



COUNCIL ON
PHYSICIAN AND
NURSE SUPPLY

**2007
NATIONAL PHYSICIAN AND NURSE SUPPLY
SURVEY**



Conducted By:

AMN HEALTHCARE[®]

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INTRODUCTION

The Council on Physician and Nurse Supply is an independent organization dedicated to studying physician and nurse manpower trends. Based at the University of Pennsylvania's Leonard Davis Institute of Health Care Economics, the Council includes leaders from a number of prominent healthcare organizations (See Council Membership at the end of this survey.) Support for the Council is being provided by AMN Healthcare, a national health care staffing organization.

The Council conducted the 2007 National Physician and Nurse Supply Survey to gauge current physician/nurse supply and demand trends from the perspective of hospital administrators. Hospital administrators were surveyed because they encounter issues of physician and nurse supply and demand from the "street level" of day-to-day health care delivery. Their observations and experiences may prove illuminating to analysts and academics engaged in assessing national physician and nurse supply needs and in evaluating the ability of current physician and nurse training programs to meet those needs.

METHODOLOGY

The 2007 National Physician Nurse and Supply Survey was conducted by AMN Healthcare, the nation's largest health care staffing company, on behalf of the Council on Physician and Nurse Supply. The Survey was mailed in February, 2007 to 5,000 hospital administrators located in all 50 U.S. states. Four hundred and two completed surveys were received by the response date of March 7, 2007.

RESULTS SUMMARY

Surveys mailed: 5,000

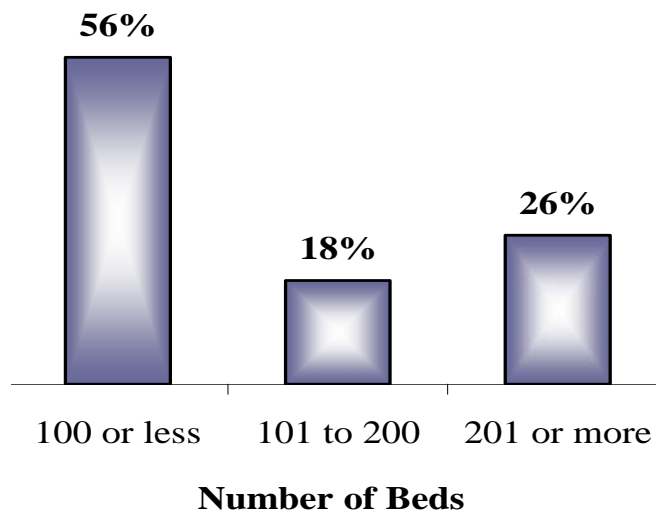
Surveys completed: 402

Response rate: 8.1%

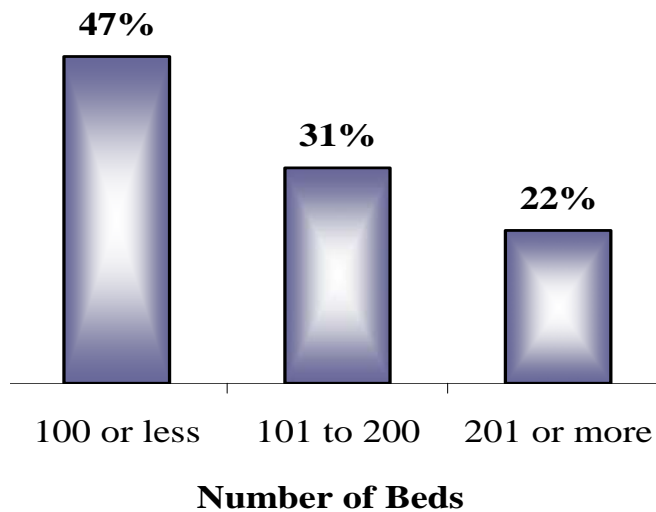
PROFILE OF RESPONDENTS

QUESTIONS ASKED AND RESPONSE RECEIVED

1. How many beds does your hospital have?



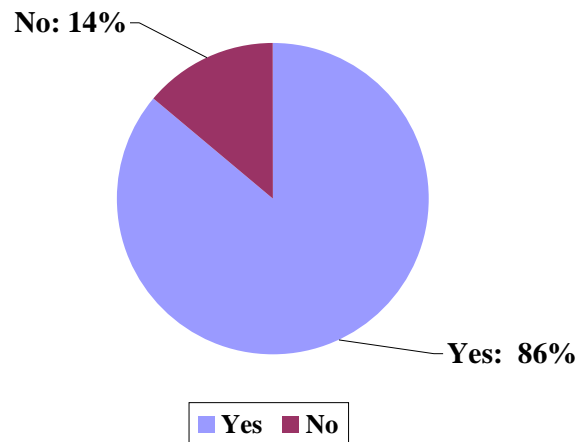
Survey sample compared to all non-federal hospitals in the United States:



2. What is the size of your service population?

25,000 or less	27%
25,001 – 100,000	32%
100,001 – 250,000	14%
250,001 – 500,000	12%
500,001 – 1 million	7%
Over 1 million	8%

3. Is your facility currently seeking physicians?

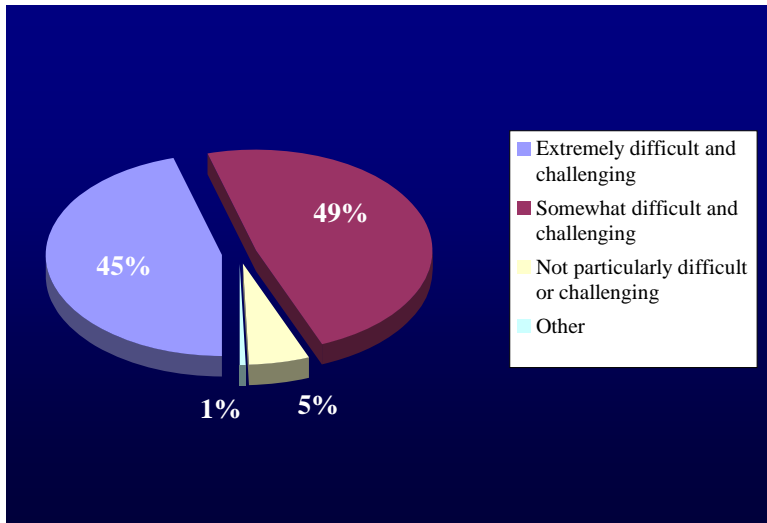


4. If yes, what type? (check all that apply)

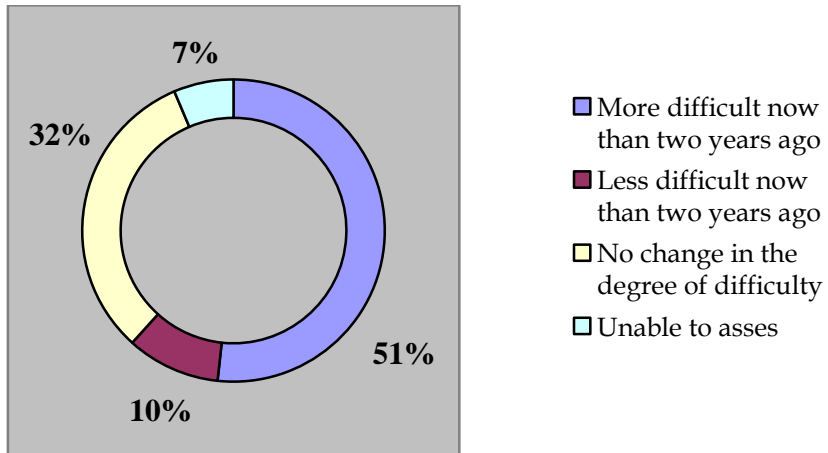
Primary care . . . **81%**

Any surgical/diagnostic/hospital-based or other non-primary care physicians . . . **74%**

5. *How would you describe the process of recruiting physicians to your facility?*



6. *How would you describe the process of recruiting physicians to your facility now compared to two years ago?*



7.

The United States has...	Agree	Disagree	No Opinion
<i>Too few</i> physicians	82%	8%	10%
<i>Too many</i> physicians	1%	89%	10%
<i>The appropriate number</i> of physicians	11%	71%	18%

8. What is your response to the phrase “doctor shortage?” (check all that apply)

There *is no* doctor shortage in the U.S . . . 3%

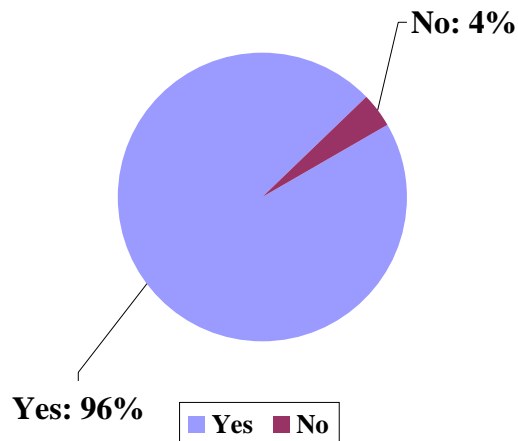
The doctor shortage *is* a regional problem only . . . 21%

The doctor shortage *is* a national problem . . . 48%

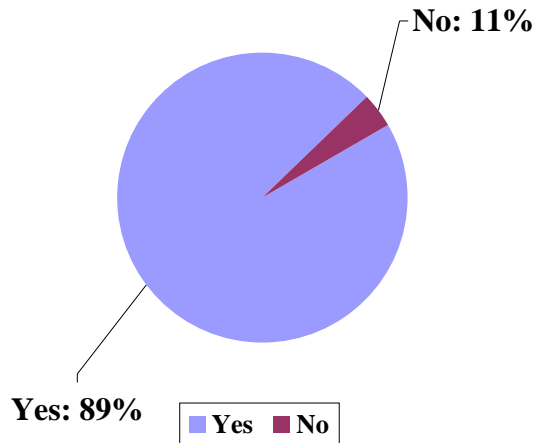
The doctor shortage *is* a serious problem that must be addressed soon . . . 68%

The doctor shortage *is not* a problem that must be addressed soon . . . 0%

9. Should the number of doctors trained in the United States be increased?



10. Is your facility currently seeking nurses?



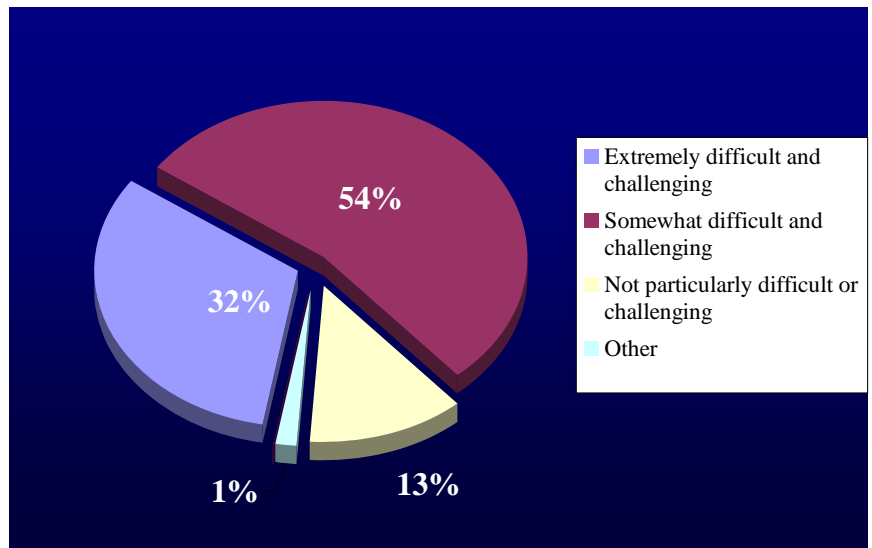
11. If yes, what training level is your strongest preference?

Prefer baccalaureate (BSN) level nurses . . . **54%**

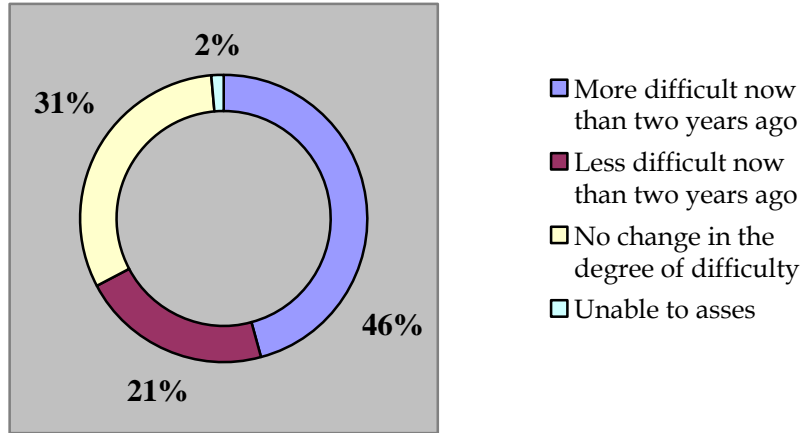
Prefer two-year, associate degree nurses . . . **11%**

No preference . . . **35%**

12. How would you describe the process of recruiting nurses to your facility?



13. How would you describe the process of recruiting nurses to your facility now compared to two years ago?



14. Which, if any, of the following statements do you agree with?

The United States has...	Agree	Disagree	No Opinion
<i>Too few</i> nurses	96%	2%	2%
<i>Too many</i> nurses	0%	97%	3%
<i>The appropriate number</i> of nurses	3%	93%	4%

15. What is your response to the phrase “nurse shortage?”

There *is no* nurse shortage in the U.S **0.6%**

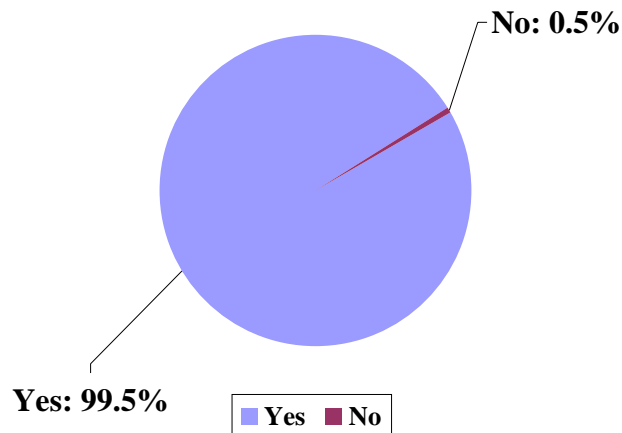
The nurse shortage *is* a regional problem only . . . **6.1%**

The nurse shortage *is* a national problem . . . **62.6%**

The nurse shortage *is* a serious problem that must be addressed soon . . . **77.1%**

The nurse shortage *is not* a problem that must be addressed soon . . . **0.03%**

16. Should the number of nurses trained in the U.S. be increased?



TRENDS AND OBSERVATIONS

The 2007 National Physician and Nurse Supply Survey reflects a general consensus among hospital administrators on a variety of physician and nurse supply issues, and a near unanimity on others.

The great majority of hospital administrators surveyed currently are seeking both physicians and nurses. 86% are currently recruiting physicians and 89% are recruiting nurses. Of those recruiting physicians, 81% are seeking primary care practitioners and 74% are seeking surgical, diagnostic or hospital-based specialists.

The great majority of hospital administrators (94%) indicated that they find physician recruiting to be either “extremely difficult and challenging,” or “somewhat difficult and challenging,” while only 5% find it “not particularly difficult or challenging.”

Nurse recruiting was rated as either “extremely difficult and challenging” or “somewhat difficult and challenging” by 86% of hospital administrators surveyed, while 13% said nurse recruiting is “not particularly difficult or challenging.” On balance, the survey suggests that hospital administrators find physician recruiting to be somewhat more difficult and challenging than nurse recruiting.

Administrators whose facilities are currently recruiting nurses were asked what their strongest candidate preference is in terms of nurse training. The majority (54%) indicated a preference for nurses with baccalaureate (BSN) training, while 11% expressed a preference for nurses with two-year associate degrees. Over 35% indicated they had no preference either way.

Over half of hospital administrators surveyed (51%) indicated that physician recruiting is more difficult now for their facilities than it was two years ago, while 32% said there had been no change in the degree of difficulty. Just over 10% indicated the physician recruiting process had become easier, while 7% were unable to assess whether any change in the process had occurred over the last two years.

Close to half of administrators surveyed (46%) indicated that nurse recruitment had become more difficult at their facilities now than it was two years ago, while 31% said there had been no change in the degree of difficulty. However, 21.8% indicated that nurse recruiting had become easier in the last two years, over twice the percentage who said physician recruiting had become easier. Again, the survey suggests that, on balance, conditions in physician recruiting may be more problematic than in nurse recruiting.

Nevertheless, more hospital administrators surveyed perceive that the United States has too few nurses than perceive that the U.S. has too few physicians. Over 96% of administrators agreed with the statement “the United States has too few nurses,” while 82% of administrators agreed with the statement “the United States has too few physicians.” However, administrators generally concur that shortages of both physicians and nurses are prevalent in the United States.

When asked to respond to the phrase “doctor shortage,” only 3% of administrators said “there is no doctor shortage in the United States.” 21% of administrators indicated that “the doctor shortage is a regional problem only,” 48% indicated it is a “national problem,” and 68% indicated it is a “serious problem that must be addressed soon.”

In general, administrators expressed an even greater sense of urgency regarding the nurse shortage. Only 0.6% indicated “there is no nurse shortage in the United States” 6.1% indicated the nurse shortage is a “regional problem only,” 62.6% indicated it is “a national problem,” and 77.1% indicated it is “a serious problem that must be addressed soon.”

Hospital administrators were close to unanimous in agreeing that the number of both physicians and nurses trained in the United States should be increased. Over ninety-six percent of administrators agreed that the number of physicians being trained in the U.S. should be increased, while 4% disagreed. 99.5% of administrators indicated that the number of nurses trained in the U.S. should be increased, while 0.5% disagreed.

SELECTED COMMENTS MADE BY HOSPITAL CEOs WHO RESPONDED TO SURVEY

“This is a serious problem and will result in severely compromised care in the next few years. Because it takes 10 years to train a new physician, we must act now. Even so, we may have several years of denied or compromised health care while new physicians are trained. Because this is a slow moving problem, it will be hard to enlist political support.”

“We hire every nurse who submits an application. The problem is very serious and I do not see it improving.”

“The shortage for both physician and nurses is very apparent. It will become a more serious problem as the “baby boomers” reach Medicare age, while our workforce continues to age and retire early due to the demands of nurses and physicians.”

“The primary care shortage is acute and getting worse. The nursing shortage will grow very serious in 5-10 years. If we don’t increase dramatically the number of Hispanic and African American nurses, we will face a major crisis in 10-15 years.”

“Both physicians and nurses are in short supply today and this is projected to only get worse, given the demographics of the current workforce. Given the long lead times involved in changing the supply side, action needs to occur soon. Given the overall population demographics in the U.S., it is unlikely demand will be reduced going forward.”

“As a facility located in a rural, HPSA area, I feel the effects of this problem daily. Key concerns include finding physicians and nurse generalists – willing to meet the varied

needs (OB → Hospice) inherent in a rural practice. General surgery, specialty outreach, OB nursing, and surgical nursing are areas of acute need.”

“Nurse shortage is extremely serious! Rural areas are facing hospital closures.”

“Physician shortage is very serious and will threaten the future of rural community hospitals.”

“Increase funding for nursing faculty and nursing education.”

“Patients are being diverted from hospitals due to lack of staff. Ratios have exacerbated the problem. This is an extremely serious problem at crisis levels in some parts of the country. Strongly suggest hospital based training, experience and education for physician and nurses. Immediate action is required. Thank you for this opportunity to be heard.”

“Both physicians and nurses are in short supply in rural areas and in most metropolitan areas as well. The decline of enrollment of physicians is alarming as a significant number of physicians retire and stop practicing. Nursing shortage is critical – especially in west coast areas where staffing ratios cannot be met. Although enrollment is increasing, the number of retiring nurses is as well - leading to a crisis shortage soon!”

“Physician specialties are the major concern. Nursing – more attention to nursing schools and wages of instructors – there are enough applicants!”

“Very serious problems... Depending on day of week, there is no coverage for certain specialties (ENT, Plastic, Ortho, etc.). We have to send patients 50 – 100 miles away!!”

“Although rural pays the same as urban – cannot recruit to rural areas – MD’s not interested. Nurses very hard to find – not enough coming out of school.”

*“-RN vacancy of 10% – 12% last 8 months
-Primary care MD → multiple needs
-Select specialties → 1 or none in area with population growth”*

“Nurses might be recruited to work in hospitals if we responded to what satisfaction goals are for them. I began research of this issue in 1966 and things have not changed since then.”

“Extremely critical situation predicted to be even more so critical in the future.”

“Nursing supply is a serious/dangerous problem that will threaten the entire health care system in the next decade.”

“Short term, the problem is more severe with nursing. It’s both regional and national and not enough is being done to increase supply. For physicians, it’s both the

*distribution (where they want to live and practice) and severe long term needs. **Aging** and replacement is going to be very problematic. **Quality** is also a big concern!”*

“We are located in New Orleans – need I say more.”

“There is a great need for bilingual (English – Spanish) speaking clinicians, especially in the Los Angeles area. The limit of students accepted to the program should be relaxed.”

“You failed to ask a key question. Doctors and nurses are not practicing in a hospital setting providing medical care to inpatients. Other opportunities in academia, office only practices, the wrong specialties, large medical centers rather than rural medicine are problems for “my” Healthcare setting.”

“We have been very fortunate to attract quality physicians in sufficient number. Few of the communities around us are not recruiting doctors. We had been ahead of the curve on nurse recruiting but now we are having chronic understaffing problems. Anyone who tells you it does not affect patient care is blowing smoke.”

“Not sure. At least in this area that has already happened and is currently meeting the need, except for specialty trained RN’s.”

“I am not sure if we have too few physicians – but I do know that we have almost no physicians who will practice in very rural areas.”

“The survey misses the core issues causing shortages... the uncertain working condition in health care is causing burnout and discouraging the “best and brightest” from entering these fields at the “caregiver level.”

ABOUT THE COUNCIL ON PHYSICIAN AND NURSE SUPPLY

The Council on Physician and Nurse Supply is an independent, multi-disciplinary group dedicated to studying trends in the demand for physicians and nurses and to propose ways to better align training capacity with the nation’s needs. It is based in the University of Pennsylvania’s Leonard Davis Institute of Health Care Economics. Funding for the Council is provided by AMN Healthcare, the nation’s largest temporary healthcare staffing company in the United States.

COUNCIL MEMBERS INCLUDE:

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SUPPORTING MEMBERS ARE:

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ABOUT AMN HEALTHCARE

AMN Healthcare is the largest temporary healthcare staffing company in the United States. The company is the largest nationwide provider of travel nurse staffing services, locum tenens (temporary physician staffing) and physician permanent placement services and also a leading nationwide provider of allied healthcare professionals. AMN Healthcare recruits healthcare professionals both nationally and internationally and places them on variable lengths of assignments and in permanent positions at acute-care hospitals, physician practice groups and other healthcare facilities throughout the United States.

For further information about this survey and about healthcare staffing trends, contact:



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