Severe US nursing shortage accelerates rural hospital closures

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Nurses in the United States comprise the largest grouping of health care professionals, numbering about 3 million, and nursing is one of the fastest growing occupations in the country. However, because of changing healthcare needs and demographic shifts, the number of nurses in the US is woefully inadequate and rapidly worsening.

There are more persons over the age of 65 than at any time in the history of the United States. By 2030, one in five persons will be 65 or over, an increase from 2010 by 75 percent to 69 million persons. By 2050, 88.5 million people will be 65 and over.

At age 65, about 80 percent of the population has at least one chronic health problem needing regular medical attention, according to the National Council on Aging. Some 68 percent have two or more chronic health problems. A *USA Today* analysis indicated that two thirds of Medicare recipients have several chronic diagnoses needing routine and regular care.

The Bureau of Labor Statistics notes that nursing vacancies are now emerging that will leave the US 1.2 million nurses short of what will be needed to staff US hospitals and healthcare facilities in just two years to meet the growing demand.

About 1 million US nurses are over age 50 and will reach retirement age in 10 to 15 years. By 2024, almost 700,000 nurses will retire and leave the work force. Due partially to increasing needs of an aging US population, another 500,000 nurses will be needed to safely and adequately meet the healthcare demands by 2020.

A recent Reuters report reviewed the crisis in the nursing care shortage for 20 hospitals surveyed this year. The shortage is hitting the population of the West Virginia coal mining country with life-threatening force.

The Charleston Area Medical Center is one of West Virginia's largest employers and faces a $40 million deficit for 2017 as fewer people have private insurance, state and the federal governments slash reimbursements, and labor costs soar for a dwindling supply of nurses.

Charleston Medical will spend $12 million in 2017 for "travel" or temporary nurses, two times what the center spent 3 years ago. Ten years ago, they had no need whatever to hire temporary professionals.

Ron Moore, the vice-president and chief nursing officer for the center who retired this month, told Reuters, "I've been a nurse for 40 years, and the shortage is the worst I've ever seen it." He added, "Better to pay a traveler than shut a (hospital) bed."

Charleston Medical now offers to pay tuition for nursing students if they agree to stay at the center for 2 years.

The nursing shortage is a bonanza for the temporary nursing agencies financially benefiting from crisis, such as AMN Healthcare, a for-profit enterprise whose securities are traded on the New York Stock Exchange.

It is estimated that US hospitals' expenditure for temporary nurses, working an average of 13 weeks, has doubled in the last 3 years to $4.8 billion, according to Staffing Industry Analysts, which advises governments and institutions on workforce issues worldwide.

As a result of the nursing shortage, wealthier big city and university-connected institutions are placing their smaller and rural counterparts at a disastrous disadvantage in the competition for the shrinking workforce.

The J.W. Ruby Memorial Hospital in Morgantown, Pennsylvania is on the border with West Virginia and is affiliated with West Virginia University (WVU) Medicine. J.W. Ruby spent $10.4 million this year to hire and keep nurses, compared to $3.4 million only a year ago. The complex is expanding by 100 beds as it swallows up the services formerly provided by rural facilities that are closing.

The institution offers higher pay, tuition reimbursement, $10,000 signing bonuses, and free housing for nurses that reside 60 miles or more away. J.W. Ruby administration is said to be considering paying college tuition for children of their current longer-term nursing staff to keep them at WVU.

Doug Mitchell, VP and chief of nursing services said, "We'll do whatever we need to do (to get and keep them)."

The *International Journal of Nursing Studies* published research in August confirming that short staffing of nurses

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was driving up the death rate after common and routine surgeries.

The University of Alabama (UAB) Hospitals in Birmingham invested millions of dollars in recruiting and retaining nurses and still finds itself 300 professionals short. Various departments have seen nurse vacancy rates at 20 percent and higher. Many low-income, poor, and uninsured patients obtain care at the university center.

Terri Poe, chief of nursing at the state's largest hospital told Reuters, "We've rarely canceled a surgery or closed a bed because of a lack of staffing." Last year, UAB wrote off $200 million for unreimbursed care and spent $4.5 million on temporary nursing services, including $3 million for staffing of postoperative care departments, compared to 2012, when UAB spent $812,000 hiring temporary nurses.

The nursing shortage in Missouri is at a record high of 5700, up 8 percent from last year. Thirty-four percent of state nurses are age 55 and older. The University of Missouri Health Care in Columbia spent $750,000 on "extras" to keep nurses, including $2000 bonuses to work in "difficult to staff units" and student debt relief. Nurses on staff were offered "referral bonuses" for colleagues who left other workplaces and signed on with the University, as well as a chance to win a trip to Hawaii.

Over 40 percent of America's rural hospitals had negative balance sheets in 2015, according to The Chartis Center for Rural Health. US rural hospitals are closing at an unprecedented and alarming rate. Of 119 rural hospitals closed since 2005, over 65 percent shut down since 2010, mainly in Texas and 15 other states that did not expand Medicaid. With 14 rural facilities that closed between 2005 and 2016, Texas shuttered the highest number in the US. Reuters cited so-called "dire states" whose rural hospital debt threatened closure, which were Kansas, Texas, Oklahoma, Georgia, Mississippi, Missouri, Minnesota, New York, Alabama, and Tennessee.

Thirty-eight of the 54 rural counties in Alabama do not have obstetrical services, compared to 9 counties in 1980, according to the state's Department of Public Health. Most pregnant women who live in rural areas must travel away from their home counties for pregnancy care, including deliveries that increase the risks to mothers and their babies. Alabama is seeing lower birth-weight infants and higher infant mortality rates, rates that are well above the rest of the US, which in turn is higher than all the rest of the G7 developed countries.

Compounding the nursing shortage, bipartisan budget cuts of federal Title VIII funding for colleges that train nurses have choked down the educational and training pipeline to replace the hundreds of thousands of professionals leaving the workforce in the next 3 to 5 years.

A recent report by the American Association of Colleges of Nursing noted, "US nursing schools turned away 79,659 qualified applicants from baccalaureate and graduate nursing programs in 2012 due to insufficient number of faculty, clinical (training) sites, classroom space, clinical preceptors, and budget constraints." The study also noted that many nursing college faculty are aging and nearing retirement, without effective and sufficient plans for their replacement.

Pam Cipriano, president of the American Nurses Association, told the *Atlantic*, "As those numbers (of nurse instructors) drop, schools have to maintain critical student-to-teacher ratios. Preparation for most nurse faculty is a doctoral degree, and you can't just replace someone in that position. The trajectory timeline to fill jobs (for) nurse faculty (that) are retiring is much longer."

Cipriano also said, "We saw (Title VIII) money reduced by $2.15 million this year, and when you adjust for inflation, we've seen a 30 percent decline in that money since 1972. To maintain our supply (of nurses) and the pipeline, Title VIII is critical."

A 2012 study titled "United States Registered Nurse Workforce Report Card and Shortage Forecast" graded states nationwide as to the predicted nursing care shortages in hospitals, clinics and health care facilities and graded the states accordingly. The prediction was that, given budget cuts to health care carried out on a bipartisan basis, the number of states that would accrue D's and F's would increase from 5 in 2009 to 30 by 2030. The F-graded states, all in the US South and West, would include Florida, Georgia, Texas, Virginia, Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada and New Mexico.

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