

The Nursing Workforce

Challenges and Solutions during the COVID Era

ONL | **Organization of Nurse Leaders**

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Executive Summary

The significant disruption in the nursing and healthcare workforce is unmatched with any other point in time. A confluence of multiple factors including an uptick in nurse retirements, resignations, requests to reduce hours, and competitive labor markets, is leaving nurse leaders and organizations grappling with strategies to attract and retain staff. As nurse leaders leverage all available tools to stabilize their nursing workforces, they face uphill challenges with high patient volumes, high patient acuity, a significant shortage in behavioral health services, and support staff shortages. Staffing challenges are limiting capacity in post-acute care, including rehabilitation and home care, which then lengthens acute hospital stays, and are forcing some organizations to decrease elective surgical volume, and sometimes close beds. Healthcare organizations across the Northeast are struggling to maintain a nursing workforce that supports safe, effective patient care and an engaging, secure professional environment.



The Organization of Nurse Leaders MA, RI, CT, NH, VT (ONL) convened a Nursing Workforce Think Tank to detail the significant workforce challenges in acute and sub-acute care settings. The scope of this effort was to work with nurse leaders in the the Northeast, gather best practices and share strategies to address current workforce challenges. This report addresses nurse recruitment, retention, on-boarding and retaining newly licensed nurses, and data used in organizations to monitor workforce trends.



Future Direction

Investments are Needed to Bolster and Grow a Healthy and Diverse Nursing Workforce



Strategies to efficiently utilize available nurses such as flexible work schedules, floating, and executive orders to improve state licensing flexibility are helpful, but insufficient to meet patient care needs. Investments are needed to expand the nursing pipeline, address burnout and psychological stress from working through the pandemic, and evaluate models of care and compensation for nurses moving forward.

Leaders can commit to local action through academic and practice partnerships, as well as collaboration with state agencies focused on workforce development. Broad-based efforts will be necessary to create a healthy and diverse nursing workforce that can meet future patient and population health needs.

Introduction

Due to a dynamic combination of factors within the nursing workforce including an uptick in retirements, resignations, requests to reduce hours, and competitive labor markets, healthcare organizations across the Northeast are struggling to maintain a nursing workforce that supports safe, effective patient care and an engaging, secure professional environment for staff.

Nurse leaders and healthcare executives are deeply concerned about the instability of the workforce. As nurse leaders leverage all available tools to stabilize their nursing workforces, they face uphill challenges with high patient volumes, high patient acuity, a significant shortage in behavioral health services, and support staff shortages. Labor costs are dramatically over budget, and efforts to recruit temporary staff are limited by a highly competitive national market and high cost. Lastly, staff shortages extend far beyond the acute care environment. Staffing challenges are limiting capacity in post-acute care, including rehabilitation and home care, which then lengthens acute hospital stays.

To detail the significant workforce challenges in the Northeast and to gather best practices and strategies to address these challenges, the Organization of Nurse Leaders (ONL) convened a workforce think tank comprised of members representing all five ONL states (MA, RI, NH, CT, and VT). These leaders came together during the summer of 2021 to share insights on nursing workforce challenges. Additional insights and strategies were gathered during ONL's Fall Quarterly Meeting held on September 10, 2021.



This report emphasizes the nursing workforce, and yet there is recognition that the challenges are not unique to nursing. There are tremendous shortages in clinical and non-clinical support staff roles. Rising hourly wages in other sectors (retail, food services, manufacturing) are drawing hospital employees into new occupations. There are also nursing and health care leader shortages that further stress the workforce crisis. With increased frequency, CNOs are reporting challenges in filling nurse manager positions, while others report that nurse leaders are expressing an interest in stepping out of leadership given the workplace conditions. Nurse managers, nurse directors, and chief nursing officers are under tremendous pressure to staff units with limited resources while also meeting high quality of care standards. Many leaders feel exhausted and overwhelmed. This report provides a snapshot of causes for current local workforce shortages and potential solutions synthesized from published literature and engagement strategies with nurse leaders in the Northeast region of the county. This report highlights challenges related to nurse retention, short term staffing solutions, and provides recruitment and retention strategies.

Nurse Retention and Recruitment

This Nursing Shortage is Different. In previous years, analysts could anticipate nursing shortages and surpluses based on the strength of the economy. Robust economies would generally result in a pullback in nursing hours, an increase in retirements, and contraction of the workforce, assuming a spouse's or partner's job was stable. A sluggish economy would historically lend itself to nurses increasing hours, thereby contributing more to household income. National workforce data are key to understanding broad labor trends. However, nursing markets are local and varied; it is common for nursing shortages to occur in select areas of the country but not in others.

Today's nursing shortage is driven by a crosscurrent of factors. First and foremost, the ongoing COVID-19 pandemic; second, an aging population that lands a one-two punch as older nurses leave the workforce while a growing elderly population needs more healthcare services; third, a tight, competitive labor market; and, fourth, changes in state and organizational policies.

Key Insight

Beneath the surface of open nursing positions are individuals choosing to make different career decisions. Dr. Rose Sherman points out that nurses and healthcare workers are reflecting, reconsidering, and making decisions about their life situations, and future. Staff are asking, *"What just happened here to us? Are we really expected to go back to work and act like nothing happened?"*

Nurses are evaluating whether they are truly respected or expendable in the eyes of the public. They are reconsidering where they want to live geographically, and assessing what kind of work they want to do. They are discussing work-life balance, how many hours they want to work, and carefully considering what their peers are doing. They are also evaluating their economic worth and how much they are paid or could be paid to do the same job [1].

Sherman, 2021 is a consistent faculty member at ONL's educational programs.

The confluence of personal decisions, market forces, and the realities of healthcare delivery during and after the COVID-19 pandemic are propelling nursing workforce challenges to the top spot on healthcare and workforce policy leaders' list of concerns.

Clearly, this cycle of nursing workforce issues is more extreme and prolonged. Nurse leaders continue to analyze the staffing situation in their individual organizations as well as within the region and nation. They are seeking underlying reasons – many of which are inexplicable – and actively and creatively collaborating with staff, as well as internal and external colleagues, to identify new solutions to this challenge. This section will share some of their findings and strategies.

Nurse Retention

Nurses have faced a grueling 20 months due to the prolonged COVID-19 pandemic and ensuing workforce shortages. It is believed to be unique from any other period in modern healthcare. Nurses are exhausted, stressed, burned out and are reevaluating their work life (similar to many other working Americans). Nurses are decreasing their hours; retiring earlier than planned, with little notice to the employer; taking leaves of absence; leaving their employers for more lucrative or less stressful positions; or resigning. Nurses are being aggressively recruited by travel nurse agencies, insurance companies, and large companies moving into the healthcare space, such as Amazon. Nurse leaders report the highest vacancy rates that they have ever experienced in their careers; many believe the rate has not yet peaked. In addition, one think tank participant noted the highest turnover is among nurses with 1-5 years of experience, while another CNO shared their organization was paying \$50-60 over the base rate to fill vacant shifts in the nursing schedule in order to keep beds open. Without a sufficient number of nurses to meet patient needs, access to care will be significantly compromised.

While not unexpected, the number of Baby Boomer nurses in the workforce is rapidly decreasing. Nurse leaders report that pandemic chaos has accelerated decisions to retire or reduce hours for this cohort, often times with little notice. Nurses reportedly give less than a month's notice before retiring, an uncommon practice prior to the pandemic. Perhaps more important than early retirement, is organizational impact as experienced nurses leave the workforce, creating gaps in clinical leadership and institutional knowledge.

Millennials and Generation Z nurses comprise approximately one third of today's nursing workforce, and they approach work and employers differently than other generations. According to a recent Gallup poll, younger generations expect employers to care about well-being, ethical and transparent leadership, and diversity, equity, and inclusion [2]. There is also a shift in employee loyalty as less than 20% of younger generation staff envision themselves working for their current employer in one decade [3]. While a comprehensive review of generational preferences in the workplace is beyond the scope of this report, these insights should encourage nurse leaders to consider such factors when crafting their recruitment and retention strategies.

Younger generation nurses are evaluating work-life harmony, employment options, and are leaving organizations in search of new professional experiences, better compensation, as well as managing personal and family roles and well-being. The pandemic presented staff with increased child care needs as schools transitioned to remote learning; future surges may bring full or hybrid remote learning back. Likewise, care of older and infirmed individuals often shifted to family members. Data suggest a growing trend of nurses reducing hours or changing to per diem (as needed) status. Many younger staff who are testing flexible work arrangements remain on their parents' insurance plans and therefore do not need a traditional, full time benefit package, prompting nurse leaders to work with human resource departments to rethink more meaningful benefits for this cohort.

Nurse Turnover Impact

Nurse turnover has always been a key cost consideration for nurse leaders, and returned to acute focus again during this shortage. One think tank participant described the financial challenge to nurse recruitment and retention finances saying, "organizations will spend money on nursing labor one way or another, and it is up to nurse leaders to guide the discussion. We can spend money on short-term solutions such as travel or temporary nursing staff, or make investments that increase the likelihood of retaining current employees, or longer term solutions such as building the workforce. Working closely with finance leaders is critical, because they may not see it this way."

Investing in a long-term approach favoring hiring over budget, when possible, rather than spending on travelers and overtime is viewed as a more effective approach to reducing turnover.

National data suggests the average cost of turnover for a clinical nurse is \$40,038, ranging between \$28,400 and \$51,700, resulting in annual hospital losses of between \$3.6 - \$6.5 million dollars [4]. However, nurse leaders in the northeast report significantly higher turnover costs for nurses. One nurse leader estimated it costs \$75,000 - \$110,000 to replace a nurse once base pay, benefits, and temporary staff costs are tallied. This estimate is at least double the national average.

Nurse leaders are searching for creative strategies to retain and support their staff, and attract new nurses as current workforce challenges show no sign of subsiding.

Top Reasons Nurses Consider Leaving an Employer [5]*.

1. Burnout
2. Stressful Work Environment
3. Inadequate Staffing/Inflexible Work Assignments
4. Lack of Good Leadership
5. Better Pay and Benefits

* While these data were published just a few months prior to the release of this workforce report, a world of changes have occurred. Competition for nurses has ratcheted up significantly. Leaders report that more and more nurses are being lured into travel agency jobs for increased pay (as high as \$6-10,000/week) and flexibility. The travel nurse market is discussed in more detail on page 8.

Key Insight

Travel Nurses: Safety Net and Disruptor

Demand for nurses across the care continuum is very high, and the use of temporary, or travel nurses to fill staffing vacancies has skyrocketed. The high demand for travel nurses has created a significant difference in pay between nurses employed by a health care organization and nurses employed by a travel agency. This pay gap has led to staff nurses leaving their employer for a travel nurse position, further increasing the need for more travel nurses.

Procuring a travel nurse is not as simple as executing a contract. In this highly competitive market, travel companies report they are only able to fill 10 percent of nursing requests. What was once a safety net to meet staffing shortfalls, current travel nurse supply does not meet demand. If travel nurses are available, the travel rate offered to employers is very high, often eliminating small hospitals and other care settings from competing for this critical resource. Further, due to high demand, travel nurses are able to shop for the highest rate and change assignments mid-contract for a higher paying contract with little notice or repercussions. This is recognized as a widespread, national problem without a solution until supply-demand equilibrium is achieved.

The national demand for travel nurses is driving up cost, a compounding challenge for organizations during and following the pandemic. "Due to COVID, travel nurse rates jumped over 200%, with premiums still elevated. Currently, hospitals are spending approximately 62.5% more for travel RNs than they did at the start of 2020.... When comparing the cost difference between employed RNs and travel RNs, the amount is staggering" [4].

A Workforce Think Tank contributor reported a 558% increase in Medical / Surgical travel nurse costs compared to the same month pre-pandemic, and ICU travel nurse costs increased by 750%. Similar data were shared by other organizations, including a 750% increase in travel nurse worked hours representing an increase of total travel nurse worked hours from 1.3% to 11%. From yet another perspective, one leader reported spending \$150,000 per week, over budget, on short-term staffing solutions such as travelers and overtime.

While the use of travel nurses is a necessary short-term staffing strategy, the cost to organizations is prohibitive. NSI Nursing Solutions, Inc estimates "a reduction of 20 travel nurses will yield savings to a hospital, on average, of \$3,084,000" [4]. This was underscored by a nurse leader who noted, "The rate for travelers is 108% greater than our average RN hourly rate (\$60 vs. \$125/hour)." This creates an unsustainable financial burden for the organization and creates a challenge with morale because employed staff are paid significantly less than agency nurses on the same unit." During the writing of this report, the data changed again, whereby a nurse leader reported spending \$185/hour for a Medical/Surgical travel nurse [4]. Strategies are being developed to counter some of the issues presented by the use of travel nurses. Organizations are reaching out to employees who became travel nurses, letting them know they are welcome back to their previous jobs (or to new ones in the organization) when they return. Similarly, "come home" campaigns were put in place to re-recruit nurses who have left organizations within the past few years.

Nurse Retention Strategies

1.

Retention Bonuses. As a retention strategy, many nurse leaders shared they have implemented (or plan to implement) retention or appreciation bonuses. The goal is to demonstrate value and appreciation to staff who stayed in their specialty areas, and to provide financial incentive to continue in their roles.

Given the high cost of nursing turnover, rewarding existing staff with a retention bonus may be a worthwhile short-term strategy. Leaders from several organizations shared promising preliminary reports that retention bonuses are helping to mitigate staff attrition. When comparing the cost of implementing targeted retention bonus to the cost of staffing with travelers the retention bonus costs were better .

2.

Salary. There were some market adjustments for RNs during 2020, but no leaders from the ONL Workforce Think Tank reported general, across the board adjustments to base pay for nurses in 2021. Of interest, nurse salaries did not increase during the pandemic but labor spending increased substantially. Leaders are closely monitoring market wages to ensure their organizations are sufficiently competitive in 2022.

3.

Benefit Enhancements. The importance of frequently and consistently communicating with staff about the organization's full compensation package was frequently identified as a retention strategy. Having a presentation that highlights monetary and other values of paid time off, retirement benefits, and insurance aspects of employee compensation can be important to highlight, especially for staff who have higher levels of benefits based on tenure. Staff are not always aware of the total value of their benefits package when comparing their salary to travel nurse salaries.

Adjustments to benefit packages were highlighted as strategies to retain nurses. Examples of those adjustments included:

- Lowering qualification for full time benefits to 30 hours.
- Adjusting financial incentives for per-diem staff and looking at policies for scheduled/worked hours to identify what works for the per diem staff.
- Evaluating tuition reimbursement packages and exploring options within collaborative agreements with academic partners to enhance professional growth opportunities.
- Assessing if employees could be eligible for Public Service Loan Forgiveness, and if they do, helping them apply for that benefit. This program was recently expanded by the Biden Administration [6].

Nurse Retention Strategies

4.

Re-imagining Flexibility and Engagement in Nursing Roles. Nurse retention is being prioritized at the organization or system level rather than the unit level. Strategies include expanding internal growth opportunities such as fellowships, sabbaticals, and opportunities to work in other practice settings within the organization. These ideas will be discussed in more detail in the section addressing newly licensed nurse retention.



Flexibility emerged as a key strategy for both recruiting and retaining staff. Nurse leaders are working diligently to honor requests to reduce hours, try new roles, and to accommodate staff's personal and family needs.

- Shift variety and flexibility were identified as retention strategies for nurses. Organizations are exploring how to offer shifts in a variety of lengths ranging from 4-12 hours in length. Being able to work a combination of shifts was reported to reduce the evening shift vacancy rate.
- Some nurses reported that they enjoyed the experience of working on different units during the pandemic and would like to continue doing so in the future [22]. Cross training provided much needed flexibility to surges in patient volume and many organizations are building that into operational plans in a more robust way. Some organizations are on-boarding and orienting nurses to multiple units, while others are expanding the float pool. Nurse leaders agreed that strategies are needed to help nurses maintain newly gained clinical skills and competencies. It was also noted that the costs of cross training must be calculated, monitored and included in the budget.

Nurse leaders are also exploring new and additional ways for staff to contribute to unit and organizational decisions. Strategies to improve engagement and that promote contributions to professional practice decisions, were also top of mind for many leaders.

Nurse Retention Strategies

5.

Changes in Models of Care. Healthcare organizations rapidly created new roles and strategies to address the tsunami of needs and challenges related to the pandemic. Their ability to swiftly innovate and meet challenges head on is impressive.

Changes to skill mixes are being explored with input from staff and taking into consideration the care delivery and staffing models. Many leaders report that their nursing staff is younger and less experienced than any other time in memory. The gap in experience disproportionately impacts the evenings, nights and weekends, prompting leaders to re-examine care delivery.

Organizations created new roles and deployed staff in new ways:

- Organizations that had success with team nursing during peaks of the pandemic are exploring ways to keep that model of care understanding that making this transition last will require additional and on-going education for both the nurses and assistive personnel, including delegation and communication.
- Nursing supervisors, educators, and rapid response teams have been deployed on weekend and off-shifts in many organizations to support new clinicians and high-volume or high-acuity situations.
- Patient Safety Attendants and Mobility Technicians were added in some organizations.
- A Direct Care Provider (DCP) role was generated using therapists transitioned to deliver patient care. This began during the pandemic when a number of outpatient clinics were closed and continues to be a support for the inpatient care team.
- An outpatient setting replaced Medical Assistants with Licensed Nursing Assistants (LNAs) with the goal of greater flexibility in being able to employ the LNAs in inpatient or outpatient settings as needs shift. There is also a pilot in which staff are assigned to a zone rather than one provider to support more than one practitioner but to maintain consistency of clinical practice teams.
- The Licensed Practical Nurse (LPN) role is being reconsidered for inclusion in acute care setting care teams to alleviate the heavy burden on Registered Nurses. A revision to the scope of practice for the LPN in the acute care setting may be a necessary strategy to address workforce challenges.
- The use of paramedics in the Emergency Department is under consideration in some organizations.

Nurse leaders at all levels have demonstrated a capacity to innovate and create new approaches to significant issues. Market analysis and recruitment strategies are being closely monitored and addressed as nurse leaders work to bolster teams moving forward.

Nurse Retention Strategies

6.

Relationship Centered Leadership. During the pandemic relationship-centered leadership was emphasized as a way to retain staff. Many strategies were implemented or expanded to create healthy work environments, construct opportunities for nurses to contribute to unit and organizational decisions, and maintain rituals that reflect the culture and spirit of the unit and organization. Several practices were identified and are outlined below.



- One approach prioritizes personal relationships and cultivates a sense of belonging. It involves consistently working to get to know staff on a personal level and exploring what makes a great day for them.
- In a similar vein, there was an emphasis on creating work environments that allow nurses to work at the top of their license and have time with patients, noting that this is how many nurses find joy in their work, even in challenging situations.
- The importance of a strong collaborative practice environment that promotes leaders and clinical nurses working together on pressing staffing challenges was also identified. Rounding and huddles are two popular strategies for connecting leaders and staff on a routine basis.
- Listening sessions, town halls, and other forums for dialogue and sharing ideas were identified as effective communication platforms.
- Increased leadership visibility and presence with staff were described as critical for building trusting relationships and collaboratively solving problems with teams.
- Reliability of rounding was increased when specific time was routinely blocked on leaders' calendars.
- Huddling with teams during change of shift, and addressing problems in real-time provide both visibility and inclusion in problem solving.
- Some leaders continued to engage in nursing professional governance at the unit and organizational levels to ensure staff are engaged in quality improvement and driving practice changes.

Nurse Retention Strategies

7.

Employee Wellbeing. The Future of Nursing 2020-2030 report draws attention to an important element that is forefront in the minds of nurse leaders – employee wellbeing. "Burnout and mental health issues in clinical nurses due to their pandemic experiences is real and providing support and access to treatment is needed if they are to return to work" [7]. Attention is being paid to the unit and organization levels to staff well-being and morale. Not surprisingly, low staff morale and poor engagement were identified on employee satisfaction surveys during the pandemic. This is a complex dynamic; it was noted that "Turnover is 10% higher this year when compared to previous years – we are telling staff they need time away but we are also asking them to pick up extra shifts and fill holes on a daily basis" [7]. And, while resources are being devoted to wellbeing, execution of these strategies requires adequate personnel, an individualized approach, and addressing what many staff describe as residual post-traumatic stress from working through the pandemic.

Investments in staff well-being may yield positive retention results if thoughtfully designed to meet the specific needs of staff. One organization contracted with a team of psychiatrists to meet with nurses. The one-on-one evaluations were scheduled with an "op-out" approach to decrease stigma and increase participation, and the meetings could take place during a work shift, or outside of work hours. The program is viewed as very successful, and as a great start at addressing the significant trauma endured by direct care providers during the past 20 months.

The engagement of nurse managers as well as shift and weekend leaders was noted to be crucial in connecting with staff. Other strategies include creating relaxation rooms, focusing on saying thank you, providing recognition and appreciation in different ways, and focusing on providing staff vacation time.

One organization initiated a Baldrige Category 5 (workforce) task force to focus on staff engagement, reducing burnout, and wellbeing. The taskforce addresses concerns including:

- Fatigue, exhaustion and continuing distress.
- Fear over a pandemic resurgence.
- Embedding wellness and well-being in work.
- Actively asking nurses to take paid time off (PTO) and working to mitigate challenges that prevent them from doing so.

Another resource is the Caring for the Caregiver work being led by The Massachusetts Health and Hospital Association. This work includes defining and sharing best practices related to employee recognition and gratitude, workplace safety, and employee well-being [8].

Nurse Recruitment Strategies

Nurse leaders from across the northeast expressed similar nurse recruitment challenges, including a growing number of open positions, an increased time to fill those positions, and a shrinking applicant pool. National data show the average time to fill RN vacancies is 89 days [4]. Recruiting experienced nurses is difficult. Finding nurses with experience in specialty areas such as the operating room, labor and delivery, emergency department, or intensive care unit is exceedingly hard, if not impossible. In one organization, hiring into open nurse positions took an average of 45 days pre-pandemic; now the average is 132 days. Making matters worse, there are minimal applicants with perhaps only one or two in the pipeline.

Strategies

1.

Internal Recruitment. This was a frequently identified strategy with varying approaches to “growing your own” for hard-to-fill vacancies. It involves developing internal recruitment strategies to assist nurses in applying to specialty area where there are needs. Examples are provided below.

- A nursing “draft” was one identified approach. This involves drafting applicants from around the hospital for new opportunities. Likewise, some organizations promote internal job opportunities, initiate an application process and identify a start date timeline. After applicants are selected through the internal recruitment process, training programs orient nurses to specialty settings.
- More recently, new graduate nurses are being hired into hard to fill specialty positions. This approach requires budgeting additional training costs up front, a process referred to as predictive hiring and budgeting [9].
- Some residency programs are structured to intentionally expose new graduate nurses to specialty areas of practice, hoping they will be intrigued and want to practice in that setting.
- Recruiting for operating room (O.R.) positions is exceptionally difficult as student nurses rarely receive experience in this specialty area. One organization partners with local schools of nursing to recruit students for a paid O.R. student internship. The goal is to expose the students to the O.R. and to identify students who show an interest in perioperative nursing.
- Developing in-house support staff training programs is another way that hospitals are increasing the pool of potential nurses. This is a longer-term strategy in which current clinical unlicensed assistive personnel (UAP) and non-clinical staff obtain education and experience as clinical support staff. Simultaneously the program promotes opportunities for career growth that can lead to more internal staff entering nursing programs. One hospital has added a dedicated Nurse Educator to support the training and professional development of UAPs.

Nurse Recruitment Strategies

2.

Bonuses & Compensation. Nurse leaders are actively engaged in discussions with human resource departments about local market analyses around compensation, including hiring and referral bonuses. Members of the ONL Workforce Think Tank shared that hiring bonuses range from \$6k - \$20k as organizations compete for and attempt to recruit new staff. This strategy has regional implications because job applicants explore openings at many organizations and selectively apply for positions. It was noted that sign-on bonuses disadvantage existing staff who provided care throughout the pandemic. As a consequence, there was an expressed preference for referral bonuses, especially for hard to fill positions. Some referral bonuses were doubled to encourage staff to refer potential employees to the organization.

It will take time for organizations to evaluate the extent to which these strategies are successful when it comes to recruitment and retention of new employees, particularly after the first year of employment.

3.

Use of Travel/Temporary/Agency Staff to Stabilize the Local Workforce. There is an increased use of travel nurses by almost all leaders participating in the Think Tank and continues to be a primary strategy to staff hard-to-fill vacancies until recruitment and orientation is completed for new hires. Viewing travel nurses as potential permanent employees, internal events are held to market the organization. One organization brands these events as “You have found your home” and it has successfully converted close to 15 traveler nurses to permanent employees during the past year.

Newly Licensed Nurses

Recruitment, On-Boarding, Training, and Retention

The nursing labor market is so highly competitive that organizations are hiring newly licensed or new graduate nurses almost exclusively. Hiring primarily new graduate nurses places additional burdens on organizations because they require longer orientation and more support to transition novice nurses into practice.



Recruiting New Nurses

New graduate nurse recruitment has been more difficult for several reasons. The number of available new graduate nurses does not meet the volume of vacant positions. Competition among healthcare settings for new graduate nurses is inevitable as new graduates look for the settings that will offer them the most in terms of pay, orientation and opportunities for professional growth.

There is considerable interest in developing and/or strengthening academic-practice partnerships to improve student experiences in the clinical setting and later recruit student and new graduates into paid roles within the organizations. A common observation is that new nurses who worked as nursing assistants or in other roles had better skills, higher proficiencies, and were able to acclimate to nursing roles more quickly. To that end, more organizations are partnering with nursing schools to explore creative ways to partner around clinical education, part-time work opportunities, and to increase recruitment of new nurses. This can be effective in states that do not recognize a graduate nurse role as an option. Student nurses are offered positions during the last semester of school.

Strategies

- 1. Utilizing Graduate Nurse Roles, where Possible.** Periodic delays with NCLEX-RN testing during pandemic peaks impacted the timeframe for new graduate nurses to obtain their nursing license, a challenge that was concerning for both academic and practice leaders. In some states new nurses can be hired and are permitted practice as nurses before they pass the NCLEX-RN exam, with specific oversight parameters. These nurses are referred to as Graduate Nurses, and some organizations experienced success in incorporating them into their practice models as part of the on-boarding strategy. This may include hiring new graduate nurses and partnering them with experienced nurses, or adding additional nursing orientation resources to support new nurses while they await their NCLEX-RN test dates. The graduate nurses noted that the additional clinical experience provided further preparation for the NCLEX-RN exam.

Newly Licensed Nurses Recruitment and On-Boarding

2.

Transitioning Student Nurses into Employees.

Nursing education prepares nurses as generalists; organizations further develop and refine practice through nurse residency programs and orientation. One organization hires student nurses for the units where they complete their practicum, performing non-licensed job functions. These students complete the internal Licensed Nurse Assistant program and function in this role until they can take the NCLEX-RN exam. There was a great deal more success observed with this model than with new graduates who had no previous experience in the organization.

Hiring student nurses and new graduate nurses as nursing assistants before they take the NCLEX-RN licensure exam is seen as a way to provide more clinical experience and gain familiarity with the organization. This can be effective in states that do not recognize a graduate nurse role as an option.

On-Boarding and Orienting New Nurses

Organizations typically hire new graduate nurses several times during the year. In the context of the current shortage, nurse leaders are hiring more new graduates, into new roles, and carefully evaluating the supports needed to help new nurses transition into practice. As noted, this is a challenge because new graduate nurses require more orientation resources, and often require additional supports as they gain confidence and competence in their practice.

Supporting new nurse transition into practice is complicated in ordinary times. Exacerbating this, the COVID-19 pandemic impacted how nurses are educated, which in-turn, has implications for organizations that hire new nurses. Nurses graduating during the pandemic had fewer hours of clinical experience in hospitals and health care facilities and received a higher percentage of their clinical experience via simulation. The skill-complexity gap that existed prior to COVID-19 became more obvious this year.

Organizations that hire nurses into residency programs, training programs, or cohorts for orientation indicated that most new nurses have adequate knowledge but struggle to consistently apply that knowledge in practice. As a result, orientation is taking longer for these new nurses as they learn or solidify skills such as prioritizing, competently caring for multiple patients, and team communication. Residency programs have been shown to improve retention [15, 16].

During the summer of 2020 ONL and the Massachusetts Rhode Island League for Nursing (MARILN) issued a report that described strategies to support new nurse transition into practice during the pandemic [10]. The report contains information on preceptor development and can be accessed [here](#).

Newly Licensed Nurses On-Boarding

Strategies

- 1. Modified Structure and Content of New Nurse Orientation.** Organizations made a variety of changes to support new graduate nurses in transitioning to independent practice.
 - **Extending orientation.** New graduate nurse orientation is being extended by up to 4 weeks in some organizations.
 - **Adding shadow experiences.** Some new nurses shadow nursing assistants for a few weeks at the start of their orientation to gain experience caring for multiple patients, working as part of the care team, and prioritizing patient and staff needs.
 - **Skill-building sessions.** Clinical skills have been augmented by focusing the first two weeks of new graduate nurse orientation on clinical skill attainment. During that time, a standard curriculum focuses on building nursing skills and familiarity with devices that new graduates commonly need. This has led to a smoother transition to practice without increased orientation time.
 - **Technology add-ins.** Gaming platforms, escape rooms and creative SIM lab experiences are being used to further develop critical thinking and teamwork among new graduate nurses.

- 2. Resources / Staff Added to Support New Nurse Orientation.** Added roles help new graduate nurses transition into practice and support units staffed with less experienced nurses, especially on evenings, nights, and weekends.
 - **Night, evening and weekend supports.** Supervisors, resource nurses, rapid-response teams, and behavioral health resources have been added to support younger and less experienced nurses working on all shifts. One organization shared a specific example, responding to a need for clinical education on the night shift they added a night education coordinator role. The focus of this role is to round on hospital units and connect with new nurses that may need support. This resource was so successful many unit managers give up positions to expand the pool of educator coordinators.
 - **Retaining nurses near retirement to support education.** Taking advantage of the knowledge and skills of experienced nurses was the foundation of another innovation. This was described as a clinical instructor model, but for orientation. It is filled by experienced nurses who like to teach but no longer want to take a patient assignment. These experienced nurses oversee up to 3 nurses on orientation and assist them in managing their patient assignments but do not have an assignment of their own. This model was described as a *win-win*, a great way to retain nurses close to retirement while decreasing the precepting burden on units with many new graduate nurses. It also lessening the orientation burden that usually falls to nurses serving in preceptor roles.



New roles can be a great fit for experienced nurses to capitalize on their clinical expertise and problem solving while providing a less physically demanding role.

Newly Licensed Nurses Retention

Driven by the resources required to orient, up-skill, and on-board newly licensed nurses, nurse leaders closely monitor how long new nurses stay employed on the unit and within the organization. Previous targets for new nurse retention at the unit level are no longer realistic. "Today's younger nurses see their careers as 'tours of duty' on a career path, long-term retention is probably an unrealistic goal" explains nursing leadership expert Dr. Rose Sherman [1]. Nurse leaders are reframing retention expectations and are becoming creative in supporting the desired mobility of new nurses. They understand that nurses will change organizations if opportunities do not exist for them to move into different units or ascend the career ladder. In long term care, retention of new graduates is even more difficult than experienced nurse retention.

"Today's younger nurses see their careers as 'tours of duty' on a career path, long-term retention is probably an unrealistic goal."

Dr. Rose Sherman [1]

Simultaneously building a unit culture that embraces training novice nurses and building an organizational culture that supports the movement of nurses within the organization are directionally correct. However, it is common to hear begrudging comments about new nurses going back to school for advanced degrees or taking new jobs very early in their careers. It is frustrating for senior staff to feel that new nurses are constantly coming, completing orientation, and then leaving. One participant commented, "The turnover of new graduates has made it difficult for the preceptors, the constant responsibility of precepting in addition to their work is making them feel drained." Indeed, precepting all of the time can be exhausting, especially if the same nurses precept the new hires. It is difficult to be a nurse who stays and who feels like "we lost another nurse." Today, this precepting burden is amplified by the need to onboard travelers. There is consensus to shift mindsets away from feelings of frustration when new nurses seek other roles.



This is where reframing expectations has helped. Establishing a unit culture that embraces training new graduates as a key part of unit identity is a first step. This includes incorporating teaching into the unit's core values and strategizing to retain nurses who like and are good at teaching. To move in this direction it is essential to secure resources to develop more preceptors so the same nurses are not always precepting. Another way to embed pride in educating new graduates is with a dedicated education unit (DEU). Creating a DEU begins with identifying members of the nursing leadership team who would embrace this model.

Newly Licensed Nurses

Retention

Scheduled check-ins with new graduates initiates early conversations about short and long-term career goals. In addition, these conversations build connections that can have lasting benefits and establishes a coaching relationship with new nurses as they begin their careers. In particular, Millennial and Generation Z nurses want to feel supported in their career aspirations and not be held-back. Stay interviews with staff assist managers understanding why employees stay and what factors would potentially cause them to leave.

Best Practice

Stay interviews are conducted to help managers understand why employees stay and what might cause them to leave. In an effective stay interview, managers ask standard, structured questions in a casual and conversational manner. Most stay interviews take less than half an hour [11].

Questions

The following questions can be used to conduct a stay interview; several open-ended questions should be on hand. It's important to listen and gather ideas from the employee about how the manager and organization can retain this staff member.

- What do you look forward to when you come to work each day?
- What do you like most or least about working here?
- What keeps you working here?
- If you could change something about your job, what would that be?
- What would make your job more satisfying?
- How do you like to be recognized?
- What talents are not being used in your current role?
- What would you like to learn here?
- What motivates (or demotivates) you?
- What can I do to best support you?
- What can I do more of or less of as your manager?
- What might tempt you to leave?

Leaders can also use the time to explore future career plans with their staff. Together they can discuss what the staff member values and create plans to help them stay in their current role, try a new area of practice, and/or plan for their exit. These strategies all center around strong relationships and good communication between leaders and staff. Dr. Rose Sherman also provides information on conducting stay interviews for nurses [12].

Workforce Data and Modeling

Nurse leaders use metrics to guide workforce decision-making and that will continue to be an important source of guidance. However, the pandemic has had a dramatic destabilizing effect, with changes occurring rapidly within and outside of organizations. It was reported to be easy to lose track of many previously tracked metrics in the hectic race to ensure sufficient staff, cross train staff, and explore different models of care. During the pandemic, most organizations experienced unprecedented swings in metrics. A common observation noted that, “2020 metrics and strategies to improve went crazy as the pandemic took hold. There is a need to return to that focus.” This section will address metrics being used by nurse leaders in the ONL Workforce Think Tank.

Currently, leaders are returning to metrics to paint the current picture and plan for the future. Organizations are re-focusing on internal workforce metrics using past data points while adding new ones. However, confidence in the ability of workforce metrics to predict future trends is unsettled with so many competing issues. Acute care census and acuity levels are higher than pre-pandemic for many organizations. The nature and characteristics of the nursing workforce have undergone a dramatic change during the pandemic.

Metrics are needed to manage operations and to forecast new and ongoing staffing needs. As part of the executive team, nurse leaders must work with colleagues in human resources/ nurse recruitment and finance leaders to understand internal organizational workforce metrics as well as regional and national workforce trends.

Workforce Data Dashboards in Organizations

Data dashboards provide a consistent and organized approach to prioritize and analyze metrics. There are vast numbers of metrics that can be analyzed. Think Tank participants emphasized that the goal is to build a dashboard that organizes key data points in a way that provides the clearest picture. Nurse leaders shared that they strategically prioritize the data elements that are included in the dashboard and regularly reassess what data elements to include.

Workforce Data and Modeling

The pandemic demonstrated that priorities change over time, sometimes quickly. In building a dashboard, data elements should be defined in detail including the source and time frame; a lack of definition creates significant issues in data analysis, particularly analyzing trends over time and between organizations. Aggregating data in one report, or dashboard, can help display a complete picture. The dashboard plan should include a time frame for data collection, identified data elements, and publication/dissemination intervals. Workforce think tank nurse leaders shared several comments about workforce data being captured in their organizations.

- Data that is trended over time allows leaders to rapidly identify changes. As an example, variations in vacancy rates were consistently identified by nurse leaders and the variations were confirmed through data. One think tank participant noted that “Vacancy is the highest we have ever seen at 19% and we have not peaked yet.”
- Turnover, specifically length of service, race, and ethnicity were not well captured during the pandemic. One leader noted that, “We lost a lot of nurses from procedure areas during the first 20 months of the pandemic, and we did not keep up on turnover in those areas.”
- Functional vacancy rates (also known as operational vacancies) are important data points for many. Functional vacancies were described as different from actual vacancies because actual numbers are being considered, ie., who can staff the shifts. Anyone who is on orientation (and not taking a patient assignment) or those away on LOAs are not included, creating a functional vacancy that is higher than the actual vacancy. One organization noted that its units can function with about a 15% functional vacancy rate if it is equally distributed across off shifts and weekends but beyond 15% conditions deteriorate.
- There was interest in exchanging information among leaders about other data points such as sample KPI (key performance indicators) dashboards; how data is extracted; how data is benchmarked; and what sources are being used. One example of important recruiting data was noted to be how long after an application is completed do the applicants wait to be contacted by nurse recruitment.
- Data can also provide essential information about whether staff are getting much needed vacation time and other time off.

“Vacancy is the highest we have ever seen at 19% and we have not peaked yet.”

Workforce Data and Modeling

Nurse leaders identified a wide range of data elements that they collect and analyze to forecast workforce needs. Each organization specified a constellation of metrics that were uniquely important and reflected its challenges. These data can be collected for nurses, nursing assistants, and other staff. Financial modeling is necessary to quantify the costs of workforce changes such as higher turnover rates, the need for temporary staff to fill the gap between functional and actual vacancy rates, as well as orientation costs.

Sample Metrics Employed by Nurse Leaders to Trend Availability of Staff and Vacancies

Vacancies by Unit and Service Line

- Use of paid time off (PTO)
- Use of supplemental staff FTEs (internal float pool versus external agency staff)
- Projected retirements
- Leaves of absence (LOAs)
- Nurses on Orientation
- Unplanned absence trended (day of call outs, shift)
- Hours of Per Diem work by unit/role trended and compared to other units

Vacancy Rates (quantative and *qualtative data)

- By unit, by shift, and by service line and within the organization
- Functional / operational vacancy rate accounting for (budget vs available staff)

Trending Planned and Unplanned Turnover:

- Length of service by unit and by organization
- Specialty
- Race / ethnicity
- Age
- Retained in organization/system or not

* Use qualitative data to add context and depth to the numbers. Provide space for narrative comments about why people are leaving their roles and what is driving vacancies. Assess data for trends, forecasting, and potential modification of workforce policies. Where are your areas of chronic vacancies? How many unplanned absence on units and shifts? (call outs, COVID quarantine, etc)

Data collected and presented by clinical area will allow for comparisons and trending over time.

- Monthly predicted turnover
- Actual turnover
- Needed new hires
- Actual new hires
- A rolling total of hiring needs for the next month
- A rolling total of LOAs and nurses on orientation

Workforce Data and Modeling

Assessing Recruitment and New Hire Readiness

Recruitment

- Time to fill positions
- Number of applicants per job posting
- Race / ethnicity of current staff to current candidates
- Time from interview to offer

On-boarding New Nurses and Ongoing Education / Cross Training

- Length of time for on-boarding (how long before the nurse is functional and ready to practice)
- Training and cross training costs
- Time to obtain nursing licensure or required certifications
- Competencies related to cross training, and time frame to obtain

Assessing Cost of Workforce Interventions

Temporary / Agency Staff

- Cost of contract - hourly rate, by specialty
- Length of contract
- Time to fill contracts
- Broken contracts, reason

Training Costs and Internal Flexible Staffing Strategies

- Training and cross-training costs
- Cost of added support resources (night supervisors, additional educators, rapid response teams, etc) by shift

Bonuses: Recruitment, Retention, Other

- Amount paid per person
- Total amount paid out
- Number of people receiving bonus
- Impact of the bonus on recruitment or retention
- Staff comments / satisfaction

Workforce Wellbeing Strategies

- Cost of staff wellness interventions
- Utilization of staff wellness interventions
- Staff reaction, impact of intervention

Policy

Several state and organizational policies impacted the nursing workforce during the pandemic. Executive orders issued by Governors were critical interventions for mobilizing and utilizing available health care workers. Such executive orders include those aimed at licensure such as license reciprocity and expedited licensure processes in states that are not part of the Nurse Licensure Compact (more information available on the [NCSBN website](#)) expedited licensure processes for foreign trained nurses and providers; and, orders that allow senior nursing students to be hired and to practice nursing in states that did not have a graduate nurse practice statute.



➔ ONL has long advocated in support of the Nurse Licensure Compact, and leaders are encouraged to prioritize support for this policy in discussions with senior government affairs leaders, hospital / health system leadership, and public sector leaders.

Other policies implemented during the pandemic were both beneficial and problematic. For example, Massachusetts passed the Paid Family Medical Leave Act in 2018, after delayed implementation in 2020 the law went into effect January 1, 2021 [13]. While organizations had time to prepare for the implementation of this law, the number of hospital employees applying for and receiving Leaves of Absence (LOAs) greatly exceeded expectations. As an example, one hospital anticipated its number of LOAs would double with this law but the number actually tripled. In another organization the average number of staff on leaves of absence rapidly grew from 24 to 70, requiring 50 new FTEs to provide coverage. So, while paid family and medical leave provides benefits to workers and is an important tool for supporting employee wellness, it has been a significant challenge for nurse leaders who are working tirelessly to have enough staff to care for patients seeking care. ONL published an analysis of PFMLA in New England in the fall of 2021. That report can be accessed [here](#).



Another emerging policy debate relates to mandatory vaccination policy. There are many factors that will impact the extent to which mandatory vaccination policies trigger workers' employment decisions, and limited flexibility on the side of employers to create flexible solutions.



Evidence Based Strategies for Engagement and Retention

Use Data!

Quantify the problem so that you can know the impact of turnover in your organization, assess interventions and measure improvement [14].

- Re-examine beliefs on recruitment/retention. Think like scientists to reframe the problem.
- Tie results to clinical outcomes and retention.

Workplace Environments

- Recognize/accept we are in midst of a huge demographic shift in the nursing workforce: Baby boomers and older GenXers will be replaced by Millennials and Gen Z nurses.
- Professional practice environments will continue to support recruitment/retention efforts.
- Well-being of staff and leaders will be an ongoing imperative for success. Make workforce health and well-being a part of the organizational culture.

Strategic Planning and Investment

Prioritize workforce planning with consistent leadership support and making it part of the organization's strategic plan [14].

- Nurse recruitment and retention needs to be an ongoing strategic initiative.
- Structured, organization wide focus on recruiting and retaining nurses reinforced by benefits that support retention activities [14].
- New graduate nurse residency programs are an imperative. Emerging data supports retention of new graduate nurses at 12 months is significantly higher in organizations with residency programs regardless of brand of program. Added strategies at years 2 and 3 have moderate but significant impact [15, 16].

Advocate for Policy that Supports Workforce Development

- Work with professional nursing organizations (ONL and others) as well as hospital associations and community partners to support policies that will address workforce development needs.
- Collaborate with community partners to utilize available workforce development resources.

Emerging and Creative Ideas to Consider

Strategies Grounded in Flexibility

- Sabbaticals within an organization offer nurses an opportunity to grow professionally without switching jobs [17]
- Implement a *nurse draft* to fill open positions in your organization / system using internal candidates.
- Expand shift options for working parents, older nurses (4, 6, 8 hour shifts). Think "gig employment" model.

Providing Needed Supports & Professional Development Opportunities

- Use of swat team of expert nurses to assist units that are overwhelmed/understaffed. Adding night educators and supervisors, or a behavioral health response team, to support staff.
- Use retired or near-retirement RNs to work with 3-4 new graduates as their preceptor/ coach/mentor.
- Leaders conduct "stay interviews" or touch-points with RNs to explore goals and their intent to stay [19, 20]. Assist nurses with developing and achieving their career goals [17].
- New role of Nurse Retentionist as strategic initiative [21].

Re-imagine Employee Benefits

Consider wages and benefits reflecting the value of retention and cost savings related to agency staffing.

What value-add benefits can you offer?

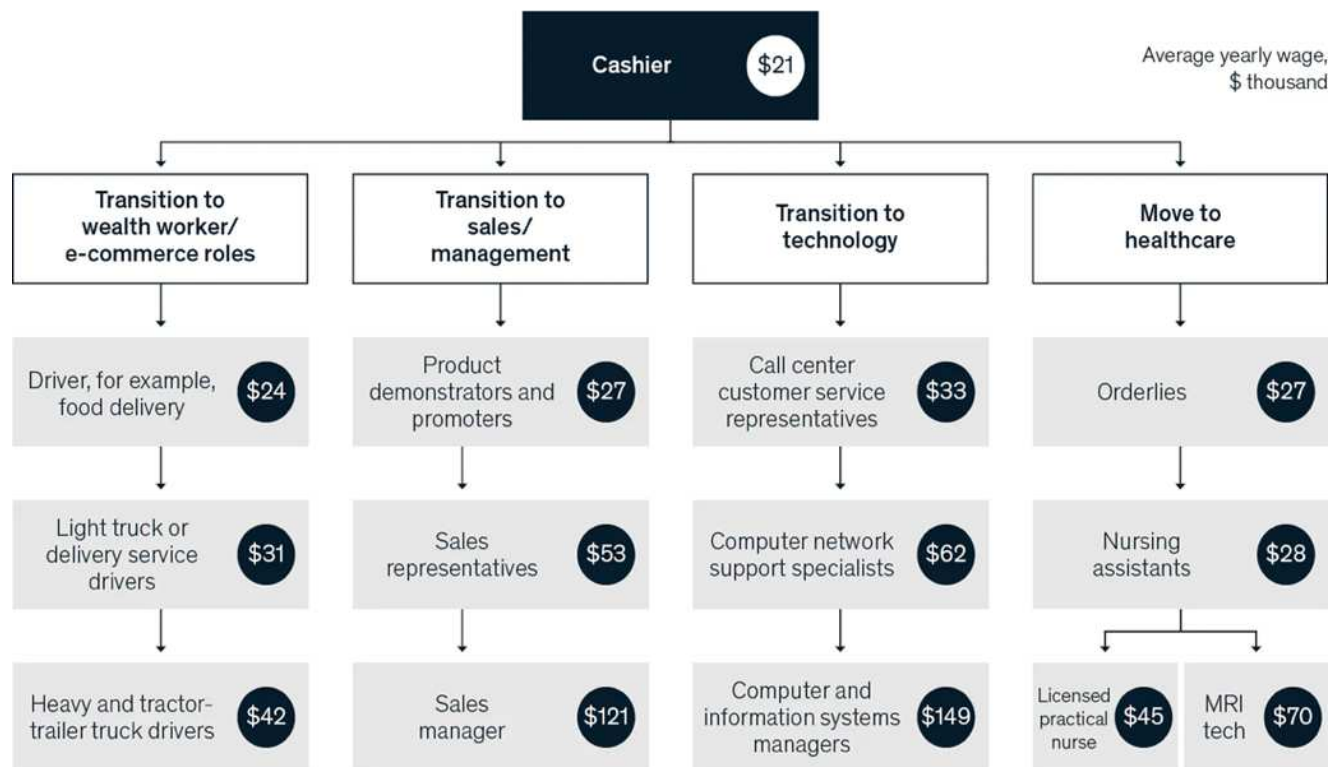
- Are there alternative options for child care availability 24/7; pet care, personal services?
- Create programs for paying tuition debt from undergraduate or graduate programs. Does your organization help employees qualify for Public Service Loan Forgiveness or other federal programs that could off-set debt?
- Prioritize building a healthy work environment, including sustainable wellness programs tailored to needs of employees and reflecting an understanding of burnout and secondary trauma [18].

Collaborate for Workforce Development

- Build and enhance academic-practice partnerships.
- Collaboration across institutions sharing coursework for specialty practice orientation (ICU, Periop, ED, Labor & Delivery).
- Explore state and federal workforce development funding and strategies available through department's of labor and employment boards. Many opportunities will require academic, training and/or community partnerships.
- Strengthen talent pipelines and build skills for the future. Re-skill when possible and partner to develop new career pathways.

Salary Comparison

As different economic sectors compete for workers, the comparative salary analysis conducted by McKinsey Global, provides useful information for hiring institutions and cross-sector leaders focused on workforce development. Wages impact career selection, recruitment, and retention.



McKinsey Global Institutes New Future of Work Report: Worldwide Impact of Covid on Workforce. Full report available at: <https://www.mckinsey.com/about-us/new-at-mckinsey-blog/where-the-jobs-are-insights-from-our-new-study>

Future Direction

Future Direction

Investments are Needed to Bolster and Grow a Healthy and Diverse Nursing Workforce

The COVID-19 pandemic has been tremendously destabilized the nursing workforce and care delivery in acute and post-acute organizations. Members of the health care team are struggling, and organizations are challenged to maintain a nursing workforce that supports safe, effective, and timely patient care. Strategies in this report are provided to guide stabilization and workforce rebuilding efforts.

Nurse leaders remain committed to leading their teams, organizations, and communities, and collaborating with others. Nurses working in all care settings need space to heal and process the pandemic trauma and a voice at decision-making tables. Post-pandemic care environments will look quite different from the pre-pandemic state with the emergence of new models of care and compensation packages for nurses.

- Leaders can commit to local action through academic and practice partnerships, as well as collaboration with state agencies focused on workforce development. Broad-based efforts will be necessary to create a healthy and diverse nursing workforce that can meet future patient and population health needs.
- Engagement with state and federal policy leaders should focus on investments to expand the nursing pipeline, address burnout and psychological stress from working through the pandemic, and policies that support flexible workforce solutions, such as the Nurse Licensure Compact.

Access to high-quality health care services should be a prevailing goal as organizations work to stabilize their nursing workforces. Achieving this will mean rebuilding our workforce and work environments in new ways and with new flexibilities. Collaboration will be required to ensure work environments are grounded in respect, and value diversity. Nurses, members of the health care team, nurse leaders, health care executives, and policy leaders have a shared interest creating this reality.

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The Organization of Nurse Leaders - MA, RI, NH, CT, VT (ONL) is a not-for-profit membership organization dedicated to empowering nurse leaders so they may advance the health of their patients and communities. ONL members include more than 1,100 nurses across New England. They are nurse leaders from all levels, in multiple practice, academic, and industry settings, including chief nursing officers, directors, deans, professors, consultants, managers, APRNs, clinical nurse specialists and clinical nurses in hospitals, home care, post-acute care and ambulatory settings. Together they lead more than 275,000 licensed nurses who care for millions of patients each year.

ONL's mission is to advance a culture of health through excellence in nursing. The organization works in collaboration with local and national organizations to promote excellence in nursing leadership, and by extension, high-quality and high-value patient care.

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