

Nursing Help Wanted

Shortfalls in staffing are hurting many sectors of our economy, but health care seems to be taking a particularly hard hit. Nurses have been in short supply since 2012, and the pandemic has only aggravated the problem. One important reason is that women account for 77% of health care workers, according to a Kaiser Family Foundation analysis, and women have left the work force during the pandemic at a higher rate than men. The shortage of registered nurses extends across the country but is particularly pronounced in South Carolina, Nevada, California, and Texas, where there are currently fewer than 10 nurses per 1000 people, according to an analysis of the Bureau of Health Workforce database by *NurseJournal*. My impression is that the situation is especially bad in oncology, where rates of stress, burnout, and job dissatisfaction—caused in part by understaffing—were noticeable even before the pandemic hit. Meanwhile, the work in oncology has exploded.

Cancer indications have accounted for 27% of the roughly 42 new drug approvals granted annually by the FDA since 2012. As a result, nurses need to learn about and implement more than 10 new drug treatments into their practice each year. The trend is accelerating, with 16 new oncology drugs or expanded indications for cancer in 2021 alone. Compound this trend with the improved survival rates of patients who have common types of cancer, such as stage IV lung, prostate, and colorectal cancers, and you can see how the demand for oncology nursing services is outpacing our ability to attract and retain nurses. Which brings me to the point: what can physicians do to address the nursing shortage?

There is no substitute for quality nursing care, and recognizing this fact is the first step. That starts in the everyday workplace, by acknowledging how important

nurses are and appreciating their commitment to our practice settings. Second, in the current climate, it is important to recognize how much more difficult their jobs have become. From the volume of patients to documentation, cancer care has become increasingly busy and complex for nurses as well as physicians. Third, we need to advocate for greater support for our nurses. According to ZipRecruiter, the mean salaries for oncology nurses vary widely across the country, from more than \$97,000 in New York to roughly \$64,000 in North Carolina, where I practice. I am proud to say that the average salary for oncology nurses at Duke is roughly \$87,000, which is in line with salaries at the top-paying 5 states in the country. Nonetheless, we are short of oncology nurses. Long term, we need to recruit more young people into the field and offer them mentorship, advice, and access to inspire the next generation to join our cause.

Ultimately, we will have to learn how to do more with less. As my wife likes to remind me, we need to work smarter, not harder. Machine learning and artificial intelligence will help in the future, but in the short term, we can improve the situation by delegating tasks that do not require a nurse's expertise to medical assistants. Finally, we need to educate our patients regarding the limits of human capital in health care, and how to respect the time and effort our staff give to the profession. After all, we are all human.

Sincerely,



Daniel J. George, MD

