

BY CINDY MURPHY McMAHON

WANTED

A FEW (*thousand*) GOOD NURSES



ILLUSTRATION BY SUSAN LE VAN

Too few nurses could mean fierce competition between hospitals and physician practices. It also means rethinking how RNs are used and what can be done to retain existing nurses—and recruit new ones.

THE NURSING SHORTAGE

MANY FACTORS ARE CONVERGING TO CREATE A SHORTAGE OF NURSES IN THE UNITED STATES that is expected only to get worse. While nursing organizations, educational institutions, and policy makers address the impending crisis and attempt to find solutions, there's no denying two groups will be most affected: physicians and patients.

"Nurses are a key part of the whole health-care puzzle," says Robert Rosseter, the director of public affairs for the [American Association of Colleges of Nursing \(AACN\)](#). "All statistics point to an aging population and the need for more nurses. This absolutely impacts physicians. It will put more of a strain on their workload."

Cliff Story, MD, a family practitioner at Scott County Medical Clinic in Oneida, Tennessee, seconds that. "Your practice suffers when you can't attract quality nurses. My patients spend more time with my

One Problem ~ Many Causes

Factors Affecting the Nursing Shortage

AGING, SLOW-GROWING NURSING WORK FORCE

According to the U.S. General Accounting Office, 40 percent of all RNs will be older than 50 by the year 2010. Meanwhile, the number of registered nurses is growing at the slowest rate in 20 years.

LOWER BACCALAUREATE ENROLLMENT

The number of students enrolled in nursing baccalaureate programs has declined for six consecutive years.

SHORTAGE OF NURSING SCHOOL FACULTY

Schools of nursing cannot take more students because they do not have enough faculty to teach the students.

JOB DISSATISFACTION Many nurses are unhappy with the quality of care they feel they can provide their patients. They are increasingly turning to jobs that offer better compensation and more manageable workloads.

Addressing the Problems

LEGISLATION In the final hours of the 2001 congressional session, both the U.S. House of Representatives and the Senate passed versions of the [Nurse Reinvestment Act](#). Both bills provide for nursing scholarships and loan repayments and public service announcements promoting nursing. Both bills will be conferenced in 2002. The American Nurses Association supports the Senate bill as the stronger version.

AMA RECOMMENDATIONS The [American Medical Association](#) has a number of policies on the issue. One suggests structuring nursing education programs to allow the entry-level individual the opportunity for work-study advancement from the level of the nursing aide to the level of the doctorally prepared nurse. Another policy encourages hospital medical staffs and local medical societies to develop local programs with nursing and other health-care organizations.

STATE INITIATIVES Many states have undertaken measures to combat their nursing shortage. For a complete update on what each state has done, see the Web site of the [National Council of State Boards of Nursing](#) at [www.ncsbn.org](#) under "News and Views."

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Cliff Story, MD, a family practitioner in Oneida, Tennessee, says it is hard to find quality nurses for his rural practice. "There are not enough quality RNs. It's harder to attract people here than in the larger cities."

nurses than they do with me, so in a way, I'm only as good as my nurses." He adds, "The information the nurses pass along is important and the relationships they have with patients impact how well we are able to provide for our patients."

Nursing needs on the rise as boomers age

Although the number of people going into nursing is growing, the industry is experiencing the lowest reported growth

rate in 20 years. *The National Sample Survey of Registered Nurses*, compiled by the Division of Nursing within the Bureau of Health Professions, revealed the total registered nurse population grew from 2.5 million in 1996 to almost 2.7 million in 2000. However, this increase of 5.4 percent is the lowest since the survey began in 1980. The survey also showed the average age of RNs is rising and the number of nurses younger than 30 dropped from 25 percent of RNs in 1980 to 9 percent in 2000.

■ *Currently the American Hospital Association (AHA) estimates there are 126,000 RN vacancies at hospitals—fully 75 percent of all hospital personnel positions available.*

The AACN reports enrollments at nursing colleges and universities have been declining for six years. Since 1995, enrollments in baccalaureate programs in nursing have dropped 21 percent and the number of graduates has dipped by 16.5 percent.

"You hear that students are not interested in nursing, but that's not the case," says the AACN's Rosseter. "There's a high level of interest. But there are not enough admission seats." A recent AACN survey found a major reason for lower enrollments is insufficient nursing school faculty. "Faculty salaries are a huge issue. The average salary for nursing faculty is \$46,000," says Rosseter. "That's not much for a doctorally prepared person. It's a hard sell."

The slow-growing, aging nurse work force, along with the burgeoning baby boomer population and its expected health-care needs, threaten to create an even bigger shortage than now exists. Currently the [American Hospital Association \(AHA\)](#) estimates there are 126,000 RN vacancies at hospitals—fully 75 percent of all hospital personnel positions available. According to some researchers, if something isn't done, that number could quadruple in 20 years.

Adding to the problem is the job dissatisfaction many nurses report feeling. Sean Clarke, RN, PhD, of the [Center for Health Outcomes and Policy Research](#) at the University of Pennsylvania School of Nursing, was one of the authors on a [study](#) of nurses in five Western countries. In that study, 40 percent of nurses in the United States reported dissatisfaction with their jobs. They were twice as likely to be dissatisfied as the average American worker.

"Nurses don't feel there are adequate resources to provide good care,"

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Kathleen Clem, MD, the chief of emergency medicine at Duke University Medical Center and a spokesperson for the American College of Emergency Physicians, says emergency department overcrowding has become a crisis across the country. "We can't get the patients out of the emergency department and upstairs into hospital beds because there is no one to take care of them."

Clarke says. "With all the restructuring going on, hospitals are really under the gun. Nursing staffs are one of the places hardest hit."

Clarke recommends physicians make sure nurses' voices are heard in patient care and that they have an opportunity to have an impact on patients. "Nurses want to feel good about the quality of care they're able to provide."

Good news for physician offices

The good news in this report for physicians' practices is that, of all the differ-

ent places nurses can work, they are most happy working in physicians' offices. "Nurses want good working conditions, good hours, and reasonable pay," explains Clarke. "But a lot are willing to take a cut in pay to go from erratic hospital hours to even a very busy physician's office."

Another bit of positive information: "We found most nurses and doctors do get along," Clarke says. "You hear tales of nurses feeling verbally abused, but over 80 percent said they have a good relationship with the

physicians they work for and that the physicians provide good care. It's just that health care is not the easiest place to be right now."

Still, this encouraging news for physicians' offices doesn't negate the detrimental impact of the hospital nursing shortage. "Doctors want to admit patients to a hospital where they know the nursing care is good and where nurses will be in a position to keep an eye on the patient," according to Clarke. "Nurses are the early warning system."

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He notes another looming result of the hospital situation of prime interest to physicians: “When hospitals can’t staff properly, they cut back somewhere. They may reduce surgeries, close units, close beds. We have heard reports of this happening. If they can’t hire enough nurses, this problem will increase.”

According to the *AHA’s 2001 Special Workforce Survey*, staffing shortages are indeed causing access problems for many hospitals. Fifteen percent of the more than 700 hospitals surveyed reported canceling inpatient or outpatient surgeries due to lack of staff. Twenty-eight percent of the hospitals reported reductions in the number of beds staffed. Another 14 percent said they had reduced outpatient capacity and 22 percent said waiting time for surgery has increased.

“We have a national crisis in emergency departments across the U.S.,” said Kathleen Clem, MD, the chief of emergency medicine at Duke University Medical Center and a spokesperson for the *American College of Emergency Physicians (ACEP)*. “We have overcrowding and one of the key reasons is the nursing shortage. We can’t get the patients out of the emergency department and upstairs into hospital beds because there is no one to take care of them.”

Clem relates the all-too-true scenario of ER staff “running out to Radio Shack to buy doorbells to affix to the hallway walls so patients on stretchers can call the nurses. Every hallway is full of people on stretchers. And this is happening every day in every emergency department across the country. We joke that we should get bunk beds in the emergency department.”

Pam Strohfus, RN, a medical office administrator with Kaiser Permanente in Littleton, Colorado, and a regional

health plan coordinator for pediatrics, is one health-care administrator who is feeling the nursing shortage pinch. She manages a 22,000-patient primary care facility with 20 RNs on staff and has had three openings for RNs for more than six months.

Strohfus says hospitals are in a “desperate situation” and facilities such as hers are now competing to attract RNs. “There’s a huge nursing shortage in our region. We’re looking at all kinds of possibilities. We’re trying to recruit and train right out of nursing school, although we prefer at least one year of hospital experience because they get a broad base of knowledge caring for many types of patients.”

If big city health systems are having difficulties, rural areas may be hurting even more. “It’s difficult at times to find quality nurses,” says Story, whose family practice clinic in rural Tennessee is 90 minutes from Knoxville. “Personally I haven’t had a problem, but I hear about nurses not being able to do certain procedures they should have been trained to do. There are not enough quality RNs. It’s harder to attract people here than in the larger cities.”

Searching for solutions

Several organizations are looking at the nursing shortage and ways to address the needs of the health-care industry both regionally and nationally.

The American Nurses Association (ANA), which represents the nation’s 2.7 million registered nurses, is working to promote national legislation (see “One Problem, Many Causes” page 2). The ANA is also coordinating with 31 other organizations to recruit more young people into nursing through a series of television and print public service advertisements aimed at middle and high school students.

But many states, such as Nebraska, are taking charge and trying to solve their own problem. Pat Lenaghan, RN, the service executive for emergency and birth services at Methodist Hospital in Omaha, is on the 16-member board of the Center for Nursing created by the Nebraska Legislature in 2000. The Center was appropriated \$50,000 a year for five years and charged with developing and implementing a strategic plan to reduce the nursing shortage in the state.

One of the Center’s first orders of business is to attract more young people to the profession. “We haven’t done a good job marketing nursing to high school students,” Lenaghan says. “They hear about the long hours and hard work, but we don’t tell them how rewarding nursing is.”

Giving nurses higher pay and more respect are two ways physicians can improve the nursing shortage, according to Lenaghan. “Salaries need to be equitable so nurses can choose the truly best setting for them, whether a hospital or a practice, and not have the two competing.” And, she says, physicians need to respect nurses as professionals while mentoring and teaching them to expand their knowledge. She adds, “If a nurse calls you in the middle of the night, it is usually something very serious or she would not bother you. Be patient and kind and hear her out.”

Lenaghan says her employer, *Methodist Hospital*, has taken steps that have allowed it to avoid the situation many hospitals face. “We’re very lucky. Our RN vacancy rate is very low, 3.6 percent. Research has shown the number one satisfier is the supervisor. If people like who they’re working for, they’re happy.

“It’s all about retention and recruitment. We have a full-time recruiter, a

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tuition reimbursement program, and scholarships available for nursing school." She says nursing assistants and secretaries at the hospital are encouraged to consider nursing school. "We pique their interest in nursing and get them the paperwork for scholarships. We help people realize their potential."

Not all created equal

Some health-care providers are turning to hiring more licensed practical nurses (LPNs), according to Charlene Barbour, the executive director of the [National Federation of Licensed Practical Nurses](#), Inc., in Garner, NC. She says the nation's 1,800 LPN schools are graduating 60,000 students a year who have received 12 to 18 months of education. She says the average LPN salary is \$12 to \$18 an hour.

Any shortages of LPNs tend to be regional, Barbour relates, although she predicts there will be a nationwide shortage in the future. "Right now we're in good shape overall. There's a growing demand right now in physicians' offices because of the patient-care training LPNs receive."

Barbour says LPNs are licensed through the [National Council of State Boards of Nursing](#) and cautions physicians and other health-care providers about hiring unlicensed personnel such as medical assistants and medical technicians to do patient care. "It's dangerous. They may only get three weeks of training. Outcomes studies in the next couple of years will show the danger of unlicensed people giving patient care."

In the Minneapolis-St. Paul area, RNs are less likely to work in primary care clinics and are found more in sub-specialty practices or hospitals, says Bruce Richardson, MD, a family physician with Allina Medical Clinic in West St. Paul. "In the Twin Cities, nurses are at a

premium," he says. In his office of 12 primary care providers, one triage RN is kept quite busy with patients, while medical assistants work with the physicians, but cannot give medical advice.

The shortage of RNs will force physicians to think outside the box. "Doctors need to think about providing care for patients in a different way," says Strohfus, the medical office administrator with Kaiser Permanente. "We don't have the RN resources. We have to think of how to take care of patients more proactively to catch patients before they are acutely ill."

Says Strohfus, "If you pay attention to patients' needs long term and manage them on a daily or monthly basis, they have decreased hospitalization, fewer emergency room visits, lower ambulance costs, and, in the medical office, they take up less of the physician's time."

Her primary care facility in Littleton, Colorado, has assigned RNs to disease state management for about three years. RNs hold the positions of senior care coordinator, diabetic care coordinator, asthma care coordinator, heart care coordinator, and chronic special needs coordinator. "It's absolutely successful. Patients love it. They get all the attention they need and they know more about their health," Strohfus says, adding, "This is what nursing is all about - optimizing patients' health. This is attractive to RNs."

Another approach is to look at what work nurses are now doing that could be taught to a nonprofessional, according to Lenaghan. "Each state has a Nursing Practice Act which says some things have to be done by an RN, but some things don't." She suggests asking, what are nurses most needed for? "Is it making the bed or assessing patients' needs? Sometimes nurses try to be

everything to everybody."

The AMA's Council on Medical Service report supports collecting data on the relationship between timely nursing interventions, staffing levels, and patient outcomes, with the hope that this information can be used to demonstrate the significance of adequate hospital staffing levels.

It also concludes that physicians should be encouraged to work to improve any workplace conditions that impair the professional relationship between doctors and nurses.

Since the nursing shortage problem is multi-faceted, the solutions are likely to be also. The AMA report calls the nursing shortage "a prime example of an industry under stress," and cautions that "simply throwing money at the problem" will not be the answer. The report concludes, "Any long-term solution will ultimately depend on how society values its medical care and how much it is willing to pay for that care." ■

Cindy Murphy McMahon is an Omaha-based free-lance writer. She is a regular contributor to UO.