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**Before the
House Committee on Veterans' Affairs
Oversight and Investigations Subcommittee**

**On the
Impact of the Nursing Shortage on the VA**

Oct. 2, 2003

Good afternoon. Thank you, committee members, for this opportunity to draw attention to the very important issue of the nurse staffing shortage in VA medical facilities. My name is Ann Converso, and I have been a registered nurse in acute medical/surgical units and later I.V. therapy at the VA Western New York Health Care in New York's VISN 2 region for more than 30 years. I have also been an active member of my union, the New York State Nurses Association and its national, the United American Nurses, AFL-CIO, during that time. I now serve as vice president for the 100,000 nurses of the UAN – 6,000 of whom are VA nurses.

In my years as a VA nurse, I have experienced several nursing shortages firsthand. I believe I do speak for other VA nurses when I say that we love our jobs and the important work we do in caring for our nation's veterans. But because of deteriorating working conditions and a lack of respect, registered nurses are leaving the bedside in favor of the many other job options now available to us, from clinic jobs, outpatient jobs, computer jobs, quality management, doctors' offices, pharmaceutical jobs or leaving nursing entirely.

A 2002 report by the Health Resources and Services Administration states that by 2020, hospitals will be short 808,416 RNs. In a 2002 survey by the United American Nurses, three out of every ten nurses said it was unlikely they would be a hospital staff nurse in five years. The VA health care system has by no means been immune to the shortage.

As nurses leave the VA system, new nurses are not joining the VA at comparable rates, and patient load is increasing. In its own report, "A Call to Action," the VA states that it must replace up to 5.3 percent of its RN workforce per year to keep up with RNs retiring. By all accounts, that is not happening. In its website documentation of system-wide capacities, VA statistics show that between 1996 and 2002 the number of full-time-equivalent RNs went down by 8.4 percent. During that same time period, the number of "unique patients" treated at the VA went up by 55 percent. We are caring for more patients, who are often sicker, with fewer nurses at the bedside.

Clearly, VA nurses have choices. I believe I and other VA nurses can shed some light on why nurses are leaving the bedside, and what we can do together to make the VA a more attractive place for nurses to stay and work.

Through my role in my union and my position on the National Commission on VA Nursing, I hear daily from VA nurses about the problems they face at their workplaces. Staff nurses, who play a pivotal role as caregivers at their VA facilities, say their experience, knowledge and expertise are not being respected. Nurses are functioning at staffing levels that are unsafe at best, downright dangerous at worst. Many VA facilities do not meet the threshold medical/surgical ratio of four patients per nurse that is cited in Linda Aiken's landmark 2002 study on nurse-to-patient ratios. The Joint Commission on Accreditation of Health Care Organizations (JCAHO), among others, has pointed out the unanticipated problems faced by patients who are cared for by too few nurses.

Some VA facilities, like their counterparts outside government, have responded to this staffing crisis by mandating overtime that is unsafe for patients and nurses, forcing nurses to work understaffed or floating RNs to different units without proper training. Additionally, nurses at the bedside are not being involved in decision-making processes. UAN's 2002 poll found that 95 percent of hospital staff nurses surveyed thought it was important to be consulted before decisions are made, but saw little evidence of that happening.

We also must address the inequities that cause the VA medical system to lag behind civilian facilities as an employer of choice. Compensation under the Nurse Pay Act of 1990 has not kept pace with the private sector's ability to provide multiple salary increases per year and an innovative structure of non-salary perks and benefits. And too often, qualified, experienced nurses in the VA system are denied promotion solely on the type of nursing education received.

Rather than spend all my time discussing the many challenges VA nurses face as the nursing shortage worsens, I'd like to talk about how we meet them, because I firmly believe we do have solutions available to us. Staff nurses know, and are willing to share, their solutions.

As a longtime nurse activist, I know there is a place where staff nurses' knowledge and views are solicited, respected and acted upon: in our unions.

Staff nurses have a seat at the table, a voice in decision-making and the respect we deserve because of our union. Nurses are organizing themselves into unions as never before, and it's easy to see why: Nurses who are organized on average earn a higher salary, have better staffing levels and have more of a say in their workplace. As a VA union nurse, I have input into bar code medication procedures; representation on my health and safety committee; access to a fair and equitable disciplinary and grievance process; and, valuable guidance through the VA promotions process.

In the VA system, we must cultivate an environment where nurses are respected for the invaluable work we do. Actively involving staff nurses in the decision-making process in their VA facilities must be a priority if we are to keep more staff nurses in the VA system. As VA nurses, we know firsthand that we can most effectively give our input on the many issues critical to quality patient care through our unions.

VA nurses in my union have made a difference in the quality of care in their facilities by advising on the best safety devices to use through their health and safety committees... on inadequate staffing levels, through submission of assignment despite objection forms ... through support for legislation like the VA Medical Workforce Enhancement Act, H.R. 1951. This bill gives the Secretary of the VA the flexibility to empower staff nurses with greater decision-making on staffing levels, nurse-to-patient ratios and patient caseloads. Finally, our VA nurses use their union voice to have a say in the restructuring and organizational change currently underway in the VA.

Some facilities are exploring ways to involve nurses in decision-making processes through the Magnet Program, administered by the American Nurses Credentialing Center. In the years since its inception, the magnet designation has become a sought-after credential among hospitals. What is equally, if not more, important to me is the process a facility must demonstrate it has gone through to achieve magnet status: A magnet facility's administration must talk to, and listen to, its nurses. It must show evidence that staff nurses are involved in decision-making and care-giving processes. To me and the nurses I represent, the process, criteria and culture that a hospital must develop – involving staff nurses in decision-making – in its magnet application is even more important than the piece of paper that finally grants the hospital magnet status.

Both magnet facilities and VA facilities where RNs have a union are excellent models for involving nurses – the people providing round-the-clock care for our veterans – in the decision-making loop. Our veterans deserve no less.

If we are to encourage staff nurses not only to come to the VA, but to stay at VA facilities, we must work to give them a voice in the challenges and changes faced in our VA facilities. VA Secretary Anthony Principi has said that he is making quality patient care a priority. That cannot happen with fewer nurses at the bedside. If we truly seek to attract and retain skilled, experienced registered nurses to the VA system, we must respect frontline RNs who deliver bedside care by giving them greater input into their work environments.

Thank you.

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