

Issues Facing the Post-Pandemic Nursing Workforce in Oregon – Lasting Pandemic Impacts

Introduction

The COVID-19 pandemic has exacerbated many issues facing the nursing workforce in Oregon, including the disruption of the nursing education pipeline, increased stress levels and burnout among nurses, and nurses leaving their positions. The issues affecting the nursing workforce have shifted as the pandemic progressed. Early on, the principle concerns were the lack of personal protective equipment (PPE), nurses being furloughed as some practice areas closed or curtailed services as the state “locked down,” and the reduction in clinical education opportunities for students as clinical sites restricted access for non-staff. As the pandemic appears to be winding down (OHA, 2022), **several nursing workforce issues remain and deserve continued attention.**

Nurses Leaving the Profession

There have been many reports showing people are leaving their jobs in records numbers. This mass exodus from the workplace has been termed the ‘Great Resignation’ and is impacting all industries and occupations, including nurses. Data from the Bureau of Labor Statistics indicate about 4.5 million people are quitting their jobs each month (BLS, 2022). There is additional national data to suggest nurses are not only quitting their jobs, they are leaving the profession. A recent survey suggests about two-thirds of nurses have or are considering leaving the profession (Mensik, 2021). Because this survey was based on a national sample, the question remains, *is there evidence nurses in Oregon are quitting their jobs or leaving the nursing profession?*

In Oregon, there is evidence nurses quit their jobs at a higher rate during the pandemic (Johnson, 2022), but there is scant evidence that nurses are leaving the profession entirely. The Oregon Center for Nursing (OCN) recently analyzed nursing license renewal data obtained from the

Oregon State Board of Nursing (OSBN) to examine if the license renewal rate declined during the pandemic as measured by the change in timely vs late renewals (OCN, 2022a). Prior to the beginning of the pandemic, about 5.7 percent of nursing licenses were not completed prior to their expiration. Early in the pandemic and through the spring of 2021, this rate dropped to about 4.9 percent. Since the summer of 2021, this rate rose to pre-pandemic levels of about 5.9 percent (OCN, 2022a). This increase in the late renewal rate coincided with the beginning of the ‘Great Resignation’ and does not differ from pre-pandemic levels. This finding suggests that while nurses may be quitting their jobs, they are not giving up their nursing licenses.

Emergency Authorizations

As hospitals and other healthcare facilities began to reach or exceed capacity due to the influx of patients suffering from COVID, the need for nurses increased dramatically (Yang & Mason, 2022). In response, Oregon’s governor signed an emergency declaration allowing licensing boards to grant emergency authorization (EA) to allow nurses to practice in the state more quickly. To date, OSBN has issued more than 11,000 EAs, and as of February 2022, there are a little more than 8,800 active EAs for licensees; 5,216 for registered

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nurses, 1,103 for licensed practical nurses, and 2,549 for certified nursing assistants (OSBN, 2022).

On April 1, 2022, the emergency declaration will be rescinded thereby ending the authority to grant new EAs and all current active EAs will expire. Once the EAs expire, nurses granted authority to practice in the state will no longer be allowed to practice in Oregon unless they obtain an Oregon nursing license via endorsement. Some licensees have already begun this process. Out of the 5,216 RNs with active EAs, 1,212 have applied for an Oregon nursing license via endorsement (OSBN, 2022). Some LPNs and CNAs have also applied for an Oregon license. *With a focus on RNs, the key question is what will happen when the remaining 4,000 RNs lose their ability to practice in Oregon?*

When comparing the number of newly licensed RNs joining the workforce each year to the Oregon Employment Department's (OED) projected need (OED, 2021), Oregon experiences a small surplus of nurses (about 700 per year). The simultaneous loss of about 4,000 RNs may impact the ability of healthcare facilities in Oregon to provide quality care to Oregonians. While it is clear healthcare in Oregon will be impacted, it is not immediately apparent where and how long these impacts will be felt.

An analysis conducted by OCN suggests when it may take between 4.3 and 5.7 years to replace registered nurses who entered Oregon's workforce under emergency authorizations. (OCN, 2022b). However, it is likely this scenario is a worst-case model as the final number of EA RNs applying and receiving an Oregon nursing license is not known at this time. Additionally, this model does not account for changes in healthcare utilization as the number of COVID cases and hospitalizations continue to decline. The decline in utilization may be slower than expected because of demand for health services, which were delayed during the pandemic.

Travel Nurses

As the COVID-19 pandemic raged across Oregon, hospitals and other healthcare providers were subjected to competing pressures. On one hand, hospitals were at or near capacity treating Oregonians who fell ill with COVID. Simultaneously, hospitals were hit with staffing shortages as patient caseload volume increased beyond normal staffing levels and staff

were leaving the bedside. Many hospitals and healthcare facilities turned to travel nurses to fill vacant positions.

Prior to the pandemic, most hospitals utilized travel nurses in some capacity, but few other healthcare facilities, such as long-term care facilities, did so (OCN, 2018). However, with the advent of the COVID-19 pandemic, utilization of travel nurses increased markedly, both in hospitals and in facilities that rarely utilized them in the past (Yang & Mason, 2022).

While travel nurses provided much needed relief to hospitals and exhausted staff, their presence came at a price. Prior to the pandemic, travel nurses were being paid about \$1,400 per week. Early in the pandemic as the demand for nurses increased, wages for travel nurses rose by about 25 percent. During the summer of 2021 surge, a travel nurse could expect to be paid between \$5,000 and \$10,000 per week (Yang & Mason, 2022). Due to federal funds being available through the American Rescue Plan: Coronavirus State and Local Fiscal Recovery Funds, healthcare facilities were able to draw down funds to offset the increased costs of contracting with travel nurses and staffing agencies. However, as state emergency declarations are being rescinded, the availability of these dollars to fund travel nurses, at their current rate, will likely be significantly curtailed.

The key question is how this loss of funding will impact hospitals and other healthcare facilities in Oregon? A related question is what becomes of the large number of nurses who are currently working as travel nurses in many parts of the country? At the current hourly rate, the cost of travel nurses is prohibitive and unsustainable for many healthcare facilities, especially small facilities and those located in rural areas. It is possible the passing of the pandemic will decrease hospitalizations and staff nurses will be able to handle the reduced caseload, leading to a marked decrease in the demand for travel nurses. Nurses currently working as travel nurses would be subject to large pay cuts when their existing contracts end, and healthcare facilities may not be able to pay rates equivalent to pandemic rates. Currently, it is too early to know the answers to these questions, but it is likely the loss of federal funds and the diminished use of travel nurses will negatively impact the nursing workforce in Oregon and the nurses who worked as travel nurses.

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