

National Foundation for American Policy

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Contact: Stuart Anderson, 703-351-5042, info@nfap.net

New Research: U.S. Nursing Shortage Contributing to Death and Illness for U.S. Patients; Increasing Nursing School Faculty and Immigration Quotas Are Best Options, Study Finds

Arlington, Va. – As Congress considers its next steps on health care and immigration, the National Foundation for American Policy (NFAP), an Arlington, Va.-based policy research group, has released a new study finding the current nursing shortage is leading to increased death and illness for Americans at U.S. hospitals. An extensive review of the medical literature finds that the aging U.S. population and low domestic production of nurses in the United States has created a nursing shortage that carries serious consequences for U.S. hospital patients.

The study “Deadly Consequences: The Hidden Impact of America’s Nursing Shortage” by Stuart Anderson can be found on the NFAP website at www.nfap.com.

Among the study’s findings:

- A Journal of the American Medical Association (JAMA) study on general, orthopedic and vascular surgery patients at hospitals implied “the odds of patient mortality increased 7 percent for every additional patient in the average nurse’s workload in the hospital.” The study found that increasing a nurse’s workload from 4 to 8 patients would be accompanied by a 31 percent increase in patient mortality. It concluded: “These effects imply that, all else being equal, substantial decreases in mortality rates could result from increasing registered nurse staffing, especially for patients who develop complications.”
- A 2004 Health Services Research study, authored by North Carolina University at Chapel Hill Professor Barbara Mark (and others), concluded: “Our findings indicate the clear benefit of increasing nurse staffing to reduce hospital mortality . . .” The authors of the paper noted, “In an environment of a progressively severe nursing shortage, policy decisions related to effective and efficient deployment of an increasingly scarce resource – registered nurses – and how change in nurse staffing affects change in quality of care could not be more important.”
- A 2007 Health and Human Services report, prepared by the Minnesota Evidence-based Practice Center, concluded, “Higher registered nurse staffing was associated with less hospital-related mortality, failure to rescue, cardiac arrest, hospital acquired pneumonia, and other adverse events. The effect of increased registered nurse staffing on patients safety was strong and consistent in intensive care units and in surgical patients. Greater registered nurse hours spent on direct patient care were associated with decreased risk of hospital-related death and shorter lengths of stay.”
- A study of Canadian hospitals found a 10 percent increase in registered nurse staff caring for acute medical patients was associated with 5 fewer deaths in 1000 discharged patients.
- An August 2006 *Archives of Pediatrics and Adolescent Medicine* paper on neonatal intensive care units reported: “Our findings suggest that registered nurse staffing is

associated with the risk of bloodstream infection among infants.” The findings suggested, “Increasing registered nurse staffing by 1 full-time equivalent could possibly reduce the risk of bloodstream infection by 11 percent.”

Wage increases alone are unlikely to solve the nursing shortage. Even with substantial increases in salaries and nurse graduation rates, the nursing gap is likely to persist for another decade, analysts note. Financial considerations are likely to constrain wage growth, while capacity issues bedevil nursing schools.

The study recommends policymakers focus on the two most practical solutions to alleviate the impact of the nursing shortage on U.S. patients. 1) Increasing nursing faculty and school infrastructure and 2) Raising immigration quotas to facilitate the entry of foreign nurses.

So far, U.S. nursing schools have shown they do not have enough capacity to accommodate significant increases in their graduation rates. “In 2005, schools of nursing were forced to reject 147,000 qualified applicants because of shortages of faculty, classroom space, and clinical placement sites for students.” Given that even optimistic projections assume a continued nurse shortage lasting a decade or more, policymakers concerned about the shortage’s impact on U.S. hospital patients must consider relaxing current immigration quotas.

“Immigration alone cannot solve the nursing shortage but it can alleviate many of its most damaging impacts on patients,” said NFAP Executive Director Stuart Anderson, the author of the study. Anderson served as Executive Associate Commissioner for Policy and Counselor to the Commissioner of the INS (August 2001 to January 2003) and as Staff Director of the Senate Immigration Subcommittee.

Due to inadequate green card quotas, a skilled foreign professional could wait 5 years or more to immigrate legally to the United States. In the high tech sector, some professionals and researchers can gain entry on temporary visas, particularly H-1B visas, although the supply of those has been exhausted before the start of the past four fiscal years. Today, the vast majority of nurses cannot enter the United States and work on temporary visas. Congress recognized the labor supply problems with nurses when in 2005 it allocated 50,000 extra green cards (for permanent residence) with a priority for foreign nurses and others who qualified under Schedule A (DOL designation of shortage occupations) to be sponsored by employers in the United States. That extra green card allocation has been exhausted.

Health analysts David Auerbach, Peter Buerhaus and Douglas Staiger recently estimated that the current nursing shortage would grow to 340,000 by 2020. “A shortage of 340,000 is three times larger than the size of the current shortage when it was at its peak in 2001,” note the authors. “At that time, many hospitals closed patient programs and nursing units, and the national average hospital RN vacancy rate was 13 percent.” They note the shortage “continues to constitute a serious threat to access and efforts to improve the quality and safety of health care.”

About the National Foundation for American Policy

Established in the Fall 2003, the National Foundation for American Policy (NFAP) is a 501(c)(3) non-profit, non-partisan public policy research organization based in Arlington, Virginia focusing on trade, immigration and related issues. The Advisory Board members include Columbia University economist Jagdish Bhagwati, Ohio University economist Richard Vedder and other prominent individuals. Over the past 24 months, NFAP’s research has been written about in the Wall Street Journal, the New York Times, the Washington Post, and other major media outlets. The organization’s reports can be found at www.nfap.com.

2111 Wilson Blvd., Suite 700, Arlington, VA 22201
phone: (703) 351- 5042 fax: (703) 351-9292 www.nfap.com