

Workforce Challenges

Background A strong and engaged workforce is the lifeblood of America's hospitals. The five million women and men who care for patients every day demonstrate the hard work, compassion and dedication that make hospitals an invaluable resource in every community. *The Patient Protection and Affordable Care Act (PPACA)* includes several provisions beneficial to the individuals who provide care for our patients and communities.

The PPACA creates a National Health Care Workforce Commission to develop a comprehensive and coordinated national strategy to address workforce shortages and encourage training in key areas. To increase the supply of health care workers, the PPACA provides higher loan amounts and more flexible loan repayment programs for primary care physicians, nursing and allied health professionals and the public health workforce. It also supports current health care workers by providing funding for a variety of programs, many aimed at increasing workforce diversity.

AHA/ASHHRA View To keep America's caring workforce strong, the AHA is committed to working with all stakeholders to identify strategies, resources and policies that support our caregivers. As hospitals' national advocate, the AHA addresses workforce challenges on two fronts – workforce shortages and employee relations.

WORKFORCE SHORTAGES

While the recession temporarily has eased workforce vacancies in some areas, once the economy improves, severe shortages will return. The AHA is pleased that the PPACA includes several provisions aimed at increasing the supply of health care workers.

Becoming more attractive employers is one way to address caregiver shortages. In 2009, the AHA Board of Trustees tasked its Long-Range Policy Committee to examine workforce issues for the new decade and provide findings and recommendations for the field. The committee analyzed hospitals' changing environments – how care is delivered and the demographics and cultural attitudes of the future workforce pool. The committee's recommendations focused on three main strategies: redesigning work, retaining existing workers and attracting a new generation of workers. The result is *Workforce 2015: Strategy Trumps Shortage* – a report that focuses on broad workforce challenges and key strategies. It offers hospital leaders recommendations for developing successful workforce strategies.

EMPLOYEE RELATIONS Card Check. *The Employee Free Choice Act* (H.R. 1409/S. 560) would eliminate secret ballot elections in union organizing campaigns, replacing that with a requirement that an employer recognize a labor union if a majority of its workers sign authorization cards. The bill, known as “card check,” also would make initial collective bargaining contracts subject to binding arbitration if no agreement was reached within 120 days of union recognition.

While the prospect for passage of card check this year seems unlikely because of the effects of the AHA and our Coalition for a Democratic Workplace partners, we will continue to vigorously oppose the legislation. However, congressional leaders have indicated that in lieu of card check, other alternatives may be considered:

- **“Quickie” elections:** Presently, the average time taken to complete a secret ballot election is 39 days, and 94 percent of elections are completed within 56 days. Imposing an abbreviated timeframe to complete a secret ballot union recognition election virtually eliminates an employer's ability to provide employees with adequate information about the union and to respond to questions employees may have.
- **“Postcard” check:** Under this alternative, employees would fill out their postcard ballot and mail them into the union. Mail-in card check or “postcard check” eliminates secret ballot elections and lacks the significant employee protections inherent in current law.
- **Final offer arbitration:** “Final offer” arbitration forces a government arbitrator, who may know little about the specific environment of health care, to adopt only one party's final offer in total rather than bridging the differences between parties and creating an offer that includes elements important to all. Final offer arbitration does not allow a decision to be appealed.

- **Employer neutrality:** Union access provisions, commonly referred to as employer neutrality, give non-employee union organizers the right to enter a workplace during work hours to solicit support during a union-organizing campaign. This access will significantly disrupt the working environment of a hospital, severely hampering day-to-day operations.

Nurse Staffing Patterns. Many factors influence a hospital's staffing plan to ensure patients receive appropriate care, including the experience and education of its nursing staff, the availability of other caregivers, patients' needs and the severity of their illnesses, and the availability of technology. A major consideration, however, is the availability of nurses themselves. The demand for registered nurses (RNs) and other health care personnel will continue to rise as "baby boomers" begin to retire. In addition, as a result of health care reform, more patients are expected to gain access to the health care system.

Several measures have been introduced that would require health care providers to establish and implement nurse-patient ratios within the health care setting. The pending legislation includes the *Registered Nurse Safe Staffing Act* (S. 54), *Nurse Staffing Standards for Patient Safety and Quality Care Act* (H.R. 2273), and *National Nursing*.

Shortage Reform and Patient Advocacy Act (S. 1031). S. 1031 also prohibits the use of unavoidable overtime for nurses. The AHA and its American Society for Healthcare Human Resources Administration (ASHHRA) oppose efforts that limit hospitals' flexibility to determine appropriate staffing patterns for health care workers.

Mandatory Lifting. Hospitals couldn't exist without hardworking nurses and caregivers – they are the backbone of patient care – and protecting their health and preventing injuries are priorities. That's why virtually every hospital has appropriate procedures, which may include the use of lifting devices to assist nurses and other caregivers in transferring patients. *The Nurse and Health Care Worker Protection Act* (H.R. 2381/S. 1788 and S. 1031) would require the Occupational Safety and Health Administration to implement a "zero lift" policy in health care settings. Efforts to eliminate the manual lifting of all categories of patients, including newborns and pediatric patients, except when a health care provider can demonstrate that using a mechanical device would harm a patient, would have a devastating effect on hospital operations and patient care.

When patients need to be transferred, nurses and other caregivers must have flexibility in making decisions about patient care. This is especially critical in an emergency, when a patient's life could hang in the balance. Restricting manual lifting only to times when a government official has declared a state of emergency, as the legislation requires, fails to take into account the emergencies that happen every day in a hospital – when quick thinking and action can save a life.

Restrictions on Unavoidable Overtime. One way hospitals cope with the RN shortage is to ask staff to remain voluntarily on patient care units after the completion of a scheduled shift, also referred to as unavoidable overtime. Sometimes hospitals may, out of necessity, require health care staff to remain on their shift until replacement staff can be found.

Unavoidable overtime is the staffing vehicle of last resort, limited to crisis situations that would put patients in danger of not receiving the care they require. The AHA and ASHHRA believe this issue is best addressed within the institutional setting and oppose S. 1031, which bars the use of overtime.