Who's to Blame

By Steven Polansky, MD.

Hospitals still value bricks and mortar and equipment more dearly than the nurse at the bedside and the doctor at the bedside, the foundations of medical care.

THE NURSING SHORTAGE IN CALIFORNIA, and particularly in the Sacramento area, is certainly multifactorial.

Unquestionably, many parties are responsible for the crisis we appear to have fallen into. HMOs have created a background of inadequate payments to hospitals and other providers have decreased the funds available for appropriate nursing salaries.

Consumers have been unrealistic in their expectations of the most sophisticated care in exchange for premiums that are well below the system's ability to support that care.

Culpable also are organizations, such as PERS, that in their fervency to drive premiums down, have bled these premiums dry so that, again, the dollars do not exist for proper care.

This being acknowledged, I still believe that hospital systems shoulder the greatest blame for the current nursing shortage crisis, for the following reasons:

1. Hospitals still value bricks and mortar and equipment more dearly than the nurse at the bedside and the doctor at the bedside, the foundations of medical care.

2. Hospitals sign fully capitated contracts that they know are not economically feasible just to garner market share and restrict competition.

3. Hospitals need to "just say 'no'" to contracts that will not allow them to adequately care for patients.

4. Hospitals struggle to find specialty nurses (ICU, L&D, OR) without acknowledging that these highly skilled positions should be compensated to a greater degree than a floor nurse. (Should a family practitioner expect the same pay as a neurosurgeon?)

5. Hospitals have too many mid-level administrators walking around with clipboards, and participating in endless lunch meetings that don't contribute directly to patient care. I realize that significant staff is necessary to comply with all the mandated regulations. However, one easily gets the impression that many of the people responsible for staffing, salaries and benefit decisions do not have the slightest idea, or have long forgotten, what bedside nursing entails.

   Many administrators do not truly understand the higher acuity of patients in the current hospital setting or the expanded role of nursing responsibility. I suggest that every hospital employee in an administrative position that does not involve direct patient care should be required to perform some variation of this care one shift per

week, whether this shift be a nursing function, technical position, ward clerk or janitor.

6. Hiring traveling nurses or utilizing temporary staffing companies to fill positions that go unfilled because nurses have left for poor reimbursement makes no economic sense. If these dollars were added up and reapportioned to the regular nursing staff, it would go a long way in curing nursing salary deficiencies.

This having been said, I also acknowledge the role that physicians may have in creating a poor working environment for hospital-based nurses. We can be unappreciative, unrealistically demanding and, at times, unfortunately demeaning.

If we are truly going to approach the care of patients as a very close partnership between nurses and doctors, we must do everything in our power as physicians to preserve the pride, integrity, self-esteem and work environment of our nursing staff.

Collectively, we have done this poorly - we must do it better.

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