

## Nurse shortage real

I take issue with the recent Our View on the nursing shortage and the conclusion that the editors draw (thanks in great part to misinformation from the California Nursing Association) the nursing shortage was somehow manufactured. It would appear that when it served the CNA's lobbying purposes there was a nursing shortage and now for whatever reason, this same group has decided to rewrite history, and statistics and say that it was all just a big bug-a-boo, a creation of the "evil" hospital industry.

I was present at numerous public hearings, press conferences and demonstrations when CNA members and leaders rattled off nursing shortage statistics — but I guess that was then and reality is malleable, after all. I am just dis-

appointed that the editorial board of the Star-News would serve as a willing dupe in their campaign to rewrite history and distort facts.

I can attest that most hospitals throughout Los Angeles County struggle with complying with the nurse/patient ratio every day. In order to comply many have to either close their Emergency Departments or go on diversion. Sometimes these closures last minutes, sometimes hours or even longer. When ED goes on diversion, or close, patients are then diverted to other hospital ED's and these are quickly becoming scarce in the San Gabriel Valley, thanks to recent hospital closures. It has been through this method that most hospitals have met the nurse-patient ratio at all times, but it has come at the cost of closing units and the ED to patients in need.

As a neonatal intensive care nurse I'm not sure that supplying a "floater" nurse to oversee my patient's care during a ten-minute break would provide good quality of care especially since this nurse could come from any department and have little or no experience with intensive care let alone neonatal intensive care. I much prefer how it used to be done, which was one of my cohorts on the same unit, often in the same bay would assume care for those brief minutes — perhaps a little extra work for 10 minutes, but not only could I take a break with the knowledge that my patient was indeed in competent hands, but I knew that my fellow nurse would also have the confidence and skills to provide the care if need be and not have the added stress of wondering if they were up to the challenge.

What cannot be overlooked is that there is a real nursing shortage, not just in California but nationally, as well as many other countries. The shortage is due to a convergence of numerous factors, inappropriate nurse/patient ratios being just one factor. Other factors affecting the nursing shortage is the limited seats available for new nursing students, not to mention a decline in universities offering either associate level or bachelor level nursing degrees, the fact that the average age for nurses is around 47 and many are looking at retiring soon, and that the average length of time it takes a nurse to complete their associate degree is two years and few can complete their bachelor degree in four, and finally the poor state of nursing leadership and management (which often drives away as many nurses as does forced overtime and unsafe patient assignments).

Until all of these issues are dealt with there will continue to be a revolving door in nursing. There might be periods when there appears to be adequate nursing staff but there will also continue to be equal periods of time when nurses will be hard to find.

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