



**STATEMENT**

**for the**

**COMMITTEE ON**

**THE JUDICIARY**

**SUBCOMMITTEE ON**

**IMMIGRATION, CITIZENSHIP, REFUGEES, BORDER SECURITY,  
AND INTERNATIONAL LAW**

**On**

**REGISTERED NURSE IMMIGRATION**

**Presented by**

**Cheryl A. Peterson, MSN, RN**

**for the**

**AMERICAN NURSES ASSOCIATION**

**8515 Georgia Avenue, Suite 400**

**Silver Spring, MD 20910**

**Phone: 301-628-5000**

**FAX: 301-628-5001**

**[www.nursingworld.org](http://www.nursingworld.org)**

Good morning Madam Chair and Members of the Subcommittee, I am Cheryl Peterson, MSN, RN, Senior Policy Fellow at the American Nurses Association. I am pleased to be here today representing the American Nurses Association (ANA) in recognition of your efforts to address the employment-based immigration system for highly-skilled professionals including registered nurses (RNs). ANA is the only full-service association representing the interest of the nation's RNs through its 54 constituent member nurse associations.

I have been a registered nurse for 28 years. During my 13 years of work in health care policy, I have been witness to many attempts to address domestic nursing workforce problems through immigration. ANA's position on this issue has not wavered. ANA supports the ability of individual nurses to choose to practice in the location of their choice. However, we oppose the use of immigration to solve America's nursing workforce shortages.

ANA maintains that it is inappropriate to look overseas for nursing workforce relief when the real problem is the fact that Congress does not provide sufficient funding for domestic schools of nursing, the U.S. health care industry has failed to maintain a work environment that retains experienced U.S. nurses in patient care, and the U.S. government does not engage in active health workforce planning to build a sustainable nursing and health professions workforce for the future. Over-reliance on foreign-educated nurses by the health care industry serves only to postpone efforts to address the needs of nursing students and the U.S. nursing workforce. In addition, there are serious ethical questions about recruiting nurses from other countries when there is a world-wide shortage of nurses. The recruitment of educated nurses from developing nations deprives their home countries of highly-skilled health care practitioners upon whose knowledge and talents their citizens heavily rely.

### **Domestic Nurse Recruitment**

As this Subcommittee is aware, we are now almost ten years into a critical nursing shortage that is impacting all aspects of healthcare delivery. With an estimated 2.9 million RNs, the profession is the largest workforce component of our healthcare system. Nurses provide care in virtually all locations in which health services are delivered. Thus, the worsening shortage poses a serious challenge to the domestic healthcare system.

While this shortage is alarming, it is heartening that many Americans are interested in pursuing nursing as a career. The American Association of Colleges of Nursing reports that enrollment in entry-level baccalaureate nursing programs increased by 5.4 percent from 2006 to 2007. The National League for Nursing's 2005-2006 survey of all pre-licensure nursing education programs (associate degree, baccalaureate degree, and diploma programs) documented a 5 percent rise in admissions across all RN programs. More good news is that once students enroll in nursing programs, they tend to remain there and graduate to enter the workforce. Overall graduation rates grew by 8.5 percent during 2005-06; at the same time, nine out of every 10 bachelor's nursing degree candidates enrolled in 2005 remained enrolled or completed her/his nursing degree by 2006, compared with a retention rate of 72 percent at four-year undergraduate institutions nationwide.

The bad news is that even this growth in capacity is failing to meet the demand for domestic nurse education. According to the American Association of Colleges of Nursing, schools of nursing turned away 36,400 qualified applicants to baccalaureate programs in academic year 2007. The National League for Nursing's (NLN) 2005-2006 study revealed that 88,000 qualified applications were denied due to lack of capacity in all three types of basic nursing programs. Baccalaureate degree programs turned away 20 percent of applications, while associate degree programs turned away 32.7 percent. In

fact, one to two year waiting lists to get into domestic nursing programs are now commonplace.

### **Nurse Retention**

Consistently high turnover rates and dissatisfaction with the current work environment also continue to complicate efforts to address the nursing shortage. Experienced nurses are reporting high levels of burn out, turnover among new nurses is very high, and large numbers of nurses are leaving the profession outright. A study reported in last month's Journal of Nursing Administration shows that 43 percent of experienced nurses score abnormally high on indicators of job burnout. In a study released last year, the Price Waterhouse Cooper's Health Research Institute reported that 27 percent of new nursing graduates leave their first jobs within a year. These studies are consistent with many others taken over the last two decades.

In an effort to ascertain the extent and cause of nurse discontent, ANA recently conducted an on-line survey of nurses across the nation. More than 10,000 nurses took the opportunity to express their opinions about their working conditions. Results from the survey, revealed on May 21, show that more than 50 percent of nurses are considering leaving their current job, and that nearly a quarter of all nurses are considering leaving the profession altogether. Sixty percent reported that they knew nurses on their unit who had left due to concerns about working conditions. It should concern all of us that the majority of nurses involved in this survey believe that the poor working conditions in their facility are harming patient care. More than 50 percent of the respondents stated that they believe that the quality of nursing care on their unit had declined over the last year, and that more than 48 percent would not feel confident having someone close to them receive care in the facility where they work.

Years of discontent with the work environment have led us to a situation in which an alarming number of our experienced RNs have chosen to leave the profession. The 2004 National Sample Survey of Registered Nurses conducted by the Department of Health and Human Services shows that a large number of nurses (488,000 nurses - nearly 17 percent of the nurse workforce) who have active licenses are no longer working in nursing. Numerically speaking, if these nurses were to re-enter the workforce today, the current shortage would be solved.

### **Immigration**

The ANA opposes the use of immigration as a means to address the growing nursing shortage. As you are well aware, immigration is the standard "answer" proposed by employers who have difficulty attracting domestic nurses to work in their facilities. It is disheartening to be here contemplating large-scale nurse immigration yet again, when we have been down this road many times before without success.

In addition to the impact of nurse immigration on the domestic workforce, there are serious ethical questions about recruiting nurses from other countries when there is a world-wide shortage of nurses. According to the Leonard Davis Institute of Health Economics, the source countries for foreign-educated nurses shifted toward low-income countries and those with a low supply of nurses during the period of 1990 to 2000. This same report notes that almost 20% of the world's nursing population is in the United States, including half of all English speaking professional nurses.

While the Philippine government's policy is to export professional labor, including nurses, the

Philippine health care system has been strained by the rapid exodus of nurses. Philippine experts estimated that about 120,000 nurses had left the Philippines last year alone. An estimated 50,000 RNs left the Philippines between 2000 and 2005, but nursing schools managed to produce only 33,370 nurses over the same period. Press reports state that the resulting “brain drain” has pushed the Philippine health care system to the brink.

The very real problems caused by mass emigration of nurses out of the developing world have caused international health associations to condemn current practices. In 2004, concerns about the impact of health care worker migration on countries origin prompted the World Health Organization to adopt a resolution urging member states to develop strategies to mitigate the adverse effects of migration of health personnel and minimize its negative impact on health systems. These same concerns prompted the International Council of Nurses to revisit the issue of nurse migration. Last year the ICN issued a position statement reaffirming the fact that the “ICN condemns the practice of recruiting nurses to countries where authorities have failed to implement sound human resource planning and to seriously address problems which cause nurses to leave the profession and discourage them from returning to nursing.”

In addition, ANA is concerned that immigrant nurses are too often exploited because employers know that fears of retaliation will keep them from speaking up. For instance, last year 27 nurses from the Philippines walked off their jobs in New York citing years of maltreatment by their employers and misrepresentations by their recruiters. Their complaints are very similar to those that I have heard made by literally hundreds of other immigrants. They were promised that they would be employed as RNs, but were made to work as lesser-paid staff; they were made to work unreasonable hours; they were not paid overtime. In the end, when these nurses walked off the job due to concerns about the quality of care being provided in their facilities, their employers brought criminal suits against them. While the majority of these suits have been dismissed, the legal entanglements that these nurses were forced to endure stands as a stark warning to other immigrants.

ANA is pleased to have been part of the AcademyHealth’s efforts to develop a *Voluntary Code of Ethical Conduct for the Recruitment of Foreign Educated Nurses to the United States*. This *Code* reflects a significant consensus building process that has resulted in a document that can guide efforts to reduce potential harms and increase benefits experienced by the U.S., the foreign-educated nurse, and potentially by the source countries. Stakeholders at the table included professional associations, hospital facilities, international recruiters, unions and academia. The next step is to establish a monitoring mechanism by which signatory companies and organizations can be held accountable.

### **Real Solutions**

ANA concurs with our colleagues at the American Hospital Association that the nursing shortage is a real concern that requires urgent action. We also agree that nurse immigration is a short-term “band aide” approach to fixing the problem. ANA urges you to look beyond this eternal band aide and to support real long-term solutions to the ongoing nursing shortage.

To begin with, I urge you to make a real investment in domestic nursing education. It is extremely short-sited to look overseas for RNs when more than 80,000 qualified students are being turned away from domestic programs every year. There are two programs already up and running at the Department of Health and Human Services that could make a real difference today. The Nurse Education Loan

Repayment Program repays up to 85 percent of outstanding student loans for RNs who work full-time in a health care facility deemed to have a critical shortage of nurses. Similarly, the Nursing Scholarship Program covers the educational costs of nursing students who agree to work in shortage facilities. Both of these programs hold the promise of recruiting students into the nursing profession and to directing domestic nurses into facilities with the greatest need. Unfortunately, no real investment has been made in these programs. In fact, last year, the Health Resources and Services Administration was forced to turn away more than 93 percent of the applicants to the loan repayment program and more than 96 percent of the applicants to the scholarship program. In real numbers, this means that more than 9,000 RNs interested in working in the very facilities that are here today requesting an increase in nurse immigration were turned away from these programs due to lack of funding. Clearly, it is time to invest in nursing students

In addition, ANA urges you to support the Nurse Education, Expansion, and Development (NEED) Act of 2007 (S. 446, H.R. 772). This legislation would provide flexible funding to domestic schools of nursing to help them increase their capacity to educate new nurses. Funding would be contingent on these schools increasing capacity, and on graduating students capable of passing the licensure exam required to become registered nurses. The NEED programs are necessary to allow our schools to address the myriad of problems they encounter when attempting to expand enrollment, the most notable of these currently being the nursing faculty shortage.

In addition to supporting domestic nurse education and recruitment, we challenge our partners in the hospital community to work with us to improve nurse retention. This shortage will not be truly solved until the environment of care supports the maintenance of experienced nurses in patient care. As long as nurses are driven away by hostile work environments, as long as the new nurse turn-over rate hovers around 25 percent per year, we will not have adequately addressed the root causes of this shortage.

I am happy to report that nurses, in conjunction with health care facilities, are finding the means to combat this dissatisfaction. Real positive changes that make real results are underway in the nation's Magnet Hospitals. The American Nurses Credentialing Center's Magnet Recognition Program® identifies health care facilities that have fostered an environment that attracts and retains competent nurses through its respect for the values, art, and science of nursing. The Magnet designation was first granted to a group of hospitals that were able to successfully recruit and retain professional nurses during a national nursing shortage in the early 1980's. To this day, Magnet facilities outperform their peers in recruiting and retaining nurses. In fact, the average length of employment among registered nurses on staff is roughly twice that of non-Magnet hospitals. Most importantly, patients in Magnet facilities experience better outcomes and higher satisfaction with their health care.

Currently, 289 health-care organizations in 45 states have been designated as Magnet facilities; including 14 facilities and systems in California, and six in Iowa. The Magnet Recognition Program® has been cited in reports by the American Hospital Association, the Joint Commission and others as an example of an innovative program that enhances recruitment and retention of nurses at the facility level. I believe that it is irresponsible for any facility to seek to solve their nurse staffing problems through immigration before they have done the internal work needed to improve retention. We know what works, and it mainly boils down to respect for the knowledge and needs of staff nurses, and an investment in quality patient care

## **Conclusion**

In the end, ANA is concerned that the influx of foreign-educated nurses only serves to further delay debate and action on the serious workplace issues that continue to drive American nurses away from the profession. In the 1980's a Presidential task force called to investigate the last major nursing shortage developed a list of recommendations. These 16 recommendations, released in December, 1988, are still very relevant today - they include issues such as the need to adopt innovative nurse staffing patterns, the need to collect better data about the economic contribution that nurses make to employing organizations, the need for nurse participation in the governance and administration of health care facilities, and the need for increased scholarships and loan repayment programs for nursing students. Perhaps if these recommendations were implemented we would not be here today. Certainly, we will be here in the future if they are ignored.

ANA maintains the current nursing shortage will remain and likely worsen if the glaring needs of schools of nursing are ignored and if challenges in the workplace are not immediately addressed. Registered nurses, hospital administrators, other health care providers, health system planners, and consumers must come together in a meaningful way to create a system that supports quality patient care and all health care providers. We must begin by improving the environment for nursing.

ANA looks forward to working with you and our industry partners to make the current health care environment conducive to high quality nursing care. We appreciate the ongoing work and continued negotiations that the Subcommittee is engaged in on this issue and hope to continue to work with you to seek a solution that meets the needs of America's nursing workforce and our global colleagues. The resulting stable nursing workforce will support better health care for all Americans.