



Shortages, Shortages



By Ed Rudin, MD

The population increase and an aging workforce have produced overwhelming workloads and insurance reimbursements have not increased commensurately.

OUR SOCIETY'S BOARD OF DIRECTORS has learned that:

- In April 2001, Sacramento area hospitals had 1,249 vacant positions for registered nurses, yet area schools graduate only 150 nurses each year.
- As elsewhere in the state, hospitals here, unable to fill such vacancies, must leave beds empty even as they turn patients away.
- California ranks last in the USA in the number of nurses per 100,000 population - 588 - or 26 percent below the national average, of 798.
- The California Economic Development Department projects a shortfall of some 20,000 nurses by 2006, just to stay at the current low staffing level.
- Some 28,000 California nurses are expected to retire by 2006.
- The supply of pharmacists is also threatened. California's 54 pharmacists per 100,000 population is well below the national average of 68. Meanwhile, pharmacy workloads are growing. Nationally, sales of prescription drugs increased 47 percent between 1992 and 1999, while the number of pharmacists increased by only 15 percent.

We have already reported on the physician shortage in the Sacramento Area.

Why are these professions not growing to match population growth? The population increase and an aging workforce have produced overwhelming workloads and insurance reimbursements have not increased commensurately.

Meanwhile, competition for training and careers has reduced the numbers entering educational programs for nurses, pharmacists and physicians.

Is the nursing shortage in California hospitals a "self-inflicted wound," as Rose Ann DeMoro, Executive Director of the California Nurses Association says? Does it endanger the availability and quality of services in emergency departments, ICUs and surgeries? Are poor, even unsafe, working conditions driving nurses out of hospitals?

Nationwide, the nursing workforce has risen from 2.1 million in 1996 to 2.2 million in 2000, but fewer nurses below the age of 30 are entering the profession, and fewer are taking advanced training and earning advanced degrees. Is this "dumbing down" nursing? Is it distributing the nursing workload more efficiently? Should we simply make better use

of modern technologies?

Cost-containment, consolidation, downsizing and reengineering have put pressures on nursing as well as on medicine. A shift from inpatient to outpatient and ambulatory care for very ill patients, and increased severity of illness, have added to the pressures.

There seems little doubt that there is and will continue to be a shortage of clinically qualified registered nurses. "The reality," says Cheryl A. Peterson, MSN, RN, "is that the profession of nursing will be unable to compete with the myriad of other career opportunities unless we improve working conditions, increase compensations over the lifetime of the registered nurse and provide clinical opportunities and responsibilities that match the registered nurse's knowledge and skill."

Like doctors, RNs struggle to adhere to their ethical code in an ever-changing health system driven by different values. Nurses blame an unevaluated, unmonitored health system for jeopardizing patient advocacy, professional integrity and personal nursing practice, as well as the physical well-being of health care personnel. This work environment affects career choice, recruitment and retention.

What about compensation? During the 1980s, RN hourly wages increased by about 3 percent each year. Through the 1990s, growth in RN wages was stayed flat. From 1997 to 1999, hourly wages rose by 5 1/2 percent, but wages of salaried nurses, who primarily work in management and administration, dropped by 17 percent.

Everyone recognizes the individual right of nurses to migrate, but do immigrant nurses adversely affect health care quality?

Should we actively recruit nurses from abroad when we have failed to plan well to protect the interests of hospitals, patients, and nurses, domestic and foreign-educated?

Half of California's working RNs were educated in other states or countries. However, with the national shortage, especially at the baccalaureate level, out-of-state recruitment is no longer an answer for California.

The California Strategic Planning Committee for Nursing, an advisory group to the state legislature, says that beyond the deficit in the numbers of RNs, there is a deficit in the educational adequacy of their preparation. This, they claim, is especially true in preparing nurses for ICUs, ORs, ERs, neonatal care and other specialty nursing.

Only 60 percent of California nurses practice in hospitals. The rest are in outpatient clinics, home care, public health, and non-traditional case-management - for which, the committee contends, the baccalaureate degree ill prepares them.

About 70 percent of California nurses received AA degrees in nursing; only 16 percent went on to baccalaureate degrees.

Our Board is considering what, if anything, it can and should do.

What do you think?

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