

Nursing shortage an international problem

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By Dr. Gordon Guyatt

(Spectator headline: There's no quick end to our shortage of nurses)

Marlene (not her real name) has, for the last few years, worked as part of a team of researchers at McMaster University. A nurse by training, she recently considered returning to a clinical job, and began part-time work in a local emergency department.

Marlene's work in the emergency department proved short-lived. She found the nurses under-staffed and over-worked. She had to deal with situations for which she wasn't trained, with no time to provide the care that patients needed. After a number of shifts from which she returned home in tears, she decided to stay with the research job.

In this column four weeks ago I described Ontario's critical nursing shortage and a solution proposed by the Registered Nursing Association of Ontario. The RNAO has conducted surveys suggesting that if the government created more full-time nursing jobs, many Canadian nurses now working in the US would return home, and many working in part-time jobs would move to full-time. The RNAO suggests that more full-time jobs would lessen, if not eliminate, the short-term nursing shortage.

While more full-time positions is an important part of the solution, Marlene's experience suggests that additional measures are required to deal with the long-term problem.

One reason the nursing shortage will be difficult to resolve is that, like many of the issues facing Canadian health care, the problem goes beyond our country's borders. We are facing an international shortage of nurses.

Nowhere is the problem worse than in the US. With a total nursing shortage of about 125,000 across the country, the American Hospital Association has reported that the typical hospital suffers a 13% registered-nurse deficit. Individual hospitals report shortages as high as 19%. As a result, American hospitals are recruiting nurses from as far away as India and the Philippines. And of course, Canada.

American hospitals offer Canadian nurses signing bonuses of up to \$10,000, pay costs of relocation, and pay for time to pursue further education and training. Along with the exchange rate favouring the US dollar, and the lure of warmer weather, the result is that 20,000 Canadian nursing graduates are now working in the US.

What is the explanation for the international nursing shortage? For one thing, expanding opportunities and a widening perspective have made nursing less attractive to young women seeking a professional career. For instance, many women who, 30 years ago, would have focused on a nursing career now set their sights on being a doctor.

Second, while hospital nursing has always suffered from high stress and unattractive hours, it has become a more difficult job. With constrained budgets, health care managers world-wide have cut back on nurse-to-patient ratios. In Ontario, for instance, we would need about 14,000 additional nursing positions to get back to the nurse-to-population ratios that existed in 1986.

On top of that, the patients are sicker than ever. Hospital stays in every industrialized country have shortened, and patients undergo minor surgical procedures without ever being admitted to hospital.

The result of these developments is that the average nurse is looking after more patients, and each patient requires more care. In a vicious circle, the nursing shortage itself feeds the problem. When administrators face nursing shortages, they require greater overtime, increasing the burden on individual nurses.

And the nurses facing these stresses are older. In Canada, the average nursing age is now 46.

No wonder that surveys of nurses consistently find a dissatisfied, stressed-out group of workers. In an international survey that included nurses in Canada, the US, and the United Kingdom, over one third of nurses were dissatisfied with their jobs. About two-thirds felt that there weren't enough nurses to provide high-quality care and enough staff to get the work done.

Meanwhile, Canadian nurses' salary and job satisfaction expectations are likely to go up, not down. While a substantial number of Canada's registered nurses used to graduate from two-year programs, a recent policy decision means that all future RNs will have four years of university training.

Solving the nursing shortage will require the increase in full-time positions that the RNAO is demanding. But the RNAO, along with other nursing organizations, knows that other changes are necessary. They include better working conditions, competitive salaries, and an increase in training positions.

The provincial government has been increasing the number of nursing positions, though they've created only 8,000 of 12,000 positions promised in 1999. The provincial Tory government has recently given nurses a raise, increased positions in nursing schools, and is offering free tuition to nurses who agree to work in under-serviced areas.

These policy initiatives represent a reasonable start. But any provincial government – Tory, NDP, or Liberal – will need to extend these initiatives before we will see a working environment that nurses like Marlene will find attractive, or even acceptable. So, don't expect the nursing shortage problem to disappear soon.