

The nursing shortage crisis

Report on two provincial studies

By Editorial Staff

There is a nursing shortage in hospitals across Canada, but there is no shortage of nurses. This is the dilemma facing the nursing profession and the Canadian health care system in general.

Last year in Metro Toronto, for example, an area that enjoys one of the largest pools of nursing manpower in North America, several hospitals were obliged to transfer twenty-four women with high-risk pregnancies to specialized hospital units in other parts of Ontario. Just before Christmas, two Ottawa hospitals temporarily closed their emergency departments to all but life-threatening cases. At New Year's, a critically ill new-born had to be flown from Toronto to Buffalo, New York for treatment. Such scenes are becoming commonplace, not only in Ontario, but in other provinces as well. A variety of reasons are given for this crisis:

- not enough beds;
- lack of equipment;
- too few nurses;
- nurses leaving the profession; and
- a shortage of specialized nurses.

Complex and misunderstood

There is a "nursing shortage" in hospitals, but this is not the real story, nor is it a situation that can be applied to the numbers game. Unfortunately the problem is far more complex and not generally well understood.

Two reports, one from British Columbia and one from Ontario will be discussed. The "Report on Nursing Manpower" commissioned by the Ontario Nurses' Association (ONA) in 1987 indicated that there are enough registered nurses in the province of

Ontario to fill the available positions in hospitals; but too few nurses are choosing to work in the vacant positions.

The Association commissioned Goldfarb Consultants to poll their existing and former member nurses on their reasons for the disenchantment within the nursing profession.

The report states: "The real story is that for many nurses, their much-beloved profession has become intolerable. Its opportunities for caring have all but vanished, and many nurses are refusing to work under increasingly unbearable conditions that do not allow them to give patients the full and proper care they need and deserve.

Nursing as nurses once knew it no longer exists. Nurses are required to endure working conditions that greatly reduce the amount of direct quality care that they can give to their patients. According to the report, these conditions include:

- too few support staff
- excessive patient loads
- increasing demands to perform non-nursing duties
- poor work scheduling

These frustrating conditions (possibly endemic throughout Canada), coupled with other working/life frustrations - lack of recognition, poor employer support for extra education, little say in health-care management, etc. - have created a crisis both for Ontario's nurses and its health-care system as a whole."

Nurses have now reached their collective breaking point and increasing numbers of them are now pursuing various alternatives within nursing, and some are leaving, (have left) the profession for

Battling the shortage in British Columbia

The shortage of nurses in British Columbia has been at least as severe as that experienced in Ontario. According to the *Nurse Manpower Study* released recently (mid-August) by the B.C. Minister of Health, job dissatisfaction (among others) is one of the major reasons for the nursing shortage in that Province.

The Registered Nurses Association of B.C. recently completed a separate study in an attempt to show the relationship between nursing employment and education (*Descriptive Study of Demographic Characteristics and Job Satisfaction of B.C. Registered Nurses With Three Educational Backgrounds*).

Greater Satisfaction

One of the tenets of the report was that nurses in supervisory positions tend to be more satisfied with their jobs than nurses in other positions. It specifically specified that nurses with baccalaureate degrees are more likely to be working in supervisory positions.

The report also mentioned that there is both a direct and indirect relationship between satisfaction with nursing and the type of nursing education that has been acquired.

Even though differences in job satisfaction may be associated with the kinds of work nurses can obtain access to with different educational backgrounds, the report mentioned that job satisfaction may also be associated with the ways in which nurses work and with a number of environmental and organizational factors.

Nurse supply factors

In a separate study (*Nurse Manpower Study*) carried out by the B.C. Ministry of Health, the following factors were cited as likely to affect the supply of nurses in B.C.:

- lack of educational opportunities, support and funding
- lack of economic incentives
- lack of organizational support for nurses within institutions
- lack of organizational power
- nurse/physician relationship
- the status of nursing as a job, as a profession and as a career.

The staffing of nurses, scheduling practices and how nurses were utilized were also factors affecting the supply of nurses in B.C.

greener pastures in other provinces, other countries, and what is most disheartening, other fields.

Many nurses have stayed on hospital staff but are working instead on a part-time or casual basis. Others have opted for working in hospitals through an outside agency. Nurses who make work-place adjustments within nursing are often able to have more control over their working lives, but the underlying problems remain unresolved. The result for hospitals is fewer nurses for full-time positions. The pain for all is reduced quality patient care.

Attractive alternative

The Goldfarb survey covered a wide spectrum of general issues and concerns. The questions dealt with the state of the health care system, the motivations for entering nursing, the difficulties being faced by nurses today, the nature of the nursing shortage and, most importantly, how to make nursing a more attractive alternative.

The position paper of the ONA presents the key findings of the survey and some recommendations of

what must be done, not just to end the shortage, but to end the conditions under which more and more nurses are unwilling to work.

The composite picture of the nurse which emerges from the survey is a highly professional, compassionate and caring individual who wants to help heal the sick, but who is often frustrated at not being allowed to do their best work because of increasingly unbearable working conditions. Twenty percent of the nurses surveyed indicated that they had wanted to be a nurse since childhood and that nursing was the only work they had ever wanted.

Primary concerns

In commenting on the survey findings the ONA says: "That people with such aspirations and dedication to service should find themselves in a working environment that now does little to satisfy such selfless motives is a profound paradox and a source of anger for many nurses."

Respondents to the survey felt that the quality of health care in Ontario was good (59 per cent); only

17 percent thought it excellent; and, 23 per cent considered it poor or fair. The primary concerns of the nurses polled were:

- poor working conditions and relationships
- not enough nurses hired for the workload
- shiftwork too long and tiring
- too many non-nursing tasks, e.g. housekeeping and clerical work
- too much bureaucratic/administrative interference
- insufficient time to give quality care
- no back-up or nursing support system
- inadequate compensation compared to other professions
- long-term service not rewarded since the salary grid stops after seven years service (50 per cent of working nurses are now at this level).

The range of frustrations within the profession is astonishing, particularly the finding that nurses spend an average of 30 per cent of their time on non-nursing functions. By speaking out about these conditions, nurses are making a collective plea for help, both to save their profession and to prevent further serious deterioration of long-held, high quality standards of patient care.

Recommendations for change

Solutions to the problem of declining quality patient care, the fundamental issue, will require government and hospital administration to change their attitudes and policies regarding registered nurses, the frontline caregivers. Such changes will require major structural adjustments if the true potential of nurses is to be realized and the quality of patient care improved. Four major issues require attention:

(1) Compensation

Salary levels and structures must be improved to recognize experience, advanced nursing education, and shift work. Shift differentials must be sufficient to ensure adequate staffing on all shifts. Rotating shifts should no longer be considered a requirement of employment but instead, replaced with an option of permanent shifts.

(2) Support staff

Clerical/housekeeping staff must be increased to allow nurses more time to care for patients. Better pay and adequate support staff might yield better patient care without substantial increases in costs.

(3) Incentives

Compared to other professions, such as teaching, nursing lags behind in providing perks for developing skills, advanced education or remaining in the profession. Tuition support and paid sabbaticals would do much to encourage nurses to remain in a

given position longer and thus reduce staff turnover.

(4) Working relationships

Much of the dissatisfaction nurses have with their working lives comes from having insufficient input into the organization and delivery of health care. This very issue was cited during the recent nurses strikes in Saskatchewan and Alberta. Increased participation in the decision making process on an equal basis with other members of the health care team would go a long way in alleviating the sense of powerlessness and the lack of recognition nurses now are enduring.

Many of the concerns and recommendations are not new, but the current staffing shortage and the looming crisis if the exodus from the profession continues demands immediate attention.

The ONA position is: that fundamental changes in the system must be made to allow nurses to function as they were educated to function.

"Return the nursing profession to the nurses, and they will return to the profession."



Canadian Organization for Advancement of Computers in Health

Workshop

Nursing Perspectives on Information Systems

Banff Management Centre

Banff, Alberta

January 22 & 23, 1989

Workshop leaders:

Kathryn J. Hannah, R.N., Ph.D.

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- * Background information and concepts
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 - * Pitfalls, ergonomics and legal issues
 - * The future

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Innovative surgical techniques

The legal aspects

By L. E. & F. A. Rozovsky

Surgical innovation makes for "good copy" in newspapers, on television and on radio. Breaking new frontiers which promise the saving of lives captures the interest of almost everyone. With innovation, however, come concerns about legal liability.

Legal concerns revolve around negligence, consent, and confidentiality. O.R. nurses have good reason to share these concerns, particularly if they are involved in breaking new surgical ground. There are, however, measures which can be taken to minimize these concerns for OR nurses.

Putting the legal worries in context

To appreciate the legal concerns stemming from surgical innovation, it is useful to review the three main areas of responsibility:

1. Negligence - The basic legal rule is that doctors and nurses must provide care consistent with average, reasonable and prudent care in the same or similar circumstances. The "stakes" are higher when the "circumstances" involve innovative or experimental surgical procedures. What would be the duty of care for "routine" cardiac bypass surgery, is not the same standard applied to novel open-heart operative procedures.

The duty of care is raised because doctors and nurses engaged in innovative surgery are holding themselves out as being capable of greater sophistication and expertise. In essence, doctors and nurses in this category are saying they have the extra training, experience and skill to conduct bold new techniques that others are unable to perform.

The net effect of this higher threshold of responsibility is that negligence can be established against the innovators which would not be true in the case

of professionals who held themselves out at the regular level of professional competence.

2. Consent - Aside from negligence, those engaged in innovative surgical techniques should be mindful of the requirements for consent in these circumstances. Canadian case law suggests that in the case of innovative or experimental procedures there is duty to provide far more information than is required for ordinary surgery or medical treatment.¹ It is not enough to provide details about material risks that a reasonable person in the patient's position would want to know in the same or similar circumstances. Rather, patients are entitled to information about all known risks associated with the innovative or experimental operation.

The difficulty with consent to innovative and experimental surgical operations is that little may be known about the risks associated with such procedures. Only with experience will the true measure of risks be clear enough to develop a picture for patients. Therefore, it is important for surgical pioneers to make it clear to patients the limitations of their knowledge of risk factors.

Aside from case law on the topic, surgeons should also take into account the consent "guidelines" published by the Medical Research Council (MRC) of Canada.² These guidelines might have direct bearing, particularly if the surgical protocol is part of an MRC funded study.

3. Confidentiality - Patient confidentiality can prove troublesome with surgical innovation. Hospitals are often anxious to "spread the word" that their surgical teams have broken new ground in the effort to overcome difficult hurdles in patient care. The media thrive on such news, soaking up every