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Where Have All the Nurses Gone?

How Working Conditions in Local Hospitals are Driving Nurses Away

February 2002

A Study by the SEIU,
Local 1107 Nurse Alliance
A Follow-up to **The Shortage of Care**

Service Employees International Union, Local 1107



ASSEMBLY HEALTH AND HUMAN SERVICES
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Executive Summary

The rising rate of medical errors in hospitals is fast becoming a national crisis. Most nurses and several studies conclude that nurse staffing levels are directly responsible for many of these adverse outcomes.

Only recently have hospital administrators acknowledged that they don't have enough nurses on staff to adequately care for patients. However, they attribute this to a growing nursing shortage brought on by demographic changes. This shortsighted view of the problem has led to a limited set of solutions including measures to expand education and recruitment programs.

Based on figures from the U.S. Bureau of Labor Statistics, as well as the Nevada Hospital Association, there appears to be more than enough licensed nurses to fill all vacant positions. If so, then why are local hospitals inundated with vacant nursing positions?

To get to the bottom of this, the SEIU Nurse Alliance went directly to the source and conducted a study of nurses who have terminated employment at four local hospitals over the last 2 years. Our goals were to determine how many nurses are licensed, but not working in hospitals or not practicing nursing at all, and to discover what factors are driving nurses away from hospitals and their profession.

We found that 45% of nurses surveyed chose to either leave nursing or not to work in a hospital. Nearly three-fourths of these nurses cited working conditions as a reason for leaving. Staffing and mandatory overtime were the two most common working conditions mentioned. These registered nurses opted for employment with insurance companies, doctors' offices, surgical centers, schools, nursing homes and home healthcare settings.

According to an overwhelming majority of Registered Nurses, improved staffing and more flexible shifts are needed in order to recruit and keep nurses. The common theme throughout the survey is nurses want to provide patients with the best care possible, but staffing levels and long hours make it difficult.

The crisis will not be solved by recruitment and education initiatives alone. Recruitment initiatives may treat the symptoms, but they won't treat the disease. The only true solutions are to mandate safe staffing standards and to place limits on mandatory overtime. As long as nurses are overloaded and unable to provide quality care for patients, nurses will continue to face high levels of frustration, stress, and injuries – and look elsewhere for careers that provide greater rewards and satisfaction. There are experienced nurses available. We just need to bring them back to our hospitals.

Where Have All The Nurses Gone?

Over the past decade, hospitals have steadily downsized and deskilled their nursing workforce to maintain profitability and remain competitive. This trend drove many nurses away from work in hospitals and is largely responsible for the problems we have today.

In Nevada, everybody talks about the nursing shortage. Though everyone may not agree on what is responsible for it, most agree the evidence of a nursing shortage is anecdotal. The Nevada State Board of Nursing, the Board charged with regulating nursing in Nevada, admits that it has no data regarding where nurses are working. While the Board used to request employment information on licensure applications, they stopped asking for this information in recent years.

The Board doesn't track nurses who place their license on inactive status either; the Board has no way of identifying those nurses who have left the profession for good. Recently, the Board testified to the Interim Legislative Committee on Medical Errors that the evidence that exists regarding a nursing shortage in Nevada is anecdotal.¹

The only data available from the State Board of Nursing is the number of active and inactive licenses. The Board reports that there are over 16,000 Registered Nurses in the State of Nevada, of which approximately 14,000 are working as nurses. The estimated supply of Registered Nurses exceeds the number actually employed by nearly 2,000.²

The Nevada Hospital Association reports that there are 1,283 vacancies for nurses at Nevada hospitals³. If we subtract the number vacancies from the Nursing Board's number of nurses licensed, but not practicing, there are over 700 more nurses than vacancies.

Labor Economist Linda Levine examined national labor data and found that current reports that nurses are in short supply are anecdotal and not substantiated by fact. In a Congressional Research Service Report presented to Congress May 2001, Levine examines demographic data from across the United States and concludes that there is no across-the-board shortage of Registered Nurses at the present time.⁴ Instead, she suggests that there is a misdistribution of labor rather than a shortage.

Levine's findings are accepted by both nursing advocates and industry representatives. Richard M. Green, a US Nursing Corporation General Counsel, used the findings last year, when he testified nationally there were 2,221,000 active licensed registered nurses in the United States.

¹Scott, Debra, Executive Director of the Nevada State Board of Nursing, Testimony before the Legislative Committee on Health Care's Subcommittee to Study the Development of a System for Reporting Medical Errors. February 11, 2002.

² Ibid.

³ Welch, Bill, Executive Director for the Nevada Association of Hospitals and Health Systems, Testimony before the Legislative Committee on Health Care's Subcommittee to Study the Development of a System for Reporting Medical Errors. February 11, 2002.

⁴ Levine, Linda. "A Shortage of Registered Nurses: Is it on the Horizon or Already Here." Congressional Research Services Report for Congress, May 18, 2001.

Of which, 2,078,810 nurses were actively employed. The estimated supply of Registered Nurses nationally exceeded the number actually employed by 142,190.⁵

While there may not be a nursing shortage now, the latest estimates from which supply and demand conditions in the labor market for RNs may be observed point to a **looming** national shortage, with supply falling short of demand in 2008. Based on demographic trends, a nurse shortage could be on the horizon, if we do not take ameliorative actions now.

An American Hospital Association 1999 report says the same thing. The report suggests that the nursing shortage is isolated to certain specialty and geographic areas. It forecasts a nurse shortage occurring in 5 to 10 years.⁶

A look at the demographic data indicates that nurses are leaving the hospitals for work in other settings. Nationally, the number of hospital employees on staff for each patient discharge, adjusted to reflect the rise in acuity levels, declined by more than 13% between 1990 and 1999. Nationwide, the proportion of registered nurses working in hospitals declined from 68 percent in 1988 to 59 percent in 2000.⁷

Why Nurses Aren't Working In Nevada Hospitals

What Nurses Say About Working Conditions in Las Vegas Hospitals

"I will never return to hospital nursing due to the current nurse/patient ratios. Nurses are required to care for too many patients regardless of patient acuity"

"I have worked in nursing since 1985. The hospital nurses here in Clark County are treated like factory workers."

As mentioned above, the proportion of registered nurses working in hospitals nationwide has declined from 68 percent in 1988 to 59 percent in 2000. But as both the Nevada Hospital Association figures, as well as Congressional Research Service figures indicate there are nurses available, but they chose to leave the profession or not to work in a hospital. One of the questions we sought to answer through our survey was why? To find the answers to these questions, we went directly to the nurses themselves. This is what they say:

Deteriorating working and patient care conditions led nurses to leave hospitals.

Perhaps the most disturbing finding in the survey is that 45% of nurses who left work at a local hospital did not return to work at another hospital. Instead, these nurses opted for employment with insurance companies, doctors' offices, surgical centers, schools, nursing homes and home healthcare care settings, or left the profession.

⁵ Green, Richard M. Testimony from the 37th Annual Conference and Exhibition of the American Society of Health Care Human Resources Administration. July 22-25, 2001 in Chicago, Illinois.

⁶ "RN Shortages in Hospitals," *Trendwatch*. The American Hospital Association, March 1999.

⁷ *Ibid*.

More of What Nurses Say About Working Conditions.

"We are treated so much better in a surgery center (i.e. lunches, incentives to work extra...consistently get breaks, better staffing). I never realized what slave labor was until I got off of the floor and out of the hospital."

"I don't think I could return to hospital nursing unless staffing improved dramatically. Patients are sicker than ever and at night 9 to 10 patients is too many to take care of alone."

"I was required to work too many hours. Just before I quit I was scheduled to work six 12 hour shifts in a row - former hospital nurse."

"18 hours is too long to work and then to be expected to return in 8 hours. It's not enough time to get proper rest"

"I didn't like taking call. I was not physically able to work 12 difficult hours, drive home, be called back to work for 3 or 4 hours, and then come back again for another 12 hours."

By and large, nurses cited working conditions, including staffing, as the reason for leaving employment in hospitals. 72% point to working conditions like hours of work, overtime, and staffing.

The most often cited working condition that has driven nurses out of hospitals is short staffing. 64% of nurses who left work at a local hospital specifically cited staffing as the reason for leaving.

Consistent with our findings that poor staffing levels are driving nurses out of hospitals, staffing is also a major contributing factor to nurses leaving the profession. 29% claim that staffing was responsible for their change of occupations.

Mandatory overtime and long work hours cause nurses to seek other professions.

Studies have found nurses in hospitals work an additional 8 ½ weeks of overtime on average per year.⁸

One-sixth of nurses surveyed left nursing altogether in the past two years. 32% of nurses who left nursing, blamed working conditions such as mandatory overtime/on-call and the lack of flexible work hours as reasons for leaving nursing. A small percentage thought the customary 12-hour shift was too long.

Low pay and poor health and retirement benefits are also contributing to the exodus.

Both nurses who left the profession and those who no longer work in hospitals, say low pay and poor health and retirement benefits contributed to their decision to leave. 29% of these nurses cited pay and benefits.

⁸ "Shortage of Care," SEIU Nurse Alliance, May 2001.

Why Does it Matter?

What Nurses Have to Say About Flexible Work Hours

"I had twins, when I asked if I could go to part time, I was told no, it's all or nothing. So I am temporarily retired."

"I found home care to be a less stressful, more financially compensated position, allowing me to provide excellent care to my patients."

"I have two children . . . I requested to work part time and they (management) refused."

"I left because I was having another baby and only wanted to work part-time. I couldn't get a part-time shift."

"Aging nurses need more flexibility in hours. 12 hour shifts are too much with the added responsibilities."

Patient Care Suffers

In addition to the impact of understaffing on the working conditions of nurses, it also has an impact on the care patients receive. The Institute of Medicine's (IOM) report published in the fall of 1999 found that medical errors are responsible for 44,000 to 98,000 deaths in hospitals each year. Several studies have directly linked nurse staffing to adverse patient outcomes and medical errors.

One study conducted by professors from the Institute of Quality Healthcare at the University of Iowa found that an adequately staffed unit with a high RN skill mix (ratio of nurses to assisting staff) had a beneficial effect on patient outcomes.⁹ It went on further to attribute higher ratios of nurses to support staff to lower rates of medication errors, bed sores, and patient complaints. These researchers also discovered trends that suggested units with higher RN staff mixes had fewer patient falls and hospital acquired respiratory and urinary tract infections.

Another study published in *Image: Journal of Nursing Scholarship*, found a "strong relationship" between nurse staffing and adverse events. The study went further, stating "decreasing adverse events is good for patients, good for a hospital's reputation, and...may be fiscally good for hospitals as well."¹⁰

These studies are supported by the experiences of nurses. A majority of nurses believe most medical errors are caused by insufficient staffing. According to a May 2001 study conducted by the SEIU Nurse Alliance, 54% of nurses say that half or more of the errors they report are the direct result of inadequate staffing. Of greater concern is even with all the attention medical errors have received since the IOM study, most nurses believe the rate of incidents has remained unchanged, while nearly one-third of nurses polled say the number of errors have increased.¹¹

⁹ Blegen, Mary and Vaughn, Tom. "A Multisite Study of Nurse Staffing and Patient Occurrences," *Nursing World*. July-August 1998.

¹⁰ Gergen, Peter J. and Kovner, Christine. "Nurse Staffing Levels and Adverse Events Following Surgery in U.S. Hospitals," *Image: Journal of Nursing Scholarship*. Fourth Quarter 1998.

¹¹ "Shortage of Care," SEIU Nurse Alliance, May 2001.

Nurses Will Continue to leave

According to a study by the International Hospital Outcomes Research Consortium released last May, 33% of nurses younger than 30 planned to leave the profession.¹²

According to a study by the SEIU Nurse Alliance, "The Shortage of Care," 45% of nurses nationally, and 39% in Nevada, say they will leave acute care before they retire. 11% will seek early retirement and 9% will leave nursing altogether.¹³

Hospital representatives shrug off criticisms that working conditions in local hospitals are deteriorating. Using the nurse shortage as an excuse for deplorable working conditions and the resulting exodus of nurses out of the profession, they may be creating the conditions that will result in a true nursing shortage by 2008.

What We Can Do to Bring Nurses Back To Hospitals and Their Profession.

According to an overwhelming majority of Registered Nurses, improved staffing and more flexible shifts are needed in order to recruit and keep nurses. The common theme throughout the survey is nurses want to provide patients with the best care possible, but staffing levels and long hours make it difficult.

The Nevada Hospital Association data shows show that there are more than 700 more licensed nurses, than vacant positions. Unfortunately, these nurses just aren't working in hospitals or as nurses.

According to our findings, to curb the exodus of nurses from hospitals, we need to drastically improve working conditions for nurses in hospitals. By doing this, we will retain the nurses currently working in hospitals, and encourage those who left, to return. This in combination with recruitment efforts, should succeed in providing hospitals with enough nurses and improving the quality of healthcare patients receive in Las Vegas hospitals. Here are our recommendations:

1. **Set enforceable minimum staffing standards.** 64% of nurses who left hospitals cited staffing as a reason for leaving. 68% of Nurses nationwide and in Nevada say they would be more likely to stay in acute care nursing if the staffing levels were adequate.
2. **Support legislation that would limit mandatory overtime for nurses.** Currently, Senator Harry Reid is co-sponsoring Senate Bill 1686, "The Safe Nursing and Patient Care Act." This bill would prohibit mandatory overtime for nurses in hospitals and many other health facilities receiving Medicare funding.
3. **Make the reporting of medical-errors mandatory in Nevada.** In the last legislative session, our elected officials passed a joint resolution to study medical errors. In order

¹² DeCarlo, Tessa. "Where Are the Nurses?" *Good Housekeeping*. March 2002.

¹³ "Shortage of Care," SEIU Nurse Alliance, May 2001.

for this to be effective we must make reporting mandatory and including nurse staffing levels when reporting.

4. **We must promote retention - not just recruitment - in the nursing profession.** Nearly one-third of nurses who left nursing or hospitals blamed low wages and benefits as reasons for leaving. Offering retention bonuses and pensions to nurses has proven to be successful in retaining nurses.

Methodology

During the month of January, SEIU conducted a study of nurses who have terminated employment at four local hospitals over the last 2 years. While SEIU relied upon turn-over data supplied from the four Union organized hospitals, all hospitals, union and non-union, were represented in the survey.

A 6-question survey was mailed to 1,450 registered nurses in Las Vegas. 190 surveys were returned, representing a 13.1% response rate. The respondents were not required to give their names, phone numbers, or addresses. They were, however, asked to give the name of their current employer.

Sources

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4. Green, Richard M., Testimony from the 37th Annual Conference and Exhibition of the American Society of Health Care Human Resources Administration. July 22-25, 2001 in Chicago, Illinois.
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