Manpower problems in nursing

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For the past two decades, we have lived in a society that has constantly reported a shortage of skilled manpower. These reports have come from all phases of business and industry and from many segments of the health profession. We have accepted this situation as a condition of life rather than as a human problem that can and will submit to rational solutions.

In the nursing profession, we have heard continuously about a "shortage of nurses." This so-called shortage can and probably has jeopardized the entire structure of health care in this country. It will continue to do so as long as we refuse to face the problem squarely as a preface to seeking and finding solutions to it.

No shortage of nurses

Against this background, I wish to record, with all the emphasis at my command, two particular points:

1. At this time in Canada, there is no shortage of qualified nurses. There is an abundance of nurses. There is, however, such a colossal waste of nursing skills from poor utilization of nursing time, turnover of staff, emigration and non-practicing personnel, that it results in an actual shortage of available nursing hours.

2. Unless corrected, the sub-standard levels of salaries and working conditions now prevailing in the profession will, within a few years, create an actual shortage of nurses. Since 1950, the percentage of qualified women seeking entry into the profession has declined by more than 50 percent and the decline is continuing.

In the context of manpower problems, our profession is grappling simultaneously with two crises: How, in a period of an abundance of nurses, can their time be used effectively to provide adequate nursing service? And how can the decline of admissions into the profession be arrested so that adequate nurses will be available to provide necessary care in the future?

Basic data now available

A few years ago, these observations and conclusions might well have been reached, but would necessarily have been based on conjectures. There existed very little valid data on nurse manpower in Canada. This now has changed — and it has changed through a full-scale data collection program initiated and financed by the Canadian Nurses' Association, the largest professional health association in Canada. Among its many duties, our Research Unit now provides basic, essential data on the nurse population and the disposition of nursing skills. We obtain this information through arrangements with the 10 provincial associations, who in turn, obtain it from individual nurses at the time of initial registration or re-registration. We now know what is happening in the profession.

Several categories of personnel contribute to the nursing care of patients in hospitals and in the community. While I shall mention briefly the nursing assistant or practical nurse, my information will be largely related to the registered nurse population — those who have graduated from diploma or degree programs. Here are a few pertinent facts.

Ratio could be 1:80

There are in Canada over 121,000 registered nurses, or a ratio of one registered nurse to 164 population — the highest ratio yet attained in Canada and one of the highest in the world. This figure represents only those nurses who are currently registered. It does not represent nurses who were once registered and not employed, nor those who are employed and not registered — as they may be in six provinces. When these nurses are included, it is estimated that our total nurse population is not 121,000, but closer to 250,000 — or a ratio of nurses to population of 1 in 80.

Why then the persistent cry across the country of shortages of nurses? There are many reasons. First, what is the employment status? Data based on information from 95 percent of currently registered nurses reveals that:

- Only 54 percent are employed

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full time, that is, just over one-half the registered nurses in Canada (61,466).

- Nineteen percent (21,051) are employed part-time.
- Twenty-two percent (24,638) are not employed in nursing.
- Five percent (5,711) did not report their employment status.

Is there a shortage of nurses? No. There is a shortage of nurses working in the occupation of nursing. Why? We have failed to eliminate the wastage of highly skilled professionals because we can afford to be wasteful in Canada.

What are some of the characteristics of employed nurses? The overwhelming percentage of employed nurses — 78.7 percent — work in hospitals. Despite efforts to increase public health programs, only 6.3 percent are employed in this specialty. A gradually declining group is that of private duty nursing — 4.5 percent. The remainder are located in schools of nursing, which employ 3.5 percent; office nurses and those working for doctors and dentists represent 2.6 percent; and occupational health engages 1.7 percent.

Ours is a young population. The majority of nursing manpower (43,000) is in the younger age group. Over 50 percent of these employed nurses are under 35 years and 40 percent are under 30 years. The median age is 33.5.

In Canada today, more married women have remained in or are reentering the labor force. This is true in nursing. Over 50 percent (42,747) of employed nurses are married.

Despite efforts made to upgrade the qualifications of nurses, a pathetically small proportion of nurses hold the qualifications required, particularly in the senior administrative positions and in schools of nursing. It is agreed that 25 to 33 percent of positions in nursing in Canada require at least a baccalaureate degree. In actual fact, only 5 percent of nurses have these qualifications — and the yearly increase is imperceptible.

Nursing in Canada is mainly a female occupation. Of the more than 80,000 employed nurses, only 372, or less than 0.5 percent, are men.

Rate of turnover high

In the context of nursing hours available for actual nursing, there is one situation that is particularly significant within the profession and that is the rate of turnover. The implications of high turnover are far-reaching indeed. The actual loss in effective nursing man-hours is most significant. The loss in dollars is phenomenal. Melbin and Taub, dealing with the high cost of replacing a nurse in the October 1966 issue of *Hospitals* quoted studies revealing that the measureable cost of replacing one nurse in a large metropolitan hospital is approximately $500.* Using this figure as a criterion in the Canadian situation, the turnover of nursing personnel costs millions annually.

Through unpublished data from the Dominion Bureau of Statistics, made available to the Research Unit of the CNA, we now know much more about turnover than was known a few years ago. The highest mean turnover rate of full-time nursing department staff is in public general hospitals and is in the category of general staff nurses. Each year there is a turnover of 61 percent of the general staff. For example, if 60,000 of the nurse power are general staff nurses (and this is probably a conservative estimate), each year 40,000 staff nurses change positions. Using the $500 figure calculated by Melbin and Taub, this would represent a cost of approximately 20 million dollars per year for turnover of general staff nurses alone. This figure, incidentally, does not take into account the uncalculable costs such as loss of effectiveness of a new staff member, time spent by other nurses and ward personnel answering questions, giving guidance, and generally integrating the new member into the working team.

The next highest mean turnover rate is full-time qualified nursing assistants — 42.94 percent, followed closely by orderlies — 41.95 percent. The mean turnover rate for nursing directors in public general hospitals is 15.9 percent; among nursing supervisors, it is 14 percent; and among head nurses it is 18.03 percent.

To caluculate this loss in hours and dollars, as these changes take place in the almost 1,000 general public hospitals in Canada, would be to arrive at astronomical totals.

How to increase manpower

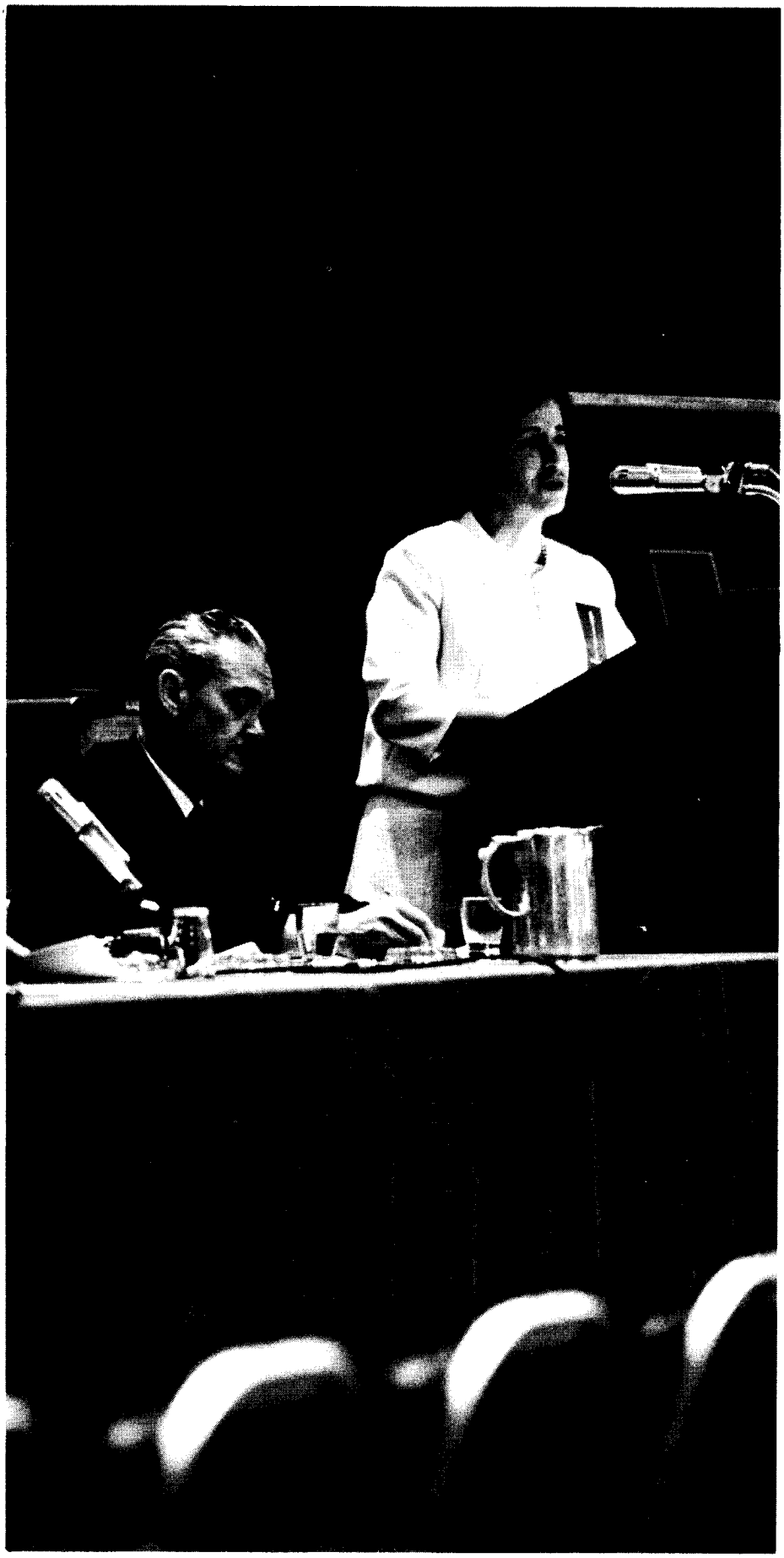
How can available manpower in nursing be increased? There are numerous ways in which this can be done.

1. Reduce the wastage of nursing hours through improved utilization of the nurse's time. Over 100,000 hours of highly-skilled time of registered nurses — the equivalent of over 12,000 registered nurses — are wasted daily across Canada, either through carrying out duties that could be assigned to less skilled workers or carrying out medical procedures.
2. Increase recruitment into the professional schools, reduce student attrition rate, and thus increase the number of new graduates.
3. Reduce the turnover rate.
4. Change the "not employed" status of over 25,000 registered nurses to "employed."
5. Recruit back into the labor force at least a portion of the 120,000 nurses who can but do not now contribute to the nursing force.
6. Change the part-time status of registered nurses to full-time (one out of five now works part-time).
7. Increase immigration and reduce emigration of nurses.

An improvement in these seven factors could add so much nurse manpower that the problem in this country could be one of society's inability to use all the available skills. This could happen, but will not as long as insufficient effort is being made to remedy these factors and control the variables that influence them. The numbers recruited from graduates of schools of nursing are an example — and here we encounter a situation that can have disastrous implications for the future of nursing service.

Recruitment into schools of nursing has steadily declined. In 1940, about 25 percent (1 in 4) of female students in Canada at the junior matriculation level enrolled in schools of nursing. By 1950, this had declined to 20 percent (1 in 5); by 1960, to

* Murray Melbin and Doris L. Taub, "The High Cost of Replacing a Nurse," *Hospitals*, Oct. 16, 1966.



10 percent (1 in 10); by 1965, to 9 percent; and by 1966, to 8 percent. Each year the figure declines; unless drastic changes are made, we can look forward to about 5 to 6 percent (1 in 20) of female high school graduates entering nursing.

This trend is now evident in the number of graduates from 188 basic schools of nursing. In the 1940's, the 1950's and early 1960's, the numbers of graduates steadily climbed each year — usually an increase of 400 graduates over the previous year. For example, in 1961 there were 6,000 graduates and in 1962 there were 6,394. However, in 1964, 7,261 students graduated, and in 1965, 7,360 — an increase of only 99. Similarly, in 1966, the total number of students graduating was 7,387 — an increase of only 27 over the previous year.

Indications are that this trend will continue. If the numbers of nurses who graduated changed their work pattern and practiced for their normal working years, there would be a little less cause for concern. However, recent studies reveal that under present conditions, at least three nurses must graduate to obtain a net gain of one working in the profession.

An increase in manpower could be realized through immigration, but the numbers gained through immigration into Canada are offset through emigration. In 1966, 2,076 nurses from 52 countries became registered in Canada. The largest numbers came from Great Britain (847), the Philippines (550) and the U.S.A. (174). During that year, Canada lost approximately 2,000 registered nurses; of these, 1,620 emigrated to the United States.

Change salaries and working conditions

The declining number of recruits to the profession points to a situation that can and must be isolated, examined, and rectified: the salaries and working conditions of the professional nurse. Both require improvement. The growth of the nursing profession in Canada has been plagued through its long his-

tory by sub-standard salaries. In an era of limited professional opportunities for women, this situation could be tolerated. That era is past. Most professions are now open to women and to obtain adequate numbers of qualified members, the nursing profession must offer rewards comparable to other professions available to women.

The depressed state of salaries for beginning practitioners in nursing has been recognized for many years. As recently as last year, beginning nurse practitioners were paid $285 per month in some provinces and up to $405 in others. Now nurses are taking the initiative. Collective bargaining programs and other forms of negotiations are being carried on by nurses' associations in every province in Canada.

In the past, nurses were reluctant to avail themselves of the collective bargaining process. They turned to it when all other forms of appeal failed, when the rewards in other available professions far outstripped those available in nursing. But they have turned to it. More than 700 bargaining units are now active and the number is increasing rapidly. The Canadian Nurses' Association has set the salary goal in 1968 at $6,000 per year for beginning practitioners, and two provinces have set this as their goal for next year.

In 1966, the CNA collected data of salaries of full-time nurse faculty in hospital professional nursing education programs. The median salary for the nurse teacher in Canada was found to be $5,230 per annum. For a teacher with a baccalaureate degree it was $5,575, and for a master's or higher degree, $6,135. Little wonder that over 70 percent of our teachers do not possess the minimum educational requirements for these positions. Directors of nursing education had little financial incentive for their additional responsibility — in fact, about $10-$20 per month.

We are told that if a profession is to be well staffed, then it must be well paid and well educated. The implication is clear. It has been acted on in Canada in other professions, but not in nursing.

Number of nursing assistants increasing

People who are concerned about providing nursing care often suggest nursing assistants (or practical nurses) as an answer to the nurse manpower problem. The phenomenal increase in numbers of nursing assistants has not and cannot solve the problem.

Of all the categories of workers in the health occupations prepared through educational programs, none has increased more rapidly over the past 20 years than the nursing assistant. There are now over 30,000 registered or licenced nursing assistants in Canada, and we know that thousands more are practicing without licenses. The numbers graduating from schools for nursing assistants have increased dramatically in comparison with graduates from basic nursing programs. If the present trend continues, new nursing assistant graduates could eventually outnumber new graduates from professional schools of nursing. On the surface, this may appear to be the answer to the nursing problem. It is not. Nursing assistants are being misused. They are being assigned to work and nursing responsibility beyond their education, preparation and competency. This has had and is having an adverse effect on the quality of patient care.

For this and for many other reasons, the Canadian Nurses' Association has called for two categories of nurses: graduates from university schools and graduates from diploma schools in a ratio of 1:3. These would be the only workers prepared through formal educational programs who would work within the occupation of nursing. Here, the university-trained graduate would be the senior member of the nursing team, functioning as a highly skilled practitioner and as a full colleague on the health team. Society no longer can afford to use nurses simply to carry out orders, or substitute for non-nursing personnel when they are unavailable or when their department is closed.

Plan and program needed

The data on manpower in nursing collected by the Canadian Nurses' Association have assisted the national association and its provincial members to formulate plans for providing the amount and quality of nursing services required for expanding health services. But we, as nurses, should not plan alone — no more than should any one of the health professions.

As we now stand at the threshold of an unprecedented expansion in health services in this country, we cannot continue to talk about manpower problems. We need a plan and a program that embraces all workers in the health professions — a plan worked out in coordination with all professional health associations.

Let us be done with these edgy confrontations that take place between our professional associations. Let us progress toward relaxed dialogue and conversation among colleagues.

In Canada, we can go forward and produce a creative plan of providing more and improved health services through better utilization of all our health personnel and resources. But will we? Or will we, separately and in good faith, continue to try to solve all the manpower problems in our own field, all by ourselves, all in our own separate compartments?

This is not a criticism of people; it is a criticism of an existing situation. But it is we who shape the affairs of our time and we who will have to answer for deficiencies at the bar of history. The real task ahead — for coordinated planning of health services — needs cooperation; but mostly it needs courage. To postpone a large and difficult enterprise simply because it is large and difficult, means to abandon all hope of advance. We are prepared to resist the easy answers in our drive toward more enduring solutions of the many-faceted problems of manpower in the health profession. □