

**Health Resources and Services Administration:
Response to Comment on National Sample Survey of Registered Nurses**

On October 13, 2007, a comment was received from B.S. Achau of Florham Park, N.J. regarding the posting of the 60 day Federal Register Notice on the upcoming 2008 National Sample Survey of Registered Nurses.

The HRSA Reports Clearance Officer did not receive a request for any materials on the National Sample Survey of Registered Nurses, and it appears that the comment was made based solely on the information provided in the *Federal Register* 60-day notice announcing the proposed project.

The correspondent asks why HRSA the survey is done eight years in a row and why the survey does not solely focus on foreign-trained nurses who have been licensed to practice in the United States. The correspondent is concerned with quality of care provided by the foreign-trained nurses and the apparent lack of focus in the survey on quality of care that these foreign-trained nurses deliver in the United States.

From the comment, HRSA believes that the correspondent misunderstands the National Sample Survey of Registered Nurses (NSSRN) and does not reflect knowledge of the nature of the questions that are asked on the survey.

The NSSRN is administered only every 4 years. It is not undertaken every year, as stated by the correspondent.

The NSSRN focuses on workforce characteristics of nurses who are licensed to practice in the United States in one or more States and the District of Columbia. These workforce-related questions include education, employment, and demographic characteristics of these nurses. It does not address aspects of quality of care provided by individual nurses other than identify the range of distribution of educational achievements held by licensed nurses. It does not survey establishments with indicators of quality of care. It does not survey performance indices of those nurses who participate in the survey.

The NSSRN does include foreign-trained nurses in the survey; however, the information is self-reported for the country of initial RN training. In the 2004 survey, only about three percent of the respondents identified themselves as foreign-trained. There is no immediate way to verify the country of training of all foreign-trained nurses. To focus on only foreign-trained nurses would not allow us to understand the current supply, demand, or potential shortages covering the other ninety-seven percent of the nurses.

Self-reports by nurses of quality of care provided would not be objective nor scientific without some way to validate their subjective responses. Nurses would be risk averse in not responding at all to the survey, or in self-aggrandizing the quality of care provided, if they had any reason to fear that any self-reported negative reports of quality of the care they provide might somehow adversely impact their licensing or employment.

We have considered the concerns of this correspondent, but cannot change the entire nature of this National Survey to focus on foreign-trained nurses workforce characteristics, as well as incorporate self-reported indices of quality of care.