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HEALTH CARE

Information on Foreign Nurses Working in the United States Under Temporary Work Visas



Human Resources Division

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The Honorable Edward M. Kennedy
Chairman, Subcommittee on Immigration
and Refugee Affairs
Committee on the Judiciary
United States Senate

The Honorable Alan K. Simpson
Ranking Minority Member
Subcommittee on Immigration and Refugee Affairs
Committee on the Judiciary
United States Senate

In your January 9, 1989, letter, you asked us to study the present supply of nurses in the U.S. labor force and the effect of permanent and temporary foreign nurses on that supply. In that letter and in later meetings with your staff we agreed to concentrate on five principal concerns:

- How do the wages and working conditions in the nursing industry compare with occupations requiring similar levels of education and training?
- What percentage of licensed U.S. nurses do not now work in the nursing field?
- How many nurses are in the United States on temporary work visas and what countries do they come from?
- What are the policies and practices of medical care institutions relative to their sponsorship of temporary foreign nurses who desire to convert to permanent status?
- How frequently do employers convert temporary foreign nurses to permanent status?

Results in Brief

In response to your questions, we found:

- Nurses' starting salaries are comparable to those for individuals in other occupations with similar job characteristics as determined by the Office of Personnel Management (OPM). Average salaries are generally lower.
- In the opinion of the Department of Health and Human Services' (HHS) Commission on Nursing, the shortage of registered nurses is contributing to a deterioration in their work environment.
- In 1988, about 400,000 (20 percent) of the 2 million licensed registered nurses in the United States were not working in nursing-related areas.

Of these, 28 percent were working in nonnursing occupations, and the remainder were unemployed and generally not seeking employment.

- The Immigration and Naturalization Service (INS) estimates that in May 1989, there were about 24,400 foreign nurses working in the United States under temporary work visas. Over 70 percent of these nurses came from the Philippines, and most were working in New York and New Jersey. Other major sources of foreign nurses are Canada, the United Kingdom, and Ireland.
- New York City Health and Hospitals Corporation officials and responsible New York City and Los Angeles hospital personnel told us that they will generally sponsor nurses working under temporary work visas who (1) request such action, (2) successfully complete a probationary period, and (3) obtain registered nurse status by satisfying state licensing requirements.
- INS data show that medical care institutions sponsored 1,316 temporary foreign nurses in achieving permanent immigrant status during fiscal years 1985-88. These institutions are sponsoring many others whose applications are currently being processed by INS or are being held at the American consulate in the nurse's home country awaiting U.S. government approval to convert to permanent status. In May 1988, INS estimated that there were about 4,100 applications for conversion pending for Filipino nurses alone.

More than 1,200 foreign nurses working under temporary work visas in New York City and Los Angeles hospitals will be required to leave the United States if their visas are not extended beyond December 31, 1989.

Background

The United States is experiencing a shortage of registered nurses. In December 1988, the Secretary of HHS's Commission on Nursing concluded that "... the reported shortage of [registered nurses] is real, widespread, and of significant magnitude."¹ The Commission found that the current shortage cuts across all health care delivery settings and all nursing practice areas. Three-fourths of the nation's hospitals were experiencing at least some shortage of nurses. Larger hospitals in urban areas were facing the most serious problems.

Many hospitals in New York City and, to a lesser extent, other urban areas have turned to the recruitment of nurses in foreign countries to augment their nursing staffs. Foreign nurses may enter the United States under H-1 visas issued by the State Department in the country of

¹Secretary's Commission on Nursing, Final Report, Vol. I, December 1988, p. v.

origin. This type of visa permits the admission of aliens of distinguished merit and ability for temporary periods of employment. To qualify for an H-1 visa, foreign nurses must have already completed their formal training and have obtained an employer sponsor in the United States. These visas normally authorize a stay in the United States of up to 5 years.

The Immigration Amendments of 1988 (P.L. 100-658), enacted on November 15, 1988, temporarily extended INS's 5-year time limitation on H-1 nursing visas. The legislation provided an extension of stay to December 31, 1989, for those nurses who had already been in the United States for at least 5 years under H-1 visas. The legislation was enacted to avoid worsening the nurse shortage, which would have been aggravated if the nurses whose visa terms were expiring were removed from the hospital work force.

Foreign nurses who are in the United States under the provisions of H-1 visas and have employer sponsors can apply for and be granted immigrant status, which enables them to remain permanently in this country. The number of such individuals is limited only by U.S. immigration law for each country and for various preference categories.² Foreign nurses are eligible to use two of these preferences; one is for members of professions of exceptional ability and the other is for workers in skilled or unskilled occupations not of a temporary or seasonal nature in which personnel are in short supply in the United States. The spouse and children of the foreign nurse, if accompanying her and not otherwise entitled to immigrant status, are entitled to the same status in the same order of consideration for getting a visa as the nurse.

A maximum of 270,000 immigrants may be admitted to the United States annually under a worldwide limitation. Of this number, no more than 10 percent (27,000) are allowed to immigrate under either of the two preference categories used by nurses with H-1 visas. Further, no more than 20,000 individuals are allowed to immigrate to the United States from any individual country during each year. The amount of time an individual has to wait for conversion to permanent immigrant status depends on the demand for an individual preference category.

²There are six preference categories that have their own numerical limitations. The first, fourth, and fifth preferences are based on the immigrant's relationship to a U.S. citizen (i.e., children, brothers, or sisters). The second preference is reserved for a spouse or an unmarried child of a legal permanent resident, and the third and sixth preferences are based on job skills needed in the United States.

Nurses' Salaries Are Generally Lower Than Those for Similar Occupations

Data collected by the Department of Labor show that nurses' average annual salaries are generally less than those for individuals in other occupations judged by OPM to be similar with regard to:³ knowledge required by the position, supervisory controls, independent judgment required, complexity, nature of work, impact of work products or services, personal contacts, purpose of contacts, physical demands, and work environment.

In order to compare occupations, OPM divided them into levels according to the degrees of difficulty, responsibility, and expertise required. The nursing profession is categorized into four levels. Level I nurses provide comprehensive general nursing care to patients whose conditions and treatment are normally uncomplicated. According to OPM, Level I nurses have job characteristics similar to general schedule (GS)-7 employees in the federal government. Level II nurses (equivalent to GS-9s) provide comprehensive nursing care of increased complexity requiring more independent judgment. Level III nurses (equivalent to GS-11s) plan and perform specialized and advanced nursing services of considerable difficulty. Level IV nurses (equivalent to GS-12s) act as consultants in areas of specialization and are considered as experts or leaders within a specialty area.

The Bureau of Labor Statistics (BLS) data indicate that nursing salaries are generally lower than those of individuals in other occupations where the job characteristics are similar.⁴ Table 1 compares a Level II nurse's average annual salary with that of individuals in other occupations with similar job characteristics (e.g., the characteristics of a Level II nurses' work are considered similar to that of a Level V engineering technician).

³Department of Labor, Bureau of Labor Statistics, White-Collar Salaries in Private Service-Producing Industries, March 1989. The Bureau of Labor Statistics—in cooperation with OPM and the Office of Management and Budget—conducts this survey to carry out its responsibility under the Federal Pay Comparability Act of 1970, which provides a basis for pay adjustments for federal white-collar employees.

⁴The comparison of occupational salaries based on job characteristics requires job evaluation, a method that has been criticized for its subjectivity. Critics of this method argue that comparisons of job content among occupations are subject to judgment and prone to bias. Thus, the results of job evaluation processes, such as that embedded in the BLS survey, should be interpreted with caution.

Table 1: Comparison of Registered Nurses' Salaries With Those Paid to Individuals With Similar Job Characteristics in Other Occupations

Occupation	Job level	Average annual salary
Registered nurse	II	\$28,434
Engineer	III	40,098
Buyer	III	37,849
Engineering technician	V	36,594
Chemist	III	36,469
Attorney	I	36,365
Auditor	III	35,059
Accountant	III	33,404
Computer programmer	III	32,172
Systems analyst	I	31,893
Public accountant	II	27,505

One factor that may explain the relatively low nursing salaries is the lack of salary progression throughout nurses' careers. Although the Commission found that, in 1987, nurses' starting salaries were comparable to such occupations as accountants, buyers, or computer programmers, it also found that nurses' salaries do not increase over the nurses' careers to the extent salaries do for others. Specifically, on average, career earnings for nurses increase only 39 percent as compared with salary increases ranging from 94 percent for a buyer to 193 percent for an accountant.

The Commission reported that the shortage of registered nurses is contributing to the deterioration of their work environment. The situation is complicated by the fact that nurses (1) are being given increased responsibility for greater numbers of severely ill patients, (2) are confronted with an increased amount of more extensive technology, (3) are subjected to work scheduling demands that require round-the-clock coverage of patients, and (4) suffer from a perceived or actual lack of authority or influence within individual employment settings. Further, cutbacks in the number of support personnel, such as unit secretaries and medical records clerks, have caused registered nurses to add a variety of clinical and nonclinical services to their responsibilities. According to the Commission, deteriorating work environments have contributed to the stress and disillusionment of registered nurses and have been detrimental to both the morale and image of the profession.

Most Licensed U.S. Nurses Work in Nursing-Related Areas

In 1988, about 1.6 million of the 2 million licensed registered nurses in the United States were working in nursing-related areas (defined as any position requiring a registered nurse). Further, surveys done by HHS's Division of Nursing and the American Nurses' Association show that the proportion of licensed registered U.S. nurses working in the nursing field has steadily increased from 68 percent in 1959 to 80 percent in 1988.

Table 2: Licensed Registered Nurses Working in Nursing-Related Areas, Selected Years

Year	Percent
1959	68.0
1977	70.0
1984	78.7
1988	80.0

About 1.1 million of the licensed registered nurses working in 1988 were employed in hospitals, while the remainder worked in nursing homes, community health settings, and ambulatory care settings.

Of the approximately 400,000 licensed registered nurses not working in nursing-related areas in 1988, 28 percent were employed in nonnursing occupations, and most of the remainder were neither working nor seeking employment. In 1988, the unemployment rate for licensed nurses seeking employment was about 1.4 percent.

The number of licensed registered nurses working in nursing-related areas has increased from 1.5 million in 1984, to about 1.6 million in 1988. Nevertheless, the shortage of nurses has continued. According to the Commission, this has occurred primarily because the demand for nursing services has increased more rapidly than the supply of nurses.

Many Foreign Nurses Work in the United States Under H-1 Visas

INS estimates that there were over 24,400 nurses in the United States under H-1 visas as of May 31, 1989. This estimate does not include any nurses who entered the country under such visas before fiscal year 1985. Over two-thirds of the nurses entered the country during fiscal years 1988 and 1989, and over 70 percent of them are from the Philippines, as shown in table 3.

Table 3: Number of Nurses in the United States Under H-1 Visas as of May 31, 1989

Country of origin	Fiscal Year of Entry					Total	Percent
	1985	1986	1987	1988	1989		
Philippines	1,519	1,934	2,693	6,239	5,342	17,727	72.6
Canada	177	321	519	1,013	876	2,906	11.9
United Kingdom	24	55	114	595	310	1,098	4.5
Ireland	41	53	141	538	326	1,099	4.5
Jamaica	8	3	45	184	102	342	1.4
Other	44	85	162	582	372	1,245	5.1
Total	1,813	2,451	3,674	9,151	7,328	24,417	100.0
Percent	7.5	10.0	15.0	37.5	30.0		

INS estimates that over 60 percent of all nurses with H-1 visas in the United States are located in the New York and New Jersey areas, as shown in table 4.

Table 4: State Residency of Nurses With H-1 Visas in the United States as of May 31, 1989

State	Number	Percent
New York	10,670	43.7
New Jersey	4,664	19.1
California	1,685	6.9
Texas	1,563	6.4
Florida	1,245	5.1
Massachusetts	1,026	4.2
Other	3,564	14.6
Total	24,417	100.0

The INS Statistical Division developed the above estimates based on information contained in the Non-immigrant Information System, which became fully operational in fiscal year 1985. The data were adjusted by INS to account for known inaccuracies in the reporting of both occupational data and departure data. The Director of the INS Statistical Division cautioned that these estimates may understate the number of nurses working under H-1 visas in the United States because they omit those who entered the country before the Non-immigrant Information System was fully implemented. But, in his opinion, the number of nurses who entered the United States before fiscal year 1985 was much smaller compared with the number who have entered since.

The INS estimates are similar to those cited in a June 1988 report prepared by a management consulting firm for INS. That report estimated that 68 percent of the nurses entering the United States in fiscal year

1987 under H-1 visas came from the Philippines, and 72 percent of them located in New York City, northern New Jersey, and Los Angeles.⁵ The report estimates that between 20 and 30 percent of employed nurses in the New York City area were admitted under the H-1 visa program.

Hospitals Sponsor Nurses Working Under H-1 Visas Who Desire to Convert to Permanent Status

The number of nurses working under H-1 visas who were converted to permanent immigrant status during fiscal years 1985-88 is relatively small in comparison with the total number of such nurses in the United States; 1,316 nurses were converted to permanent status during fiscal years 1985-88. However, our work in New York City and Los Angeles indicates that hospitals are willing to sponsor those H-1 nurses who successfully complete a probationary period and obtain a state nursing license.

One major factor that may help to explain the relatively low numbers may be that thousands of Filipino nurses have applied for, but have not yet been granted, permanent status because of the long delays encountered in obtaining permanent immigrant status from the Philippines. As mentioned earlier, the U.S. government has established limitations worldwide and by country on the number of individuals who will be allowed to immigrate in any given year. In May 1988, INS estimated that at least 4,100 Filipino nurses were awaiting conversion to permanent status. But, as of March 31, 1989, waiting times for conversion of these nurses were 16.3 years for the preference category dealing with professions of exceptional ability and 4.5 years for the one related to skilled or unskilled occupations in short supply in the United States.

Table 5 shows the number of nurses who converted to permanent status during fiscal years 1985-88 and the countries from which they came.

⁵Booz, Allen, and Hamilton, Inc., Characteristics and Labor Market Impact of Persons Admitted Under H-1 Program, June 1988.

Table 5: Source Country of Nurses With H-1 Visas Who Have Been Converted to Permanent Status (Fiscal Years 1985-88)

Country of origin	Fiscal year				Total
	1985	1986	1987	1988	
Philippines	262	190	152	97	701
Canada	49	37	27	30	143
United Kingdom	48	30	14	23	115
Ireland	21	18	13	37	89
Jamaica	8	6	5	10	29
Other	70	54	41	74	239
Total	458	335	252	271	1,316

Officials in the 10 hospitals we visited in New York City and Los Angeles and the New York City Health and Hospitals Corporation believe their hospitals are taking appropriate measures to sponsor nurses under H-1 visas who are interested in converting from temporary to permanent status. Most of the hospitals refer interested nurses to immigration attorneys if questions or problems arise that are beyond the expertise of the hospitals' personnel. In addition, a few of the hospitals provide either financial assistance to their nurses for obtaining legal assistance or free in-house legal services. According to their estimates, 1,673 (72 percent) of the 2,338 affected nurses employed in their facilities have applied for conversion to permanent status.

The practice of the 10 hospitals we visited and the New York City Health and Hospitals Corporation was to sponsor nurses who expressed the desire to convert to permanent immigrant status and who met certain conditions. Eight of the 10 hospitals and the New York City Health and Hospitals Corporation require their nurses under H-1 visas to successfully complete the hospital's probationary period (ranging from 60 days to 6 months) and obtain registered nurse status by satisfying state licensing requirements before they will agree to sponsor them for permanent residence. The other two hospitals believe it is unnecessary to make such nurses wait to meet these requirements because the vast majority successfully complete the probationary period and obtain a state nursing license anyway.

Hospital officials offered their own opinions as to why the number of conversions is relatively low. Among the opinions given were that many nurses (1) have not been in the United States long enough to meet the requirements or (2) wish to return to their home country at the end of their visa period and, therefore, have no desire to convert to permanent

status. Several hospital officials said that the latter factor is especially true for nurses from the United Kingdom and Ireland.

The Authorized Stay of Some Nurses Working Under H-1 Visas May Expire

The Immigration Amendments of 1988 provided an extension of stay to December 31, 1989, for nurses in the United States under H-1 visas who had been in the country under that status for at least 5 years. These nurses will again become subject to INS's 5-year limitation on December 31, 1989, when the current extension expires. As a result, the authorized stay of those nurses with H-1 visas who entered the United States before December 31, 1984, will expire unless additional extensions are granted.

The Director of the Statistical Division told us that INS does not know how many nurses would be affected if another extension is not granted. However, surveys in New York City and Los Angeles show that hospitals in these areas will be adversely impacted if further extensions are not granted. Specifically, 16 percent (4,182 of 25,928) of the nurses employed in hospitals surveyed in New York City are in the United States under H-1 visas. Similarly, 9 percent (342 of 4,005) of the nurses employed in hospitals surveyed in Los Angeles are here under H-1 visas.

These surveys show that 1,226 of the H-1 visa nurses employed by the survey respondents might be affected as of December 31, 1989, and 505 by December 31, 1990, if further extensions are not granted. Table 6 provides more details on this situation.

Table 6: Number of Nurses Whose H-1 Status Expires as of December 31, 1989 and 1990

Organizations representing hospitals	Number of hospitals	Number of H-1 visa nurses whose stay in the U.S. expires as of		Total
		12/31/89	12/31/90	
The Greater New York Hospital Association	46	603	202	805
New York City Health and Hospitals Corporation	10	482	264	746
Subtotal	56	1,085	466	1,551
Hospital Council of Southern California (Los Angeles)	15	141	39	180
Total	71	1,226	505	1,731

With the loss of the H-1 visa nurses, the hospitals involved could lose about 4 percent of their nursing staff as of December 31, 1989, and an

additional 2 percent as of December 31, 1990. Without further extensions these numbers will likely increase over the next 5 years because most of the foreign nurses at these hospitals received their H-1 visas during fiscal years 1987, 1988, and 1989.

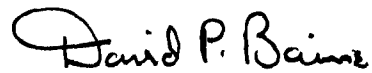
Legislation introduced into the House of Representatives on March 20, 1989, if enacted, would provide relief for H-1 visa nurses from the extended waiting times for conversion to permanent immigrant status. Specifically, the Immigration Nursing Relief Act of 1989 (H.R. 1507) would provide special permanent immigrant status to all individuals who entered the United States before January 1, 1988, under an H-1 visa to work as a registered nurse. These individuals as well as their accompanying spouse and children would achieve permanent immigrant status without being subjected to the waiting times previously discussed. The facility for which a foreign nurse will work must meet the following conditions:

- it would encounter substantial disruptions without the services of the temporary foreign nurses,
- the employment of foreign nurses will not adversely affect the wages and working conditions of registered nurses similarly employed,
- the foreign nurse will be paid at the same rate as those registered nurses similarly employed by the facility, and
- it has taken and continues to take timely and significant steps to recruit and retain sufficient registered nurses who are U.S. citizens or immigrants in order to reduce the reliance on H-1 nurses as quickly as possible.

We did not request written comments on a draft of this report from the organizations contacted during our review. We did, however, give INS officials an opportunity to review pertinent sections of the report that involved INS and incorporated their views where appropriate.

We performed our review from March through August 1989. Appendix I discusses the objectives, scope, and methodology for our review.

We are sending copies of this report to interested Senate and House committees and will make copies available to others on request. Should you have any questions concerning this report, please contact me at (202) 275-6207. Other major contributors to this report are listed in appendix II.



David P. Baine
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Care Delivery Issues

Objectives, Scope, and Methodology

Our objectives were to determine

- how the wages and working conditions in the nursing industry compare with occupations requiring similar levels of education and training,
- what percentage of licensed U.S. nurses do not work in the nursing field,
- how many nurses are in the United States on temporary work visas and what countries they come from,
- what the policies and practices of medical care institutions are relative to their sponsorship of temporary foreign nurses who desire to convert to permanent status, and
- what is the frequency with which employers convert nurses to permanent status.

We obtained information from the Executive Director of HHS's Commission on Nursing, the Commission's reports, and HHS's Division of Nursing on nurses' wages and working conditions and on the percentage of licensed registered U.S. nurses who were working in nursing-related areas. Since INS did not have accurate information on the number of nurses in the United States under H-1 visas at the time we initiated our review, we requested its Statistical Division to develop estimates for us. The Division provided these and other data on the number of foreign nurses who had converted to permanent status during fiscal years 1985-88.

To identify hospital policies and practices on sponsoring nurses in the United States under H-1 visas who desire to convert to permanent status, we interviewed officials at (1) the New York City Health and Hospitals Corporation,¹ (2) five hospitals in New York City, and (3) five hospitals in Los Angeles. Each of these organizations employed substantial numbers of such nurses.

To identify the number of nurses working under H-1 visas employed by selected New York City and Los Angeles hospitals and the number who may have to leave the United States as of December 31, 1989, when the extension granted by the Immigration Amendments of 1988 expires, we

¹The New York City Health and Hospitals Corporation operates the New York City health care system, which includes, among other facilities, 11 acute care hospitals, 5 long-term care facilities, and over 40 ambulatory care centers.

Appendix I
Objectives, Scope, and Methodology

obtained the results of surveys done by the Greater New York Hospital Association and the Hospital Council of Southern California.²

²The Greater New York Hospital Association is composed of 106 not-for-profit hospitals, long-term care facilities and health-related organizations in New York City and surrounding communities. The Hospital Council of Southern California represents 225 hospitals, long-term care facilities, and other health care organizations of differing types of ownership in the southern California area.

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