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Who wants to be a health care worker? The health care staffing crisis

THE HEALTH CARE SYSTEM'S reputation has suffered a variety of setbacks over the past few years, and the cumulative effect on the labor supply cannot help but be negative. US health care has faced a steady barrage of negative publicity about medical errors, fraud and abuse, high infant mortality, increasing numbers of uninsured individuals, increasing costs of health care (especially drugs), and horror stories about managed care abuses, and the list goes on and on.

Recently the Institute of Medicine released a follow-up report[1] to the blockbuster published in 2000, which called attention to the problem of medical errors.[2] A third report is due in the near future. Donald Berwick, MD, Clinical Professor of Pediatrics and Health Care Policy at Harvard Medical School and President and CEO of the Institute for Healthcare Improvement, has stated that the time for broad and far-reaching health care reform has come: "The game is over."[3] Meanwhile, public health languishes,[4] and social problems with implications for health status go unaddressed and mostly undiscussed.

Negative publicity is hurting morale

Whatever we may think about the veracity of all these issues, the bashing is having predictably untoward effects on the morale[5,6] and ultimately the size and adequacy of the health care work force, and this is rapidly approaching crisis dimensions.

SERIOUS SHORTAGE OF NURSES…

Today's serious shortage of nurses[7] comes at a time when the acuity of hospitalized patients is at an all-time high as a predictable result of shifting the care of less-sick patients to the outpatient setting.[8] At the Cleveland Clinic's main hospital, for example, more than 300 inpatient nursing positions (out of a total staff complement of about 2,000) remain open. Recruitment and retention programs are in place, but the effect of these programs is mainly to move working nurses from one workplace to another.

Nursing schools cannot fill their slots.[9] And there are many new opportunities for nurses outside the realm of classic inpatient nursing, most of which pay better and have better hours.[10]

…AND OTHER ALLIED HEALTH PROFESSIONALS

Shortages in other patient care professions are just around the corner.[11] Allied health personnel are in short supply, including emergency room personnel, laboratory technicians, and radiology technicians. And disaffected physicians are retiring early while certain specialties are finding it difficult to replenish their ranks.[12,13] This is very different from the physician surpluses that were predicted only a few short years ago.[14] If current trends continue, it is difficult to see who will take care of the patients in the next decades.

'REFORM' OR COST-SHIFTING?

Workforce shortages pose a threat that could render future attempts at reform futile. In the past, reform generally meant the provision of inadequate funding for increasing numbers of services, which the already stressed "providers" are obliged to provide. Most increases in funding for some sector of the health care system have the requirement to be "budget-neutral," another name for cost-shifting.

ONEROUS REGULATIONS

To further complicate the situation, the federal government continues to churn out ever more complicated regulations with which health care professionals must comply.

The latest of these is the voluminous "Administrative Simplification" regulation spawned by the Health Insurance Portability and Accountability Act (HIPAA) of 1997, which purports to protect the privacy of medical information. This rule, as currently proposed, appears to throw numerous obstacles in the way of the sharing of information among health care professionals for the purpose of diagnosis and treatment.

I say "appears to throw " because even lawyers can't agree on what the rule really requires. Reliance on the common sense of the Inspector General's enforcers to resolve these issues seems unwise, given the heavy-handed tactics they and their brethren in the Department of Justice have used in retroactive enforcement of other complex health care regulations.

NO SIMPLE FIX

We need to restore respect to the health care profession

What is the solution to this escalating problem? Whatever it is, it won't be a simple fix, and given the present obsession with legislative and regulatory tinkering in health care, a pessimistic (realistic?) view is that it is unlikely to be productively addressed until the system as we know it nears collapse.

Recruitment of new people into the health care professions will require, among other things, measures to restore the respect and esteem in which these professions were once held. There is clearly a "heal thyself" component to this, and health care advocacy organizations need to take a leadership role. The educational routes into the health care professions also need some attention so that the best and brightest students will select them. More proximate workplace issues (salaries, working conditions, job security, education, etc) are also important.[15,16]

All of this will fail, however, without an attitude adjustment about what it is realistically possible for the health care system to achieve. Acceptance of economically required restrictions on access to technology, drugs, and other treatment modalities must occur at the personal level. For example, patients are not going to be able to receive an MRI on demand. Unfortunately, I fear that a public that is willing to look the other way while 45 million of its members have no health care coverage seems unlikely to accept such restrictions for the general good.

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