

Addressing Workforce Shortages

Issue

Severe workforce shortages threaten hospitals' fundamental promise of being open at full capacity to care for their communities. Some hospitals have been forced to reduce access to care, including reducing the number of inpatient beds available, postponing or canceling elective surgeries, and having ambulances bypass their overflowing emergency departments – because they don't have an adequate number and mix of personnel to care for patients. Shortages are severe among both clinical and non-clinical workers, including nurses, radiology technicians, pharmacists, medical record personnel, housekeepers and food service personnel. In addition, current immigration laws make it difficult for qualified foreign 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 (DOL) in 2005 ranked registered nurses as the occupation with the highest demand rate. In fact, hospitals reported 118,000 RN vacancies as of December 2005. In addition, the Bureau of Labor Statistics projects severe shortages for many allied health professions. Shortages of qualified nurse faculty forced U.S. nursing programs to turn away 147,000 qualified applicants in 2005. Without decisive intervention, these trends will have a serious impact on hospitals' ability to care for patients and communities.

AHA View

A Role for Hospitals. To cope with caregiver shortages, hospitals must become more attractive employers. The 2002 report by the AHA Commission on Workforce for Hospitals and Health Systems, “In Our Hands: How Hospital Leaders Can Build a Thriving Workforce,” provided the field with strategies and recommendations that hospitals can use to help alleviate the growing workforce shortage. That report, five subsequent workforce publications and other AHA resources have featured more than 800 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 and other 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. For example, we are collaborating with the DOL on its High Growth Industry initiative to provide assistance to hospitals and health systems.

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 has a critical role in the support and funding of an adequate health care workforce.



Nursing Education. The AHA spearheaded a coalition that included the American Organization of Nurse Executives and 40 other partners, and helped secure \$150 million for nurse education in fiscal year 2006. In addition, the AHA helped secure \$4 million in funding for allied health training despite the fact that the administration had recommended no funding. We will continue these coalition activities to ensure the highest level of appropriations for nursing education programs, including provisions of the Nurse Reinvestment Act. The AHA also supports measures to increase the number of faculty for nursing and allied health professionals. Further, the AHA will continue working with the Health Resources and Services Administration and its Division of Nursing to implement all the funded programs to increase our nursing workforce.

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.

Allied Health Professionals. The AHA endorses the Allied Health Reinvestment Act (S. 473/H.R. 215), introduced by Sens. Joe Lieberman (D-CT), Maria Cantwell (D-WA), and Jeff Bingaman (D-NM) and Rep. Cliff Stearns (R-FL), that would create scholarships and educational opportunities for allied health students. The measure also would establish grants for allied health faculty.

Immigration. The AHA supports streamlining and improving the immigration process to allow qualified nurses and allied health professionals to come to this country. We support initiatives to improve opportunities for hospitals to hire qualified foreign-educated nurses, including maintaining the availability of employment-based visas for shortage professions. The AHA will continue working with Congress and the administration to improve immigration opportunities for qualified health care professionals.

Labor Relations. The AHA and its American Society for Healthcare Human Resources Administration support the Secret Ballot Protection Act (H.R. 874), which would amend the National Labor Relations Act to require that union recognition be based on a secret ballot election conducted by the National Labor Relations Board. Introduced by Rep. Charles Norwood (R-GA), H.R. 874 would ensure that workers in an appropriate collective bargaining unit are able to cast their votes on unionization in private, free from undue pressure or influence. Current law permits employers and unions to bypass elections and agree to union recognition by use of "card check" procedures, which force employees to declare their preference on a unionization vote in front of union organizers – a process that invites coercion, intimidation and abuse.