Nurses' shortage

Drop in ranks blamed on women's choice of other careers

By Joanne Maliszewski
staff writer

Shortages in hospital nursing staffs is a cyclical dilemma for the hospital industry.

Yet with this latest shortage, other problems — far from easy to resolve — are interfering with the usual, cyclical economic factors that spell feast or famine for hospital nursing staffs.

How to encourage career nurses who have given years to the profession to stay in their jobs. How to encourage retired and inactive nurses to re-enter the profession.

Hospital and nursing officials and educators around the country are struggling with these tasks as they move to head off what they hope will not become a trend in the nursing industry.

Recruiting new nurses and retaining experienced career nurses in an era when career opportunities — with better working conditions, hours and salaries — for women are opening up is no easy task, said Linda Brown, Michigan Nurses Association's communications director.

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> *— Denise Fanelli*
> *Botsford nursing administrator*

"The nursing profession is not as attractive as other professions," said Denise Fanelli, nursing services administrator at Botsford General Hospital in Farmington Hills.

YOUNG WOMEN today are choosing careers — in business and law, for example — that offer better pay, better hours and greater status than does nursing, Fanelli said.

Even those career nurses who have devoted their lives to their work are leaving hospitals for less stressful positions in nursing homes, clinics and health maintenance organizations, Fanelli and Brown said.

Despite a growing exodus and drop in nursing school enrollments, the picture is not yet totally bleak or at crisis levels. Of the approximately 1.9 million registered nurses in the United States, 1.5 million are employed in nursing.

"That's a really high percentage of employment in a profession," Brown said.

But it's the future that is beginning to worry industry officials. Today, the nursing profession must compete with other professions popular with women in order to maintain the nursing ranks.

Nursing officials point to salaries as part of the reason for the growing shortage. Consider, they say, that the starting salary for a staff nurse employed in a hospital is $20,340 with an average maximum of $27,744, according the American Nurses' Association.

At Botsford Hospital, the average starting salary is $21,000-$22,000 *with an average $27,000 for nurses* at the top of the experience scale. "They (nurses) can make more in something else," Fanelli said.

BUT HOSPITAL representatives maintain that nurses' salaries are on par with other professions. Nurses are not underpaid compared to starting salaries in other professions: engineering, $17,000-$22,000; architecture, $16,000; chemistry, $22,500, said Jane Eckles, Southeastern Michigan Hospital Council spokeswoman, quoting statistics in "Working Woman" magazine.

"Nurses always get shift differential (extra money for working late night shifts, for example) and overtime. We don't think it (the shortage) is so much a money issue," Eckles said.

Nursing and hospital officials also believe that the image of nursing has something to do with fewer young women entering the profession.

"Nurses are viewed as always subservient, light-weight, feather-brained women," Eckles said.

To improve nurses' image, Eckles said, the media must lend a hand.

"We must let people know it takes a special person to be a nurse. It's a rather noble calling."

Fanelli agrees. "Nurses are very knowledgeable and that is not portrayed."

Still, most hospital and nursing professionals believe much of the solution to the shortage and accompanying problems must be addressed through beefed-up marketing and promotion of the profession.

FANELLI SUGGESTS that associations representing nurses, as well as hospitals, such as Botsford, should work with high school counselors and students to promote the profession. Fanelli also suggests seeking out those nurses who have retired, moved into other nursing jobs or who have just quit.

"There's a big pool of inactive nurses out there, and we should look into bringing them back," she said.

The Michigan and American Nurses Association, Brown said, primarily works with women currently in nursing schools. But educational groups within the associations are *beginning* to recognize the need to study the shortage and develop solutions.

Concerned that the current nursing shortage could be the beginning of a trend, the Southeastern Michigan Hospital Council has developed a plan of attack.

In addition to promoting the profession to both high school men and women, the council suggests removing licensure barriers that would allow hospitals to bring in additional help who may not be licensed.

New recruitment strategies — including how to retain experienced nurses — and commitments to nurses for tuition-paid continuing education are other strategies under consideration, Eckles said.

OTHER FACETS of the council's plan include increased government subsidies for nursing education and a program for allowing nurses to increase their skill and educational levels on-the-job.

Efforts have been made in many hospitals to improve salaries, offer benefits including child day care, flexible hours and tuition reimbursement, hospital and nursing officials said.

Botsford recruits grads early to fill vacancies

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when the economy is good because not as many women must work to supplement family income. In poor economic times, the nursing profession swells as women head back to work, particularly if their husbands lose their jobs, Fanelli said.

IN THIS latest shortage, however, other factors are playing a role. Above all, increased career options are drawing young women away from the profession.

With an increased demand for advanced technological skills to care for acutely ill patients, nurses are taking second looks at their chosen careers and walking out the door to less stressful and more profitable jobs.

Many career nurses stay in the profession but move to nursing homes, health maintenance organizations and clinics — all considered less stressful than a hospital environment. Working conditions, salaries and the profession's image also are playing a role in women turning away from the profession.

Botsford's shortage is mirrored throughout the industry. In 1985, the national vacancy rate for registered nurses was 6.3 percent. By 1986, vacancies doubled to 13.6 percent, said Linda Brown, communications director for the Michigan Nurses Association.

"The shortage is pretty widespread across the country," Brown said.

An informal survey conducted by the Southeastern Michigan Hospital Council shows 1,200 nurses' openings at 20 member hospitals, said Jane Eckles, council spokeswoman.

"Yes, there is a shortage. It is not crisis proportion. But we are concerned about the trend," Eckles said.

THE INDUSTRY shortage is matched by an accompanying drop in nursing school enrollment, which could deepen the shortage. Graduate nurses — with two-, three- or four-year degrees — are in great demand by hospitals, such as Botsford, which are trying to fill their ranks and stay ahead of the shortage.

Nationally in 1985, enrollments for a bachelor's degree in nursing dropped 4.2 percent compared to 1984; associate's degree dropped 7.8 percent and diploma (trained in the hospital) were down 19 percent, according to the National League for Nursing.

Many schools, Fanelli said, are reporting an average 8-10 percent enrollment decrease. "It's really varying depending on the schools."

Today, hospitals aren't waiting until nursing students graduate. They are nabbing them now. In past years, Botsford recruiters would wait until March to contact would-be graduates.

With a 13 percent vacancy rate, Fanelli and her recruiters began advertising in January. In May and June, Botsford will have its vacant positions filled with new graduates, who will be working on a temporary six-month license until they pass their state licensure exams, Fanelli said.

It is in the specialty fields and critical care areas that the shortage is having its greatest effect. Experienced and advanced technological knowledge and skills are required in these ever-changing areas.

WHEN AN experienced specialty nurse leaves, it's hard to replace her years of knowledge and skills. It's difficult and unfair to expect graduate nurses to fill their shoes even though on-the-job training is plentiful and continuous in hospitals, Brown said.

"Those patients allowed to come to hospitals are very, very ill. The burden on nurses is tremendous. So nurses have a much greater responsibility," Fanelli said.

Despite the shortage, hospital officials maintain that patient care is not suffering. Hospitals, such as Botsford, are filling the gaps with double shifts, increasing part-time nurses to full time and hiring nurses on a temporary status, Fanelli said.

As with Botsford's shortage, professional registered nurses are the most needed and the most difficult to get. The majority of Botsford's 62 vacant positions are for registered nurses.

"We don't have trouble recruiting LPNs (licensed practical nurses) but we do have trouble recruiting RNs," Fanelli said.

Medical/surgical and intensive care nursing positions are the most difficult to fill, according to a 1986 nursing supply survey conducted by the American Hospital Association's American Organization of Nurse Executives.

Survey results also showed that the average hospital needed more than 60 days to fill emergency room, operating room and psychiatric nursing posts, as well as positions for head nurses, nursing supervisors and assistant nurse administrators.

"Because of the acuteness of the patient, an RN has the skills to care for these patients," Fanelli said, adding that LPN's work under an RN's supervision.

YET AS new laws and pressures are put on hospitals to cut medical care costs — leaving only the sickest of patients in the hospitals — those with the skills and experience to care for severely ill patients are becoming harder to find.

"People don't remember that patients are here for nursing care," Fanelli said.