

**Report C:**                   **Effective AMA Leadership for Patient Safety: Reducing the Hospital Registered Nurse Shortage**

**OMSS Action:**           **Adopted.**

**HOD Action:**           **Adopted Resolution 534 as amended.**

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### **Introduction**

At its 2006 Interim Meeting, the American Medical Association Organized Medical Staff Section (AMA-OMSS) referred OMSS Resolution 4 which called for the following: 1) that our AMA press Congress to fund programs aimed at increasing the number of nursing-education schools and the ranks of nursing faculty in order to reduce patient mortality and to increase patient safety in US hospitals; 2) that our AMA initiate a public education and letter-writing campaign to better inform our national elected representatives that the nursing shortage in US hospitals is an urgent and growing problem that can and must be addressed; and 3) that our AMA House of Delegates provide reports back for the next three Annual Meetings on actions taken pursuant to the resolution.

This report provides an environmental analysis of the nursing shortage from the perspective of hospitals, government, and society as a whole, along with recommendations on next steps.

### **Discussion**

#### **ENVIRONMENTAL ANALYSIS**

There are currently 126,000 unfilled nursing positions across the country, and one study has predicted that “hospital nursing vacancies will reach 800,000, or 29%, by 2020<sup>1</sup>”. The average age of a registered nurse working today is 43.3 and climbing; by 2010 the projected average age of the working registered nurse will be 50<sup>2</sup>.

Given the expected increases in demand brought about by the aging of the nation’s 78 million baby boomers (who are expected to live longer and demand more care than older generations have in the past), it is unclear how the health care industry will meet patient needs without compromising access, particularly as retention continues to be an expensive problem as nurses leave the field in search of more manageable, better paying work environments.

*Hospitals.* The Registered Nursing (RN) staff is typically larger than the medical staff in a given hospital and is often a hospital’s largest expense line item. In some hospitals, cost pressures have resulted in higher patient to nurse ratios and a shift from RNs toward less expensive Licensed Practical Nurses (LPNs) and Certified Nurse Assistants (CNAs). Some hospital management companies and areas of the managed care industry have pressed hospital administrators to lower lengths of stay, which has contributed to faster rates of patient turnover and higher levels of patient acuity, both of which make the work environment for nurses more difficult. In addition, some hospitals use mandatory overtime policies (which have led to nursing strikes) and have sharply increased their reliance on temporary and traveling nurse staffing agencies, both of which raise patient safety concerns.

*Government.* States are responsible for licensing (and disciplining) RNs. In 1999, California became the first state to enact legislation mandating patient to nurse ratios and about a dozen other states are considering similar measures<sup>3</sup>. The Federal government contributes to nursing education through the Nurse Reinvestment Act, which establishes nurse scholarships, nurse retention and patient safety grants, comprehensive geriatric training grants for nurses, faculty loan cancellation programs, and career ladder grant programs, and also funds public service announcements promoting the nursing profession. Despite increased marketing efforts, 32,000 qualified applicants were turned away in 2006 due to a shortage of faculty, and the nation will need 90% more graduates to address the national shortage of nurses which is expected to intensify through 2020<sup>4</sup>. Pamela Thompson, CEO of the American Organization for Nurse Executives, notes that “We have been successful in demonstrating that nursing is an excellent career choice, but our inability to accept those interested in pursuing this career diminishes that achievement. We need more faculty and we need more infrastructure in our schools”<sup>5</sup>.

*Society.* Patients are affected by the nursing shortage on two levels. First, the RN shortage means that those that are on the front-lines of hospital medicine are overworked, increasing the risk of error. High patient to nurse ratios are related to increased patient mortality, complications, and lengths of stay, in addition to nurse burnout and job dissatisfaction<sup>6</sup>. Lower nurse-to-patient ratios are associated with a 12% reduction in rates of adverse outcomes, including urinary tract infection, pneumonia, shock, upper gastrointestinal bleeding, and length of stay. In some hospitals, shortages may mean that lower quality is tolerated; according to the Joint Commission, nurse staffing levels have been a factor in 24% of all reported sentinel events.

In addition to its impact on individual patients, the nursing shortage also has public health implications for society, including reduced access to care and an impaired ability to respond to disaster emergencies. Some have further argued that the U.S. hospital RN shortage has implications for societies around the world in that nurses who are recruited to the U.S. leave behind increasingly strained health care systems in their home country. Of the 1.9 million RN FTE currently in the workforce, approximately 100,800 are foreign-educated nurses. The Philippines easily ranks as the leading source, followed by Canada, India, Nigeria, and Ireland.

### **Conclusions**

The growing shortage of nurses in acute care settings has been shown to threaten patient safety<sup>7</sup>. Higher levels of acuity, shorter lengths of stay, increasing documentation burdens, and mandatory overtime have contributed to an ever more stressful working environment for those that are the primary sources of care for patients at the most vulnerable points in their lives. While wealthier patients can afford private duty nurses, the nursing shortage represents an urgent and growing problem for the average American and for the grass-roots physicians who care for them.

AMA’s Council on Medical Service presented a report at the 2001 Annual Meeting which stated that: “The Council believes that physicians and nurses need to act together to improve working conditions that impair the relationship between them to provide better patient care in a safe, collaborative environment” and “believes it is essential that nurses, physicians, and hospitals continue to work cooperatively to confront the growing staffing challenges that lie ahead in the health care industry” .

Less than 20% of nurses report feeling safe in their working environment; concerns include job stress, disabling back injuries, and contracting HIV or hepatitis from a needle-stick injury<sup>8</sup>. An American Nurses Association survey found that 55 percent of nurses would not recommend to the profession to their children or friends<sup>9</sup>. Increasing education capacity will be critical, but turnover is likely to remain high if changes to the hospital work environment are not made.

### **Recommendations**

#### **Recommendation 1:**

The Governing Council recommends that the following resolution be submitted to our AMA House of Delegates at its 2007 Annual Meeting:

RESOLVED, That our AMA work with the Joint Commission to consider nurse staffing as a National Patient Safety Goal and to examine the Hospital Accreditation Standards at NR.3.10 (regarding nursing policies and procedures, nursing standards, and nurse staffing plans), LD.3.15 (regarding management of the flow of patients to mitigate patient crowding and ensure appropriate care of patients in temporary locations), and HR.1.10-1.1.20 (regarding the hospital staffing plan and the qualifications of staff), to ensure that nursing staffs are adequate relative to patient number and acuity, are competent, and are appropriately oriented and trained in specialized departments;(Directive to Take Action).

RESOLVED, That our AMA support professional nursing associations in their efforts to educate the public and advocate for programs aimed at protecting patient safety by ameliorating the RN shortage in hospitals (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage hospital organized medical staffs (OMS) to take steps to improve the working environment and professional standing of nurses in hospitals in order to improve the quality and safety of patient care (Directive to Take Action); and be it further

RESOLVED, That our AMA provide reports to the House of Delegates at its 2008, 2009, and 2010 Annual Meetings detailing progress made in its efforts to address the nursing shortage (Directive to Take Action).

#### **Recommendation 2:**

The Governing Council recommends that this report be adopted in lieu of Resolution 4 (I-06).

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<sup>1</sup> Health Resources and Services Administration, <http://bhpr.hrsa.gov/healthworkforce/reports/>

<sup>2</sup> *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*, Joint Commission Public Policy Initiative, p. 5.

<sup>3</sup> *Hospital Nurse Staffing, Education, and Patient Mortality*, Leonard Davis Institute of Health Economics, Volume 9, Number 2, October, 2003.

<sup>4</sup> Health Resources and Services Administration.

<sup>5</sup> *Nursing School Enrollments Rise 5%, More than 32,000 Turned Away*, AHA News Now, 12-05-2006.

<sup>6</sup> *Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction*, Linda Aiken et al, JAMA, October 23,30, 2002, Vol 288, No. 16 p. 1987.

<sup>7</sup> Ibid.

<sup>8</sup> *Addressing the Nursing Work Environment to Promote Patient Safety*, Nursing Form, Volume 42, No. 1, January-March, 2007.

<sup>9</sup> *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors*, GAO Report, July 2001.