

## BACKGROUND

Nursing is the backbone of the US healthcare system. Nurses make up the largest portion of the healthcare workforce, both nationally and in the state of Oregon.<sup>i</sup> Nurses are found in a large variety of settings, including hospitals, long-term care facilities, public health, and home health and hospice agencies, as well as independent clinics and medical offices, public schools, insurance agencies, etc.

Prior to the COVID-19 pandemic in 2020, researchers had already identified major challenges facing healthcare in the United States, and the nursing profession: (1) an aging population with higher acuity of illness, (2) many older nurses and healthcare workers retiring from the profession, and (3) changes to health care payment models.<sup>ii</sup> The Institute of Medicine's 2010 Future of Nursing report specifically addressed how the nursing profession could advance to a workforce of higher-prepared individuals with more leadership skills, among other recommendations.<sup>iii</sup>

When the COVID-19 pandemic arrived, nursing workforce challenges were compounded with a new, unrelenting disease. Over the course of the pandemic, nurses in hospital settings were called to care for very ill patients, often accepting reassignment from other specialty areas to critical care and intensive care units. Long-term care nurses rapidly adapted to caring for more acute patients, while increasing their infection control protocols. Facilities shut down clinical placement opportunities for nursing students to reduce the spread of COVID-19, and nursing educators rapidly shifted to simulated learning experiences and online teaching methods for nursing students. Constantly shifting guidance from state and federal public health agencies, as scientists discovered more about the virus, put increased pressure and stress on the entire healthcare system as it tried to adjust to available evidence.<sup>iv</sup>

The unrelenting nature of prolonged public health crisis, along with the challenges facing the nursing profession prior to the COVID-19 pandemic, has taken its toll on Oregon's nursing workforce. Many are leaving their work and anecdotal evidence shows there are many contributing factors.

Experienced nurses are reporting high levels of burnout, exiting the nursing profession altogether. Some nurses, enticed by bonuses and increased wages offered by staffing agencies, are leaving Oregon to practice in other states. Others are asking for reduced hours or leaving for personal reasons. Some nurses are rejecting COVID-19 vaccinations required by employers and the state, quitting before mandates are fully enforced.<sup>v,vi</sup>

Nursing is in distress. To help prioritize strategies to alleviate this stress and build a strong nursing workforce in Oregon, the Oregon Center for Nursing convened a group of nursing leaders from around the state for a virtual summit. This two-hour event included both small and large group discussions to identify main themes.



# PROBLEM

## Nurses are overwhelmed.

The workload during the pandemic has been extremely intense due to a number of reasons. The high number of patients with COVID complications, patients with more acute needs who delayed their care during the shutdown, and a decrease of healthcare staff has increased the work nurses must do. All of this added on to the same challenges facing the nursing workforce prior to the pandemic has made the workload exhausting and unsustainable long-term.

The nurse culture includes taking responsibility for the whole of their patient, including tasks that can be done by others in the care team. The Summit discussion specifically called out the nurse mentality of, “If I don’t do it, who will?” By not setting boundaries for nurses’ responsibilities, not honoring the expertise of other healthcare team members, and focusing on tasks, nurses are not practicing at the top of their practice.

This overwhelming environment is causing more burnout and moral injury, with the stigma of mental or emotional weakness discouraging nurses from seeking help.

## The nursing education pipeline is fragile.

Nursing education has come to rely on off-campus clinical placement experiences conducted within a practice setting to educate new nurses. These experiences are regulated by the Oregon State Board of Nursing to ensure safe patient and student experiences. If a practice setting does not have the capacity to accept students for clinical placements, the education program must find an appropriate alternative learning method. OCN’s research has shown this process has always caused added stress for both practice settings and nursing education programs.

Throughout the pandemic, nursing programs struggled to maintain off-campus clinical placements as practice settings canceled placements for a variety of capacity issues. Early in the pandemic, the issues were related to a lack of personal protective equipment and strict infection prevention controls. Later in the pandemic, some practice settings continued to cancel student placements due to staffing capacities. (Interestingly, student placement cancellations were more prevalent in urban settings with larger hospital systems. Many rural hospitals continued to accommodate student placements for their local schools.)<sup>vii</sup>

Programs through Oregon increased their use of simulated learning experiences (SLE) during the pandemic to replace clinical placements. Some programs already had well-developed SLE offerings while others created new experiences for their students. OSBN provided regulatory accommodations so programs could legally offer more SLE than normal during the pandemic.

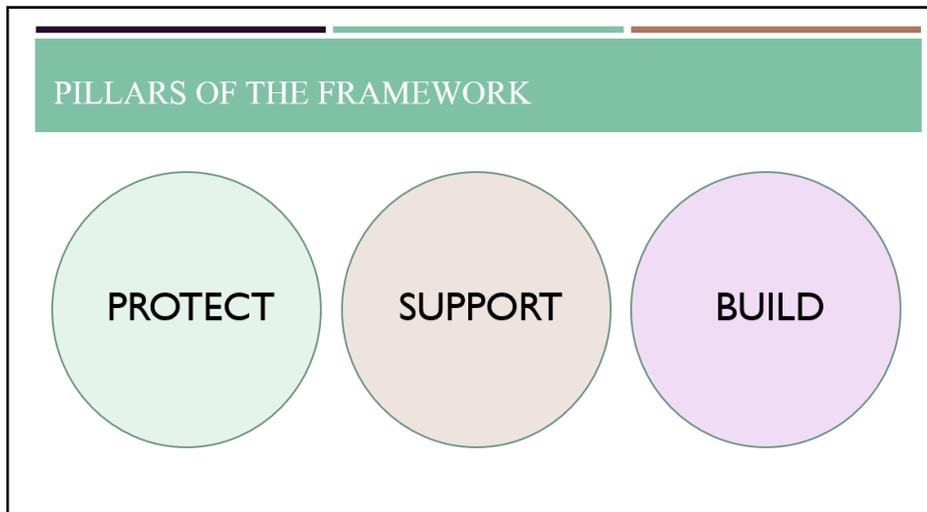
One of the most significant barriers to expanding nursing education programs in Oregon continues to be the lack of nurse faculty; a problem that has been documented in Oregon since 2008.<sup>viii</sup> The main reasons for the lack of faculty are: (1) lower pay than nurses in practice can make; (2) high workload with increasing demands; and (3) difficult or toxic work environments. Added to these challenges, the pandemic has now increased the amount of uncertainty for nurse faculty, as they respond to meet ever-changing COVID requirements set by the Oregon Health Authority, OSBN, practice settings, and their school administrations. This added pressure is pushing faculty to leave their positions, increasing class sizes and straining the clinical placement process if faculty aren’t available for supervision.

# Turnover is making the workforce unstable.

The overwhelming nature of nursing during the pandemic has prompted some nurses to choose early retirement, and others to leave the profession. Many facilities have turned to travel nurses to fill vacant positions. Employers and staffing agencies across the nation are offering staggering bonuses and high hourly wages to entice nurses to leave staff positions. A higher level of temporary staff could have several impacts on the nursing workforce. More temporary employees could create environments with reduced community loyalty or shared governance. It could also lead to difficulty in maintaining long-term continuity of care. And smaller facilities will have to look at the financial feasibility of recruiting travel nurses or potentially increasing pay to retain nurses on staff.

Because of the challenges with providing direct patient experience as part of nursing education in 2020, many new graduates need increased onboarding and transition-to-practice assistance. Organizations, large and small, are evaluating the time and resources needed to verify the competencies of new nurse graduates. Larger organizations, with residency programs, are adapting their curriculum and onboarding time frames. Smaller practice settings, without established residency programs, may struggle identify how to help individual new hires get up to speed. Due to high turnover of experienced nurses, many practice settings report difficulties finding preceptors to support the new nurses.

The instability of the nursing workforce is also compounded by the volatility of allied health, environmental services and security staff. The lack of support staff leaves nurses to perform more tasks and pushes nurses into burnout.



## OBJECTIVES

The main objective of OCN'S virtual nursing summit was to create time-bound solutions so that Oregon *has a healthy, sustainable nursing workforce in the post-pandemic world*. The participants were encouraged to offer solutions within the following framework:

What should nurses do to:

- PROTECT patients and their licenses
- SUPPORT colleagues across practice settings, and
- BUILD Oregon's future nurses

Participants were also asked to identify things nurses can let go to help release the overwhelming pressure nurses are under right now.

# STRATEGIES

Participants in the virtual nursing summit suggested the following solutions be explored to address the distress nurses currently face:

## Short-term solutions

- Focus on the wellness of the individual nurse. Encourage activities to strengthen nurses' emotional and mental well-being and provide access to resources for mental health interventions as needed.
- Embed training on how to set boundaries and team communication skills for nurses at all levels.
- Modify documentation screening procedures during crisis standards of care.

## Mid-term solutions

- Create and implement team-based nursing models.
- Allow and reimagine more flexible roles for nurses. Remove barriers (regulatory or otherwise) for nurses to teach and practice nursing at the same time.
- Find reasonable ways to determine competency.
- Allow more time for new hires in residency and onboarding programs.
- Increase professional development offerings and incentives to participate [e.g., setting boundaries, communication skills, team coaching, mentoring].

## Long-term solutions

- Explore legislation for a "Nurse Technician" or "Nurse Apprentice" role to allow nursing students opportunities to engage in work settings and be paid for their effort.
- Create models for identifying and mentoring new nurse faculty. Offer financial incentives for nurses to work as faculty.
- Invest in long-term solutions to recruit and retain all health care staff, including affordable housing, day care options, student loan repayment, etc.

# SIGNIFICANCE

The COVID-19 pandemic exacerbated existing issues within the nursing workforce and the nursing education pipeline. It also provides an opportunity for transformational changes in how nurses are educated and how nurses practice.

The goal should be to create a sustainable healthcare system where a breakdown in one link does not bring the whole system down. Nurse leaders will need to work with other healthcare professions (medical, hospital and health systems, higher education) to get buy-in if legislation is needed to allow changes to move forward.

Without a healthy and sustainable healthcare system, patient safety will be compromised and community health will decline. Every Oregonian deserves reliable and quality healthcare, and in Oregon, our nursing workforce is the key to making this vision a reality.

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