A serious shortage of registered nurses (RNs) is forcing thousands of U.S. hospitals to function with skeleton crews, possibly causing hundreds of unnecessary deaths and injuries. Many nurses are simply getting old and retiring, but many experts blame the shortage on low pay, poor working conditions and low enrollments in nursing schools. Meanwhile short-staffed hospitals are taking controversial steps such as offering large signing bonuses and recruiting nurses from overseas. Nationwide, there was a shortage in 2001 of 126,000 full-time RNs, but the shortage will surge to 808,000 by 2020 if something isn’t done. Even more worrisome, many disaster experts say last year’s terrorist attacks dramatized the possibility that a chemical, biological or nuclear attack could overwhelm the nation’s nursing work force.
NURSING SHORTAGE

THE ISSUES

- Is the nursing shortage affecting patient care?
- Should hospitals be required to set minimum nurse-to-patient ratios?
- Should hospitals recruit more foreign-trained nurses?

BACKGROUND

Response to War
The need for nurses became apparent during 19th-century wars in Europe.

Wartime Shortages
Both world wars sparked nurse shortages in America.

New Shortage
Today's nursing shortage is not related to war and is getting worse.

CURRENT SITUATION

Action in Washington
Congress just passed the Nurse Reinvestment Act.

Action in the States
Nursing groups are lobbying state legislatures for limits on mandatory overtime.

Action in the Streets
Nurses are joining labor unions in record numbers.

Bidding War
Hospitals say it's a seller's market for nurses.

OUTLOOK

No Relief in Sight
Several studies say the shortage may not improve.

SIDEBARS AND GRAPHICS

Many States Regulate Staffing and Overtime
Several states limit mandatory overtime work by nurses.

U.S. to Lack 808,000 Nurses by 2020
Demand for nurses is expected to far outstrip supply.

Have Nursing Degree, Will Travel
Many hospitals are hiring medical migrants who move from town to town.

Chronology
Key events since 1854.

Nurse Anesthetists Earn the Most
They earn more than $80,000.

Nursing Offers Varied Career Opportunities
All types of nurses are in demand.

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Seventy-five percent cite declines in the past two years.

At Issue
Is the nursing shortage affecting patient care?

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The Next Step
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Cover: California nurses demonstrate in Sacramento last Sept. 21 in support of minimum nurse-to-patient ratios at all medical facilities. A state law that takes effect next July will make California the first state to enact such legislation. (California Nurses Association)
Nursing Shortage

THE ISSUES

With 42 critically ill patients on the seventh floor, five nurses should have been on duty that night in 1998 at Wesley Medical Center, in Wichita, Kan. Instead, there were only three, and the staff shortage was to prove fatal for pneumonia patient Shirley Keck, 61.

When Keck began having trouble breathing, her daughter, Becky Hartman, was unable to find a nurse, according to an investigation by the Chicago Tribune. "I kept running out to the nurses station for help, [but] there was nobody around," Hartman said. "I was raising my voice and getting angry. I was so frustrated." 1

A nurse eventually arrived, but by then Keck had stopped breathing. She suffered permanent brain damage as a result, losing all ability to speak and care for herself. She died earlier this year.

Hartman said her mother would still be alive if the hospital hadn’t cut back its nursing staff in an effort to save money. "When nurses are overworked and have no time to do their jobs, patients like my mother pay the price," Hartman told the Tribune.

Keck’s family sued the medical center, in one of the first suits ever brought against a hospital for wrongful death related to understaffing. Family members recently agreed to drop the lawsuit for a $2.7 million cash settlement. Under the terms of the agreement, the hospital did not have to admit culpability for Keck’s death, and the family was not restricted from discussing the case, as is often required in medical settlements.

Such tragedies are far from isolated incidents. A serious shortage of registered nurses (RNs) is forcing thousands of U.S. hospitals to function with skeleton nursing crews. One out of four facilities has reduced the number of staffed beds, and 10 percent have canceled surgical procedures, according to the American Hospital Association (AHA), which represents 5,000 hospitals and health-care systems. 2 In addition, many hospitals have begun diverting emergency-room patients to other facilities. 3

Peter Buerhaus, associate dean of the Vanderbilt University School of Nursing, says the shortage could lead to “a disaster scenario in terms of the quality of care.” In fact, the shortage already has compromised patient health and even caused hundreds of unnecessary deaths and injuries, according to several recent surveys. 4

Nationwide, there was a shortage in 2001 of 126,000 full-time RNs — or 13 percent of the nation’s nursing work force — according to a recent AHA survey.

“The nursing shortage is a very serious issue,” says AHA Senior Vice President Rick Wade. “Nurses are the backbone of what hospitals do.”

However, some experts say that rather than a nursing shortage, the country is suffering from a “misdistribution” of nurses. While states like Louisiana and Wisconsin had plenty of nurses, others — like Arizona — experienced shortages of up to 17 percent. In general, the New England states had the most nurses while the West, South and Midwest had the fewest. 5 In addition, the experts point to government statistics showing there are nearly 500,000 licensed RNs in the United States who are not working in the nursing profession — more than enough to meet the current demand.

Numerous studies say the shortage will get worse before it gets better. According to the government’s latest forecast, unless something is done to reverse the current trends, the short-
Many States Regulate Staffing and Overtime

Thirteen states require hospitals to limit mandatory overtime work by nurses or enact staffing plans that provide appropriate nurse-to-patient ratios. Nurses’ groups say that reductions in nursing budgets have affected patient-care quality, because fewer nurses are working longer hours while caring for sicker patients.

Experts blame the shortage on such factors as low pay and increasing opportunities for women in more lucrative fields. In addition, many experienced nurses are getting older and retiring. The average age of the working RN population is now 45, the highest ever recorded. Only 9 percent of the current nursing work force is under age 30, compared with more than 25 percent in 1980. By 2010, unless many more young people become
nurses, about 40 percent of the nursing work force will be over age 50, according to the General Accounting Office (GAO). 8

To make matters worse, enrollment in nursing-education programs dropped 17 percent between 1995 and 2001, despite a 3.7 percent increase from 2000 to 2001, according to the American Association of Colleges of Nursing (AACN). 9

“Our schools are not graduating enough nurses to compensate for the nurses who are retiring every year,” says Jan Emerson, vice president for external affairs at the California Healthcare Association, which represents nearly 500 hospitals. “We graduate about 5,000 nurses a year, but we have more than that retiring or leaving the profession.”

Nursing school enrollments have declined over the last decade, in part, because of a dearth of qualified nursing instructors, according to the AACN. The association estimates that U.S. nursing schools turned away 5,823 qualified applicants during the 2000-2001 academic year due to an insufficient number of faculty, clinical sites or classroom space, as well as budget constraints. 10 More than one-third of the schools that responded to a recent AACN survey said they didn’t have enough faculty to accept all qualified applicants into their entry-level nursing-education programs.

“Colleges and universities are caught up in a vicious cycle: Lower enrollment equals less revenue equals less faculty,” said Jean Bartels, chair of the School of Nursing at Georgia Southern University in Statesboro. “The same factors that are affecting the nation’s supply of practicing nurses are impacting the supply of nurse educators.” 11

Nursing experts say students today shun the field for a variety of reasons, including the expanded job opportunities that grew out of the women’s-rights movement of the 1970s. Career-minded women are no longer limited to nursing or teaching, as societal norms once dictated. Indeed, more than 43 percent of all medical school graduates were women in 2000, compared with just 6 percent in 1960, according to the Association of American Medical Colleges. Moreover, the nursing profession has failed to attract large numbers of men, who constitute only 5.4 percent of the RN work force.

“The good news is that women now have many more career opportunities,” says Len Nichols, vice president of the Center for Studying Health

**U.S. to Lack 808,000 Nurses by 2020**

*The demand for registered nurses is expected to rise 40 percent by 2020, compared with a rise of only 6 percent in the supply. By 2020, the nation will have a shortage of more than 808,000 RNs, according to Department of Health and Human Services projections.*

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System Change, in Washington, D.C. “The bad news is that we haven’t convinced men to go into nursing.”

Others say low pay and demanding working conditions are forcing nurses out of the field, or keeping new nurses from entering it.

Many blame the problems on the managed-care revolution of the early 1990s, which sought to lower healthcare costs by cutting staffs and limiting customers’ access to expensive medical procedures. That, in turn, forced hospitals to cut costs and exacerbated working conditions, especially for hospital nurses in acute-care settings.

The average annual salary of a full-time RN — $46,782 — has increased only 2 percent per year since 1996, according to HHS, a lackluster rise compared with many other professions. Many nurses have joined labor unions in recent years in an effort to bolster their wages and working conditions.

Several studies indicate that individual nurses are being asked to care for more patients at a time than in previous years. Fifty percent of the nurses who responded to a recent ANA survey said they felt “exhausted and discouraged” at the end of the workday, and 44 percent were “discouraged and saddened by what they couldn’t provide for their patients.”

Many of the nurses surveyed felt pressured to skip meals and work overtime to complete their duties. And nearly 55 percent said they would not recommend nursing as a career for their children or friends.

“We’re not going to solve the nursing shortage problem until we improve the working environment for nurses,” says Cindy Price, an ANA spokeswoman. Nurses’ unions around the United States have gone on strike in recent years to demand better working conditions and higher pay. Unions are also backing proposals to ban mandatory overtime and to establish minimum nurse-to-patient staffing ratios at health-care facilities. Some states already have enacted such measures. (See map, p. 748.)

Is the nursing shortage affecting the quality of patient care?

While nearly everyone in the health-care community agrees that the nursing shortage is a major problem, views about the impact of the shortage on patient care differ significantly. “Hundreds or perhaps thousands of deaths each year are due to low nurse staffing,” says Jack Needleman, an assistant professor of economics and health policy at the Harvard School of Public Health. In a landmark study published this year, Needleman and Vanderbilt’s Buerhaus analyzed the 1997 records of more than 6 million patients from 799 hospitals in 11 states. They found that patients at hospitals with too few registered nurses were more likely to develop serious medical complications — or to die from treatable conditions — than were patients at institutions with enough RNs.

Meanwhile, there are major challenges ahead for the nursing profession. With the nation’s vast Baby-Boom generation beginning to retire, the number of Americans over age 65 is expected to double by 2030, according to the General Accounting Office. Because the elderly have more age-related illnesses, they require more nursing care.

“The patients in our hospitals today are really sick and require an awful lot of care,” says Don Fisher, president of the American Medical Group Association, in Alexandria, Va., which represents some of the nation’s largest health-care providers. “That has put a lot of pressure on nursing staffs.”

To shore up their beleaguered nurses, hospitals and health-care providers are taking aggressive and sometimes controversial steps, including offering large signing bonuses to new nurses and recruiting from overseas.

As health-care providers grapple with the nursing shortage, here is a closer look at some of the issues being debated:
Specifically, Needleman and Buerhaus found that patients at hospitals with nurse-to-patient staffing ratios of 1-to-4 or higher suffered from cardiac arrest or shock 9.4 percent more often than patients at facilities with ratios of 1-to-2.5 or lower. Patients at short-staffed hospitals suffered 9 percent more urinary-tract infections, 5 percent more gastrointestinal-bleeding episodes and 6.4 percent more cases of hospital-acquired pneumonia than did patients at fully staffed institutions.

The two researchers concluded that surgery patients in hospitals with low nurse-staffing levels were 6 percent more likely to die from complications like shock or sepsis than surgical patients at better-staffed facilities.

Last month, the Joint Commission on Accreditation of Healthcare Organizations called the nursing shortage a “prescription for danger.” The Oakbrook Terrace, Ill., group says inadequate nurse-staffing levels contributed to nearly a quarter of the 1,609 cases of accidental injury or death to hospital patients that it has chronicled since 1997.

President Dennis S. O’Leary says the findings shocked the commission. “We knew that some unanticipated deaths and permanent loss of function were related to inadequate numbers of nurses, but 24 percent surprised everybody,” he says. “There is now clear evidence that high nursing turnover is associated with increased patient mortality. This growing problem has the potential to eventually undermine the safety and quality of care for millions of patients.”

According to the Chicago Tribune study, at least 1,720 hospital patients have accidentally died and 9,584 others were injured since 1995 as a result of overwhelmed or inadequately trained nurses. After analyzing more than 3 million documents, the paper concluded that many hospitals try to reduce their operating expenses by keeping too few RNs on staff.

The Tribune said the cost-cutting strategy sometimes creates a “harried work environment” for the limited number of nurses on duty, making it impossible for them to care for all of their patients. That’s essentially what happened to Kansas pneumonia patient Keck. Brad Prochaska, the attorney for Keck’s family, says the Wesley Medical Center’s fatal lack of care for Keck was “just the tip of the iceberg” when it comes to calculating the real impacts of the nursing shortage.

“All of the major hospital organizations purposely understaff in order to save money,” he says. “They intentionally expose their patients to the risk of injury and death so they can reduce their operating expenses and maximize their profits.”

The AHA’s Wade concedes that the nursing shortage is affecting the delivery of hospital care “in some ways.” And he acknowledges that the nation’s hospitals are facing “tremendous pressure” to cut costs. But he denies that hospital patients are dying or being injured as a result of the nursing shortage, as many critics contend.

“It’s not affecting the basic quality of patient care,” Wade says. “Is it affecting some of the things that [hospitals] would like to be able to do, such as patient education? Yes. But we’re still providing the basics of care that our patients need.”

Still, hospitals should be concerned about “the number of nurses who feel overstressed, overworked or worried that they’re not able to spend enough time with the patient,” says AHA Senior Vice President James Bentley.

There is “no question that nurses are stretched pretty thin,” says the California Health Association’s Emerson. “Hospitals that don’t have enough nurses are shutting beds and units down, and patients have to be sent elsewhere.”

However, Emerson doesn’t fully believe the “horror stories” about patients being injured and killed due to a lack of nurses. “That is being exaggerated to a great degree,” she says. “But access to care is jeopardized.”

Meanwhile, health-care providers like Tenet Healthcare Corp., a nationwide hospital chain based in Santa Barbara, Calif., are coping with the nursing shortage by using “traveler” nurses and nurses from local temp agencies, says Tenet spokesman Greg Harrison. “We don’t believe [the nursing shortage] is affecting patient care,” Harrison says. “We have been able to maintain appropriate staffing levels. If we get to a point where our hospitals cannot meet that threshold, then yes, there would be a threat to care — we don’t disagree with that. But that hasn’t happened yet.”

Should hospitals be required to set minimum nurse-to-patient staffing ratios?

Some experts say state laws mandating hospital staffing levels would help solve the nursing shortage. An intensive-care unit, for example, might be required to have at least one nurse for every two patients (a 1:2 ratio), while a 1:6 ratio might be sufficient in the pediatrics ward.

Mandated staffing ratios are also seen as a way to address the problem of poor working conditions — one of the biggest causes of the nursing shortage. Nurses say they are being called on to care for an increasingly higher number of patients. For example, 76 percent of the nurses polled recently by the ANA said their patient loads had grown larger in the last two years due to understaffing. And, more than two-thirds of the respondents in another ANA survey complained they had been required to work mandatory or unplanned overtime in the previous two years due to understaffing.

The Federation of Nurses and Health Professionals (FNHP) reports similar trends. The labor union found that 50 percent of the RNs who responded to a recent FNHP survey had considered leaving the profession in the next two

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Have Nursing Degree, Will Travel

Many hospitals with shortages of nurses are tapping into a new labor source — workers who move from city to city every few months.

“Travelers,” as the new medical migrants are called, are in high demand — and are demanding high wages. Nearly 60 percent of all U.S. hospitals and health-care networks fill vacant nursing positions with travelers, according to the American Hospital Association (AHA). 1

“We would prefer to have our own staff nurses,” said Maureen McCausland, chief nursing executive at the University of Pennsylvania Health System in Philadelphia, which started using travelers two years ago. “But we are in the middle of a nursing shortage, and we can’t always fill our positions.” 2

The phenomenon emerged in the 1980s, when a few temporary-staffing companies discovered there was money to be made in the nursing shortage. The demand then was limited to a few states with seasonally fluctuating populations, such as California, Florida and Texas.

But the situation changed rapidly as the nursing shortage spread across the nation. Today, at least 50 companies broker nursing services to hospitals across the country. “We have become a mainstay for many hospitals, large and small, urban and rural,” said Rosellen Sullivan, vice president of sales at Cross Country TravCorps, in Boca Raton, Fla. 3

The brokers help travelers determine where they want to work, what types of facilities interest them and which assignments are available. They also facilitate job interviews, which are often conducted over the telephone.

Many nurses say the financial aspect of the traveling-nurse life is hard to beat. Staffing companies set the rates at which their itinerant clients are paid — usually significantly higher than what hospitals pay their staff nurses. In addition, most companies set their clients up with other valuable services, such as free housing, health insurance and travel expenses.

“I get a housing allowance; I get a free rental car; I get free air fare,” said Ronan Umali, 27, who gets his assignments through Across America, a San Francisco firm. “They pay for everything.” 4

Other travelers value the opportunity for change and adventure. Christi Strawley, 25, has worked in hospitals from coast to coast since graduating from the University of Pennsylvania School of Nursing in 1999. She especially enjoyed a three-month assignment in Seattle.

“I’d walk right outside my apartment six blocks from the hospital and [there] is Mount Rainier,” Strawley said. “It’s 100 miles off, but it’s all you can see. The air is so clean and fresh, the city is friendly and incredibly interesting. And you can work six days in a row and have eight days off and visit Alaska.” 5

But there are downsides to the itinerant life. Many travelers don’t receive paid sick leave or vacation time, and they are often assigned the toughest patients and the least desirable shifts. Likewise, some just get tired of packing up and moving every few months.

“I’ve had my fill,” said Sue Schaffer, 26, who traveled for three years. “There is a lot of stuff that goes with moving so frequently. I honestly don’t think I can change my address one more time.” 6

Hospital executives typically have few qualms about using travelers as a stopgap measure, aside from their higher cost. McCausland says they generally are responsible and highly skilled and perform their duties in a professional manner.

“We would prefer to [hire] permanent staff,” said Lynn Bracci, director of patient-care support at Providence St. Joseph Medical Center, in Burbank, Calif. “But if you can’t get that, the travelers are just about the next best thing. It would be hard [to carry on] without them.” 7

But Hedy Dumple, director of nursing practice at the California Nurses Association, a labor union, argues that travelers are eroding the profession’s standards, undermining patient care and placing a greater burden on full-time staff nurses. “Travelers come and go,” Dumple said. “The majority take the money and run. There is no commitment to patient advocacy or to improving standards of care.” 8

Still others say that although travelers receive higher pay than regular staff nurses, being able to hire temporaries serves as an “escape valve” so that hospital administrators “don’t have to solve the underlying problems,” such as mandatory overtime and low wages, says Cindy Price, a spokeswoman for the American Nurses Association. “So, in the long run, it contributes to the problem of depressed wages and thus to the nurse shortage.” 9

5 Quoted in Bengtson, op. cit.
6 Ibid.
8 Ibid.
years for reasons other than retirement. Inadequate staffing, heavy workloads and mandatory overtime were the most frequently cited areas of job dissatisfaction among respondents. According to 43 percent of the respondents, the best thing employers could do to improve working conditions would be to increase staffing.

In addition to improving working conditions, mandatory staffing ratios would help counter any negative effects the nursing shortage may be having on patient care, many nurses say. For example, 75 percent of the nurses who responded to the ANA survey said the quality of nursing care has declined at their workplaces in the last two years, and 69 percent attributed the drop to “inadequate staffing.”

“Nurses are leaving the profession because of the lousy working conditions and because they no longer feel that it’s safe for them to care for their patients,” says Charles Idelson, a spokesman for the California Nurses Association (CNA), an Oakland-based labor union. “You don’t have to be a rocket scientist to see that if we’re going to effectively address the nursing shortage, we have to improve staffing and patient-care conditions so nurses will feel comfortable working in our hospitals.”

A handful of states require minimum staffing levels for certain nurses, such as those in intensive-care units. But a measure set to take effect next July will make California the first state to enact legislation requiring minimum nurse-to-patient staffing ratios in all types of hospital units. Nurses’ unions supported the law, passed in 1999, while hospital administrators and managed-care companies vigorously opposed it. The controversial measure is currently undergoing a protracted regulatory-review process.

Idelson says the ratios will help to ensure public safety. “We have minimum standards for airline pilots, day-care centers and clean air and water,” he notes. “We ought to have minimum standards that let people know that there will be enough nurses to care for them when they walk into a hospital, sick and vulnerable.”

However, the California Healthcare Association’s Emerson says mandatory staffing ratios are not the answer. “We don’t believe that hospitals should be forced to determine their staffing levels based on an arbitrary, etched-in-stone number that’s set by the state,” Emerson says. “Hospitals should have the flexibility to adjust their staff levels according to the actual needs of their patients — and those needs can change on a daily or even an hourly basis.”

Hospitals should set their nurse-staffing levels according to factors such as their patients’ illnesses and the potential for medical complications, Emerson says, adding that the same principle applies to mandatory overtime. No hospital likes to force its nurses to work overtime, but sometimes “a hospital has no other choice,” she says. “Hospitals can’t just leave patients unattended in their rooms or pack them up and send them home.”

Furthermore, Emerson says, to comply with the state’s new staffing law, California hospitals will have to hire about 5,000 new nurses. The estimated $400 million per year in extra wages and benefits will inevitably drive up the cost of health care for consumers, she says. The push for minimum-staffing ratios is about “job security for the labor unions,” not improved patient care, she says. “This is a union-driven issue.”

However, in the view of Carolyn McCullough, national coordinator of the Service Employees International Union’s (SEIU) Nurse Alliance, which represents more than 110,000 nurses, the issue is public safety, not job security. “The health-care industry has demonstrated that it can’t police itself when it comes to patient care,” she says, “so lawmakers need to take action.”

But minimum-staffing ratios are “idiocy” in the opinion of William Plessed, a Santa Monica cardiovascular surgeon and chair-elect of the American Medical Association. “Only a legislator would decide that he knows how many nurses a hospital should keep on staff,” Plessed scoffs. “This is all being driven by the nurses’ unions.”

Plessed would support minimum-staffing ratios if there were enough nurses in the pipeline to meet the new law. “The nurses don’t exist,” he says. “The only way we can comply with ratios now is to shut down beds — and California doesn’t have enough beds as it is.”

Harvard’s Needleman also is skeptical about mandated staffing, although he says some hospitals have such low staffing levels that something should be done. “But [ratios] are an awfully blunt instrument,” he says. “I fear they could be implemented in a way that could actually worsen the quality of patient care in some hospitals.”

Should hospitals recruit more foreign-trained nurses?

Declining enrollments at U.S. nursing schools and the large number of veteran nurses retiring or leaving the profession are prompting some American hospitals to recruit foreign-trained nurses, mostly from the Philippines.

“It’s not easy, and it’s not inexpensive,” said Carolyn Blanks, vice president of labor and work-force development at the Massachusetts Extended Care Foundation, which represents nursing homes. “[Our members] are choosing that route just out of frustration, of not being able to find nurses here.”

Before they can accept jobs in the United States, foreign-trained nurses generally must be screened by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Congress established the Philadelphia group in 1977 to ensure that foreign nurses have never lost their licenses and that they have adequate educational backgrounds.
NURSING SHORTAGE

and skills. Before they can apply for a U.S. visa, most foreign nurses also must pass a CGFNS “qualifying exam” and an English-proficiency test.

Nurses trained overseas can enter the United States under several different visas, including special three-year temporary visas that allow them to work in designated nursing-shortage areas, and permanent, employment-related visas, or “green cards.”

After obtaining a visa, foreign-trained nurses must pass a licensure examination in the state where they will be working. Last year, an estimated 20,000 foreign nurses took state exams, about 60 percent of them from the Philippines. The former American colony is a popular recruiting ground for U.S. hospitals because English is widely spoken, and many nursing schools model their curricula after the programs in U.S. universities. About 50,000 Filipinos currently work in the U.S. health-care system. Large numbers of nurses also emigrate to the United States from India, Canada, Nigeria, the United Kingdom and other English-speaking countries.

“Given the shortage, we’re all facing, [overseas recruiting] gives us a larger pool of nurses” to choose from, said Sandra B. Marshall, director of nursing at the District of Columbia’s sprawling Washington Hospital Center.

It’s also cheaper. If short-staffed hospitals can’t hire overseas nurses, they often must hire temporary freelance nurses, who charge as much as $100 per hour. Full-time staff nurses, by contrast, typically earn less than $25 an hour. The arrangement is also financially advantageous for the foreign-trained nurse. For instance, nurses in Manila typically only make about $1 per hour.

But nurses’ unions say that having a ready supply of foreign-born workers depresses U.S. nurses’ wages and removes the incentive for hospital administrators to improve nurses’ working conditions, thereby perpetuating the shortages. The unions point out that because even low salaries in the United States are far higher than those overseas, foreign nurses often are willing to work for less and for longer hours than domestic nurses. They argue that the low salaries and poor working conditions then discourage Americans from going into nursing, thereby creating a vicious, self-sustaining cycle of shortages and low wages.

“Every time we’ve had a nursing shortage here in the United States, the first response from the hospital industry has been, ‘Let’s recruit more foreign-educated nurses,’” says the ANA’s Peterson. “When that happens, the short-term answer becomes the long-term response. The hospitals start feeling a little more comfortable, and they never deal with the work environment, the low pay and the other reasons why [domestic] nurses don’t want to work in their hospitals.”

David Schildmeier, a spokesman for the Massachusetts Nurses Association, agrees that recruiting foreign-trained nurses “is an unnecessary and short-sighted approach to dealing with the real problem. The reason [domestic nurses] aren’t working in direct care is because of staffing conditions that were created and implemented by the hospital industry over the last decade in response to managed care.”

Critics also say that foreign nurses occasionally have trouble adjusting to working in American hospitals. “It’s a question of orientation,” says McCullough of the SEIU’s Nurse Alliance. “Hospitals are different here.”

But CGFNS spokeswoman DeAnna Halewski dismisses such criticism. “If they can make it through our screening process and pass the [exam], then there’s no question that they’re qualified,” she says.

Finally, some critics say it is unethical for U.S. hospitals to recruit nurses from abroad because it simply creates nursing shortages someplace else. In the Philippines, for instance, about one-quarter of all hospital nurses last year left the country on working visas.

“The Philippines is suffering a really serious brain-drain right now because the United States and other countries are taking all of their experienced nurses,” Peterson says. “That’s just not right.”

BACKGROUND

Response to War

Shortages have occurred throughout the short history of nursing. The need for skilled nurses became especially apparent in Europe in 1854 during the Crimean War, when England and France declared war on Russia. England had few nurses to care for its wounded, and many died due to the unsanitary, dismal conditions in British field hospitals.

To address the problem, the British government tapped Florence Nightingale, an English nurse who had studied nursing in Germany. She organized a group of 38 volunteers and placed them in British field hospitals in Turkey, instituting sanitation standards, nutritional plans and other measures that markedly reduced mortality rates.

By the end of the war, Nightingale was world famous. In 1860, using funds donated to her by a grateful British public, she established a nurses training school at St. Thomas’s Hospital in London. Today, Nightingale is widely regarded as the founder of modern nursing.

In the United States, the Civil War highlighted the need for skilled nurses. When the war broke out in 1861, there were no formal nursing schools, and only about 150 hospitals nationwide. Military regulations and societal norms prohibited women from serving in field hospitals, so most nursing duties were

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**1800s** The need for skilled nurses during wartime sparks the profession’s birth.

**1854** Florence Nightingale improves conditions in Crimean War field hospitals, reducing mortality rates.

**1861** Thousands of women on both sides of the American Civil War leave their homes to tend to the wounded.

**1872** The nation’s first school for nurses opens in Boston.

**1900-1960s** The nursing profession flourishes after nurse-training programs are established. Periodic shortages occur due largely to wars.

**1901** Army Nurse Corps is established.

**1903** North Carolina enacts the first nursing-licensure law.

**1909** The University of Minnesota establishes the first university-based nursing-education program.

**1917** World War I triggers a nursing shortage; nurses’ groups try to get nursing-education programs moved from hospitals to college campuses.

**1923** All states have adopted nursing-licensure laws. Only nurses who meet the educational standards prescribed by the laws can call themselves “Registered Nurses,” or RNs.

**1941** The nation’s entry into World War II sparks another nurse shortage.

**1943** Congress passes Nurse Training Act, which provides scholarships to students who agree to work in essential nursing services during the war.

**1961** A government panel predicts more shortages and recommends the government provide more financial aid to nursing-education programs.

**1964** Congress passes Nurse Training Act of 1964, providing $240 million over five years for nursing scholarships and education programs.

**1970s-1980s** Interest in nursing wanes as the women’s-rights movement creates new job opportunities for career-minded women. Questions arise about whether a true nursing shortage exists.

**1975** President Gerald Ford vetoes the Nurse Training Act, claiming the nurse shortage is over; skeptical Congress overrides the veto.

**1980** President Jimmy Carter tries unsuccessfully to slash funding for the Nurse Training Act, claiming the U.S. has enough nurses. But nursing groups predict “the biggest nursing shortage ever.”

**1990s-2000s** The managed-care revolution prompts cost-cutting hospitals to lay off thousands of nurses, creating extra work for those who stay. Job dissatisfaction and retirement spark widespread nursing shortages.

**1999** California passes law setting minimum nurse-to-patient staffing ratios for hospitals; law is expected to go into effect in 2003.

**September 2000** A *Chicago Tribune* investigation finds that thousands of hospital patients have accidentally died or been injured due to staff shortages caused by hospitals’ cost cutting.

**September 2001** Following the Sept. 11 terrorist attacks, Congress questions whether the nursing shortage might imperil the nation’s ability to respond to additional assaults.

**Feb. 25, 2002** A government report estimates the nation lacks 110,000 RNs.

**April 2002** The American Hospital Association estimates that 13-22 percent of all hospital RN jobs are vacant.

**May 30, 2002** The *New England Journal of Medicine* reports the nursing shortage is endangering patient care.

**Aug. 1, 2002** President Bush signs the Nurse Reinvestment Act, establishing the National Nurse Service Corps and providing federal aid for nursing students and grants to improve nursing education, practice and retention. It also establishes a program to help nursing schools train people in geriatric care.
At first, men argued that it was unladylike for women to work in an environment teeming with bloody, naked men, amputated limbs, disease and death. But the women persisted. In April 1861, a group of volunteer female nurses led by Dorothea Dix—a nationally known crusader for the humane treatment of the mentally ill—marched on Washington and demanded that the government permit them to care for Union soldiers. Dix was chosen to supervise the Army’s volunteer nurse corps, which improved dramatically under her leadership.

The Union Army also got a boost from a former Massachusetts schoolteacher named Clara Barton. Acting outside of the military system, Barton set up aid stations in the Washington area and cared for wounded soldiers with food, clothing and medical supplies she collected herself. After the war, Barton helped create the American branch of the International Red Cross.

Efforts to improve nursing education in the United States flourished after the Civil War. In 1872, the nation’s first general training school for nurses opened in Boston. In 1873, nurse-training schools opened in New York, Boston and New Haven, Conn., inspired by the London school opened by Nightingale in 1860.

By 1890, there were nearly three-dozen U.S. nursing programs. Although all were affiliated with hospitals, their quality and admissions standards varied widely. The first university-based nursing-education program was established at the University of Minnesota in 1909. The three-year program was housed in the college of medicine, and applicants were required to meet university standards for admission.

In the early 1900s, state governments began regulating the profession, and by 1923 all 48 states and the District of Columbia had enacted licensure laws. The laws generally established minimum education standards, and only nurses who met the standards were allowed to call themselves Registered Nurses, or RNs. Unlike today’s laws, the early laws did little to standardize nursing-school curricula, nor did they prohibit unregistered individuals from practicing nursing.

Wartime Shortages

U.S. entry into World War I in 1917 created the wartime need, once again, for a large supply of skilled nurses. Congress created nursing units in both the Army and Navy, but there still weren’t enough nurses to care for the wounded. The shortage led to a post-war effort to move nursing-education programs from hospitals to college campuses.

Experts said the shift would produce a larger supply of better-trained nurses for future wars. The nation’s universities, led by Yale in New Haven, began to establish official, standalone nursing departments.

World War II sparked another nursing shortage. To recruit more nurses for military and civilian service, Congress in 1943 passed the Nurse Training Act, which provided scholarships and stipends to students enrolled in accredited nursing schools. In exchange, they agreed to work in essential nursing services during the war. More than 124,000 students—mostly women—told part in the program before it expired in 1948.

Subsequent wars in Korea (1950-1953) and Vietnam (1961-1973) sparked additional nursing shortages. In 1961, the U.S. government appointed a panel of experts to study the problem, and two years later the group concluded that more shortages were on the horizon.

The panel predicted the United States would need 680,000 nurses by 1970, an increase of some 150,000 nurses over the next seven years. The group estimated that nursing schools would have to increase their graduating classes by 75 percent annually to meet the new goal. That would be impossible,

NURSING SHORTAGE

Nurse Anesthetists Earn the Most

Average annual salaries for nurses range from a low of $30,470 for a licensed practical nurse to a high of $86,319 for a nurse anesthetist.

<table>
<thead>
<tr>
<th>Type of Nurse</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurses</td>
<td>$30,470</td>
</tr>
<tr>
<td>Staff RNs</td>
<td>$38,567</td>
</tr>
<tr>
<td>Supervisor</td>
<td>$41,950</td>
</tr>
<tr>
<td>Instructor</td>
<td>$42,407</td>
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<tr>
<td>RNs, overall</td>
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</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>$51,089</td>
</tr>
<tr>
<td>Nurse Practitioner/Midwife</td>
<td>$55,014</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>$86,319</td>
</tr>
</tbody>
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Assigned to men. But the massive numbers of sick and wounded soldiers soon broke down gender-related barriers in nursing. Thousands of women on both sides of the conflict left their homes to tend to the casualties.

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Nursing Offers Varied Career Opportunities

The current nursing shortage is greatest among registered nurses (RNs), but other types of nurses are also in demand. Here are some of the key nursing jobs affecting, and the qualifications needed to earn a degree and become licensed:

Registered nurses — Most RNs work in hospitals providing care in one area, such as surgery, maternity, pediatrics or the emergency room, but some rotate between departments. Other RNs work in physicians’ offices, clinics and nursing homes, preparing patients for examinations, administering injections and medications, dressing wounds and incisions, assisting with minor surgery and maintaining records. Still others work for schools, private employers and government agencies, where they provide routine or emergency care and instruction on disease prevention, nutrition and child care.

There are three ways to become an RN. The quickest route is to acquire an associate’s degree in nursing (A.D.N.), available in two to three years through a community college. A bachelor of science in nursing (B.S.N.), typically awarded after four years at a college or university, offers broader career opportunities, since some nursing and administrative jobs are open only to nurses with B.S.N. or advanced degrees. B.S.N.s also are usually required for admission to graduate programs. Nursing diplomas still can be obtained from a teaching hospital, usually within two to three years. However, these programs are being phased out because nurses’ groups want students to attend a two- or four-year college or university.

Licensed practical nurses — LPNs (also called licensed vocational nurses in some states), require technical knowledge, but not the level of professional training of RNs. Like registered nurses, LPNs work in a variety of settings, including hospitals, nursing homes and doctors’ offices. They provide basic bedside care, such as taking patients’ vital signs, treating bedsores, preparing and giving injections, applying dressings and giving alcohol rubs and massages. They also perform routine laboratory tests, feed patients and record food and fluid intake and output. In some states, LPNs administer medicines or start intravenous fluids and help deliver, feed and care for infants. Experienced LPNs may supervise nursing assistants and aides.

Becoming an LPN requires about a year of training at a technical or vocational school or a community college. The training includes both classroom study and supervised clinical practice. The Department of Labor predicts that the need for LPNs will grow at an average rate through 2010. Most new jobs will be in nursing homes, as the number of elderly and disabled persons needing long-term care increases in the coming years. Home health-care providers are also expected to be hiring LPNs.

Advanced practice nurses — The nursing shortage and the changing structure of the health-care industry have also created a great demand for APNs, who must meet higher educational, clinical practice and licensure requirements than RNs. APNs must have one or two years of graduate education, which usually leads to a master’s degree or to a certificate. There are four primary types of APNs:

- Nurse practitioners (NPs) conduct physical exams, diagnose and treat common illnesses and injuries, manage high blood pressure, diabetes and other chronic problems and order and interpret X-rays and other lab tests. They frequently work in rural sites, inner cities and other locations not adequately served by physicians. Nurse practitioners can prescribe medications, and 18 states allow them to practice without physician collaboration or supervision.
- Clinical nurse specialists (CNSs) work in such specialty areas as cardiology, oncology, neonatal care and obstetrics/gynecology.
- Certified nurse-midwives (CNMs) provide prenatal and gynecological care, deliver babies in hospitals, private homes and birthing centers and provide postpartum care.
- Certified registered nurse anesthetists (CRNAs) administer more than 65 percent of all anesthetics given to patients in hospitals and dental offices each year.

could meet future needs. But the National League for Nursing told Congress in 1980 that the United States was “entering what may be the biggest nursing shortage ever.”

A 1981 Department of Health and Human Services (HHS) report during the Reagan administration attributed the “incongruity” between the two views to a dispute over interpretation of the basic data. The report noted, for example, that nursing-union officials and hospital administrators differed as to what constituted a “vacant nursing position.” Under the unions’ definition of the term, the country appeared to have a shortage — but the administrators’ definition suggested there was a surplus, the report noted. The report concluded that the “real” extent of the nursing shortage was “unclear.”

New Shortage

Health-care experts widely agree that today’s nursing shortage is fundamentally different from past shortages, which largely resulted from short-term, cyclical changes in the supply and demand for nurses. But the present-day shortage is unique, experts say, because it is getting worse even as the demand for nurses is rising.

“This shortage is centered on more than just wages and compensation,” says Nichols of the Center for Studying Health System Change. “It’s a lot more complicated.”

For one thing, he says, the current shortage is partly an outgrowth of changes in the role of women in society during the 1970s. The changes had a profound effect on nursing, which — along with teaching — long had been viewed as one of the only career paths open to professional women. But today, college-bound women are 30 to 40 percent less likely to become nurses than their counterparts were in the 1960s and 70s, according to a recent study.

“Many women who would have entered nursing in the past . . . are now entering managerial and professional occupations that used to be traditionally male,” the study declared. “Thus, the declining interest in nursing is driven by fundamental, permanent shifts in the labor market that are unlikely to reverse.”

In addition, the nursing profession has been forever harmed by the “managed-care” revolution that swept the country in the early 1990s, health-care experts say. Managed-care companies sought to keep health-care costs down by limiting their customers’ access to expensive hospital procedures. Whenever possible, they treated patients in less expensive, non-hospital settings, such as doctors’ offices and clinics.

The cost-conscious managed-care companies pressured hospitals to lay off thousands of registered nurses in the 1990s, saying they were superfluous because patients were getting care elsewhere. Meanwhile, critics say, the cost-cutting efforts made working conditions intolerable for the hospital nurses who weren’t laid off.

“Managed-care companies created the nursing shortage through their incredibly shortsighted restructuring policies and rush to maximize their profits,” the CNA’s Idelson says. “Now, they’re scrambling to get nurses back, but many have left for good.”

Current Situation

Action in Washington

Congress attacked the nursing shortage this summer by passing the Nurse Reinvestment Act, signed into law by President Bush on Aug. 1.

To attract more young people into the nursing profession, the new law establishes the National Nurse Service Corps, which will provide scholarships to nursing students who agree to work at a health-care facility with a “critical nursing shortage” for at least two years after graduation.

The new law also authorizes federal loans for students pursuing graduate-level nursing degrees. Students will be allowed to cancel up to 85 percent of these loans if they teach at a nursing school after obtaining their advanced degree. In addition, the law directs the federal government to create a public relations program promoting “the advantages and rewards” of nursing to a broad range of people, including men and minorities.

Finally, the new law authorizes federal block grants to hospitals and nursing schools to improve nursing education, practice and retention. It also establishes a program to help nursing schools train people in geriatric care.

However, warns Ruth Corcoran, CEO of the National League for Nursing, “These measures are doomed to fail without aggressive measures to address the critical shortage of faculty.”

The law does not specify how much money will be earmarked for any of the initiatives, leaving funding questions up to congressional appropriators. The ANA, the National League for Nursing and other nurses’ groups are asking lawmakers to appropriate $250 million for fiscal 2003.

Sponsors of the law are confident it will have a significant impact on the shortage. “Nurses provide the critical medical services necessary to ensure quality health care,” said Rep. Michael Bilirakis, R-Fla., a primary sponsor of the measure in the House. “The goal of this legislation is to ensure a strong pool of talented nurses throughout the country for years to come.”

Sen. Barbara Mikulski, D-Md., who sponsored the bill in the Senate, offered a similar assessment. “Nurses are
the backbone of our health-care system,” she said. “This legislation will make great strides in ending America’s nursing shortage.” 31

But Sen. Bill Frist, R-Tenn., the only physician in the Senate, calls the law an “initial response” to the nursing shortage. “It’s not the total answer,” he insisted. 32

Linda Aiken, a professor of nursing at the University of Pennsylvania in Philadelphia, agreed. “The legislation is a good beginning,” she said. “It’s not enough to solve the problem.” 33

Congress was not as receptive to efforts to ban mandatory overtime, which nursing advocates say would stem the nursing shortage by alleviating the stressful working conditions that cause many nurses to quit the profession. Last year, at the urging of the nation’s largest nurses’ unions, a coalition of lawmakers introduced two bills that would strictly limit the use of mandatory overtime for nurses. The measures have languished in committee for nearly a year. 34

Action in the States

Nursing advocacy groups are having better luck passing limits on mandatory overtime at the state level. Eight states — California, Maine, Maryland, Minnesota, New Jersey, Oregon, Texas and Washington — have either banned or severely limited the use of mandatory overtime, and similar measures are being considered in at least a dozen other states. All of the provisions contain exceptions allowing hospitals to keep nurses on duty during weather-related disasters, terrorist attacks and other emergencies.

Nursing advocates are also lobbying the states to require hospitals to establish minimum nurse-to-patient staffing ratios, or at least to develop nurse-staffing guidelines. Nursing groups say such measures are necessary to ensure that patients receive quality nursing care — and to protect nurses from being held responsible for medical mishaps that occur at understaffed facilities.

“Nurses have a legal responsibility to their patients, and many feel threatened in this regard due to the staffing problems in our hospitals,” says the ANA’s Peterson. “Nurses who are fatigued because they’re forced to work overtime or because they have too many patients can make mistakes. That’s why hospitals have to have safe-staffing policies.”

Six states — California, Kentucky, Nevada, Oregon, Virginia and Texas — require hospitals to follow staffing plans or minimum nurse-to-patient staffing ratios. Similar bills were introduced this year in 16 states.

Nursing advocates also have been able to get 11 states to adopt protection for “whistleblowers” — nurses who speak out against workplace conditions (i.e., staffing problems) that jeopardize patient care. Five states introduced such laws this year, and two — Maryland and New York — enacted them. Oregon’s whistleblower law, enacted last year, is typical. It prohibits hospitals from taking retaliatory action against nurses who disclose activities, policies or practices that imperil patient care.

Action in the Streets

Despite the passage of whistleblower laws and other measures,
many nurses say Congress and the states aren’t doing enough to relieve the nursing shortage. In response, they are joining labor unions in record numbers to press for better working conditions and higher pay. Emboldened by the worsening personnel shortages, unionized nurses are becoming increasingly militant, conducting informational pickets, threatening strikes and walking off the job when hospitals do not meet their demands.

“Nurses are stepping up and taking the power they always should have had,” said Rose Ann DeMoro, executive director of the CNA. “It’s incumbent upon the nurses to save the [hospital] industry from itself.”

Nurses’ unions have staged dozens of strikes across the country in the last two years, mostly to protest low pay, mandatory overtime and hospital staffing plans that they say endanger patient care. Strikes have been especially common in California, where the nursing shortage is particularly acute. This summer, for example, hundreds of nurses and health care workers staged two four-day walkouts against the Queen of Angels-Hollywood Presbyterian Medical Center. The strikers’ biggest concern was the hospital’s nurse-staffing plan, which they said endangers patients’ lives.

“Sometimes we’ll only have one nurse for eight patients,” said nurse Tessie Fajilan. “Babies will be screaming while the only nurse is on the phone or giving another patient his meds.”

Tenet Healthcare Corp., which owns the facility, denies that its nurse-staffing plan was endangering patient care, as the striking nurses alleged. “We have met staffing levels wherever they have been set, and we don’t feel that we’ve ever had to compromise in patient care,” says Tenet spokesman Harrison. “We don’t agree with the allegations made by the nurses’ unions.”

Still, Tenet was forced to make some significant concessions as a result of the strikes this summer. The nurses’ new contract calls for a salary increase of up to 17 percent over the next three years. Before the strikes, the hospital’s best offer was an 11 percent raise. The new agreement also gives the nurses a seat on the hospital’s patient-care committee; previously, only hospital administrators sat on the committee.

“‘It’s incumbent upon the nurses to save the [hospital] industry from itself.’”

— Rose Ann DeMoro
Executive Director,
California Nurses Association

“We went on strike after management presented what they claimed was their ‘last, best and final offer,’ which was totally unacceptable to us,” says Blanca Gallegos, a union spokeswoman. “We had no other choice.”

Bidding War

As hospitals continue to grapple with labor unions’ demands, they are using a variety of tactics to fortify their decimated nursing staffs. In addition to hiring nurses from overseas, they are filling vacancies with temporary nurses from specialized employment agencies, or with “traveler” nurses who journey from city to city.

But for many hospitals, the search for nurses has turned into a full-fledged, cutthroat “bidding war.” “It’s getting aggressive out there, extremely aggressive, and it’s not pretty. It’s become totally a [seller’s] market,” said Kaylene Opperman, chief nursing recruiter for Washoe Medical System in Reno, Nev.

Hospitals even offer signing bonuses to prospects. More than 40 percent of the hospitals responding to a recent AHA survey said they now offer bonuses — a twofold increase since 1999. Three-quarters of the bonuses were in the $1,000-$5,000 range, but some were as high as $15,000.

Last spring, a health-care network in Cincinnati promised $30,000 bonuses to RNs who agreed to stay with the company for at least three years.

Some hospital administrators maintain that one-time signing bonuses are ineffective because new hires quit a few months after taking the money. And offering big bonuses to new recruits can cause resentment among veteran nurses, they point out. To that end, some hospitals also offer bonuses to current staff members who refer new nurse recruits. Washoe, for example, gives staff members a $1,000 “finder’s fee” for each newly hired recruit. Staffers get another $1,000 for each recruit that stays on for six months and yet another $1,000 after a year.

Other hospitals are more imaginative. Last spring, hospitals in Florida began offering nurse recruits $7,500 toward a down payment on a new home. And last year, a hospital in Loma Linda, Calif., began offering enhanced benefits packages to new nurse recruits that included five weeks of vacation and a $10,000 scholarship for continuing education.

But critics say the incentives do nothing to address the real causes of the nursing shortage — poor working conditions and low pay. “You can give a nurse a $10,000 signing bonus, a massage, lawn service and any number of other things to get them in the door, but they won’t stay if the working conditions are not up to par,” the CNA’s Idelson says. “Most of the strategies that the hospitals are using to combat the shortage are just gimmicks, and they’re having very little real effect.”

Continued on p. 762
At Issue:

Is the nursing shortage affecting patient care?

BARBARA BLAKENEY
PRESIDENT, AMERICAN NURSES ASSOCIATION
WRITTEN FOR THE CQ RESEARCHER, AUGUST 2002

There is no question that the nursing shortage is affecting the quality of patient care; the evidence is all around us. Here are a few recent indicators:

- A Harvard/Vanderbilt University study, published May 29 in The New England Journal of Medicine, indicates there is a direct link between increased nursing care and better patient outcomes — that is, fewer complications and fewer deaths.
- The Joint Commission on Accreditation of Healthcare Organizations reported on Aug. 7 that nearly a quarter of unanticipated complications that led to death or permanent disability in hospital patients arose in part from the nursing shortage.
- A First Consulting Group survey of hospitals across the nation indicates that shortages of nurses are causing ambulance diversions and emergency-room overcrowding, increased wait times for surgery, scaled back or discontinued patient-care programs, delayed discharges and canceled surgeries.

To put a human face on the issue, consider the case of Shirley Keck, who was partially paralyzed and later died from complications related to an incident that the hospital, Wesley Medical Center in Wichita, Kan., blames on “a shortage of nurses.” The family received a $2.7 million settlement along with the right to tell Shirley’s story. But, as Shirley’s daughter Becky has said, all the news interviews in the world won’t change what happened to her mother.

To alleviate this fast-growing crisis, Congress passed the Nurse Reinvestment Act (NRA) in July, which President Bush signed into law on Aug. 1. It authorizes federal funds for education and incentives to recruit and retain more nurses. For the NRA to succeed, the ANA is asking Congress for $250 million for the program.

But more action by Congress is still needed to improve nurses’ working conditions, especially with regard to the unsafe practice of forced overtime. Many nurses are regularly working 16- and 20-hour days, which puts both patients and nurses at risk. A strong law prohibiting forced overtime would not only ensure greater patient safety but also prevent more nurses from leaving the field.

As studies have indicated, the current shortage represents only a glimpse of horrors yet to come if nothing is done now to reverse this trend. That is why ANA is sounding the alarm today for immediate first aid for the nursing shortage. And we hope that Congress will continue to support us in our efforts.

PAMELA THOMPSON
CEO, AMERICAN ORGANIZATION OF NURSE EXECUTIVES, AN AFFILIATE OF THE AMERICAN HOSPITAL ASSOCIATION (AHA)
WRITTEN FOR THE CQ RESEARCHER, AUGUST 2002

Registered nurses are the keystone of quality patient care. Unfortunately, America faces a severe shortage of registered nurses (RNs). A survey of AHA members revealed that hospitals have at least 126,000 open RN positions. The nursing shortage is reaching crisis proportions because of a convergence of factors: an increased demand for hospital services by an aging population, a dearth of new nurses entering the profession and the impending retirement of a large segment of the current nursing workforce.

How is this shortage affecting the quality of patient care? First, the greatest effect is on access to care. Rather than allow the quality of care to slip, many hospitals will instead reduce or close the services they offer. For example, in a study by the First Consulting Group on behalf of the AHA and others, 25 percent of hospitals report diverting emergency patients to another facility; 23 percent have reduced the number of staffed beds and 10 percent have had to postpone or cancel elective surgeries.

The committed nursing staffs of America’s hospitals work hard to provide safe and effective care. Nursing leaders are committed to ensuring that their nursing staffs can respond to patient needs and provide the highest possible quality care. In some cases, unavoidable overtime is used, but only as a tool of last resort. Are we able to do all for our patients that more time and resources would allow? No, but safe, effective care is the standard.

Because the nursing shortage has put some real stress on our hospitals, it’s important to find ways to further support the nurses on the front lines. If we can free them from unnecessary paperwork, provide assistants to perform non-nursing duties and install new technologies, nurses will have more time for patients. This is a real challenge in an era of inadequate payments from government and private insurers and increasing demand.

In a report released earlier this year, the AHA Commission on Workforce for Hospital and Health Systems highlighted concrete steps many hospitals are taking to address the problem. It points out that there is no “silver-bullet” solution. Hospital leaders, caregivers, policymakers, business leaders, organized labor and others share the responsibility for lasting solutions. In the legislative arena, we’ve pushed for passage of the Nurse Reinvestment Act, which will fund programs to improve the recruitment and retention of nurses.

All of us, working together, can prevent this shortage from reaching crisis proportions.
OUTLOOK

No Relief in Sight

Several studies contend that the nursing shortage will get worse before it gets better — if it improves at all. The latest Department of Health and Human Services forecast predicts that it will grow “relatively slowly” until 2010. At that point, the demand for full-time RNs will exceed the available supply by an average of 12 percent, or roughly 275,000 nurses nationwide, the HHS predicts. 41

Some states will be worse off than others. According to the projections, 14 states will not have significant shortages at all, while others will have major problems. 42 For instance, California is projected to have a shortage of more than 42,000 RNs in 2010, the largest absolute deficit of any state. The shortage will play out differently in Wyoming, where the projected shortfall of RNs for 2010 is less than 2,000. But because of Wyoming’s small population, the deficit is projected to leave 45 percent of the RN slots in the state unfilled — the highest vacancy rate in the nation, according to the HHS. 43

After 2010, the HHS predicts that the demand for RNs will begin to exceed supply at an “accelerated rate.” By 2015, the department predicts that the nationwide RN vacancy rate will hit 20 percent — an almost fourfold increase from 2000 levels. Unless something is done to reverse the trends, the shortage will surge to nearly 30 percent nationally in 2020, leaving the U.S. healthcare system with a shortage of more than 808,000 nurses, the study warned.

Again, the situation is projected to be especially severe in California, where a shortage of 121,000 nurses will leave nearly 46 percent of RN positions unfilled. All told, a dozen states are projected to experience vacancy rates of 40 percent or greater in 2020, with the rate topping 50 percent in six states: Alaska, Connecticut, Delaware, Idaho, New Mexico and Wyoming. Wyoming will once again have the nation’s highest percentage of vacant nursing positions at that point, with more than 6 out of every 10 slots vacant.

Only five states — Iowa, Kansas, Kentucky, Ohio and Vermont — are not expected to have significant nursing shortages in 2020, according to the government’s forecast. The projection is based on several criteria, such as nursing-school enrollment trends, salaries and the medical needs of the states’ populations.

Experts agree that solving the nursing shortage will not be easy, and that it will require a long-term strategy — not just temporary fixes, like recruiting more overseas nurses.

While the experts differ as to what the long-term strategy should entail, most agree that it should focus on two general areas: improving working conditions so veteran nurses can find more satisfaction in their work, and attracting more men and minorities to the profession.

And everyone agrees that there’s a lot at stake. “The nursing shortage is a very serious problem,” says McCulloch of the SEIU’s Nurse Alliance. “If it’s not solved, it is certain to trigger a national health-care crisis.”

About the Author

Brian Hansen specializes in environmental and social-policy issues. Before joining The CQ Researcher he was a reporter for the Colorado Daily in Boulder and the Environment News Service in Washington. His awards include the American Bar Association’s Silver Gavel and the Scripps Howard Foundation Award for Public Service Reporting. His recent Researcher reports include “Cyber-Predators” and “Future of the Airline Industry.” He holds a B.A. in political science and an M.A. in education from the University of Colorado.

Notes

FOR MORE INFORMATION


American Hospital Association. One North Franklin, Chicago, IL 60606; (800) 424-4301; www.aha.org. Seeks to advance the interests of hospitals and health-care networks through educational initiatives and advocacy work. The AHA's Web site contains information on shortages of nurses and other health-care workers.

American Nurses Association. 600 Maryland Ave., S.W., Washington, D.C. 20024; (800) 274-4262; www.nursingworld.org. ANA is a membership organization and labor union representing registered nurses. The ANA posts information about the nursing shortage on its Web site.

Commission on Graduates of Foreign Nursing Schools, 3600 Market St., Philadelphia, PA 19104; (215) 599-6200; www.cgfns.org. A private, independent group established by Congress to ensure that foreign-trained nurses in the U.S. meet all educational and licensure requirements.

National Council on State Boards of Nursing. 676 N. Clair St., Chicago, IL; (312) 787-6555; www.ncsbn.org. An independent group that develops the national licensure examination administered to all entry-level nurses.

National League for Nursing, 1313 L St., N.W., Washington, DC 20005; (202) 898-3200; www.nln.org. Represents more than 1,500 nursing schools and health-care agencies, working to advance the quality of nursing education.


U.S. Department of Health and Human Services, Bureau of Health Professions, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-5376; www.hhs.gov. Compiles statistics relating to health-care workers, including the National Sample of Registered Nurses, published every four years.

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Commission on Graduates of Foreign Nursing Schools, 3600 Market St., Philadelphia, PA19104; (215) 599-6200; www.cgfns.org. A private, independent group established by Congress to ensure that foreign-trained nurses in the U.S. meet all educational and licensure requirements.

National Council on State Boards of Nursing, 676 N. Clair St., Chicago, IL; (312) 787-6555; www.ncsbn.org. An independent group that develops the national licensure examination administered to all entry-level nurses.

National League for Nursing, 1313 L St., N.W., Washington, DC 20005; (202) 898-3200; www.nln.org. Represents more than 1,500 nursing schools and health-care agencies, working to advance the quality of nursing education.

Service Employees International Union Nurse Alliance, 1313 L St., N.W., Washington, DC 20005; (202) 898-3200; www.seiu.org/health/nurses. A labor union representing more than 110,000 U.S. nurses that supports minimum nurse-to-patient staffing ratios and prohibitions against mandatory overtime.

U.S. Department of Health and Human Services, Bureau of Health Professions, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-5376; www.hhs.gov. Compiles statistics relating to health-care workers, including the National Sample of Registered Nurses, published every four years.
Abelson describes the arguments for and against mandatory nurse-to-patient staffing ratios.

The first article in a three-part series concludes thousands of hospital patients have died or been injured by nurses whose workloads have increased due to cost cutting.

Grady reports on a landmark study that concluded the nursing shortage is causing patients to become ill and/or die from treatable conditions such as shock and pneumonia.

Janofsky describes how hospitals are using signing bonuses and other unusual perks to attract nurses.

The article documents how nursing unions are staging strikes over low pay, working conditions and patient care.

Prystay describes how U.S. hospitals are creating a nursing shortage in the Philippines through aggressive recruiting efforts.

The article documents how large numbers of women are shunning nursing in favor of male-dominated careers.

Stolberg reports on a new study that concludes that hundreds of hospital patients have died or have been injured as a result of the nursing shortage.

The report concludes that the nursing shortage is jeopardizing patient care and includes a number of recommendations for addressing the shortage.

The Healthcare Workforce Shortage and its Implications for America’s Hospitals, First Consulting Group (for the American Hospital Association), fall 2001.
A hospital industry survey chronicles the impact of the nursing shortage.

In Our Hands: How Hospitals Can Build a Thriving Workforce, American Hospital Association, April 2002.
A comprehensive report quantifies the nursing shortage and recommends solutions.

An independent research group presents case studies of how the nursing shortage is affecting 15 areas of the country.

A landmark study concludes that hospital nurse-staffing levels have a direct impact on patient care.

The GAO’s balanced look at the nursing shortage includes its geographic distribution and impact on patient care.

The federal government presents its most recent forecast of how the nursing shortage will play out in the future.

This once-ever-four-years report is probably the most comprehensive report available on the U.S. nursing profession. Numerous charts and graphs help chart the severity of the shortage.

This survey of nurses indicates that the nursing shortage is being driven by poor working conditions and low pay.
**Foreign-Trained Nurses**


An acute shortage of health-care workers is driving Washington-area hospitals overseas to recruit hundreds of nurses critical to patient care, hospital executives say.


Nurses’ licensing examinations will be offered abroad, a move that is expected to bring more foreign-born nurses to the U.S. and help alleviate the acute nursing shortage.


With a nursing shortage gripping much of the developed world, foreign hospitals are culling able-bodied Philippino nurses, crippling local health-care facilities.

**Legislation**


The state Department of Health Services is preparing to set minimum nurse-staffing levels for California hospitals, but nurses and hospitals can’t agree on the numbers.


Gov. Gray Davis, D-Calif., signed a bill establishing nurse-to-patient ratios in all California hospitals but at the same time vetoed a major overhaul of the state’s nursing homes.


Because of the nationwide shortage of nurses, many hospitals are going to extraordinary lengths to recruit and train new nurses.


Hospital workers are backing a bill to ban mandatory extra shifts, but employers say they’re needed to cover staff shortages and emergency situations.


Anaheim County is considering a bill aimed at easing the county’s nursing shortage, estimated at 900 vacancies and rising steadily.


New California laws will set minimum hospital staffing levels and forbid unlicensed assistants from performing key health-care tasks.

**Malpractice Suits**


Several recent lawsuits reflect a chronic health care problem: inadequate and ill-trained staff in many of the nation’s nursing homes and hospitals.


A firm that provides nursing care at 60 facilities in California pleaded no contest to charges that it caused two deaths and was negligent in providing care.


Standard practice in emergency rooms has been to keep family members at a distance, but some nurses are changing that practice, sparking fears of malpractice.


As part of a recent legal settlement, Blue Cross agreed to work on improving patient safety as well as nursing recruitment and retention.


A jury awarded $4.4 million to a Texas woman who argued that her newborn son was left permanently disabled because Cedars-Sinai Medical Center nurses did not summon an obstetrician quickly enough.

**Nurses’ Unions**


The American Nurses Association’s labor arm is expected to vote to join the AFL-CIO, the most-powerful voice of organized labor.


Frustrated by a decade of managed care and budget cuts, nurses are joining unions by the thousands.
NURSING SHORTAGE


To relieve pressure from the nursing shortage, a program in the Bronx will offer free nursing education to members of a local health-care workers’ union.


In just two months, about 60 percent of Long Beach Memorial Medical Center’s nursing staff have signed union cards distributed by the California Nurses Association.


A partnership between Kaiser, the Service Employees International Union and California’s community colleges helps train nurses pursuing continuing education.


The California Nurses Association reached a tentative agreement with Kaiser-Permanente, heading off a potential strike by 10,000 nurses at 17 hospitals.


Frustrated RNs feel they are finally getting the upper hand in negotiations with a health-care industry that continues to cut back on nurse staffing.


Thousands of University of California RNs are poised to strike if administrators don't agree to improved working conditions.

**Quality of Health Care**


Experts say the nursing shortage has been particularly felt among families who depend on highly skilled pediatric nurses.


Patient advocates say many hospice deaths are needlessly painful in areas that are struggling with nursing shortages, financial pressures and medical errors.


Although most California hospitals have enough beds during normal conditions, a shortage of qualified nurses will strain hospitals during peak periods of demand.


A new study shows that inadequate nursing care can cause devastating problems for patients, but getting information about staffing levels at individual hospitals is difficult.


Dramatizing a countywide nursing shortage, St. John’s Regional Medical Center is closing one of its acute-care wings because it can no longer afford to hire expensive substitute nurses.


Community-college nursing programs, straining to address a growing statewide nursing shortage, are facing a new difficulty: soaring dropout and failure rates.


The number of hours of care patients received from registered nurses is compared with the number of hours provided by licensed practical nurses and nursing aides.


Medical errors, including nursing errors, are the product of individual mistakes as well as complex procedures and systems that don't prevent or catch those mistakes.


The national organization that accredits hospitals reported the nursing shortage contributed to a quarter of the incidents that result in death or injury to hospital patients.


A survey conducted by the Kaiser Family Foundation found discontent among many doctors and nurses over managed care, with both groups saying quality of care has suffered.


A major key to the quality of health care is the nursing staff — and staff levels have been on the critical list for some time, prompting some experts to worry.


With the quality of nursing care being called into question, proper documentation of patient care and symptoms is essential to providing the best nursing care.
Women and Nursing Careers

Recent nursing-school graduates are leaving the profession more quickly than their predecessors, with women bolting at almost twice the rate of men.

Teenage girls have been saddled with stereotypes that say they belong in traditional and often underpaid careers in nursing and cosmetology, a trend experts are fighting.

As they struggle to correct misguided perceptions and lure potential candidates, nurses’ organizations are turning to advertising.

Working Conditions

Deteriorating working conditions have caused a decline in the quality of nursing care, according to an American Nurses Association survey.

The Nurse Reinvestment Act passed through Congress with little fanfare, unnoticed and uncelebrated by almost everyone outside the health-care profession.

In one of the largest studies of its kind, researchers have found widespread discontent among hospital nurses in the USA, Canada, Germany, England and Scotland.

New research suggests that U.S. hospitals have increased administrative work for nurses — leaving them less time to check on patients — a trend that can have dire results.

Members of the Service Employees International Union called on Congress to pass legislation that would force hospitals to stabilize nurse staffing.

Health experts warn that nursing problems will likely continue if administrators don’t address the poor working conditions in many hospitals.

The severe nursing shortage now hobbling hospitals is a matter of brutal working conditions and a lack of respect at the workplace, according to some nurses.

The Nurse Reinvestment Act provides scholarships to students who agree to work for two years in understaffed public or nonprofit health-care facilities.

Health-care workers and nurses are backing a bill to ban mandatory extra shifts, but employers say they’re needed to cover staff shortages.

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