

# ISSUE BRIEF

## Health Care Workforce

**The current nurse shortage is compromising patient care, but the working conditions that accompany the shortage are making matters worse.** Health care facilities increasingly rely on mandatory overtime as a regular staffing tool, but the continued reliance on it will only exacerbate the larger problems of chronic understaffing and poor working conditions. Congress should prohibit the use of mandatory overtime except in emergencies and should address the underlying problem of inadequate staffing for proper patient care.

Last year, Congress enacted the Nurse Reinvestment Act, which, when fully funded, will encourage more students to enter and advance in the field of nursing using scholarships, public service announcements and career ladder programs. However, without improvements in working conditions, nurses will continue to leave the profession and the staffing crisis will continue.

**The current nurse staffing crisis is projected to get worse.** Many hospitals have cut back on their nursing staffs, even while patients require more acute care. The American Hospital Association reports that 126,000 nursing positions are currently unfilled. A federal General Accounting Office study last year found the current nurse shortage will worsen as demographic pressures affect both supply and demand: Future demand will increase dramatically as the baby boomers reach their 60s, 70s and beyond. At the same time, the nurse workforce is aging. An article in the *Journal of the American Medical Association* states that by 2010, about 40 percent likely will be older than 50, and the current shortage is expected to grow to 400,000 by the year 2020, just as the baby boomers are retiring.

**The nurse shortage threatens patient safety.** The link between patient safety and poor working conditions, including understaffing, is increasingly well documented. According to the Joint Commission on Accreditation of Healthcare Organizations, almost one-quarter of serious medical errors have inadequate nurse staffing as a major underlying factor. A U.S. Department of Health and Human Services (HHS) study last year found more than 90 percent of U.S. nursing homes had too few employees to take proper care of patients, a shortage that is expected to worsen in the future. More recently, a study published in the *Journal of the American Medical Association* found a direct correlation between nurse staffing levels and patient outcomes for patients with life-threatening conditions as well as those with lesser though still significant vulnerabilities to poor outcomes.

**Mandatory overtime exacerbates the nursing shortage.** The current nurse staffing crisis is caused in large part by nurses leaving the profession, not just a lack of recruitment. The federal Health Resources and Services Administration estimates 500,000 nurses with active licenses are not practicing. A study published in *Health Affairs* found job dissatisfaction among hospital nurses is four times greater than the average for all U.S. workers, and one in five hospital nurses report they intend to leave their current jobs within a year. Clearly, federally funded efforts to recruit more students to nursing will be undermined if there is not a simultaneous effort to address the problems that are encouraging nurses to leave the profession.

**Mandatory overtime is a symptom of the nurse crisis, not a solution.** The Safe Nursing and Patient Care Act would prohibit the use of mandatory overtime for nurses in hospitals and many other health care facilities except in emergencies. To protect the public, Congress and previous administrations have acted to curtail the use of overtime in the transportation industry. The need to

address mandatory overtime in health care is just as compelling. Nurses must be able to refuse overtime work when in their professional judgment they do not have the capacity to properly care for patients.

**A comprehensive solution would use the growing research to establish safe staffing levels.**

Studies have well documented the link between staffing and patient outcomes. Research has shown that nurses contribute importantly to surveillance, early detection and timely interventions that save lives. Congress should do everything in its power to support safe staffing levels. One way would be to require better reporting of staffing plans as part of health care facilities' routine data collection for HHS. Another approach would establish safe staffing levels as a condition of receiving Medicare financing. For example, the Safe Nursing and Patient Care Act would require the HHS to study and recommend to Congress a standard for the maximum number of hours a nurse can work safely without compromising patient safety and quality of care.

**Health care workers should not be penalized for reporting preventable medical errors.** In its seminal report, *To Err Is Human*, the Institute of Medicine estimated up to 98,000 Americans die each year as a result of medical errors. Congress should establish a reporting system in which errors can be reported and analyzed with the goal of providing feedback to providers on ways to prevent medical errors. For such a system to work, though, health care workers who report errors must be protected from adverse employment actions taken in retaliation for exposing errors.