Stakeholder Perspectives on California’s Nurse Staffing Crisis

May 2002

Background

Health care researchers, hospital administrators, and unions representing RNs all agree that California is facing a severe shortage of qualified nursing professionals. Solutions have proven elusive, however, despite broad agreement about the gravity of the problem and its potential impact on public health.

The state’s demand for nurses is projected to exceed supply by 25,000 over the next two decades. Causes of this shortfall are both numerous and complex. Mounting financial pressure on health care employers has led many to cut nursing staff, increasing the workloads and stress levels of those who remain. Within hospital settings, nurses complain they are no longer able to spend sufficient time caring for patients, and have even less for training new RN graduates coming into the system. Nursing strikes called to spotlight such issues have become more frequent and divisive. A significant number of experienced RNs have opted to retire early, while others have simply abandoned the profession in mid-career. Added to this reality is the new state policy mandating the number of nurses to patient care beds. (See sidebar.)

California’s Nurse-to-Patient Staffing Ratios

In January 2002, California’s Department of Health Services proposed the following nurse (RN and LVN) to patient staffing ratios at hospitals in the state. The staffing ratios, the first in the country, are undergoing public review and comment, and are planned to go into effect July 1, 2003.

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ISSUE BRIEF

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UNIT NURSE to PATIENT RATIO

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Operating Room 1:1

ICU/NICU/Burn, etc 1:2

Labor & Delivery Post-anesthesia

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Normal Newborn Nursery 1:8

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Background

Health care researchers, hospital administrators, and unions representing RNs all agree that California is facing a severe shortage of qualified nursing professionals. Solutions have proven elusive, however, despite broad agreement about the gravity of the problem and its potential impact on public health.

The state’s demand for nurses is projected to exceed supply by 25,000 over the next two decades. Causes of this shortfall are both numerous and complex. Mounting financial pressure on health care employers has led many to cut nursing staff, increasing the workloads and stress levels of those who remain. Within hospital settings, nurses complain they are no longer able to spend sufficient time caring for patients, and have even less for training new RN graduates coming into the system. Nursing strikes called to spotlight such issues have become more frequent and divisive. A significant number of experienced RNs have opted to retire early, while others have simply abandoned the profession in mid-career. Added to this reality is the new state policy mandating the number of nurses to patient care beds. (See sidebar.)
Meanwhile, the supply of new nurses has failed to bridge the gap. Fewer young people are choosing to enter the profession, and the complex education and licensing requirements remain a significant barrier for those who might otherwise consider careers in the field. State and community colleges in some parts of California routinely turn away large numbers of qualified applicants due to a lack of space, while available slots in other regions go unfilled. Attempts by health care employers to import nursing labor by raising salaries and recruiting RNs from overseas have not compensated for the shortfall.

To date, recommendations for solutions have focused on extending the recruitment of nurses to a broader cross-section of the population, while also working to restructure nursing education and modernize nursing practice to increase retention. Specific proposals have included new education programs that shorten the time needed to train RNs, improving outreach to address the under-representation of minorities and men in the nursing workforce, promoting better working conditions for California nurses, and making it easier for allied and auxiliary health care workers to make the transition to nursing.

Methods for accomplishing these goals are far from obvious. Indeed, it is increasingly clear that the causes behind the erosion of California’s nursing workforce do not lend themselves to easy answers and quick fixes. Further clouding the picture is the low level of trust among many of the primary stakeholders, which typically injects finger-pointing and acrimony into the exchange of ideas. While cyclical trends in the national and state economy may eventually bring supply and demand back into balance without direct intervention, researchers warn that the scope of the shortage is symptomatic of tectonic shifts in the health care industry and one whose consequences for consumers cannot safely be ignored.

“We have well established that there is a nursing shortage. We can all outline the main problems. What are the systemic reasons why those (problems) exist? It’s time to act, not explore. We’ve explored enough. It’s time to get moving.”
— Jim Comins
RHORC, Economic Development Network

A Strategic Conversation on the Nursing Crisis

In an effort to better understand various stakeholders’ perspectives on the evolving nursing crisis, in December of 2001, the California HealthCare Foundation and the UCSF Center for the Health Professions convened a daylong “strategic conversation.” The forum brought together representatives of educational institutions, organized labor, professional associations, and delivery sites to identify barriers to progress and suggest potential courses of action.

Among the guiding assumptions behind the discussion was that the health care industry already has sufficient financial resources to address the problem. Although it can be argued that existing supply might be used more effectively and efficiently, proposals that call for additional funds are likely to be nonstarters in today’s budgetary situation.
Participants were encouraged to offer a broad range of creative approaches with the goal of moving beyond what has been done in the past and to help put various stakeholders on a road to a solution. The event took the form of a brainstorming session, soliciting fresh insights and emphasizing the need to draw upon underused reserves of energy and talent.

Discussion revolved around three main questions, each of which targeted a specific dimension of the problem:

- How can we collect a consistent set of nursing workforce measures that provide the data necessary to track supply, demand, shortage, and sufficiency of nurses in California?

- What incentives, resources, and vehicles do we need to identify and activate in order to facilitate change and action in nursing work environments, models of care delivery, nursing leadership, and nursing education?

- How can we work to reinvent the profile and image of nursing for targeted populations that are essential to the future of the nursing profession in California?

**Tracking Trends in the Nursing Workforce**

While not itself a course of action, the need to assemble accurate and reliable data on California’s nursing workforce is a prerequisite for persuading stakeholders to address the root causes of the shortage and build consensus around potential solutions. Participants were asked to suggest areas where data collection would help either to document the true dimensions of the shortage or highlight key leverage points for coming to grips with it.

The following issues were identified:

1) More complete and high-quality data is needed to provide a clear, definitive picture of the available supply of nurses and nursing students at any given time. With this information, educators and employers would have access to a valuable feedback loop, identifying trouble spots within the profession early and taking steps to address them as they emerge. The information would be collected across the entire spectrum of nursing practice, from the enrollment figures at state nursing schools to the concentration of RNs in particular regions and specialties.

2) Assembling this kind of “report card” would require the development of standard measures for retention and turnover in the nursing workforce. It would also entail establishing what numbers already exist, determining what more are needed, and forging effective links between the many individual databases administered by public and private entities around the state. In order to gather this information, the following data sources would be needed:

- Complete information on the number of students who are pursuing nursing education in California, including number of applicants, matriculating students, attrition, and graduation rates.

- Real-time information on the distribution of practicing nurses within individual specialties, collated by region, that illustrates both how the health care industry is using the available supply of nurses and highlights local shortages.

- A central data repository that documents the number of permanent employees vs. temporary workers and the ratio of full-time to part-time nurses, as well as non-RN support staff.

- A profile of the education level among non-physician staff working in California hospitals, including RNs and LVNs.
Projections from health care employers about their hiring plans for nursing staff over the next two to three years.

Given the plethora of available sources and the volume of existing research, participants stressed that the objective of such efforts should be to make a strong case to policymakers and business leaders that the current system of educating, training, licensing, and employing nurses in California is in need of reform. The emphasis should be on documenting the costs of current practices and the potential economic payoff of developing new ones.

To make that case most forcefully, several people urged the value of focusing on the positive results of good nursing care, rather than the potential negative consequences of a nursing shortage. Data supporting the proposition that having more nurses on a hospital floor shortens patient stays and makes them more capable of caring for themselves once they return home might prove more persuasive than dire warnings of the potential risks of reduced staffing, such as a higher incidence of patient falls and medication errors. Toward that end, it was suggested that patient outcome data and nursing satisfaction data be studied for a possible correlation between the nursing work environment and successful medical treatment.

Changing the Nursing Work Environment

Given the calls for change in all aspects of the nursing environment, where should that change start? What are the best places to apply the leverage necessary for transforming the system?

While numerous participants spoke of the need for additional legislation to reform the state's nursing education system and modernize the regulatory environment, it was suggested that the fragmented agendas and competing interests among the many stakeholders involved often prevents initiatives from gaining sufficient attention or momentum.

Rather than repeat this pattern, several people proposed that the way to get things moving would be to create a pro-nursing coalition representing the full spectrum of interested parties: hospital associations, professional groups, educational institutions, and labor unions. This coalition would be formed as a new, neutral body for the specific purpose of drafting a unified political action strategy, assembling a platform that all could support, and speaking to policymakers with a single voice.

Such a partnership could potentially break down many of the barriers that have impeded progress on the nurse staffing crisis and pay big dividends for stakeholders, such as:

- Honest disclosure from all constituent groups about their respective challenges, resources, and objectives. Given that the nursing shortage is their mutual problem, it seems reasonable to believe that they might be convinced to work jointly for solutions.

- A unique ability to get its arms around the dimensions of the nursing shortage, create consensus, and propose reform at the local, regional, and statewide level. Perhaps most crucially, a successful coalition among labor, practice, industry, and education would have both the power and the motivation to make a strong business case for reforming the environment for California nursing.
Combined political clout and the ability to look beyond the current crisis. For example, hospital associations and the unions representing RNs might team up to lobby against further cuts in Medicaid funding on the grounds that if Medicaid and other reimbursement payments are not sufficient to cover the cost of basic care, hospitals will not be able to hire enough nurses to meet the minimum nurse-to-patient ratios mandated by the state.

Other recommendations included:
- Identify hospitals that are prospering and persuade them to fund research into new models for educating and training nurses. Point out the greater long-term payoff of cultivating a stable, domestic supply of RNs from which hospitals can consistently hire qualified staff, rather than resorting to expensive, short-term fixes such as overseas recruitment and temporary workers.
- Make the case to insurers and other health care payers that they should assist health care providers to increase nursing staff and improve the nursing workplace as a way to save on reimbursement costs by producing better patient outcomes. Similar policies now exist for improving physician practice.

As for the workplace environment itself, participants repeatedly cited the need to construct “career ladders” connecting nursing with other health care jobs. To expand their own hiring pool, employers need to recognize that people will move in and out of nursing, as well as between jobs within the profession. Rather than pigeonholing them in sharply-divided specialties, hospitals should demonstrate their willingness to create job mobility for nurses and pave new pathways for non-RN staff who want to pursue a nursing career. In the long run, this may require a re-engineering of educational programs. Yet for career ladders to work, the health care industry must first be persuaded of the benefits of investing in the nursing profession by providing a broader range of opportunities.

“We need to design a system (for working adults) that works for the student in a systematized way so that the student can get education and work experience at the same time … We’re kidding ourselves if we think we can solve the nursing crisis just by getting more 18-year-olds.”
— Janet Coffman, UC Berkeley

Of all the starting places for reform that were proposed at the forum, perhaps the most basic was to give nurses a voice in designing their own jobs and suggesting how they can best contribute to patient care. Nurses, like other professionals, want to be regarded as people whose opinions count, not as an employment commodity. Many want nothing more than the opportunity to do their jobs the way they were trained to do them. By working to create more productive relationships among nurses, physicians, and other medical professionals, the industry could go a long way towards both fostering a more attractive workplace and improving the quality of health care in general.

“We’re so clearly specialized and defined that we don’t have any crossover at all. If you are a nurse in ambulatory or inpatient, that’s where you stay. … We have nurses who have done the same thing for many years who may want to try something different.”
— Sharon Eastman, Kaiser Permanente
A New Image for Nursing

Nursing has historically been the province of white women. While progress has been made in attracting other demographic groups, nursing as a profession is still largely female and Caucasian, and many of those women are now middle aged or older. The threat of a nursing shortage in California has underlined the need to diversify the nursing workforce. New efforts must be made to recruit from the state’s African-American and Latino populations, as well as career changers and the most underrepresented of all demographic groups — men.

In discussing these challenges, participants quickly focused on the need to modernize the image of nursing. Not only is it out of date in terms of the daily reality of the profession, it is also out of step with the career expectations of today’s job seekers. Young people in particular tend to regard health care work — with its high physical and emotional demands — as a poor alternative to other opportunities that offer comparable benefits but require less training.

While some initiatives are already underway, several speakers emphasized that the successful diversification of nursing will require a sustained and comprehensive marketing campaign to remake the profession in the public mind. Many confessed that they are not sure what messages potential health care workers want to hear and how best to communicate them. Most agreed that more research is needed to determine what factors are driving the current image of nursing and the most effective strategies for changing that image.

Such an inquiry will take years rather than months, and will require considerable discipline and commitment from key stakeholders to produce results. Participants acknowledged that any marketing campaign should be pursued in a unified way, with the understanding that much tinkering and adjustment will be required to determine what messages work, and to accurately gauge their impact.

Regardless of how it is packaged, participants stressed that the appeal of a nursing career needs to be communicated at an early age so that students can begin considering health care work before they graduate from high school. On an even more fundamental level, there must be a sincere effort to reshape the nursing profession in a way that satisfies the aspirations of young people, rather than continue to expect that they will be willing to alter their career expectations to accommodate the current work environment.

Specific proposals included:

■ Develop a compendium of what is working in actually redesigning health care work environments.

■ Create easy ways to access this information and provide technical assistance to those wishing to start similar initiatives.

“There has got to be a change in the level of respect that nurses get in the workplace. Nurses need to be able to do their jobs in the way they have been trained to do them.”

— Glenda Canfield
Service Employees International Union, Nurse Alliance
Distribute surveys to working RNs during the relicensing process to assemble a detailed picture of career satisfaction among California nurses, both to gain insights about what working nurses want in a workplace and to solicit ideas for how best to redesign the profession to suit the current economic and social environment.

Focus career image of nursing on technology, learning new technical skills, job mobility, and service, much in the way the U.S. armed forces have positioned military service.

Recruit male and minority RNs to act as ambassadors for the profession by speaking in community college and high school classrooms.

Ensure that professional marketing messages contain images of male nurses, as well as women and minorities.

Start a low cost High School Health Corps to give students a chance to earn a Medical Assistant Certificate as a way of getting better paying part-time jobs, and link it to appropriate role models in the practice and career ladders offered by local health systems.

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