



Buerhaus study finds influx of foreign, older workers eased RN shortage in 2002 but data portend coming crisis

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Although the nursing shortage diminished in 2002 as a large number of foreign-born RNs and nurses older than 50 joined the hospital workforce, the longer-term outlook for nurse staffing is grim, according to a study by Peter Buerhaus, professor and senior associate dean for research at Nashville's Vanderbilt University School of Nursing, and colleagues in the November/December issue of *Health Affairs*. Because the oldest segment of the RN population has demonstrated the most growth in the past eight years at the same time that the youngest portion of the workforce has declined, the authors believe that unless the United States is able to infuse the workforce with younger RNs or foreign-born workers, there will be a drastic shortage of nurses when the older generation retires. Furthermore, the authors warned that an upswing in the economy could convince older RNs to leave the workforce earlier than expected, hastening the return of a more severe shortage. Buerhaus told the *Watch* (interview, 11/18/03) that in order to maintain an adequate nursing workforce, institutions must attract younger workers, use foreign labor, work to retain older workers, and convince the federal government to lend a hand in addressing the shortage.

Methodology & results

The authors studied data—collected by the U.S. Bureau of Census's Current Population Survey—on 28,561 nurses ages 21 to 64 employed as RNs between January 1994 and December 2002 “to construct and analyze national estimates of annual RN employment and earnings.” The authors found substantial growth in foreign-born nurses and nurses over 50.

The data showed that between 2001 and 2002 the number of employed RNs increased by about 100,000 but that “RN over age fifty and foreign-born RNs account for practically all of the increase.” Married RNs accounted for 94% of the increase in employment between 2001 and 2002, leading the authors to conclude that the downturn in the U.S. economy in 2002 forced older RNs to return to work. In fact, Buerhaus and colleagues noted that RN employment rose more than 10% in states where unemployment increased the most. In addition, real RN wages rose 5% in 2002—after remaining “essentially flat” from 1994 to 2001—convincing RNs to rejoin the labor market, switch to full-time hours, or work overtime, the authors believe. Meanwhile, as the number of older nurses grew, the number of younger nurses plummeted: According to Buerhaus, employment of RNs ages 35 to 49—the largest segment of the workforce—grew 4.5% in 2002, while employment of nurses under 35 declined 8.3%, producing a “wash” that resulted in the number of RNs



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under 50 remaining essentially constant (*Watch* interview, 11/18/03; *Health Affairs*, Nov./Dec. 2003). Meanwhile, employment of RNs age 50 and older rose 15.8% in 2002, providing 67% of the growth in hospital employment and raising the average age for hospital RNs from 41.9 years to 42.7 years.

An impending shortage

Since the numbers of younger nurses are insufficient to replace aging nurses, Buerhaus and colleagues believe that the United States will face an increasingly severe RN-labor shortage as older nurses retire. "Institutions and organizations are going to start turning lights out" if they do not find replacements for retiring RNs, Buerhaus told the *Watch*. In the article, Buerhaus and colleagues noted that nursing-school enrollments would have to increase at least 40% annually to put enough new RNs in the pipeline to replace the numbers who are expected to retire in the next five to six years.

A foreign-labor solution?

Given the success hospitals already are having with foreign recruitment and the time required to strengthen the domestic nurse pipeline, Buerhaus and colleagues suggested that hospitals may need to continue looking abroad for nurses. They noted, however, that such a tactic would require developing a national policy governing nurse quality standards and ensuring the safety of American nurses' jobs. "We don't have a high level policy discussion going on," he said, explaining that hospitals are just "slipping into" using foreign nurses. Furthermore, Buerhaus acknowledged that using foreign labor has complex international implications, creating a drain on some countries' health care systems while shoring up the economies of countries that purposefully export their workers (*Health Affairs*; *Watch* interview, 11/18/03). Further complicating the issue is the traditional opposition of many nursing organizations to reliance on foreign nurses. The American Nurses Association, for example, recently released a position paper arguing against the increased use of foreign nurses because of concerns about declining standards for foreign-educated nurses, potential exploitation by employers, and "ethical implications of employing foreign-educated nurses when there are nursing shortages worldwide" (McKeon, *Online Journal of Issues in Nursing*, 11/10/03).

Keeping older workers

Buerhaus et al. also recommended that institutions take steps to forestall the impending shortage by retaining older members of the workforce, highlighting ergonomic improvements as a good first step. Hospitals next should survey older nurses to determine what other improvements would make them more likely to stay on the job. In addition, nurse executives need to alert CEOs and CFOs of the coming problems and make sure initiatives that could improve retention of older workers are included in strategic and financial plans (*Health Affairs*; *Watch* interview).



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Seeking federal aid

Finally, the authors believe that institutions and state governments will be unable to address the shortage unless the federal government gives aid that extends beyond the Nursing Reinvestment Act—especially since so many state governments have had to make budget cuts that affect nursing-related programs. “Congress should be ashamed that they are allowing this to become a major crisis,” Buerhaus said, suggesting, for instance, that the government help universities raise faculty salaries and expand education space so that schools can increase enrollments. Furthermore, he urged nurse executives to put the shortage on the political agenda as election season approaches, suggesting that they take action through their hospitals’ government relations officers.