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The Nursing Shortage During COVID-19

Reporter Andrew Jacobs writes of the severe shortage of qualified nursing staff in Mississippi hospitals in the January 23 *New York Times* (<https://www.nytimes.com/2022/01/23/health/covid-mississippi-nurses.html>). Small, nonprofit safety-net hospitals like Singing River Health System have been unable to match the salaries offered by travel nurse agencies and large health systems. Travel nurses, reports Jacobs, can make more than \$200 per hour, which far exceeds the \$30 per hour earned by most staff nurses in Mississippi.

At Pascagoula Hospital, that city's only acute-care health facility, there are 80 unfilled openings for registered nurses, forcing administrators to mothball a third of its beds. Throughout the report, administrators speak of only a trickle of applications coming in for advertised and unfilled positions.

This is a health economics blog. The supply of nurses, like other labor supplies, responds positively to higher wages and better working conditions. The wages in the Mississippi hospitals are low, and the working conditions seem to be difficult. The rate of unvaccinated population is high. The impact of a shortage is not just limited to COVID-19 cases that are untreated, but also people to take care of heart attacks, strokes or car accidents.

Like many other skilled labor markets, nursing requires years of education, on-the-job training, and state licensure. One cannot "turn on the spigot" and get more nurses. Foreign-trained nurses are also in short supply, as immigration has fallen dramatically since 2017 and international travel and migration have plummeted since the onset of COVID-19 in March 2020.

Politics also plays a part. Mississippi is among a handful of states that have refused to expand Medicaid through Obamacare (thirty-eight states plus DC do participate), claiming that it cannot afford to do so, despite a [report to the contrary](#) by their state economist. One state's decision will not necessarily affect a national labor market for nurses, but expanding Medicaid would allow Mississippi to compete more effectively with other states that have more resources.

Like many other health labor problems, the nursing shortage is most acute in rural and poor areas of the country. To the extent that poverty and racism affect health and health care, the shortage of trained personnel tends to exacerbate such problems. COVID-19 did not initiate shortages of trained personnel. However, it has made them more immediate, more lasting, and more dangerous.

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