

A Different Type of Critical Migration

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RESEARCH

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ABSTRACT

The current nursing shortage is a critical migration problem predicted to create a continual dearth within healthcare that will severely impact patient outcomes and inevitably affect health disparities. The forecast for 2025 dictates a 10 to 20 percent nursing gap as the number of patients needing care exceeds the number of nurses. Since this shortage has been predicted since the 1990s, why are there not more nurses in circulation? The need for nurses exists, there are people who want to become nurses, and yet there are not enough nurses. Where and what exactly is the problem? Why are nursing schools turning away students who want to become nurses, and how has this now become a societal need? This article addresses known problems and challenges addressing the critical migration of nurses, in addition to several potential strategies that, if enacted with the appropriate financial incentives, can start to change this tide of danger. Without change, there will be ruin that will affect not

just the health of the nation, but will become a global pandemic, if not addressed immediately.

Key Words: Nursing migration, nursing shortage, nursing shortage solutions.

ABBREVIATIONS

AACN - American Association of Colleges of Nursing
COVID - 19 Coronavirus disease 2019
HBCU - Historically Black College and University
PWI - Predominately White Institution

INTRODUCTION

Within the United States, the current news is riddled with the migration problem plaguing the country. Recent publications have shared the top ten migration issues of 2022. Among them, three sound “familiar.” They are noted as “record levels of displacement, persistent labour shortages, and strained systems with prolonged delays” [1]. Additionally, The Council on Foreign Relations shared staggering numbers related to migrant flows in 2022 and those who are affected. It focuses on “increased apprehensions as the crisis of migration deepen[s]” [2].

There is another critical migration problem happening not just in the United States, but globally. Here are some critically staggering numbers: 29 million, 3.9 million, 1 million, 275,000. These numbers, to most, are of no consequence. However, the numbers relate to the 29



million nurses globally, with 3.9 million nurses currently working in the United States in addition to one million nurses that were needed 3 years ago, coupled with the current need projected by the U.S. Department of Labour: the United States alone will need an additional 275,000 nurses by 2030 [3].

The stark reality is that the United States has another “migration” problem, not just at its borders. The problem of the nursing shortage is real; it is staggering; and its effects are already devastating on a multitude of levels. The recent nursing strike that affected patients and nurses in New York is one of many indicators of impact that the shortage is real and will provide a dearth as it relates to patient outcomes, health disparities and nursing morale.

The American Nurses Association and the U.S. Bureau of Labor have predicted that more registered nurses’ jobs are needed than in any other profession currently. “Researchers estimate that the US will have a 10 to 20 percent nursing gap by 2025 as the number of patients needing care exceeds the number of nurses. The RN supply could potentially see a low of 2.4 million, while the RN demand could be a low of 2.8 million nurses” [4]. Many may not be clear on why there are not more nurses in circulation, when nursing schools are turning away students who want to become nurses. This dichotomy is an oxymoron. The need for nurses exists, there are people who want to become nurses, and yet there are not enough nurses. Where and what exactly is the problem? While the problems are numerous, here are some of the most glaring, all which are fixable.

Academic institutions simply cannot fulfil the need of the number of Applicants

The faculty shortage continues to be a persistent problem. This problem was predicted in the early 1990s and has been a reality since the early 2000s [5]. Two major reasons for the shortage are faculty retirement, [6] and a large discrepancy between practice and academic salaries. There are various challenges associated with faculty recruitment. The 2022 Faculty survey conducted by the

American Association of Colleges of Nursing (AACN) reveals that sixty-two percent (61.8%) of the schools participating in the survey report full-time vacancies. As faculty shortages increase, academic institutions are limited in their ability to increase enrolment which impacts the ability to increase nursing graduates [7]. Additional funding from governmental sources would help to resolve the burden of lower salaries in addition to funding academic faculty shortages through more programs such as the Nurse Faculty Loan Repayment Program and other creative grant programs which would fund additional faculty shortages.

Nurses at the Bedside tire quickly and Retire within five years of Employment

Why are nurses leaving the bedside at record numbers? Woodward and Willgerodt’s (2022) systematic review reveals that the RN workforce has been experiencing high turnover rates since the early 70s. Their analysis uncovers many factors, ranging from individual to organizational levels. There is admittedly insufficient data about the impact of equity and wellness on nurses and their job decisions [8]. It is a known fact, that America as a country is getting sicker each year [9].

An Aging Workforce

In 2022, the median age of RNs was 52 years, up from 51 years in 2017. Nurses aged 65 years or older account for 19.0% of the RN workforce, up from 14.6% in 2017 and 4.4% in 2013 [10]. More than one-fifth of all nurses’ report that they plan to retire from nursing over the next 5 years. This aggregate of the shortage continues to speak to the gravity of the nursing shortage and why it is imperative to address this critical need now.

Penurious Faculty Pay

The 2022-2023 AACN Faculty Vacancy survey reveals that the most common factor related to the faculty shortage is non-competitive salaries as compared to practice [6]. Nursing faculty must maintain clinical credentials yet receive much lower salaries than the

potential salary that they would earn if engaged in clinical practice. An excellent exemplar of support for nursing faculty is the one implemented in Maryland and supported by the Maryland Higher Education Commission and the Health Services Cost Review Commission. Their collective support by way of grant funding for increasing the number of nurses at the bedside, in addition to increasing diversity, is one that should be reviewed at the federal level [11, 12].

Safer Staffing Ratios Needed

Most states report safe staffing ratios as a critical problem. The State of New York has been in the forefront for recently passing a bill in January 2022 to implement safe staffing ratios; however, both nurses and the media are reporting that the ruling has not yet been enforced. Healthcare workers as a team and individually will have to take more action and responsibility to bring about safe procedures regarding patient care in addition to caring for nurses and their health. This can be addressed with better compensation, fair contract negotiations and assisting nurses with the care and compassion needed to be physically and mentally fit for work, as nurses themselves are getting sicker each year [3].

COVID-19 Vaccine Refusal/Hesitancy

During the initial phase of the pandemic, a large majority of nurses were opposed to receiving the vaccine due to a lack of knowledge, vaccine safety, side effects, and reported efficacy [13]. This resulted in nurses being terminated from their duties due to the vaccine mandate. Many were forced to pursue different careers. Patient workloads increased as related to the pandemic and COVID-19. Hoogendoorn, et. Al (2021) addresses in detail some of the outcomes of COVID-19's effects as it related to the nursing shortage and patient outcomes [14].

Additional Support and Recognition towards Policies and Practices

Among all the nursing groupings, reports show that staff nurses (nurses at the bedside) are one of the most

important yet underappreciated components of the profession. Like soldiers in the Armed Forces who are "boots on the ground," staff nurses need and deserve the utmost respect, yet many feel that they are not appreciated in the duties they perform daily to ensure the patient's health is addressed and is paramount for the success of the patient's healing. During the COVID-19 pandemic, hospital beds were filled while the numbers of nursing staff decreased greatly. Current policies and practices, particularly within the continental United States do not address the nursing shortage as a whole. Marc, et al (2018) addresses the fact that there is a shortage of both global and local policies. As such, they recommend that necessary employment support programs are needed to train other nurses to garner a balance of employment. They also recommend that working conditions, additional pay and other perks be given for those seeking to stay employed as nurses.

The Unspoken Travelling Nurse Dilemma

The dilemma of the travelling nurse and the salary disparity continues to be an issue within the nursing arena. Simply put, the problem some have identified is that a travelling nurse's weekly salary was triple that of a regular (benefited) staff nurse. This alone brings about a dynamic within the nursing profession that is very problematic for the nurses. The travel nurses write their own schedule and work whenever they want, but the regular hospital nurses must take on the open or uncovered shifts while making a third of the travel nurses' salary. This concern needs to be addressed through increasing the wages for all nurses fairly and without prejudice [15].

A Necessary Fix to Stem the Tide of Migration

What proposal is recommended to "halt" the devastating effects of nursing migration, plaguing, the United States, and the rest of the world? How can one fix the multitude of problems that are overwhelming at best? Is it simply enough to just reverse the issues addressed above? Not necessarily. The United States needs to address



the issue of the nursing shortage the same way that it did during the COVID-19 situation-as a pandemic.

The nursing shortage affects every person, in every age group, not just in America, but globally as well. As such, this new “global pandemic” needs to be addressed the same way at every national level. No expense was too great to resolve the COVID-19 pandemic. Vaccinations, testing supplies and many other things were provided with full financial support for any and everyone who wanted and needed this care. Since everyone, regardless of race, creed, color, and sexual orientation, will eventually get sick and will eventually die, why not provide nurses to address these inevitabilities [3].

A Novel Idea

Here is one. Why not make nursing education free? Why not pay the salaries of nursing educators, in addition to providing remuneration to teaching hospitals who train student nurses, in the same vein as those given to facilities who train medical students and residents? Why not provide living expenses for nursing students? Why not provide an exchange program where for academic tuition and living expenses each nurse “reimburses” the United States several years of bedside care or academic teaching in exchange for their education? These are simple ideas and resolutions that can be easily enacted on a Congressional level [16].

Limitations of the Study

Limitations of the study include but are not limited to finding intensive resources to study this topic in depth. Additionally, time constraints related to the limited scope and practice of the study components are necessary. The researchers hope that in the future, finances, time and research validation are in place to address this topic in more depth and detail.

The Nursing Migration is Real

The problem has been identified. Some solutions have been identified. Where does action come into play? Rege and Curnow (2020) offer several potential strategies

on how to resolve the nursing shortage [17-19]. They recommend that six potential strategies, that if enacted with the appropriate financial incentives, will start to change this tide of danger that is inevitably going to ruin the health of the nation if not addressed immediately. These strategies include “promoting nursing as a career choice in high school; offering and promoting alternative financing options for nursing school; offering professional support and opportunities to decrease nursing turnover within the arena of nursing; enhancing nursing education resources, which could increase students in the workforce pipeline, maximizing licensure reciprocity which is being done via the multistate components that many states are now participating in; and leveraging assessments as an alternative to some licensing requirements internationally” [16]. The bottom line is that something must be done immediately to address this migration, because with every migration, as history has demonstrated, if not addressed, extinction is inevitable and imminent. Nurses will be no exception.

Declarations

We, the undersigned author(s), certify that: we have read and approved the final version of the manuscript. We have made substantial contributions to the submitted work, which may include study design, data acquisition and/or analysis, and data interpretation.

- Funding

This declaration is “not applicable”.

- Conflicts of interest/Competing interests

This declaration is “not applicable”.

- Availability of data and material

This declaration is “not applicable”.

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This declaration is “not applicable”.



- Authors' contributions

We have made substantial contributions to the submitted work as noted above.

- Ethics approval

This declaration is "not applicable".

- Consent to participate

This declaration is "not applicable".

- Consent for publication

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REFERENCES

1. Top 10 migration issues of 2022. Migration policy.org. <https://www.migrationpolicy.org/programs/migration-information-source/top-10-migration-issues-2022>. Published December 14, 2022. Accessed February 17, 2023.
2. Orlow JJ. America's incoherent immigration policy: Some problems and solutions. University of Miami School of Law Institutional Repository. <https://repository.law.miami.edu/umlr/vol36/iss5/7>. Accessed February 17, 2023.
3. Kreimer, S. Nursing Shortage Looms Large and Projected to Intensify in next 18 Months. <https://www.fiercehealthcare.com/providers/nursing-shortage-looms-large-and-projected-intensify-next-year-and-half-report>. Accessed February
4. RevCycleIntelligence. 200k to 450k nursing shortage expected by 2025 without action. <https://revcycleintelligence.com/news/200k-to-450k-nursing-shortage-expected-by-2025-without-action>. Published June 8, 2022. Accessed February 17, 2023.
5. DeYoung S, Bliss J, Tracy JP. The nursing faculty shortage: Is there hope? *Journal of Professional Nursing*. 2002; 18(6):313-319. doi:10.1053/jpnu.2002.129978
6. Fang D, Kesten K. Retirements and succession of nursing faculty in 2016–2025. *Nursing Outlook*. 2017;65(5):633-642. doi:10.1016/j.outlook.2017.03.003
7. Nursing shortage - statpearls - NCBI bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK493175/>. Accessed February 17, 2023.
8. Marc, A. Bartosiewicz R, J. Burzynska, Z. Chmiel, P. Januszewicz. (2018) A nursing shortage – a prospect of global and local policies. *International Council of Nursing*. Pp. 1-8.
9. Woodward KF, Willgerodt M. A systematic review of registered nurse turnover and retention in the United States. *Nursing Outlook*. 2022; 70(4):664-678. doi:10.1016/j.outlook.2022.04.005
10. CNN. Data: Record number of sick Americans missed work in 2022. ABC Columbia. <https://www.abccolumbia.com/2023/01/30/data-record-number-of-sick-americans-missed-work-in-2022/>. Published January 30, 2023. Accessed February 17, 2023.
11. Smiley RA, Ruttinger C, Oliveira CM, et al. The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation*. 2021; 12(1). doi:10.1016/s2155-8256(21)00027-2
12. Fang D, Byrne C, Keyt J. Special Survey on Vacant Faculty Positions for Academic Year 2022-2023. <https://www.aacnursing.org/Portals/42/News/Surveys-Data/2022-Faculty-Vacancy-Report.pdf>.
13. The Maryland Higher Education Commission. Nurse Support Programs. <https://nursesupport.org/>. Accessed February 17, 2023
14. Khubchandani J, Bustos E, Chowdhury S, Biswas N, Keller T. Covid-19 vaccine refusal among nurses worldwide: Review of trends and predictors. *Vaccines*. 2022; 10(2):230. doi:10.3390/vaccines10020230
15. Hoogendoorn ME, Brinkman S, Bosman RJ, Haringman J, de Keizer NF, Spijkstra JJ. The impact of COVID-19 on nursing workload and planning of nursing staff on the Intensive Care: A prospective descriptive multicenter study. *Int J Nurs Stud*. 2021 Sep; 121:104005. doi:10.1016/j.ijnurstu.2021.104005. Epub 2021 Jun 21. PMID: 34273806; PMCID: PMC8215878.
16. Kobayashi, M., Koga, Y., Kako, J., Kakeda, T., Hiyohara, H., Kimura, Y., Ishida, M., Tsubaki, M., Nishida, Y., Harada, K., Wakiguchi, Y., Endo, Y., Yoshiyasu, I., Sasaki, S., Kajiwara,



K., Hamanashi, S., & Yamanaka, M. How has the COVID-19 pandemic influenced nursing students' academic experience and career choices? A qualitative descriptive analysis. *Teaching and Learning in Nursing*. 2023;18(1):30-36. doi:10.1016/j.teln.2022.10.009

17. Yang, T. & Mason, J. COVID-19's Impact on Nursing Shortages, The Rise of Travel Nurses, And Price Gouging. <https://www.healthaffairs.org/doi/10.1377/forefront.20220125.695159>. Accessed February 17, 2023.

18. Xu, J., Murphy, S., Kochanek, K.D. & Arias, E. Mortality in the United States, 2021. Centers for Disease Control and

Prevention, Data Brief. Products - Data Briefs - Number 456 - December 2022 (cdc.gov)

19. Rege, G. & Curnow, C. Recommendations to address the nursing shortage. American Institutes for Research. <https://www.air.org/resource/report/recommendations-address-nursing-shortage>. Accessed February 17, 2023.

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