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EPILOGUE

DESPITE A QUIXOTIC national economy with a corresponding lack of employment opportunities in many fields, America desperately needs nurses. The American Hospital Association estimates a national shortage of 100,000 RN's in hospitals alone, 88 percent of which cannot fill their full-time RN openings. The changing nature of hospital care with more emphasis on its intensive aspects and such new technologies as bone transplants, radical surgical interventions, burn therapy, neurosurgery, and cardiac surgery have greatly accelerated the need for highly skilled nurse practitioners.

Supply vs. Demand

According to a fact sheet recently issued by the American Nurses' Association (ANA), there are 1.6 million registered nurses in the U.S. who hold licenses to practice. About 76 percent or 1.2 million of the total are currently employed in nursing. The remainder are working in other areas, seeking employment, raising young children, retired, or otherwise engaged. The majority of the active nurses, about 810,850, work in hospitals; 99,000 in nursing homes and extended care facilities; 81,000 in public health agencies and other community health settings; 70,000 in doctors' or dentists' offices; and 44,000 in student health services. About 65 percent, or 800,360, of the 1.2 million employed nurses have titles which could be considered as ranking them in the staff nurse category.

Health care administrators, beleaguered by the persistent shortage of nurses, have resorted to all types of measures to alleviate the situation. Hospital stays have been shortened with greater use of outpatient facilities. On the other hand, those who remain hospitalized are usually more acutely ill and require a high degree of complex nursing care. More use is being made of agency nurses to supplement staff nurses. The major weakness of this expedient, though, is a lack of continuity in patient care. Even though the average salary of the hospital staff nurse has risen 9.8 percent from \$16,451 in November, 1980, to an estimated \$18,331

in January, 1982, according to the ANA, the gap between supply and demand for nurses continues to widen at an alarming rate.

There are, of course, many well-publicized reasons for a nursing shortage that offers little hope of short-term solutions. Among those cited are the many other professions now open to women offering shorter educational preparation with superior financial rewards, a decline in the desire for service among the younger generation today, and discontent over low pay, limited advancement, and other factors. As a result, RN's across the nation have rebelled by dropping out of the profession in droves. It is estimated that 350,000 have left the field entirely. The turnover rate on nursing staffs is thought to be in the 35 to 60 percent range. In a few instances, nurses have actually taken to the picket lines to strike for better working conditions and pay.

The practicing nurse today with a good record and solid experience is in the driver's seat, and she is becoming more aware of her status as a professional. She is no longer the docile handmaiden of the physician and is finally gaining long overdue recognition for her talents and skills. Thomas Jefferson University Hospital has, for example, taken a bold step in this direction by the establishment of a "career ladder," which ranks nurses according to their expertise in handling patients, teaching other nurses, and doing research. The lowest rung on the three-step ladder is Clinical Nurse I for nurses fresh out of school. When they need help, they are encouraged to consult their fellow nurses who have achieved the higher ranks. Those nurses who want to advance beyond the third level may become administrators or clinical consultants. The new system has already succeeded in dropping the turnover rate for nurses at Jefferson to less than 18 percent from close to 50 percent just a few years ago.

Quo Vadis?

However admirable the efforts of Jefferson and other hospitals may be to retain their present nursing staffs and to "beef up" their recruiting campaigns, there is every indication that the current critical shortage of nurses will continue for many years to come. The shutdown of the diploma schools of nursing, which for most of this century supplied 85 percent of the nation's needs, bodes ill for the nursing sector of the health care industry. It will take at

least a decade or more before the community/junior college and baccalaureate degree nursing programs can even hope to fill partially the gaps in the ranks of nursing graduates left by the closed diploma schools.

There can be no real objection to the determination of the American Nurses' Association to upgrade nursing to being regarded in the public eye as a profession, rather than a mere vocation, with concordant higher educational requirements. It is to be hoped that the college-educated nurses of the future will not be trapped in a "Too many Chiefs, and not enough Indians" syndrome. When all is said and done, "hands-on" patient care remains paramount in nursing. This is an art which legions of diploma school nurses have refined throughout the years as a priceless legacy to posterity.

