

Workforce Challenges

Issue Each and every day the 5 million women and men who are America's hospitals keep the promise of care that the blue and white "H" sign represents. However, current workforce trends are challenging hospitals' mission to care for their patients and communities. Severe workforce shortages threaten hospitals' fundamental promise of operating at full capacity. Some hospitals have been forced to reduce the number of inpatient beds available, postpone or cancel elective surgeries, and instruct ambulances to bypass their overflowing emergency departments because they lack an adequate number and mix of personnel to care for patients. Shortages are severe among both clinical and non-clinical workers, including nurses, therapists, radiology technologists, pharmacists, medical record personnel, housekeepers and food service personnel. In addition, current immigration laws make it difficult for qualified international health care professionals to work in the U.S.

While the recession temporarily has eased workforce vacancies in some areas, once the economy improves, severe shortages will return. The demand for registered nurses (RNs) and other health care personnel will continue to rise with the growing health care needs of the 78 million "baby boomers" who will begin to retire in 2010. The Department of Health and Human Services estimates that by 2020, our nation will need 2.8 million nurses – 1 million more than the projected supply. The Department of Labor in 2006 ranked RNs as the occupation with the highest demand rate. In fact, hospitals reported 116,000 RN vacancies as of January 2007. Almost 88,000 qualified applicants – one in three – were turned away from U.S. nursing programs in 2005-2006 largely due to the lack of prepared nursing faculty. In addition, the Bureau of Labor Statistics projects severe shortages for many allied health professions. Allied health professions include clinical laboratory scientists, radiologic technologists, and respiratory therapists. Without decisive intervention, these trends will have a serious impact on hospitals' ability to care for patients and communities.

View The AHA and ASHHRA are committed to identifying strategies, resources and policies that support America's hospitals and their caregivers.

A Role for Hospitals. One way to cope with caregiver shortages involves hospitals becoming more attractive employers. Over the past several years, the AHA has built on the recommendations of its Commission on Workforce for Hospitals and Health Systems 2002 report, "In Our Hands: How Hospital Leaders Can Build a Thriving Workforce." That report, six subsequent workforce publications and other AHA and ASHHRA resources have featured more than 1,000 real-world examples of how new thinking, new attitudes and new ways of providing care are successfully working in health care organizations across America to address the workforce problem for both the short and long term. The case examples, tools and other practical resources also are published on the AHA Web site, www.healthcareworkforce.org.

At the same time, the AHA and ASHHRA continue to partner with private and government organizations to provide hospitals with additional tools and resources to implement the Commission's recommendations related to fostering more meaningful work and improving the workplace partnership between employees and hospitals. In addition, the AHA and ASHHRA are working with a number of organizations to increase the nation's capacity to educate additional health care personnel for the future.

A Role for the Federal Government. Hospitals continue to undertake steps to tackle the workforce shortage, including financial support to local colleges and incumbent workers, establishment of training programs and providing clinical training sites. This complex problem, however, cannot be solved by hospitals alone. The federal government plays a critical role in supporting and funding an adequate health care workforce.

Nursing and Allied Health Care Education. ASHHRA participated in a coalition, including the American Organization of Nurse Executives and 40 other partners, that helped secure \$156 million for nurse education in fiscal year (FY) 2008. In addition, ASHHRA pushed to secure \$8.8 million in funding for allied health training, despite the Administration's recommendation of zero funding. ASHHRA supports the *Nurses' Higher Education and Loan Repayment Act* (H.R. 1460), which would establish a federal student loan repayment program for nurses who obtain a graduate degree in nursing and agree to teach full time at an accredited nursing school for at least four years. In addition, the AHA and ASHHRA are working with Congress to reauthorize the *Nurse Reinvestment Act*. ASHHRA supports measures that increase the number of faculty for nursing and allied health professionals and promote best practices to retain nurses in the workforce.

Nurse Staffing Patterns. ASHHRA opposes *The Registered Nurse Safe Staffing Act* (S. 54), which would require health care providers to establish and implement nurse-patient ratios within the health care setting because it limits hospitals' flexibility to determine appropriate staffing patterns for health care workers. Many factors influence a hospital's staffing plan to ensure patients receive appropriate care, including the experience and education of its RNs, 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 the RNs themselves. As discussed above, we need to focus on ensuring that the country has an adequate supply of nurses and other allied health professionals, which, in turn will increase access to care.

Restrictions on Unavoidable Overtime. One way hospitals cope with the RN and allied health workers shortage is to ask staff to remain voluntarily 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 legislation that would prohibit the use of unavoidable overtime.** Patients may be at risk if hospitals cannot require staff to work overtime when unforeseen circumstances prevent the use of relief staff at the end of a scheduled shift.

Immigration. The ASHHRA supports streamlining and improving the immigration process to allow qualified, internationally-educated nurses and allied health professionals to come to this country. We will continue working with Congress and the Administration to improve immigration opportunities for qualified health care professionals, including maintaining the availability of employment-based visas for shortage professions. The ASHHRA also supports the S. 628, the *Conrad State 30 Improvement Act*, which permanently reauthorizes the "Conrad 30" program. This program allows state health departments to request visa waivers for up to 30 foreign physicians per year to work in federally designated Health Professions Shortage Areas or Medically Underserved Areas. First enacted in 1994, the Conrad 30 program has been integral to bringing medical care to many of the most under-served rural areas of the country. Currently, more than 20 million Americans live in areas where there is a lack of physicians to meet their medical needs.