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Are Nursing Shortages Causing Deaths?

A nonprofit group's report says more immigrant nurses and training programs are needed to ease patient suffering

by [Moira Herbst](#)

The U.S. is facing a severe nursing shortage, and it's causing increased death and illness for American patients, says a report released on Sept. 5 by the **National Foundation for American Policy (NFAP)**, a free market-oriented nonprofit group. As baby boomers are aging and require more care, the U.S. could face a shortage of one million nurses by 2020, according to the U.S. Department of Health and Human Services.

Relieving patient suffering amid the growing crisis will require both investment in U.S. nursing training and boosting the numbers of immigrant nurses admitted to the country, says the NFAP study.

Nursing Applicants Turned Away

"It's simple: Not enough nurses means bad patient outcomes," says Stuart Anderson, executive director of NFAP. "Nurses make a great difference in preventing infection, illness, and death, and public policy needs to ensure there are enough of them."

The NFAP study, entitled "Deadly Consequences: The Hidden Impact of America's Nursing Shortage," is in part a review of the medical literature on the shortage and in part a set of policy proposals. NFAP cites a number of studies, including one by the *Journal of the American Medical Association* (JAMA) on surgery patients, which found that increasing a nurse's workload from four to eight patients could be accompanied by a 31% increase in patient mortality. The study concluded that "substantial decreases in mortality rates could result from increasing registered nurse staffing, especially for patients who develop complications."

The NFAP report focuses on two policy recommendations: increasing nursing faculty and school infrastructure and relaxing immigration quotas to bring in more foreign nurses. First, NFAP calls for increasing both private and public sector funding for U.S. nursing training programs. U.S. nursing schools do not have enough capacity to accommodate students applying for training programs. Most nursing schools have two- to three-year waiting lists, and turn away more than 100,000 applicants each year.

"Stagnating Wages" and Other Problems

In other words, the emerging nursing shortage stems in part from a shortage of nursing teachers. Because nursing programs attract fewer private-sector dollars and sponsorships than other subject areas like information technology, universities have either scaled back the size of their programs or have allowed faculty pay to stagnate. That's why many RNs decide not pursue a masters or PhD in nursing to become educators, opting instead for higher-paying jobs in business, public health, or health-care administration.

Trained as an RN, Teri Ross-Ferguson of Rochester, Mich., pursued a B.A. in Health Care Administration as well as an MBA. She is now a self-employed health-care consultant. "I feel like I made the right choice," says Ross-Ferguson in an e-mail. "It's unfortunate that there are not incentive programs out there to attract nursing educators. I believe this would solve the real problem of lack of nurses in this country," she adds.

But even if nursing schools expand capacity, the industry will need to find ways to retain nurses by making the job more attractive. "You can spit out as many nurses you want, but if working conditions in hospitals don't change, it won't do any good," says Cathy Glasson, president of the Nurse Alliance of the Service Employees International Union, who worked as an RN for 25 years. "Stagnating wages, mandatory overtime, and short staffing problems are chronic."

Immigration Controversy

NFAP's second policy recommendation—relaxing immigration limits to bring in more foreign nurses—is more controversial. NFAP advocates increasing the U.S.'s annual green card quota to

accept more than the 140,000 each year the current law permits. Some experts and nurses' advocates say that drawing an increasing number of nurses from abroad is a quick fix that drains resources from other countries and fails to solve the problem in the U.S.

"Relaxing immigration restrictions for nurses, which effectively takes the nurse staffing crisis in the U.S. and outsources it to developing countries that can ill-afford to give up their nurses, is not the answer," says Cheryl Johnson, RN and president of United American Nurses, a labor union representing 115,000 RNs.

Johnson, along with other experts and nurse advocates, argue that a better way to boost staffing is to pay nurses more while [improving working conditions](#) (BusinessWeek.com, 8/28/07). There is an untapped pool of 500,000 people in the U.S. with Registered Nurse (RN) certification who are not employed as nurses, enough to fill all the nursing vacancies in the U.S. twice over. Nurse advocates argue that many of those workers are moving to other jobs or sitting on the sidelines because hospitals offer nurses low wages and poor working conditions.

But given the current structure of the U.S. health-care system—a network of for-profit companies intermingled with large-scale government programs—it's unclear that nurses stand to earn considerably more. "Limits on wages arise from reimbursements from insurance companies and Medicare," says NFAP's Anderson. "If hospitals did spend money to bid up nurses' salaries, they'd have a significant cash problem, or they'd probably cut something somewhere else."

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