

Nurses' Problems Deserve Attention; Reports Show Many in N.C. Aren't Happy, and That's bad for all of Us

MIKE STOBBE
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Here's one thing I've learned covering health care: If the nurses are unhappy, then we all have a problem.

Nurses are the backbone of hospitals and other health care institutions. They are the ministering angels who assist doctors and then coordinate and provide care after doctors leave. A good nurse can be the difference between life and death for a patient; many good nurses improve a patient's chances even more.

So it's worrisome that recent reports indicate many North Carolina nurses are not happy, and that we may be heading for a serious nursing shortage in the next 10 years.

The problem was highlighted in a report this month by the Task Force on the N.C. Nursing Workforce, a group convened by a state policy development agency, the N.C. Institute of Medicine.

The task force found the state is not producing enough nurses to fill vacancies when nurses resign or retire, or to keep up with the anticipated demand from an aging population.

If the situation continues, the state could have a shortfall of 9,000 nurses by 2015, the group reported.

One problem is the state's education system, which doesn't have capacity to train more nurses. But there's also a challenge retaining nurses: Only 43 percent of hospital nurses say they are happy with their jobs, the group said.

That unhappiness has contributed to high turnover rates, the task force said.

The problem is clear. But what's behind it? Why are nurses unhappy?

Pay is one reason. In 2002, registered nurses were paid \$46,370 on average in North Carolina, or 7 percent below the national average. Licensed practical nurses averaged \$31,200, about 3 percent below the national average, according to the task force report.

Other sources of unhappiness are inflexible scheduling, strained relations with doctors and lack of opportunity for career advancement, according to the task force and various nursing groups.

But according to several sources, nurses' No. 1 complaint is staffing ratios.

The task force found that 33 percent of N.C. hospital inpatient RNs said that on a weekly basis, inadequate staffing affected their ability to meet patient needs. About 17 percent said it was a problem on a daily basis.

That's scary, because it means some nurses are overburdened and unable to closely monitor and care for all the patients they're assigned. That can lead to trouble.

A 2002 University of Pennsylvania study found that a patient's odds of dying rose when the number of patients under a nurse's care increased.

The researchers looked at data on patients who underwent surgery or other procedures at 168 Pennsylvania hospitals. They found that when a nurse was responsible for six patients, rather than four, the patient death rate grew by 14 percent. With a load of eight patients, instead of four, the death rate rose by 31 percent.

It's such a concern that one Congressman -- U.S. Rep. Jan **Schakowsky**, D-Ill. -- last month introduced a bill to set minimum staffing ratios for U.S. hospitals.

One state, California, enacted similar legislation that took effect this year. Currently, about 70 percent of California hospitals comply, said Carolyn McCullough, an official with the Service Employees Internal Union, one of the nation's largest labor organizations representing nurses.

I couldn't find N.C. hospital-specific data, but concern about nurse-to-patient staffing ratios seems to be a recurring issue at local institutions, too.

Last week, I talked to employees at Carolinas Medical Center who complained about understaffing. One RN said young nurses are routinely assigned to night shifts and asked to handle more patients than they should.

"It's dangerous," she said.

Last week, CMC spokesman Alan Taylor declined to answer my questions about hospital staffing. They were among a bunch of questions I had asked based on complaints from CMC employees. The workers were angry about an article the Observer had published about the hospital system's reimbursement of spa costs, greens fees and other travel expenses for some hospital executives, physician leaders and their spouses.

Such an article was bound to elicit calls to the paper from a few disgruntled workers, Taylor said. Most CMC employees are happy, he insisted.

Let's all hope he's right.