

**EXECUTIVE SUMMARY**  
SEPTEMBER 26, 2001  
TESTIMONY TO THE HEALTH FINANCE COMMISSION

REISSUED FOR  
THE HEALTH AND CHILD CARE ISSUES EVALUATION COMMITTEE  
OCTOBER 21, 2003

ERNEST C. KLEIN, JR., CAE  
EXECUTIVE DIRECTOR  
INDIANA STATE NURSES ASSOCIATION

**Direct Care Staffing Crisis and the Emerging Shortage of Nurses**

This emerging shortage of nurses is very real and very different from any experienced in the past. The concept of supply and demand is not working this time. Usually when there is a demand for nurses, such as the late 1980's, salaries go up and the supply increases. This time, in spite of increased salaries and huge sign-on bonuses, the supply of nurses is not increasing.

**REASONS FOR THE IMMEDIATE CRISIS**

- Changes in reimbursement and funding mechanisms over the last ten years.
- Shorter length of hospitalization but patients sicker.
- Institutions and facilities took various means to decrease costs.
- RNs usually largest % of budget; therefore, first to feel the pinch.
- Increased use of unlicensed assistive personnel.
- "Restructuring" saw experienced nurses eliminated from the workforce through layoffs.
- Increase pressure on staff nurses who were required to oversee unlicensed aides while caring for a larger number of sicker patients.

ANA Survey, April 2001:

- 55 % would not recommend nursing as a career for friends.
- 23 % discourage someone from entering the nursing profession.
- Nurses typically burn out and leave hospital bedside nursing after just four years.

**A DWINDLING SUPPLY OF NURSES**

- Rapid aging of the RN workforce--average age 43.3 years.
- New opportunities have opened up for young women.
- Fewer people have opted to choose nursing as a career.

## **WORKPLACE CONDITIONS**

Not working in nursing:

- National estimate: 500,000 nurses--more than 18 % of the nurse workforce.
- Indiana estimate: 24% of RNs are not employed in nursing.

Nurses are reluctant to accept positions where they will face:

- Unsafe conditions
- Mandatory overtime
- Retaliation if they report unsafe practices.
- Inappropriate staffing levels.

### Safety

ANA Survey (September 7, 2001)

- < 20 % felt safe in their current work environment.
- 17 % of nurses responding had been physically assaulted in the past year.
- 20 % of nurses said facilities still do not provide safe needle devices for injections, IV insertions, and blood drawing.
- 39 % of facilities continue to use powdered latex gloves.
- >50 % did not have lifting and transfer devices readily available for moving patients.

### Mandatory Overtime as a Staffing Tool

- Use of overtime as a staffing tool is increasing.
- Ethical practice prohibits nurses from harming patients yet they face dismissal for insubordination and charges of patient abandonment if they do not work overtime.
- Patient safety on the line as sleep loss:
  - influences performance,
  - slows reaction time,
  - leads to failure to respond appropriately,
  - slows thinking,
  - diminishes memory, and
  - increases chance for errors.

### Whistleblower Protection

- Patient advocacy is the heart of nurses' professional commitment.
- Nurses must be able to speak out without fear of retaliation or loss of their jobs.
- Lack of protection from reprisal prevents many nurses from taking the risk to report unsafe, unethical, or illegal practices.

### Adequate Staffing

- Quality of care is directly related to the number and mix of direct-care nursing staff.
- Studies show that more nurses on staff results in:
  - lower mortality rates,
  - shorter lengths of stay,
  - better care plans,
  - fewer complications, and
  - lower costs.
- HHS agencies' April 20, 2001, report - RN staffing is directly related to:
  - decreased incidence of urinary tract infections,
  - decreased incidence of hospital acquired pneumonia,
  - decreased hospital length of stay.

One of the primary factors for the increasing turnover rate is dissatisfaction with workload/staffing.

### **NON-SOLUTIONS**

#### Unlicensed Personnel

Unlicensed assistive personnel play an important role in providing support services to ensure that nurses have the time to provide nursing care; however, they cannot be used to replace nursing skills.

#### Immigration

- Short-term solution.
- Delays debate and action on workplace issues.
- Is it ethical to recruit when there is a worldwide shortage?

### **SUPPORT FOR NURSING EDUCATION**

- Aging average age of nurse faculty:
- Support graduate education to assist nurses who are preparing to teach.
- Expand to accommodate new students (provided faculty available) and make higher education more accessible.
- Scholarships are essential.
- Must reflect ethnic, cultural, and racial diversity.
- If started now, results will not be seen for three to five years.

### **DATA COLLECTION**

- No consistent and systematic collection and analysis of data in Indiana.
- The Indiana General Assembly assigned the Health Care Professional Development Commission (HCPDC) the responsibility to study health care professional supply, need, and distribution in the State and to make recommendations.
- The task was assigned but was not funded.
- The Commission's work has been accomplished only because of the financial support from the State Health Commissioner who has designated funding from the Indiana State Department of Health budget and because of the cooperation from the Health Professions Bureau.

## **RECRUITMENT AND RETENTION**

A 1982 study described factors that created an environment that attracted and retained well-qualified nurses. These institutions were called “magnet” healthcare facilities. They excel in patient care and in the recruitment and retention of nurses and are designated by the American Nurses Credentialing Center as Magnet Nursing Services Recognition Programs for Excellence in Nursing Service.

At these facilities:

- Nursing professionals' knowledge is respected in the development of policies.
- Nurse practice committees that include direct-care nurses are involved in establishing staffing plans based on patient acuity and need.
- Nurses do not face retaliation or intimidation for questioning policies or working to change practices that negatively impact on patient care.
- Nurses are not forced to work overtime to fill gaps in staffing schedules. Nurses are supported in continuing their professional development.

## **CONCLUSION**

Nursing workforce issues caught the attention of the highest reaches of the Reagan and Bush Administrations. HHS Secretary, Doctor Otis Bowen, established a Commission on Nursing. The Commission released recommendations in 1988 on methods to improve the work environment for nurses.

They included the need:

- To adopt innovative nurse staffing patterns.
- To collect better data about the economic contribution that nurses make to employing organizations.
- For nurse participation in the governance and administration.
- For increased scholarships and loan repayment programs.

Perhaps if these recommendations had been fully implemented, we would not be here today.

ISNA maintains the current staffing crisis will remain and worsen if changes in the workplace and support for nursing education are not immediately addressed. The profession of nursing will be unable to compete with the myriad of other career opportunities available in today's economy unless we improve working conditions. Improvements in the environment of nursing care combined with aggressive and innovative recruitment efforts will help avert the impending shortage of nurses. The resulting stable nursing workforce will support better health care for all Hoosiers.