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Don't Forget CEO Input in the MD and Nurse Supply Debate

By Marcia Faller

Analysts and academics have various ways of determining the national need for doctors and nurses, many of them driven by formulas and statistics. But contributor Marcia Faller says input is also needed from hospital administrators.

When it comes to physician supply, healthcare policy analysts and academics are divided into two camps. One camp believes that the United States has a sufficient number of physicians to meet its needs. The other believes we need to train more doctors. What these experts think is important, because the analyses and opinions they generate affect government policy.

For example, the proposed 2008 federal budget cites the sufficient amount of physicians as a reason for reducing government funding of medical residency programs through Medicaid. Budget planners apparently are in the first camp referenced above. Curiously, the proposed 2008 budget also calls for cuts in funding for nurse training, even though healthcare experts are virtually unanimous in agreeing that the United States is in the midst of a serious nurse shortage.

Analysts and academics have various ways of determining the national need for doctors and nurses, many of them driven by formulas and statistics. What these formulas sometimes omit, however, is input from hospital administrators who are responsible for ensuring that their facilities have enough doctors and nurses to meet patients' needs.

The Council on Physician and Nurse Supply, an independent group of healthcare leaders that tracks physician and nurse manpower trends, wanted to learn what hospital executives think about the current supply of doctors and nurses. On behalf of the Council, AMN Healthcare surveyed over 400 chief executive officers at hospitals located nationwide. What they said paints a clear picture of where hospital leaders stand on the state of physician and nurse supply.

The survey indicates that the great majority of hospitals currently are recruiting both physicians and nurses. Eighty-six percent of hospital CEOs surveyed said their facilities are actively recruiting doctors, while 89 percent are actively recruiting nurses. Of those seeking physicians, 81 percent are seeking primary care practitioners and 74 percent are seeking surgical, diagnostic and other specialists. When recruiting nurses, CEOs surveyed indicated their strongest preference is for baccalaureate level (BSN) nurses, 11 percent expressed a preference for nurses with two-year associate degrees, and the remainder (35 percent) said they had no preference.

Though the nurse shortage is generally perceived to be more acute than

the physician shortage, hospital CEOs surveyed indicated that doctors are relatively more difficult to recruit than nurses. Ninety-four percent of CEOs described the process of physician recruiting as difficult and challenging, while less than six percent said physician recruiting is not particularly difficult or challenging. By contrast, about 86 percent of CEOs described nurse recruiting as difficult and challenging, while 13 percent said nurse recruiting is not particularly difficult or challenging. However, over three-quarters of CEOs surveyed indicated that both physician and nurse recruiting is either no less difficult now than it was two years ago, or more difficult now than it was two years ago.

The CEOs surveyed were equally emphatic regarding the current supply of physicians and nurses in the United States. Eighty-two percent said that the United States has too few physicians, and over 96 percent said that the U.S. has too few nurses. When asked to respond to the phrase "doctor shortage," only 2.4 percent of CEOs surveyed said "there is no doctor shortage in the United States," while over two-thirds said "the doctor shortage is a serious problem that must be addressed soon." When asked to respond to the phrase "nurse shortage," less than one percent of CEOs said "there is no nurse shortage in the United States," while over three-fourths said "the nurse shortage is a serious problem that must be addressed soon."

Finally, hospital CEOs were asked if the number of physicians and nurses trained in the United States should be increased. CEOs were virtually unanimous in their response to this question. Over 95 percent said that the number of physicians trained in the United States should be increased, while over 99 percent said that the number of nurses trained in the United States should be increased.

Healthcare policy analysts, government officials, academics and others monitoring the issue of physician and nurse supply obviously must use mathematical and other "abstract" formulas when preparing analyses and recommendations. However, it only makes sense that when using these formulas they also consider the opinions of health leaders on the front lines of care who must either recruit a sufficient number of nurses and doctors, or deal with the consequences. These consequences include inhibited access to patient care, adverse patient outcomes, burnt-out clinical personnel and medical staff defections.

The question of what to do about physician and nurse supply becomes increasingly important as momentum builds to expand access to healthcare, both on the state and national level. Who will handle all the additional patient visits if access to care is increased? The government and the healthcare industry must achieve consensus on whether we have enough physicians and nurses to meet patient needs both now and in the future. If we need to train more physicians and nurses, as most of the hospital CEOs surveyed think, now is the time to start.

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