Whereas, There is a national shortage of bedside nurses; and
Whereas, It has been reported that nurses working for travel nurse agencies receive higher compensation than nurses employed directly by hospitals; and
Whereas, There is competition amongst hospitals, travel nurse agencies, and other organizations for nurses; and
Whereas, Experienced nurses are leaving bedside nursing jobs and choosing nonclinical careers; and
Whereas, Nursing students often wait to finish their education due to a lack of clinical sites or nursing educator availability; and
Whereas, Hospitals have reduced numbers of ancillary staff; and
Whereas, There is a shortage of emergency medical services providers; and
Whereas, Working in a hospital is physically demanding, requires working long shifts, and may require mandatory overtime; and
Whereas, Working in a hospital and other health care jobs pay lower wages than less demanding occupations; and
Whereas, Many nurses, physicians, ancillary staff, and physician assistants are suffering from moral injury and burnout related to the COVID-19 pandemic; and
Whereas, Hospitals had nursing and staff shortages before the COVID-19 pandemic and hospitals have been receiving federal financial assistance during the pandemic; and
Whereas, There is a need for systematic long-term strategies to address bedside nursing and other health care worker shortages including, but not limited to, improved staffing models and employee wellness programming to improve career longevity; therefore be it
RESOLVED, That our AMA amend AMA policy D-360.998, “The Growing Nursing Shortage in the United States” by addition to read as follows:

Our AMA: (1) recognizes the important role nurses and other allied health professionals play in providing quality care to patients, and participate in activities with state medical associations, county medical societies, and other local health care agencies to enhance the recruitment and retention of qualified individuals to the nursing profession and the allied health fields;
(2) encourages physicians to be aware of and work to improve workplace conditions that impair the professional relationship between physicians and nurses in the collaborative care of patients;
(3) encourages hospitals and other health care facilities to collect and analyze data on the relationship between staffing levels, nursing interventions, and patient outcomes, and to use this data in the quality assurance process;
(4) will work with nursing, hospital, and other appropriate organizations to enhance the recruitment and retention of qualified individuals to the nursing and other allied health professions;
(5) will work with nursing, hospital, and other appropriate organizations to seek to remove administrative burdens, e.g., excessive paperwork, to improve efficiencies in nursing and promote better patient care.
(6) will approach appropriate stakeholders such as the American Hospital Association to collaborate on the identification of and advocacy for short- and long-term strategies and solutions to address nursing and other health care staff shortages in order to promote a stable work force and career longevity. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 10/13/22

RELEVANT AMA POLICY

The Growing Nursing Shortage in the United States D-360.998
Our AMA: (1) recognizes the important role nurses and other allied health professionals play in providing quality care to patients, and participate in activities with state medical associations, county medical societies, and other local health care agencies to enhance the recruitment and retention of qualified individuals to the nursing profession and the allied health fields;
(2) encourages physicians to be aware of and work to improve workplace conditions that impair the professional relationship between physicians and nurses in the collaborative care of patients;
(3) encourages hospitals and other health care facilities to collect and analyze data on the relationship between staffing levels, nursing interventions, and patient outcomes, and to use this data in the quality assurance process;
(4) will work with nursing, hospital, and other appropriate organizations to enhance the recruitment and retention of qualified individuals to the nursing and other allied health professions;
(5) will work with nursing, hospital, and other appropriate organizations to seek to remove administrative burdens, e.g., excessive paperwork, to improve efficiencies in nursing and promote better patient care.
Citation: (CMS Rep. 7, A-01; Modified: Res. 708, A-03; Reaffirmed: CME Rep. 2, A-13)
Revisions to AMA Policy on the Physician Workforce H-200.955

It is AMA policy that:

(1) any workforce planning efforts, done by the AMA or others, should utilize data on all aspects of the health care system, including projected demographics of both providers and patients, the number and roles of other health professionals in providing care, and practice environment changes. Planning should have as a goal appropriate physician numbers, specialty mix, and geographic distribution.

(2) Our AMA encourages and collaborates in the collection of the data needed for workforce planning and in the conduct of national and regional research on physician supply and distribution. The AMA will independently and in collaboration with state and specialty societies, national medical organizations, and other public and private sector groups, compile and disseminate the results of the research.

(3) The medical profession must be integrally involved in any workforce planning efforts sponsored by federal or state governments, or by the private sector.

(4) In order to enhance access to care, our AMA collaborates with the public and private sectors to ensure an adequate supply of physicians in all specialties and to develop strategies to mitigate the current geographic maldistribution of physicians.

(5) There is a need to enhance underrepresented minority representation in medical schools and in the physician workforce, as a means to ultimately improve access to care for minority and underserved groups.

(6) There should be no decrease in the number of funded graduate medical education (GME) positions. Any increase in the number of funded GME positions, overall or in a given specialty, and in the number of US medical students should be based on a demonstrated regional or national need.

(7) Our AMA will collect and disseminate information on market demands and workforce needs, so as to assist medical students and resident physicians in selecting a specialty and choosing a career.

(8) Our AMA will encourage the Health Resources & Service Administration to collaborate with specialty societies to determine specific changes that would improve the agency's physician workforce projections process, to potentially include more detailed projection inputs, with the goal of producing more accurate and detailed projections including specialty and subspecialty workforces.

(9) Our AMA will consider physician retraining during all its deliberations on physician workforce planning.

Citation: CME Rep. 2, I-03; Reaffirmation I-06; Reaffirmation I-07; Reaffirmed: CME Rep. 15, A-10; Reaffirmation: I-12; Reaffirmation A-13; Appended: Res. 324, A-17; Appended: CME Rep. 01, A-19;