American Hospital Association

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 technicians, 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.

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. In addition, the Bureau of Labor Statistics projects severe shortages for many allied health professions. 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. Without decisive intervention, these trends will have a serious impact on hospitals' ability to care for patients and communities.

AHA View

The AHA is 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 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 continues 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 is 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 are undertaking steps to tackle the workforce shortage within their own organizations; however, this complex problem 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. The AHA 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, the AHA pushed to secure $8.8 million in funding for allied health training, despite the Administration's recommendation of zero funding. For FY 2009, we will continue these coalition activities to advocate for the highest level of appropriations for nursing and allied health education programs, including the reauthorization of the *Nurse Reinvestment Act.* The AHA also supports measures that increase the number of faculty for nursing and allied health professionals and promote best practices to retain nurses in the workforce. Further, the AHA collaborates with the Health Resources and Services Administration and its Division of Nursing to implement all of the funded programs.

Nurse Staffing Patterns. Because the national workforce shortage continues, the AHA opposes efforts that limit hospitals' flexibility to determine appropriate staffing patterns for health care workers.

Immigration. The AHA 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 AHA also supports the reauthorization of 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 underserved 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.

Employee Relations. The AHA has long supported the compassionate work of the caregivers who work in our hospitals and is committed to providing every protection afforded to caregivers, including confidentiality in their decision to unionize. *The National Labor Relations Act* (NLRA) guarantees employees the right to determine whether they wish to be represented by a particular union through a secret ballot election; however, that protection is being threatened by the so-called *Employee Free Choice Act* (S. 1041/H.R. 800), which would amend the NLRA to require employers to recognize the union solely through the "card check" process, thus permitting labor unions to avoid secret ballot elections. Under the card check approach, union authorization cards are signed in the presence of an interested party, for example, a union organizer or a pro-union co-worker. The cards are then presented as representing the true intent of the workers. **The AHA opposes S. 1041/H.R. 800 because it strips away existing safeguards assured under federal law and leaves workers unprotected from outside influence and pressure.** The legislation also would further impose binding arbitration between employers and employees if, after 120 days of negotiation, no contract agreement had been reached.

Alternatively, **the AHA and its American Society for Healthcare Human Resources Administration support the *Secret Ballot Protection Act* (H.R. 866), which would amend the NLRA to require that union recognition be based on a secret ballot election conducted by the National Labor Relations Board (NLRB).** H.R. 866 would protect the interests of both the employer and the employee by ensuring that both sides have an opportunity to make their case, and that those employees are able to express their decision in private, free from undue pressure or influence.

The AHA opposes the so-called *Re-empowerment of Skilled and Professional Employees and Construction Tradeworkers Act* (S. 969/H.R. 1644), which would amend the NLRA and reverse existing NLRB guidance on when charge nurses are classified as "supervisors." Specifically, the bill removes two functions from the NLRA definition of supervisor – "assigning" and "responsibly directing" other employees. In addition, the bill requires supervisors to spend a majority of their time performing other duties, such as hiring, firing and disciplining other employees.

The current NLRB guidance strikes a reasonable balance in establishing the criteria for when charge nurses function as supervisors. Not every charge nurse is a supervisor – it is the responsibilities that make the difference. S. 969/H.R. 1644 fails to recognize that distinction and would undermine hospitals' ability to depend on charge nurse supervisors to help ensure continuity of patient care. On a day-to-day basis, charge nurses often are the most visible individuals "in charge" of a hospital unit, stepping in when there is a crisis or conflict and providing a management voice to patients, families and other employees. This legislation, introduced by Sens. Chris Dodd (D-CT), Dick Durbin (D-IL) and Edward Kennedy (D-MA), and Reps. Rob Andrews (D-NJ) and Rosa DeLauro (D-CT), takes away that responsibility.