

## ***Our Nursing Crisis***

Everyone needs hospital care at some time — and when you do, you'll need competent, conscientious nursing care. The shortage of nurses is a global crisis which must cause as many deaths as any single disease. In the U.S., 25% of all hospital deaths, caused by illness, acquired in the hospital, are directly attributed to inadequate nursing care, whether due to the sheer shortage of nurses or the insufficiency of their qualifications. (Many people catch things while in hospitals, because the very purpose of hospitals, dictates that every kind of disease is floating around.) Workplace treatment, so unfair that it must be illegal, and overwhelming work loads are driving so many established nurses from the profession, that emergency rooms all over America, are shutting down, for lack of them! Over two or three decades starting in the '80s, or so, about 130 hospital emergency rooms closed, almost exclusively for lack of nurses. (Sorry about all the 'soft' statistics. That's how they were stated in the article I'm just about quoting.)

There can be no weirder inequity in the world of work, than the earning scale of nurses, considering the importance of their ability, the volume of specialized skills and knowledge comprising that ability, the degree of difficulty in acquiring those skills and knowledge, the prerequisite temperament and talents, which greatly limit the pool of potential nurses, and the constancy of dedication, needed to succeed.

From the patients' point of view, the worst abuse of nurses must be that mandatory double shifts without warning or overtime pay, are commonplace. I really don't want someone who has been awake for 20 hours, performing such vital services on me, and I don't want a nurse who is hallucinating from fatigue, even while earning double pay (even if their regular pay were reasonable, rather than a comedic punchline).

### **1) Single Payment**

#### For The Nurse

How many people does any one nurse attend in a day? 10 – 20? Counting every patient for every day they stay, nurses must attend several hundred to a few thousand patients per year. In some restaurants, there's a mandatory tip. Because of the number of patients a nurse sees, the "tip" wouldn't have to be a very good one to improve their lot, probably by quite a lot.

365 Days Per Year, (minus 104 [52 X 2 [weekend] days) = 251 work days. 10 patients per day = 2510 per year! 2510 X \$15 = \$37,650 per annum. Last I saw, a rookie nurse's salary is about \$40,000. (That's right; only five figures!)

#### For the Patient

If a \$15 per day fee per nurse were required, out-of-pocket, it would cost the patient a pittance. Suppose eight nurses attend you. That's \$120 per day. Some patients stay longer than others. Eight nurses for three days, is \$360. How bad is that, compared to the rest of your medical expenses, given your premium, deductibles, all those fine print

exclusions and loopholes, etc.? How many tanks of gas does it equal? (About 6 1/2, right now.) How does that compare to your right to continue living, especially in light of how rarely most people need hospitalization?!

What portion of a hospital bill, is designated for nursing? Is it possible that the cost is a fair reflection of how the payment is distributed to nurses? Nurses are so unfairly treated, generally, it doesn't seem too likely. The real cost of the service can be camouflaged, even if itemized, and is, therefore, as likely to be exaggerated, as not. A larger direct outlay than I have suggested, must still be a better deal for the patient, than any payment which doesn't reach those who provide the service. To understate the obvious; getting paid is incentive. Of all people, don't you want your health care providers to feel certain that they'll get paid, fairly?!

## **2) Perpetual Payment**

### For The Patient

The fee could be reduced to an insult tip, if it were given perpetually. If a certain amount were paid every year, it could be so low that the patient wouldn't feel it, at all. Eight nurses for three days, at \$3 a day, is \$72. Considering the importance of the service, how extravagant would it seem to pay \$72 per year, forever?! A] In some cases, a patient might see even fewer nurses, perhaps keeping his fee down to something like a case of beer per year. B] How many people require hospital care, prior to the age of 55 or 65? How many need it twice?! Such a plan would cost next to nothing for a person who had two stays of two days each.

### For The Nurse

A nurse's first year of income might not be much better than the current starting salary, but the total number of people a nurse sees, grows every day. They will have treated more patients, tomorrow, than they had, when yesterday ended; more when next year ends than when last year ended. The ever growing number of patient/tippers would constitute a constant pay raise. Even if employers had to augment the new nurses' income with a salary, it could be steadily reduced, while nurses' overall income rose to a point, at least consistent with the importance of their service. If all of their former patients were contributing that chump change every year, nurses should all have chauffeurs by the age of thirty.

## **3) Hybrid Plans**

### Annual Reduction

The 'Perpetual Payment Plan' (# 2) might be improved to the point of "dirt cheap", by making the pay scale progressive. Rookie nurses would be paid more by their patients, then, less each year. A rookie might get \$20 a year from every patient. The next year, \$15, and so on, down to \$8 (or whatever math might work, given an expected, median number of patients who might be seen, per year, etc.) Suppose 2000 patients paid a nurse

\$20 per year, another 2000 paid \$15, another 2000 paid \$10, etc. This system really combines the first two. The initial payment would be high enough that, in spite of the progressively diminishing rate, nurses' chauffeurs would eventually be eating lobster for breakfast. Reducing a patient's obligation to each nurse, each year, would mean less of a 'raise', but it would encourage patients to accept the perpetual payment which is the key to the big improvement for nurses.

### Older Patients

One problem with the Perpetual Payment Plan, might be the age distribution of people who need hospital care. If a very high percentage are very old, they won't be around for enough years, to make enough payments. Patients of a certain age, would have to pay a higher perpetual rate than in Plan # 2, in addition to a flat rate which is lower than the standard, in Plan # 1. Both could be adjusted to the age of patients. Age brackets would be based on statistical expectation of survival time, given the patient's age.

### **O.K. - So It's Not the *Twenty Seven***

Any version of the Perpetual Payment, added to any pittance of a salary would improve the lot of new nurses over the current standard. Plan # 1 should be allowed as an option for the patient, but, as far as I have considered it, it contains no raise. If a small part of the money, now spent on salaries, were used to augment those one-time payments, even 20%, it would be 80% cheaper than a real salary, for the employer and way more lucrative for the nurse, than the real, but real poor salary which they now earn. Enough patients would choose the perpetual payment plan, to make for a "raise", but, to make up for those who don't, the one-time payment might have to be higher than \$15 per day. The difference between one-time and perpetual payments, should be big enough that most patients would choose the 'Perpetual Plan'. I have no idea how many patients a nurse sees per day. It must vary according to many factors, but, if it's more than 20, it shouldn't be long before they wouldn't need any salary — even if their butlers couldn't settle for anything less than the '47 port to wash down their lobster!

As more people enter the profession, and fewer leave, the number of patients would be distributed among more nurses. For that reason, they might not become wealthy, but that's the solution to the patients' problem under discussion; to draw people into nursing, and keep them there. The threat of a nursing glut, would be naturally stemmed by limitations of talent and inclination.

### **Catastrophic**

The cost of all care would be so reduced that catastrophic, long term problems could be financed from an investment pool, no less than Medicare, Medicaid or Social Security. Everyone would pay into a fund, as they do now. I can't even speculate sensibly on that math, but I expect the fee would be much less than 1% of income, because so many people would never tap it. Many people who suffer a life threatening health crisis, die before very much nursing can be applied. The investment would be worth it to all

because it would be so small and the return, if needed, so great, and because even those who never need it, care about someone who will.

### **Insurance Cost**

Subtracting that part of your bill, designated for the cost of nursing, would be to subtract it from your insurance rate, as well. If nursing care accounts for much more of your premium than could ever be returned to you during a hospital stay, a direct payment, even quite a bit higher than \$15 per day, would still reduce your cost by eliminating the nursing portion of your insurance premiums. Done honestly, the re-assessment would show up the real ratio of nursing cost to what you've been paying for it.

### **The National Economy**

How much might the cost of health care be reduced, if nursing were removed from the equation? Almost one fifth of the national economy is health care. How much less would that be, if the cost of nursing care were subtracted, and how much would that lift the whole economy?!

### **My Original Idea**

Get together with others and boost the salary of an established nurse. Many of you have been in a hospital at some time, or encountered nurses, socially, in your neighborhood, at church, etc. Perhaps 20 people could contribute \$300 to one of them. Many could easily afford \$1000, even if it required cutting back on some substance or activity which hastens your need for nursing care, like smoking or hunting. You and nine others could give a nurse \$10,000, per year. Some of you could afford 10 or \$15,000, yourselves. Although this strategy is superseded by the idea described above, it could be implemented immediately, by everyone.

### **Education**

If 10 people gave \$100, directly to a student, or 5 gave \$350, how far would that go to keep a student on track? Many of you could afford to just pay a year's tuition, for one student. Some could do it every year. If you did it four times for the same student, you would have made one entire nurse!

When you need a nurse, do you really want one who had to flip burgers, to pay for that education? Wouldn't you feel better knowing that your nurses had been able to concentrate on their studies? Get together with friends, relatives, neighbors or co-workers and create a scholarship fund. If everyone in the U.S. contributed one cent, that would equal \$3,200,000! A dollar-a-piece would probably solve the shortage because of the earning power of trust funds. A dollar-a-piece-a-year certainly would! Such an increase of funds would expand the capacities of existing nursing schools to accommodate new students, and new facilities would arise if universities could rely on such regular public funding.

A couple/few New Age billionaires could simply pay for all nursing education, with a trust fund or a few. There are about 330,000 students. The tuition varies from \$10 – 25,000 per year. Using the median (\$17,000) as average (which I'm guessing is on the low side) gives a cost of \$5.6 billion.

### **“Male Nurse”**

The nursing shortage must be largely a product of the preconception by so many people, that they are ineligible. It would be a lot easier to recruit enough people into the profession, if half the population did not feel shut out! At least through the 1970s, whenever I heard of a nurse who was a man, he was attached to that verbal name tag, “male nurse”. Early in the 20th century, some sort of nation-wide economic issue which I cannot recall, discouraged men from taking up nursing. 1} It's odd that this gender cliché still holds sway, considering that nursing often requires physically moving people who cannot contribute to the effort, themselves. Of all professions, nursing should welcome a bit more muscle. 2} For most of the century, men should have owned nursing, by virtue of a stereotype which reserves to them, the kind of mental skills, required in a nurse's education; the hard sciences!

### **In Common**

Let's eradicate this terrible problem. Do it for yourself, or do it for someone you know, who has suffered from insufficient nursing. You will really be doing it for everyone.

10/04/18