

AMERICAN NURSES' ASSOCIATION  
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STATEMENT OF AMERICAN NURSES' ASSOCIATION ON S. 1397  
BY MRS. ELIZABETH K. PORTER, R.N., PRESIDENT  
BEFORE  
THE SENATE BANKING AND CURRENCY COMMITTEE

June 1, 1951

1. The American Nurses' Association urgently requests that the Congress give care-
2. ful consideration to the effect of present inflation on the economic position
3. of nurses, and the resulting adverse effects on our attempts to remedy the
4. critical nurse shortage in this period of national emergency.
  
5. The American Nurses' Association is the national professional organization of
6. registered nurses, with a membership of over 175,000, and with constituent
7. associations in all 48 states, the District of Columbia, Puerto Rico and Hawaii.
  
8. The Association is cooperating with government and civilian agencies in plans
9. to mobilize and conserve all available nurse power. Efforts to maintain an
10. adequate nurse force will be seriously jeopardized if our national government
11. fails to correct economic imbalances and inequities that impose special burdens
12. on nurses and other essential but marginal or fixed-income workers.
  
13. Runaway prices and rents, and increased taxation, already have reduced the nurse,
14. with her meager salary, to a condition of distress. If present inflationary
15. forces are permitted to go unchecked, if the cost of living continues to soar,
16. nurses must face even greater economic hardships.
  
17. Nurses' Living Standards are Already Lowered
18. Nurses' low incomes and long hours are well known. Although wages and salaries
19. have followed a sharp upward trend since the Korean outbreak, salary adjustments
20. for nurses have been negligible.<sup>1</sup> The Consumer's Price Index rose 83 per cent

<sup>1</sup> Based on replies to questionnaires sent by ANA, January 1, 1951, to 65 non-federal general hospitals in 34 cities used in the ~~RECEIVED~~ Consumer's Price Index. See attached Exhibit No. I.

1. from January 1, 1941 to March 15, 1951.<sup>/2</sup> Between the Korean outbreak and
2. March 15, 1951 the Index increased over 8 per cent.<sup>/2</sup> Due to increased living
3. costs and taxes, and the lack of salary adjustments to compensate, nurses have
4. suffered a sharp lowering of their living standards. Obviously, with today's
5. high prices, a nurse faces desperate odds in trying to stretch a salary of less
6. than \$50. a week to cover the necessities of living and the cost of meeting
7. professional standards.
8. The present plight of nurses demonstrates how inadequate the government's
9. action to control inflation has been up to this time.
10. Due to the nature of their work -- the care of the sick and injured -- nurses
11. face unusual obstacles in efforts to improve salaries and conditions. Recog-
12. nizing their obligation to patients, nurses have voluntarily relinquished
13. exercise of the right to strike, a weapon available to most other employees.
14. In addition, the Taft-Hartley Act imposes serious handicaps to collective
15. bargaining by its discriminatory exemption of non-profit hospitals.
16. Without the strike weapon, and without legal recourse in obtaining recognition
17. of their authorized collective bargaining agents, nurses have progressed only
18. slowly toward correction of unsatisfactory conditions. Thus, nurses are
19. exceptionally hard hit by additional inroads on their earnings at this time,
20. through inflation and increasing taxes.
21. The Association believes that in fairness to members of this profession
22. and other comparable groups, and in the interest of public welfare, the Congress
23. should recognize these problems and establish economic controls that will halt
24. rising prices and rents, prevent profiteering, and insure equitable distribu-
25. tion of the tax burden.

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<sup>/2</sup> United States Department of Labor, Bureau of Labor Statistics, Consumer's Price Index.

1. The Nurse Shortage Threatens the Health of Our People

2. The nation enters this emergency with an already critical shortage of nurses.
3. Current estimates show 322,000<sup>3</sup> professional nurses in active practice in the
4. U.S., of whom 316,000 are engaged in civilian nursing. Over 381,000<sup>4</sup> are
5. needed NOW to meet minimum civilian nursing needs alone. This does not include
6. those required for expanding military demands. This estimate makes no allowance
7. for any unnecessary use of nurse power, and it was assumed that nurses, like
8. other groups, would be called upon to work longer hours than they would under
9. a peacetime schedule. In other words, the estimate reflects the number of
10. professional nurses needed to render minimum, rather than optimum care to
11. civilians.
12. The current deficit of 65,000 nurses for civilian services will be increased by
13. military demands and by expanded Civil Defense requirements. The Army Nurse
14. Corps has called for 3,000 more nurses immediately. In June 1945, over 65,000<sup>5</sup>
15. nurses were on active military duty at one time. This indicates the extent to
16. which an already precarious situation might be aggravated.
17. As the shortage mounts, staffs become depleted, and chaotic standards of care
18. result. Nurses are robbed of the satisfaction of giving good patient care,
19. the reward they value most.
20. In order to meet civilian and military demands in this critical occupation, we
21. must retain those nurses now active, bring inactive nurses back to practice,

<sup>3</sup> American Nurses' Association, Inventory of Professional Registered Nurses, 1949, corrected for graduations and attrition during 1950. (The 1949 estimated total was 300,533 active registered nurses.)

<sup>4</sup> 381,886 - Estimate by Joint Committee on Nursing in National Security, Mobilization of Nurses for National Security, November 1950.

<sup>5</sup> American Nurses' Association, Facts About Nursing, 1946.

1. and attract new recruits. It is equally important to maintain health, morale,
2. and efficiency.

3. Salaries and Hours Directly Influence the Nurse Power Picture

4. The average monthly salary for general duty nurses in hospitals in September
5. 1949 was \$205.00, with an average scheduled work-week of 44 hours.<sup>/6</sup> As
6. stated above, only minor gains have been made since then. If spendable earn-
7. ings are allowed to decrease through further inflation, it will become increas-
8. ingly difficult to keep nurses at their jobs.
  
9. Nursing remains hard pressed to recruit new nurses because of its unfavorable
10. economic position in relation to other occupations open to women. Teachers,
11. dietitians, librarians and other modest-income professionals fare better.
12. Factory jobs, averaging \$64.00 per week challenge nursing, especially when the
13. nurse, unlike the factory worker, puts in a 44 hour week for her lower pay.
14. Young women are discouraged from entering nursing when they know that they can
15. receive as much or more in office jobs which require less preparation and where
16. responsibility is lighter.<sup>/7</sup>
  
17. Inactive professional nurses are the one immediately available source of ad-
18. ditional nurse power. Between 85 and 90 per cent of these nurses are married
19. and some 60 per cent<sup>/8</sup> have dependents. A woman with family responsibilities
20. who accepts outside employment must receive sufficient compensation to enable
21. her to pay for necessary domestic assistance. Further inflation will make it
22. even harder for these nurses to return to work.

<sup>/6</sup> American Journal of Nursing, June 1950, Salaries of Professional Registered Nurses, from data compiled from a national survey conducted by the ANA.

<sup>/7</sup> See attached Exhibit II for statistics and sources on professional, factory, and office workers.

<sup>/8</sup> American Nurses' Association, Inventory of Professional Registered Nurses, 1949.

1. Nurse Recruitment Presents Special Problems

2. Advances in medical science make it imperative that we have an adequate  
 3. supply of highly competent nurses. Of all those in the health team, the nurse  
 4. spends most time in direct association with patients. In large measure, she is  
 5. entrusted with interpreting and adapting to the patient the contributions of  
 6. other team members. Thus, nursing must attract recruits of high calibre,  
 7. young persons of intelligence and character who can carry important responsi-  
 8. bilities. In addition, nursing demands the finest sensibilities and humane  
 9. motivations. Can we expect young women of intelligence and sensibility to  
 10. choose a career in nursing if reasonable economic incentives are lacking?

11. Direct Effects on Patient Care are Evident

12. New York City Commissioner of Hospitals Kogel has reported that of 6,463  
 13. authorized registered nurse positions in the City Hospitals, only 3,702, or  
 14. 57 per cent, were filled on January 31, 1951,<sup>/9</sup> and this in the face of a 1950  
 15. general occupancy rate of 100 per cent, which is far above the 85 percent  
 16. occupancy considered desirable. Commissioner Kogel cites desperate overcrowding,  
 17. particularly dangerous in tuberculosis units. He relates the nurse shortage  
 18. directly to compensation and describes such personnel as "miserably underpaid".  
 19. In addition, the Executive Director of the Greater New York Hospital Association  
 20. cites 2,300 unfilled positions for general duty nurses in New York City's  
 21. voluntary hospitals.<sup>/10</sup> This situation is not unique.
22. In recent months several crisis situations have arisen in hospitals in New York,  
 23. Massachusetts, Pennsylvania, Connecticut, New Jersey, Tennessee and elsewhere.  
 24. In each instance the pattern is similar -- chaotic standards of care due to  
 25. depleted staffs, and this in turn charged to poor salaries and employment condi-  
 26. tions. In one Pennsylvania situation, nurses on a 44 hour week sought relief

/9 New York Times, January 31, 1951

/10 Dr. John V. Conorton, New York Times, May 6, 1951

1. from a monthly salary of \$140. plus one meal daily. In Buffalo, 20 nurses
2. caring for 271 tuberculosis patients sought pay increases in hopes of attracting
3. colleagues to long-unfilled vacancies. In Newark, an entire hospital floor
4. was shut down due to nurse shortage.

5. The American Nurses' Association Asks Congress to Halt

6. Inflation Now

7. Nurses are public servants in the full meaning of the term. Their first
8. interest lies with their patients. The profession is proud of its service
9. record, in peace and in war. In World War II, 75,000 -- one-third of all
10. practicing nurses in the United States, and the largest group from any one
11. profession, male or female -- saw active duty with the armed forces. All of
12. these nurses were volunteers. Nurses are on hand to help when disaster strikes
13. our communities. Today's news reports tell of the contribution being made by
14. nurses caring for the sick and wounded in Korea.
  
15. During a serious nurse shortage of more than 9 years duration, nurses have made
16. only modest requests and have forgone the use of the strike. This constitutes
17. clear evidence that they have chosen to put patients first and have not exploit-
18. ed their bargaining advantages during the shortage.
  
19. Nurses seek no preferential treatment in this period when sacrifices must be
20. made by all citizens. The nursing profession seeks only to raise its voice in
21. support of a sound economic structure for our country, a structure that will
22. guarantee the welfare and continuing usefulness of all our essential occupations.
  
23. Nurses call upon their representatives in Congress to provide economic controls
24. that will enable them to continue their work, free from the unwarranted economic

1. burdens which bear upon them and every group in this country. Piecemeal and
2. half-hearted controls only multiply inequities and imbalances, as the experi-
3. ence of the past nine months testifies. Effective action is needed immediately
4. if we are to protect the very foundation of the society we are all striving to
5. defend and serve.

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## AMERICAN NURSES' ASSOCIATION

EXHIBIT I

SPOT CHECK  
OF  
CURRENT HOSPITAL NURSING

JANUARY 1951

(Summary of all data received by February 16, 1951. A preliminary summary was included in the Statement for the Wage Stabilization Board, February 6, 1951.)

To procure current data on the supply-distribution situation, the ANA Headquarters Economic Security Unit in January, 1951, sent questionnaires to Directors of Nurses in 65 non-federal general hospitals throughout the country. Hospitals in the 34 cities used in the U.S. Bureau of Labor Statistics Consumers' Price Index were selected. A tax-supported institution and a non-tax-supported institution were chosen in each city as far as possible. There were no tax-supported hospitals located in three of the cities so that questionnaires were sent to a total of 34 non-tax-supported hospitals and 31 tax-supported. Replies were received from 87% of the tax-supported institutions and from 79% of the non-tax-supported institutions.

It is planned to repeat this Spot Check at regular intervals in order to follow the impact of mobilization. The excellent response from Directors of Nurses was gratifying.

All institutions reporting, except one, indicated the number of registered nurses on their staff today, the total being 9,051. In July, 1950, these institutions had 1,194 unfilled vacancies and today they have 1,382 unfilled vacancies (including 50 new positions). Thus, a trend toward increasing vacancies and hence increased work loads in these civilian hospitals is indicated by this Spot Check.

The Directors of Nurses were also asked to indicate the number of terminations since July 1, 1950, the anticipated terminations before February 28, 1951 and the reasons for these terminations. Although it is not possible to draw definite conclusions from the results procured, it was shown that Directors of Nurses

anticipated an increase in the percentage of terminations due to employees entering the military or non-nursing employment, and a decrease in the percentage of terminations due to nurses becoming inactive.

Results from the questionnaire revealed that there had been very little change in the proportion of time of professional nursing service performed by part-time R.N.'s between July 1, 1950 and today, and that the proportion of time of nursing service performed by practical nurses or auxiliary workers had not changed significantly during the same period.

The Spot Check revealed that these Directors of Nurses considered the best sources of potential additional service to be new graduate R.N.'s and increased use of practical nurses and auxiliary help.

Eighty-one percent of the hospitals indicated that evening and night shifts were difficult to staff. Of those having difficulty, 77% pay premium pay for these shifts. Approximately three out of four hospitals stated that premium pay had had some effect in alleviating the problem of procuring evening and night shift coverage.

Minimum salaries in effect in January, 1951, ranged from \$125 per month (44-hour week), plus room and meals, to \$275 per month (40-hour week), with no maintenance. The lowest minimum cash salary paid to nurses who did not receive any maintenance in addition to their cash salary was \$180 (44-hour week). One institution reported a minimum monthly cash salary of \$177.67 (48-hour week), plus the laundry of uniforms.

The most commonly scheduled work week in January 1951, was 44 hours, with 46% of the institutions reporting indicating a 44-hour scheduled work week, 37% a 40-hour work week, and 17% indicating a scheduled work week in excess of 44 hours. It should also be noted that 42% of the institutions indicated that no extra

compensation was paid for overtime work. Compensatory time off or straight-time pay is granted for overtime work in 30% of the hospitals. Eight percent of the institutions indicated that they paid for overtime work, with 4% paying at a rate less than the straight-time rate and the other 4% at a rate slightly above straight time but less than time and one-half. Payment for overtime work at the rate of time and one-half was reported by 13% of the institutions. Of the remaining 7% of the institutions, 5% reported paying overtime in the operating room only and the remainder stated that time and one-half off duty was allowed for overtime work.

Returns from the questionnaire indicated that 59% of the hospitals had granted some salary increase since July 1, 1950. The cash increases granted ranged from \$4 per month to \$26.90 per month, with half of the institutions granting increases in the amount of \$10 per month or less. The increases ranged from 2% to 14% with half of the increases granted being 5% or less.

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SALARY DATA  
TEACHERS, LIBRARIANS, DIETITIANS, FACTORY WORKERS AND OFFICE WORKERS (WOMEN)

TEACHERS

The estimated average salary for classroom teachers (elementary and secondary) for 1950-51 is \$2980 annually.

Source: National Education Association of the U.S., Research Division, Advanced Estimates of Public Elementary and Secondary Schools for the School Year 1950-51, issued November, 1950.

LIBRARIANS

The average professional library employee received \$3,050 a year in January, 1949.

Source: U.S. Department of Labor, Monthly Labor Review, November, 1949, pp. 529.

DIETITIANS

Hospital dietitians living outside hospital quarters received annual salaries averaging \$2,970 in May, 1949.

Source: U.S. Department of Labor, Monthly Labor Review, February, 1950, pp. 149.

FACTORY WORKERS

The average gross weekly earnings of production workers in March, 1951 was \$64.36. The factory work week averaged 41. hours.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Hours and Earnings, Preliminary Release, March, 1951, released April 20, 1951.

OFFICE WORKERS (WOMEN)

City	Date	<u>Clerks, General</u>		<u>Stenographers, General</u>	
		<u>Ave. Wkly. Salary</u>	<u>Ave. Hrly. Rate*</u>	<u>Ave. Wkly. Salary</u>	<u>Ave. Hrly. Rate*</u>
Oklahoma City	Feb. 1950	\$45.00	\$1.12	\$43.50	\$1.09
New York	Feb. 1950	48.00	1.20	47.00	1.17
Milwaukee	Jan. 1950	44.50	1.11	42.00	1.05
Memphis	Feb. 1950	44.00	1.10	42.50	1.06
Indianapolis	Jan. 1950	45.00	1.12	44.00	1.10
Detroit	Apr. 1950	51.00	1.27	50.00	1.25
Chicago	Feb. 1950	49.00	1.22	48.50	1.21
Boston	Jan. 1950	47.00	1.17	39.50	.99
Atlanta	Jan. 1950	42.00	1.05	44.00	1.10

\*Hourly rate computed on the basis of a 40-hour week.

Source: U.S. Department of Labor, Bureau of Labor Statistics: Salaries for Selected Office Occupations, mimeographed releases (preliminary)