

## The nursing crisis: "Physicians should ponder what this will mean"

South of the border, nurses are being lured to jobs with signing bonuses of up to US\$30 000. In Canada, however, an improved work environment appears to be a more important recruiting tool.

In a new report, the Canadian Nurses Association (CNA) says nurses here want full-time employment, appropriate workloads, involvement in decision-making and educational opportunities. During the cutbacks of the 1990s, many nurses were forced into part-time or casual jobs, and by the late 1990s 48% of nursing positions provided only part-time work. Desperate for stable employment, up to 15% of new Canadian



dian graduates now move directly to the US; the CNA, which represents 115 000 nurses, wants to reduce this to 5%. It predicts that the country faces a shortfall of 78 000 nurses by 2011 and 113 000 by 2016. "Physicians should ponder what this will mean to them and their patients,"

CNA President Rob Calnan told *CMAJ*.

There is no national record concerning unfilled nursing positions, but shortages have been seen in specialty areas such as cardiac care and emergency medicine. American hospitals, which have been recruiting heavily in Canada, sell themselves with offers of a balanced worklife and professional autonomy.

The federal government is worried enough to have launched a \$250 000 project to develop guidelines to improve nurses' working conditions here.

Although retention of Canadian-trained nurses is considered essential, more new graduates are also needed. Even though half of Canadian RNs are expected to retire within 15 years, there was a steep decline in the number of nursing graduates produced throughout the 1990s. In 1991 Canada produced nearly 9000 nurses, but by 2000 the number had slipped to 4600. It rose to 6782 this year, with another 1200 foreign-trained nurses being recruited from countries such as New Zealand. However, the total still falls far short of the anticipated need for 15 400 new nurses annually by 2011. — *Barbara Sibbald, CMAJ*

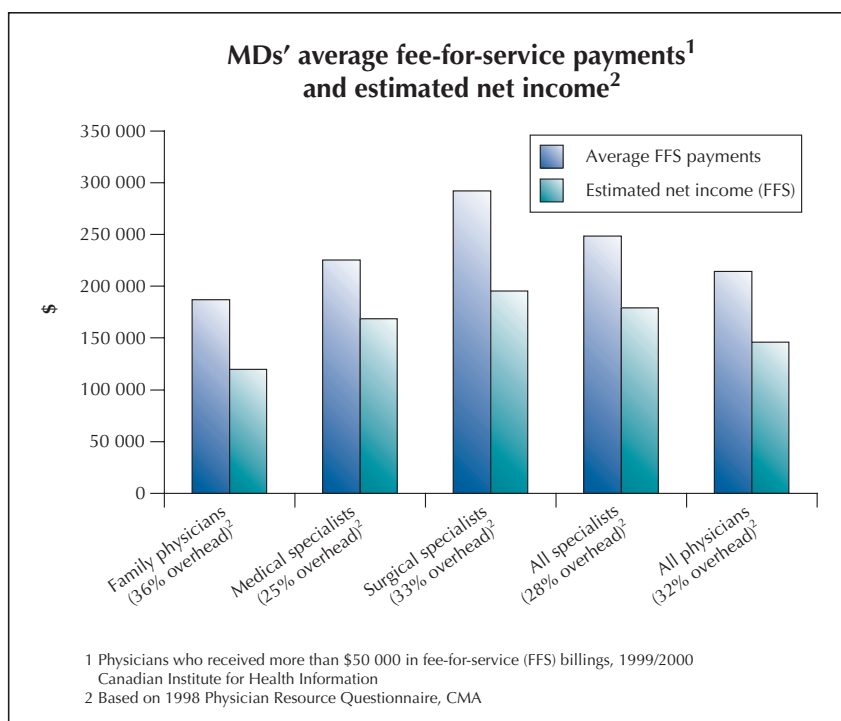
### PULSE

## Net earnings for FPs, specialists

The Canadian Institute for Health Information (CIHI) has just released information on average fee-for-service payments for physicians who received at least \$50 000 in such payments from a provincial medicare plan in 1999/2000. Since these figures are based on gross fee-for-service payments, the CMA has used overhead information collected in its annual Physician Resource Questionnaire (PRQ) to estimate average net professional income earned from these payments. Estimated overhead is an average of figures reported by survey respondents, some of whom are paid primarily via fee-for-service payments, plus others who are not.

The 1998 PRQ results indicated that overhead expenses for physicians averaged 32% of gross income, ranging from an estimated high of 36% for family physicians to 28% for specialists.

When the PRQ results are applied to



the CIHI data, estimated 1999/2000 average net incomes from fee-for-service payments (before taxes) were \$119 872 for FPs and \$178 906 for specialists.

Results for the 1998 PRQ survey are accurate within  $\pm 2.2\%$ , 19 times out of 20. — *Lynda Buske, Associate Director of Research, CMA*