A few years ago in Minneapolis, several hospital emergency rooms were forced to close. Why? Area nursing homes were short of qualified nurses and could no longer accept additional patients and care for them adequately, according to Byron Crouse, M.D., University of Wisconsin Medical School Professor of Family Medicine and Associate Dean of Rural and Community Health.

“Hospitals were filled to occupancy with long-term care patients who had no place to go because area nursing homes were full,” explained Crouse. “The nursing homes couldn’t take any more residents because they didn’t have the nursing staff to care for them. Due to regulations, hospitals couldn’t release patients if they had nowhere to send them, so they stopped taking those who would require long-term care. Then, the ERs shut down because they couldn’t take patients who would need long-term care. These hospitals had to refer trauma patients to other hospitals.”

This scenario is by no means an anomaly, according to many health care experts. Rather, the situation in Minneapolis exemplifies the ripple effect the shortage of health care workers has in the United States. And according to Crouse and others, the trickle will likely become a flood in a few years without rapid action.

“The health care worker shortage is already a problem,” said Judy Warmuth, R.N., Wisconsin Hospital Association Vice President of Workforce Development. “We may have delays today filling certain positions, but what is looming on the horizon is a much more serious issue. The Wisconsin population is growing older, and it’s happening faster here than other states. As we get older we consume more health care. As the Baby Boomers age, they’re requiring more care, but the replacement demographic is smaller. There will be fewer people working in health care to tend to this larger pool of patients.”
According to a 2002 report by the Governor’s Health Care Workforce Shortage Committee, the health care industry is the largest employer in the state, comprising 7.7 percent of all jobs in Wisconsin, and producing 10,000 new jobs each year. The industry is expected to require another 45,000 workers by 2008. Thirty years from now, the report’s projections are even more dire:

“While the number of people over 65 will increase 89 percent by 2030, the number of potential workers, ages 18 to 44, to replace them, will decrease by 1 percent.”

Nursing Shortage Already Crucial

Though the shortage will likely affect all health care fields, nursing offers a case in point.

According to the governor’s report, a 2001 survey estimated that within a year 9500 Wisconsin nurses planned to either reduce their hours or leave the profession altogether. Nursing homes are already feeling the pinch. In 2000, they reported a 15 percent vacancy rate of nurses.

“We’re not doing a good job recruiting new nurses,” said Warmuth, who herself is a registered nurse. “There are so many more options for women today than there were 30 years ago. You can go into just about any field. We’re all competing for a small cohort of 19 year olds. All this adds up to a future crisis.”

Another challenge is keeping nurses working in the field. Industry cost-cutting measures are perceived as forcing more work on fewer nurses, which erodes morale.

“A recent nursing survey indicated that reduced staffing did not allow nurses to do a good job meeting patients’ needs,” said Paul Wertsch, M.D., Wisconsin Medical Society president. “More than half of those surveyed blame most medical errors by nurses on being understaffed or rushed. If they can’t do the job right, they leave the field. In one area, half of new nursing graduates left nursing within two years. In the US, 500,000 RNs are not working in nursing— that’s 20 percent of the workforce.”

Wertsch also points to the fact that the age of the average nurse in Wisconsin is late 40s. Many are over 50 and nearing retirement. As they get older, they may not be able to keep up with some of the physical demands of nursing, like lifting patients.

Physician Shortage Crucial for Future Care

The shortage reaches much deeper than the nursing pool though. Recent estimates indicate that by 2020 if current trends continue, the nation will be short 150,000 physicians needed to adequately care for patients. This estimate is based on patient demographics—i.e. the size of the elderly population and their concomitant increasing health care needs—and physician profiles. Like nursing, the physician workforce is aging—30 percent of Wisconsin physicians are 55 or older. Furthermore, 50 percent of medical students are women, and that figure is expected to rise.

“Statistics show that women physicians work 18 percent fewer hours per week,” said Wertsch. “They also spend more time with patients and they typically give higher priorities to family issues.”

This emphasis on quality of life crosses gender lines. Today, younger physicians—both male and female—value personal time and are less likely to take on the long hours put in by their predecessors.

How physicians are educated also plays a major role in the looming physician shortage because it requires from seven to 12 years to train doctors, and, until recently, medical schools were under the impression that there would be a physician surplus instead of a deficit. (See following article.)

“Even if we start tomorrow to build new medical schools and increase graduating class sizes, it will be years before these doctors are out on the street,” said Richard Cooper, M.D., former dean of the Medical College of Wisconsin and current director of its Health Policy Institute. “It’s too late to worry about what this
is going to mean for those of us nearing retirement in the next 10 to 15 years. We need to address this physician shortage issue so we have adequate care for our children and grandchildren.

**Solving the Shortage**

When considering the worker shortage, experts point out that this dilemma is not unique to health care.

“Medicine is not alone in facing a staff shortage,” Crouse said. “Everyone is facing an aging population and a smaller workforce. We’re competing with education, manufacturing, industry, and small businesses for the same limited pool for workers. We can’t just continue operating in same paradigm because there just aren’t going to be enough workers.”

As the size of the work force shrinks, it will be even more critical to showcase the potential of medical careers for students.

“We need to start early and inform kids of the wide variety of careers available in health care,” said Wertsch. To that end, he noted that through a link on the Society’s Web site (www.wisconsinmedicalsociety.org), visitors have access to information about all of the health care disciplines available in Wisconsin, with descriptions and background information for each: ultrasound, nuclear medicine technology, nursing, etc. Wertsch has also spearheaded an effort to create a “Career Center” on the site, which will enable both clinics and hospitals to post job listings. It is expected to launch at the end of January.

Another effort targets even younger potential workers. According to Crouse, the Wisconsin Area Health Education Center (AHEC) is promoting health careers in middle schools. “They are even offering camps for kids to learn about these specialties as well as sending information to guidance counselors about the opportunities. The focus is two-fold: promoting careers in medicine and health care as well as making schools with rural and urban underserved populations priorities. They are particularly trying to reach minority students to promote the idea that they can make a good living in a health care career.” (For more information on AHEC, visit www.medsch.wisc.edu/ahec/)

**More than A Few Good Men**

According to Warmuth, recruiting more minorities into health care is a priority. And another stratum that has been traditionally overlooked, at least when it comes to nursing, is men.

“One of the populations we haven’t done a good job of recruiting is men,” she said. “We have to start appealing to men who are looking at second careers, especially those who have been displaced with the loss of manufacturing jobs. Most men don’t think of nursing as an option, though it offers a great future with good salaries and benefits.”

Another strategy is to attract older workers who are interested in a second career or who have retired, and in some cases, encouraging workers not to leave.

“We are also working on initiatives to help keep mature health care workers in the workforce,” said Warmuth. “We know health care occupations are physical jobs; the older we get, the harder the work can be. We need to find ways to help them stay: change the environment, reduce the physical wear and tear.”

Warmuth said that one such initiative is a trend among health care entities to encourage workers to go back to school to enhance their skills. The organization is then able to fill other vacancies with workers who are already familiar with their operation.

“To help retain staff, many are also paying current staff to take off one day per week to go to class to upgrade their skills,” she added. “They are helping them go back to school with tuition reimbursement and creative scheduling.”
Schools at all Levels Key

The good news, at least for nursing, is that there is increasing interest. Technical schools like Madison Area Technical College report a two-year waiting list to enroll in their nursing programs. The bad news is that there are not enough spaces to meet the demand both by prospective students and the hospitals and clinics on the other end.

And while there is no quick fix for this kind of budget/policy issue, Warmuth points to some innovative interim solutions.

"Hospitals are paying technical schools to provide the necessary faculty and support clinical labs to ensure that they can get the new employees they need," said Warmuth. "We are encouraging technical schools as well as private colleges and state universities to increase their student capacities to meet the demand. Many hospitals are offering to help to do this."

Portage Hospital, for example, is covering the costs of training nurses at Madison Area Technical College.

"Tuition only covers 25 percent of the costs," said Ed Clarke, Vice President for Strategic Innovations at MATC. "The rest comes from local property taxes, which only cover so many students. We have a two-year waiting list to get into the two-year program. Hospitals and organizations like Dean Care can't wait, so they're paying us to train nurses for them to ensure that they have a steady stream available."

IMGs No Panacea

Recruiting and hiring internationally are done today occasionally and offer a partial solution to the health care shortage. But it's not as easy as looking beyond our borders.

"Recruiting foreign doctors is very complicated due to visa issues and changes in the exams for entry into the US," said Crouse. First the physician has to come to the US and take the exam. Then they have to go back home, then wait for residency. This requires time and obtaining two visas.

And, even with an international influx of physicians, nurse practitioners and physicians assistants, it won't be enough to make up for the projected shortages, Crouse says.

Shortage Prognosis

Predicting the future is always an uncertain endeavor. However, the huge increase of older Americans needing more care is all but a foregone conclusion; as is seemingly the dearth of new workers to handle the growing need to care for the aging Baby Boomers.

The prospects are not particularly encouraging, according to Crouse.

"This is a difficult challenge involving scope of practice, regulatory issues, medical politics," said Crouse. "We will have to discuss changes in who can supervise whom. What services can they provide? What are the parameters for providing quality care?"

At some point, Crouse said, physicians will need to further engage the patient public as individuals to become more viable partners in determining how health care resources are distributed.

It's one thing to devise a sound plan to address the shortage in health care professionals and another to find adequate funds to carry it out.

"Those are the two biggest pieces," said Warmuth. "If there are going to be people to deliver adequate health care, and how we are going to pay for it. The demographics are undeniable. You can argue policy and who can or should pay for it but you can't argue with the numbers. Still, we must consider fiscal concerns too. In Wisconsin, high cost options aren't available, so we are going to need to be very creative."

While Warmuth admits that she and her colleagues are not painting a pretty picture of the health care scene, identifying the issues is helping them develop strategies and tactics to address the shortages.

"We need to recruit better, optimize how we use our nursing and health care staff, and how we can better entice people to stay in, and sometimes re-enter, the health care workforce," said Warmuth.

Editor's Note: To learn more about the strategies outlined in the 2002 Governor's report, visit www.dwd.state.wi.us/ghowsc/pdf/healthteam/pdf.
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