

Salary/Career Survey

CRNAs increase, but shortage may persist

Four in 10 respondents to the *OR Manager* Salary/Career Survey say they have a shortage of anesthesia providers.

For a minority—13%—the shortage is serious enough that they have closed ORs for more than 1 week. About 1 in 5 (21%) has seen longer patient waits for elective surgery. A few (3%, or 9 facilities) have canceled procedures on the day of surgery.

Some report using more certified registered nurse anesthetists (CRNAs), and some say they are not able to provide anesthesia support to non-surgical areas such as endoscopy and the cath lab.

Percent closing 1 or more ORs for 1 week or more because of anesthesia shortage by size of department

1-5 ORs	5%
6-9 ORs	21%
10+ ORs	14%

What's the outlook for the supply of anesthesia providers?

The number of new CRNAs has risen dramatically while the number of physician anesthesiology graduates is at a plateau.

Last year, the number of anesthesiologist residents in the first year of training declined slightly from the year before and was the smallest group since 1999. They won't be coming out of training for 3 years.

"I see this as a sign we are not going to be recruiting enough," says Alan Grogono, MD, FRCA, who has tracked anesthesiology recruitment since 1991. (Data is posted at www.grogono.com/nrmp.)

He noted that shortages are continuing even as the population is aging and the Medicare population is growing, meaning there will be a growing demand for surgery. Demand for anesthesia support is also fueled by the increasing number of surgical sites, including ambulatory surgery centers and office-based facilities.

CRNA grads double

On the other hand, the number of CRNA grads has about doubled since 1998, reaching 1,870 this year. The quality of recruits is high, says Francis Gerbasi, CRNA, PhD, of the American Association of Nurse Anesthetists (AANA).

Will more CRNAs help the shortage?

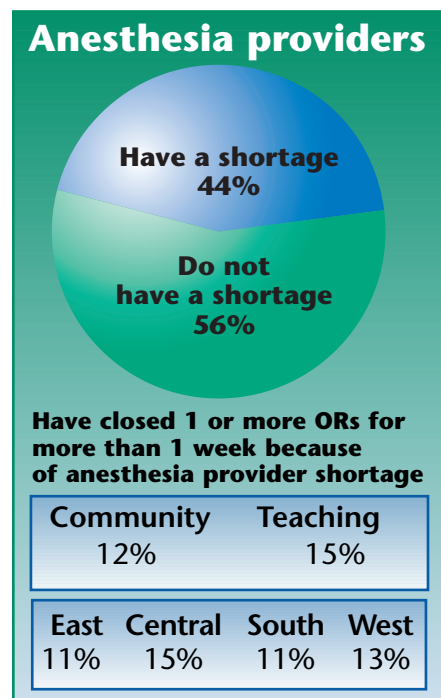
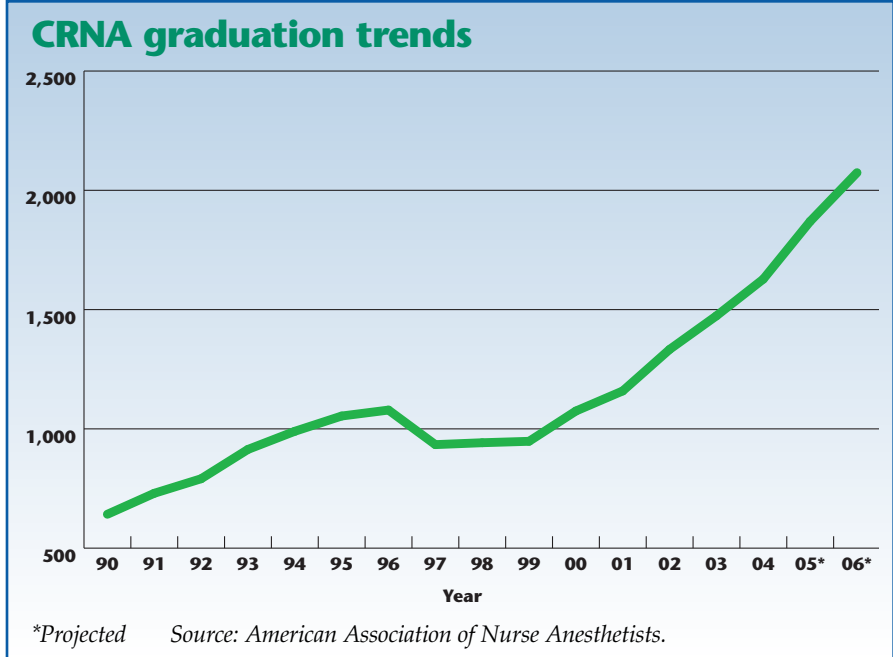
That's hard to say.

"Clearly, it will take an ongoing effort to maintain growth," says Gerbasi. In 1990, a government study found 1,500 to 1,800 CRNA graduates would be needed annually by 2010. "We've gone past that, and it hasn't plateaued," Gerbasi notes, adding that 8 new educational programs are in development.

An unknown is how quickly anesthesiologists and CRNAs will retire. The average age of CRNAs is 46 and is not projected to increase rapidly, reaching only 48 by 2018, according to AANA data.

Gerbasi expects many CRNAs will keep working past age 60.

"The culture of nurse anesthetists is that they tend to work beyond retirement



age," he comments.

Like the rest of nursing, however, nurse anesthetists are challenged by an aging faculty. About 50% of instructors are expected to retire in the next 10 years.

"It will be a challenge down the road, but we think we can meet the challenge," Gerbasi says. One tactic is to try to interest new CRNAs in teaching early in their careers.

Unlike other nursing specialties, satisfaction among CRNAs is high, and once they enter the specialty, "it's rare to see them leave," Gerbasi says.

Nurse anesthetists give 65% of all anesthetics each year in the US and are sole providers in many rural hospitals, AANA says.

The American Society of Anesthesiologists (ASA) and AANA last conducted workforce surveys in 2002. At that time, AANA found a 12% vacancy rate. ASA found almost half of hospitals (47%) said they did not have enough anesthesiologists on staff. ❖