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Nursing shortage is tip of the iceberg

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You've all heard it before. It's the story about the hospitalized patient who is awakened in the middle of the night by a nurse. "Wake up Mr. Jones," the story goes, "it's time to take your sleeping pill."

Some good news, according to federal health officials, is that this will no longer be an inconvenience that patients need to tolerate. This 21st Century breakthrough in health care delivery, however, may have little to do with any intentional strategy on the part of medical caregivers to improve patient care. On the contrary, it may very well be a consequence of the vanishing nurse.

No industry, including health care, seems to be immune from the effects of a booming economy and an aging population. With technological advances and a growing supply of patients, health care should be bustling and prospering. But when you take a closer look, you'll find the makings of a crisis of titanic proportions. Thanks to increasing life expectancy, the U.S. population ages 65 and over will nearly double in the next two decades. At the same time, the population under 25 is steadily declining proportionately to older Americans.

What this means is we will have more older people with more complicated health problems requiring more medical services and

fewer people willing and able to help them. What is being overlooked is that this current shortage of available employees is grossly different than all previous labor shortages. Several recent reports have begun to highlight the depth of the problem.

Shortages in the past were about oversupply and undersupply of trained people. When an industry experienced a shortage, people merely shifted career paths to fill the gap.

This shortage is different. It is directly related to a demographic shift in our population base and an increasing demand for people with skills and experience. The number of patients requiring care is increasing, and due to shorter hospital stays, patients are usually sicker upon admission and not fully recuperated upon discharge. Short staffing requires that fewer people provide more complicated care in less time. In a just-released federal study on nursing-home care, an appalling 31 percent of the facilities could not even provide a minimum of 12 minutes of care per day to each patient.

We do not have enough people to fill available jobs. Nurse vacancy rates are running between 10 percent and 20 percent. In one local hospital, the turnover rate in nursing increased more than 25 percent in 1999.

The state Bureau of Labor Statistics predicts that by 2006, the number of jobs in home health care will increase by 76 percent. By 2015 it anticipates that 114,500 full-time registered nurse (RN) positions will be unfilled nationally and that the demand will outstrip the supply by 2010. Over 60

percent of nurses are over 40 years old and the average age of a RN today is 44 years old, up from 40 years old in 1980. Nearly half of the nation's nurses will reach retirement age by 2015, at the same time the aging of the baby boomers reaches full stride.

Most troubling is the fact that while nearly 450,000 new RN jobs will be created by 2006, enrollment and applications to nursing school have declined by 17 percent since 1995. The time it takes to fill a position has also increased leaving many critical positions in the operating room, emergency room and critical care units unfilled for 90 days or more. In the past, these positions were filled by experienced, long-term employees. Today, they are often filled with new graduates or temporary staffing, or not at all.

The solution to solving the nursing shortage is multifaceted. But the solution must be a strategic one. Increasing salaries, signing bonuses, additional benefits — at best they help fill a position for the short term. The long-term solution is more complicated. The current shortage is merely the warning signal of a much bigger problem looming in hospitals, long-term care facilities and home health care. Health care administrators and executives must begin to look beyond just building physical plants to house and treat people. The human capital assets to deliver the care will not be so easy to come by. Long-range planning must deal with developing a plan to deliver care to an expanding population that has fewer available workers.