciate the time to talk with you.

Lisa Bonsall: Your work on workforce issues is especially important right now, given the climate of nursing and the numbers of nurses who are leaving the bedside or the profession or considering leaving. Can you tell us more about what your research demonstrates?

Dr. Peter Buerhaus: I do a lot of research in different areas of the nursing workforce, and I've been thinking primarily now of research that is focusing on tracking trends in employment and in earnings and calculating and estimating the numbers of future nurses and the numbers who are going to retire, so some forecasting.

And I must say that the COVID experience has been the pretty impressive change in the way our economics team has, you know, observe the data that we are seeing and to be clear, we have data that goes all the way back into the late 1970s and we can track employment and all these trends and earnings and things. We have a pretty good sense of how things of the term happen. We're able to see the times when the nation has large shortages or smaller shortages, what happens with recessions, all kinds of different things. But we've never seen anything in the history of nursing, at least, in the way we look at things, until with COVID; that was really quite a dramatic change.

And what I think it's important to remember is COVID has affected both the demand for nurses and the supply at the same time. Usually, shortages are working on one side or the other, but they don't hit both. And I think it's important to go back and remember that this demand was created by a very sudden, large explosion in the number of people who were very ill and overwhelmed the existing supply of nurses in this country with the types of skills and background to take care of these patients.

And at the same time, it affected the supply of nurses. Nurses themselves, you know, contracted the disease. We treated the disease differently. And many people were nurses were concerned about getting COVID and so they may have left the labor force temporarily to protect themselves or their families. Nurses had to withdraw from the workforce or reduce their hours because a patient or for their school aged children, home schooling, or maybe they were bringing their parents or their in-laws out of nursing homes into the home.

We are familiar with sort of what happened to so many nurses and at the same time, demand is going up. So these are unusual forces that occurred and what we are detecting in recently, only about a week ago, is a disturbing finding in which in the year 2021, we see a greater than 100,000 drop in the number of nurses in the workforce. Now, we don't know the reasons for this drop.

Our data does not allow it, but it's probably involving some of the factors that I just mentioned. What we do need to know is, are these permanent withdrawals from the workforce or are they temporary? We just need to get further down with COVID into maybe further into the year before people are willing to jump back into the workforce.

And we're starting to see that in the broader economy. But we don't know that. And why that's important is we have projected the future growth of our workforce just before COVID using data, just before COVID. Those projections showed a growth of a million nurses between 2020 and 2030. And this is good news. But now, with this experience in 2021, with this drop of more than 100,000 nurses in our workforce, we're concerned because this could mean that future growth in our workforce may not occur.

So we're watching this like a hawk to, you know, on a daily basis trying to understand these trends. It's a long answer to your question, and I'll leave it at that.

Lisa Bonsall: What advice do you have for nurses who are just getting started in the profession?

Dr. Peter Buerhaus: I think that in what I say to my own students is that to have a lot of confidence in the health care system and in the nursing profession. I know that may be a little difficult because of what we've all gone through, but the nurses need to remember a couple of things. Public opinion polls show strong support for nurses. They're seen as protecting the public from you know, bad outcomes that can occur in a hospital, keeping them safe. There's a lot going on in the hospital environment. And nurses are seen as keeping the public safe. People were unconscious due to sedation and anesthesia. And it's the nurse that will protect them. The public also views nurses as integral to quality of care, and that's important.

And then finally, nurses are seen by the public as being someone that they can ask for personal advice, confidential information about, exchange that with a nurse and they can't do that with other people. So these are deep in the minds of the public. And it helps to explain why the Gallup poll shows such high levels of support for nurses. 80 to 85% of the public views nurses in this way. In fact, the question is really about who do you believe has the highest ethical standards in the country? And that's the question that's asked by the Gallup poll. And nurses are rated 20 percentage points higher than the next level, at which are usually physicians. And finally, another poll that was done before COVID, a big national study, one of the questions was of all the groups out there, who do you trust the most to improve the US health care system? Nurses - roughly about 60% of the population said I trust nurses more than anyone else to make improvements. And the next group that was viewed as trusted is 30 percentage points below, were physicians. And then it goes further and further. So there's a lot of public support and trust and confidence and admiration of the profession. Don't forget that you're wearing that on your shoulders.

It means also that because of that, you need, I think, to behave as a leader. Not just as a nurse, but someone who is very aware of their behavior, what they say and how they say it. You inspire the other nurses around you. You inspire students who are coming into the profession. So as you're moving into the profession, look for that nurse who's a leader, and role model that nurse who you want to be with because of how they behave and what they say, their clinical knowledge and confidence, their leadership competence, their ability to see a bigger picture. And one other thing I would say is be careful with social media. There's a lot of negativity about nursing and by nurses, about the profession that has been distorted, exaggerated, untruthful.

And it is worrisome because if so much of that occurs, this could reduce the number of people interested in becoming a nurse. We'd have less graduations, less nurses in the workforce. And the work of nurses will be even harder because we won't have an adequate supply. So think broader about what are the implications of getting caught up into the Twitter and social messaging world?

I'm not knocking it, as you know, in general, but we've seen a lot of, I think, worrisome sort of behaviors and discussions that we need to clean up. It's not in our own self-interest. So I would ask nursing students coming in to be mindful of that and put that into better perspective.

Lisa Bonsall: What changes do you see for the future of nursing?

Dr. Peter Buerhaus: What a great question. I think in some ways we're at an important inflection point. It could be that we get through this latest round of COVID and the forces of inertia hold back change and we sort of slip back into the way things were done prior to COVID. I hope that doesn't occur. I don't think it will occur, but it could.

I would rather us look to a more active approach to seizing our future, creating our future, not let the future unwind. For that to happen, I think that nurses, students, staff, faculty, deans need to have some deep discussion with our major employers, hospitals and others to talk about what went right with COVID. Where did we shine? What can we be proud of?

What are the things that surprised us in terms of our own clinical capacity to excel and learn and save people's lives? And of those, what do we want to take forward and build off of? At the same time, we should also say, what didn't we get right? What decisions were made that just turned out not to be the right ones and understand why we made them.

And to realize that now that I have heard the CNO or the CFO explain that now maybe I can say, I get it, I understand why you did it. It's unfortunate it didn't work out. But then there's a chance to understand, even a chance to forgive. And it goes both ways. We need to explain why we, the nurses made decisions the way we did.

And some of them not always the right ones. And what were the things about our organization that we found that weren't so good? The bad parts of our culture, the history that needs now to be changed. Put those on the table and have a very honest discussion about our strengths and our weaknesses and how we want to together build a new future.

That's going to be important work. And that, I think, is the difference of whether or not we're going to go forward with us seizing the profession, the future, or we're just going to let things happen and

potentially find that we're looking a lot like we did before COVID. So it's an important question. I think that there is an opportunity for nurses to have a better future.

And I think one of the reasons I say that is we're more educated, we're more diverse, we're moving in a lot of the right directions. We have a large and growing advanced practice registered nurse workforce. It's very, very impressive. We need to lift those restrictions. I think those restrictions are likely to be lifted quicker and sooner, not just at the state level, but within our organization.

We need to use our nurse practitioner and APRN workforce more effectively, more wisely. I think a lot of organizations realize that are going to make that change. The one last part of this that gives me some confidence is while I know a lot of people have different views of the travel industry and its impact, and I'm not necessarily here to go through all of that, but I'm glad it happened because it does send a signal to organizations that here's a chance to bind our wounds, move forward in the future, better together.

Or we could repeat this again if something were to occur and I don't think many organizations want to go through what they did with the travel industry and with the amounts of spending. This was hard for these organizations. I don't think they want to go through this. It's much easier, much less expensive to really come to terms with the workforce and together figure out a better future.

Lisa Bonsall: Thank you so much for your time today, Dr. Buerhaus.

Dr. Peter Buerhaus: Good to see you, Lisa. And the best of luck to you.

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