

# Nursing wages essay



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Today in North Carolina and around the country nurses are in high demand and low supply. Many states have made legislation and incentives to help alleviate the problem. The best way to solve the problem is raise salaries and give hospitals and health care facilities more federal money to help pay wages. In most markets including North Carolina wages are determined by supply and demand, e. g. if the need for a particular position is great, wages will rise in order to attract more workers to this field.

Interestingly, for nurses this has not been the case. An analysis of this situation found in a report entitled " Solving the Nursing Shortage through Higher Wages" indicates:

- Over the late 1990s and into 2000, nurses' pay did not increase at all, although some hospitals had already begun worrying about a nurse shortage in 1997.
- When wages finally began to rise, nurses responded promptly—hospitals added 186, 500 nurses between 2001 and 2003.
- Instead of competing for nurses by increasing pay, hospitals often turn to a combination of overworking (through mandatory overtime), contingent workers, understaffing, and one-time hiring bonuses to meet staffing needs.

Lovell, 2006, p. 4) The second point brings to mind the phrase " people face tradeoffs.

" Nursing is an arduous task, and if something less arduous, such as teaching, offers a comparable wage, people will leave nursing. In order to return to nursing, the wage had to be higher than that in these less-difficult industries. It was the trade-off between hard work and higher wages that was driving this move. An article by Cohen, Milstein, Hausfeld, and Toll, (2008) reports, that hospitals in some cities were colluding to keep wages down. In 2006 hospitals in the cities of Albany, Chicago, Memphis, and San Antonio

were accused of attempting to contain costs by agreeing in secret that they wouldn't pay nurses more than a certain amount.

By refusing to compete with each other, nurses had no choice but to accept the artificially low wage from the hospitals that employed them. Why, if there was a shortage, would they do such a thing? Returning to the first document, you will see that in addition to collusion, wages can also be lowered by nurse loyalty. If nurses feel beholden to the hospital where they have worked for many years, they won't go looking for higher wages. Clearly this will undermine market forces. In the article by Lovell, (2006) there is a list of the best and worst cities in terms of nursing wages. Regardless of the state the recommendations in the research report is relevant.

Higher wages will solve the nursing shortage, and government intervention could be justified to do this. North Carolina has taken many steps to help change the nursing shortages, according to the report "Active and Inactive Workers on the North Carolina Nurse Aide I Registry: A Wage and Employment Profile" indicates: In order to make any substantial changes in the wage and employment situation of these workers, workforce initiatives at the national, state and local levels aimed at improving job quality and career opportunities are required. Efforts that may impact the North Carolina direct care workforce directly are a) the previous Real Choice Systems Change Grant Initiative (2001-2005), b) the Better Jobs, Better Care Demonstration Grant Initiative and c) the WIN A STEP UP program (Workforce Improvement for Nursing Assistants: Supporting Training, Education, and Payment for Upgrading Performance). These efforts are directed at both the individual

LTC organization level and, more broadly, at the level of the state infrastructure.

Through the Center for Medicare and Medicaid Services' Real Choice Systems Change Grant, North Carolina established a statewide association for direct care workers and developed a new job category, Medication Aide. A second job category, Geriatric Aide Specialist is still being refined. Through a Better Jobs, Better Care demonstration grant from The Robert Wood Johnson Foundation and The Atlantic Philanthropies, a special licensure program has been developed for voluntary participation by home care agencies, nursing facilities and adult care homes. This program, North Carolina New Organizational Vision Award (NC NOVA), is a voluntary special licensure program that focuses on creating and sustaining a supportive workplace environment.

It was launched statewide in January, 2007. Finally, through a collaborative effort between the NC Department of Health and Human Services and the UNC Institute on Aging, the WIN A STEP UP program is available to skilled nursing facilities in North Carolina. This workforce improvement program aims to improve job quality, stability and performance of nursing assistants by providing training, education and rewards. (Konrad, Morgan, Ribas, 2007, p. 8) Because patient care suffers when there is a nursing shortage, it's in everyone's best interest to see that they are paid reasonably well.

References Institute for Women's Policy Research. (2006). Solving the Nursing Shortage through Higher Wages. Washington, DC: Lovell, V. Retrieved August 23, 2008, from [http://www. iwpr](http://www.iwpr).

<https://assignbuster.com/nursing-wages-essay/>

org/pdf/C363. pdf Cohen, Milstein, Hausfeld, and Toll. (2008) Nurse Wages. Retrieved August 23, 2008, from [http://www.cmht.com/cases\\_nursewages.php](http://www.cmht.com/cases_nursewages.php)

Konrad, T. Morgan, J. Ribas V. (2007, April) Active and Inactive Workers on the North Carolina Nurse Aide I Registry: A Wage and Employment Profile, p.

8. Retrieved August 23, 2008, from [http://www.dhhs.state.nc.us/olts/what/DOLREPORT\\_042607fnl.pdf](http://www.dhhs.state.nc.us/olts/what/DOLREPORT_042607fnl.pdf)