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The healthcare system in the U. S. is largely dependent on the number of health professionals available in public and private healthcare facilities across the country. Nurses are at the core of the healthcare system by virtue of their role in the doctor-patient relationship, and hence their availability is fundamental if the country is to uphold an effective, competent, and efficient healthcare system (Rickles, n.

d.). However, it has not been easy for many states to maintain the required number of nurses in their health facilities judging by the vastness of the healthcare sector and high level of specialization witnessed in the industry. This paper aims to use the article by Rickles et al (n. d.) titled ' California Policy Options: Supplying California's needs for Nurses' to evaluate the labor market for nurses in California state.

Factors Influencing the Supply and Demand of Nurses

The demand and supply of nurses is influenced by a multiplicity of factors judging by their relative importance to the healthcare system.

Indeed, analysts are of the opinion that the U. S. is not anywhere near satisfying the demand for more nurses, and a time when the supply of nurses will effectively deal with the demand can never be imagined as of yet (Rickles, n. d.). California's shortage of qualified nurses is among the most relentless in the U. S.

as many of the state's health institutions experience great difficulty in the process of recruiting and retaining qualified nursing personnel (Rickles et al, n. d.). By 2005, California had an estimated 200, 000 registered nurses, with credible projections suggesting that the state's demand for registered nurses

will stand at 300, 000 by 2010 and 458, 733 by 2030 (Rickles et al, n. d; Hausellberg, 2010). The above scenario can be attributed to a variety of factors that influence the dynamics of supply and demand of the nurses in the state.

On the demand side, it can be safely argued that the demand for nurses in California has sharply risen in the past and will continue to steadily grow in the future due to the population's ever rising demand for healthcare (Rickles et al, n. d.). The trend is that individuals residing in California are increasingly utilizing hospital facilities, with around 4 million patients being released from hospitals in 2003, a 7% increase from the figures recorded in 1998. The total population of California has also expanded by at least 8% between 1998 and 2003, and is projected to continue expanding in the future. Still, California's elderly population is increasing by the day, impacting heavily on the demand of nurses since the elderly requires more medical attention than any other age-category. Other influences on the demand side include the reimbursement approaches employed by health insurance plans, federal regulations on nurse staffing ratios to meet the required nurse-to-patient ratios, aging of the Registered Nurse work force, natural attrition, and personal wealth (Rickles et al, n. d.

). Influences that determine the supply of nurses into health facilities based in California seems so much constrained to meet the ever rising demand. The supply of nurses in California is mainly influenced by the duration of the nursing educational program, new graduates, input of retired nurses who may wish to return to active employment, external recruitment of nurses from other states, licensing requirements for new nurses, and sourcing of
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nurses from other countries (Rickles et al, n. d.). Supply of nurses is also determined by the number of students nurturing an ambition or interest to train in nursing.

Rickles et al (n. d.) posits that "...for the first part of the 20th century, licensed nursing was one of a few occupations widely open to women...As career opportunities expanded for women in the second half of that century, however, nursing had to compete with other attractive professions for new entrants" (p. 105). It is therefore prudent to argue that the enhanced labor market prospects for women have worked to diminish the supply of nurses.

Lastly, the supply of nurses in California has been given a lifeline owing to the relaxation of some U. S. immigration regulations.

How Nurses Pay is Determined and Structured

The pay for nurses must be determined based on the local labor situation and the forces of supply and demand (Clanton, 2009). When a health facility faces a shortage of nurses as it is the case in California, the net effect on the market equilibrium in competitive market situations would be an increase in nurses' pay. Other factors that may influence the market equilibrium and hence determine the nurses pay include costs of living prevailing in the state, consumer price index (CPI), and fluctuations in the purchasing power of the American dollar (Rickles et al n.

d.). Furthermore, federal regulations such as the nurse-to-patient ratios are likely to increase the nurses' pay as states fight to attract more nurses to keep up with the set legislations. Lastly, the professional bodies representing the nurses may play a fundamental role in determining their pay. The pay

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structure for nurses in the state is determined by a number of factors, namely the level of education and experience, position in the labor force, duration of service, level of specialty, nationality, and station of duty (Rickles, n.

d.).

Towards Increasing the Supply of Nurses

The concerned stakeholders need to offer more monetary and non-monetary incentives to attract more nurses and trigger more students to enroll in nursing schools. The federal government of California should step in to guide the labor market for nurses by offering more funds to schools for training purposes aimed at boosting supply.

To further enhance supply, the central and federal governments should further relax immigration restrictions for qualified nurses from other countries to join the labor market (Rickles, n. d.).

The retired nurses who have the capacity to continue in the service should be encouraged to apply through offering incentives such as bonuses and flexible working hours. Lastly, the government should chip in and assist the health facilities meet the escalating labor costs associated with enhancing the nurse-to patient ratio as per the regulations put in place (Clanton, 2009)

Reference List

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