



Consolidation and technology continue to shape the nursing profession: Placement strategies can help those who manage disability claims.

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Changes in healthcare policy, funding, and service delivery techniques are drastically changing the nursing profession. As a large occupational pool, these changes will have significant implications to those in the long-term disability and vocational rehabilitation professions as return to work efforts need to keep pace with this evolution.

This article will address the current economic and policy issues and will analyze how these trends will impact those who deliver vocational rehabilitation services.

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letters to help keep those in the rehabilitation profession informed and aware of how to leverage information to control risk and assist with return to work efforts. The Sierra Group is a national consultancy that offers an array of vocational rehabilitation, recruiting, consulting, and training services designed to serve the needs of insurance companies, businesses, and workers with disabilities.

Current Trends

According to the U.S. Department of Labor (DOL) overall job opportunities for Registered Nurses are expected to be excellent, but may vary by specialty and geographic setting. DOL predicts that employment of RNs, which represents the largest division of the healthcare workforce, is actually expected to grow much faster than the average for all occupations through 2016. Indeed, they project that 587,000 new jobs will become available, and that this is among the largest number of new jobs for any occupation. However, it is important for the Rehabilitation Counselor to note these statistics are referring to *hands-on* nursing care, especially RNs who are experienced in ICU and CCU who will be needed to care for the growing geriatric population.

Due to the downsizing, consolidations and vigorous efforts to cut and control costs, employment opportunities for RN's have significantly decreased in acute care hospitals (where historically 2/3 of all RN's were employed). The RN's who remain in the hospital setting are challenged to keep up with new technologies, new drugs and a plethora of changes in insurance and healthcare policies – in addition to their standard *hands-on* patient care. We can expect to see hospitals using even more automation (Nurses not just Physicians using voice recognition software to update patient charts, *smart beds* that track a patient's vital signs, automated medicine carts, etc.), so that they can use an RN's time more judiciously in one to one patient care and education. Hospitals are calling on RNs to take on greater leadership roles in addressing clinical organizational and fiscal challenges. This means that RNs will need to have good computer skills to access information and effectively utilize it in caring for their patients.

Those RNs who have left the hospital setting can find positions in ambulatory care and long term care centers, where the physical demands for standing and hands on clinical care remain similar to the hospital setting. But what does this mean to the RN (and Rehabilitation Counselor) when functional limitations limit him/her to a sedentary work capacity? One avenue is for RNs to take full advantage of continuing education credits that may prepare them for greater involvement in education, to handle the emphasis on educating patients about prevention and other means of caring for themselves. Indeed, as both hospital stays and doctors visits become shorter and shorter, patient and family education will continue to become more paramount. It is expected that community healthcare settings will create more positions (presumably sedentary positions), to address this issue. However until these opportunities are created in greater numbers, RN's with functional limitations are challenged in finding jobs. Many of the new opportunities with case management, managed care organizations, pharmaceutical companies, informatics, research and corporate positions require at minimum a BSN credential.

What does this mean to those managing disability claims?

It is becoming more difficult for Nurses without a BSN to confirm sedentary administrative positions. Thus, we may need to do further research to identify opportunities and short term training (certification programs) that will support the transition from hands on clinical care to sedentary

teaching or administrative positions. RNs who are out on disability need to be encouraged to use part of their recovery time to upgrade their clinical training and computer skills, and LPNs should be encouraged to consider pursuing the *on-line* 18-24 month RN training programs.

The content of this article was presented by Jackie Pickering, CRC of The Sierra Group, Inc. If you would like to receive free copies of Sierra's *Occupational Alerts*, please contact our office at (800) 973-7687 or visit www.thesierragroup.com.

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