CNA

Healthcare

VANTAGE POINT®

Staffing Shortages: Addressing Healthcare's Acute-on-Chronic Issue

The term *acute-on-chronic* is commonly used in medicine to describe an acute worsening of a chronic, long-standing condition. The healthcare industry is currently experiencing its own acute-on-chronic problem with respect to staffing.

For decades, healthcare organizations of all types have had difficulty recruiting and retaining sufficient qualified staff members, at the same time that demand for services continues to grow within an aging society. Chronic staffing issues were sharply exacerbated by the COVID-19 crisis, when the pressures placed on front-line providers and caregivers created the highest levels ever recorded of professional dissatisfaction and burnout. As reported by the National Council of State Boards of Nursing, 100,000 nurses left the workforce during the pandemic, and it is forecasted that 900,000 will exit by 2027.

This mass exodus of nurses, providers and direct care workers means that healthcare facilities and practices from across the healthcare spectrum must manage acute short-term staffing needs, while simultaneously addressing already existing difficulties in recruiting and retaining healthcare professionals. These workforce shortfalls are not just a temporary nuisance, but rather a systemic challenge that threatens institutional sustainability and requires a strategic response.

This edition of *Vantage Point®* is intended to assist healthcare leaders in understanding and managing the complexities of acute-on-chronic staffing shortfalls. The article describes the extent of the problem, notes root causes, and offers risk management recommendations and practical measures to strengthen staff loyalty and improve retention rates.

In this issue…

Scope of the Problem

A recent study by Mercer LLC predicts that the healthcare labor market will experience a national shortfall of 100,000 necessary workers by 2028. In general, Eastern and Southern states are more affected by staffing shortages, as are rural areas nationwide. Because of the wide geographical variance – which reflects differing economic conditions, state legislative initiatives and uneven post-pandemic stabilization rates – leaders should familiarize themselves with workforce trends in their own regions and localities.
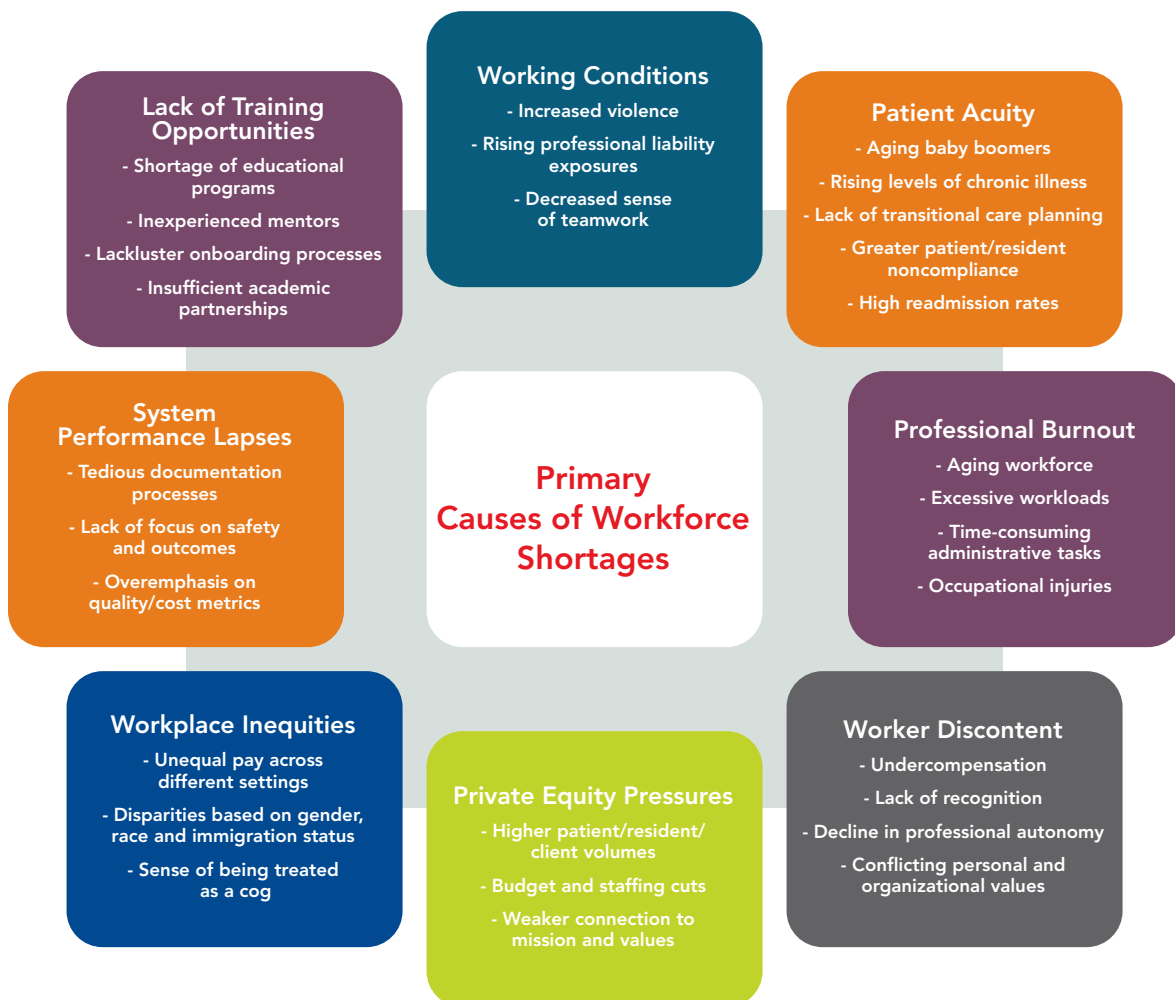
When considering the scope of workforce shortages, it is necessary to be cognizant of staffing trends in different medical and nursing specialties. For example, as reported by the Association of American Medical Colleges (AAMC), as many as 86,000 additional physicians will be needed by 2036, including a predicted shortfall of between 10,000 to nearly 20,000 surgeons. AAMC further estimates a shortfall of between 20,000 and 40,000 primary care physicians by 2036.

Nursing shortfalls are anticipated to be most severe in such fields as emergency care, pediatrics and geriatrics. Advanced practice nursing specialties, including nurse practitioners, nurse anesthetists and nurse midwives, among others, are also impacted. As underscored by the U.S. Bureau of Labor Statistics in the Occupational Outlook Handbook, employment of nurse anesthetists, nurse midwives and nurse practitioners is projected to grow faster than the average of all healthcare occupations. Moreover, in referring to data from the American Association of Colleges of Nursing (AACN), the Bureau noted that approximately 29,200 nurse practitioners will be needed annually through 2032, in order to meet the rising demand for primary and specialty care.

Lastly, there are significant shortages expected for certified nursing assistants, which will impact the care being rendered to residents in aging services organizations, as well as patients receiving home care. Of note, the National Association of Health Care Assistants presently reports high turnover rates, underscoring that this sector of the aging services workforce has reached a breaking point in terms of professional burnout, low pay and levels of exhaustion.

Fundamental Causes of Staff Shortfalls

Many of the systemic issues that affect the healthcare system as a whole, including administrative inefficiencies, inadequate reimbursement levels and workplace violence, also contribute to the high stress levels experienced by healthcare providers and staff members. The diagram below depicts some of the underlying factors that impact healthcare hiring and retention rates:

Lack of Training Opportunities
- Shortage of educational programs
- Inexperienced mentors
- Lackluster onboarding processes
- Insufficient academic partnerships

Working Conditions
- Increased violence
- Rising professional liability exposures
- Decreased sense of teamwork

Patient Acuity
- Aging baby boomers
- Rising levels of chronic illness
- Lack of transitional care planning
- Greater patient/resident noncompliance
- High readmission rates

System Performance Lapses
- Tedious documentation processes
- Lack of focus on safety and outcomes
- Overemphasis on quality/cost metrics

Primary Causes of Workforce Shortages

Professional Burnout
- Aging workforce
- Excessive workloads
- Time-consuming administrative tasks
- Occupational injuries

Workplace Inequities
- Unequal pay across different settings
- Disparities based on gender, race and immigration status
- Sense of being treated as a cog

Private Equity Pressures
- Higher patient/resident/client volumes
- Budget and staffing cuts
- Weaker connection to mission and values

Worker Discontent
- Undercompensation
- Lack of recognition
- Decline in professional autonomy
- Conflicting personal and organizational values

A Closer Look at Nurse Staffing Challenges

As with healthcare occupations as a whole, some states will experience higher nursing shortfalls. The map below displays, by percentages, the top ten states with anticipated shortages.
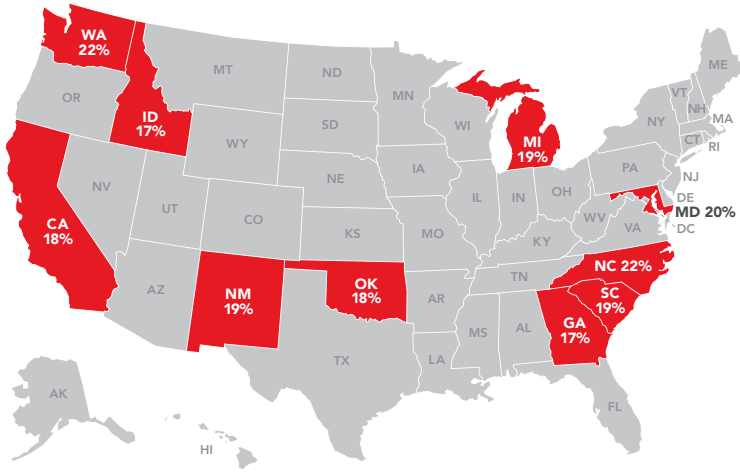
According to the AACN, the country will require more than 200,000 new nurses over the next two years. The demand is particularly high for nurses with a Bachelor of Science in Nursing degree. However, it will be difficult to meet this need, due in part to a paucity of nursing educators. The AACN reports that 65,766 qualified applications to baccalaureate and graduate nursing programs were declined in 2023 due to insufficient number of faculty, clinical sites, classroom space and clinical preceptors, as well as budget constraints.

In addition to a lack of nursing program faculty, many other factors contribute to chronic nursing shortages and high staff turnover. These include the following:

- **Persistent workplace stress,** leading to mental fatigue and professional burnout.

- **Poor assimilation into the clinical setting,** due to ineffective orientation and peer mentoring programs.

- **Unsafe working conditions,** leading to physical injuries, as well as psychological stress.

- **Pay variability across healthcare settings,** leading to recruitment and retention issues.

- **Growing tendency for nurses to enter specialty programs,** creating a shortage in primary care areas.

- **Rapid leadership turnover,** resulting in decreased organizational focus on safety and quality issues.

- **Private equity pressures,** particularly with respect to cost-containment efforts and their effect on staffing levels.

Staffing shortages are not unique to acute and ambulatory care settings. The aging services industry experienced an acute exacerbation of longstanding shortages during the pandemic, triggering increased levels of turnover, nurse burnout and subsequent resident harm. Taken collectively, these factors, among others, create a cyclical problem, ultimately contributing to a worsening of staff turnover. In fact, as noted in the 2024 State of the Sector Report, issued by the American Health Care Association, 99 percent of aging services organizations currently have open job postings, with 72 percent reporting that their current workforce levels are lower than before the pandemic. Furthermore, 66 percent of facilities are at risk for closure, as recruitment and retention challenges also impact occupancy levels.

The aging services industry is experiencing other pressures on the regulatory front. The Centers for Medicare & Medicaid Services (CMS) has implemented minimum nurse staffing requirements, which intensify existing pressures for many facilities. (See the pullout directly below.)

New Aging Services Staffing Standards

The CMS rule consists of the following three core staffing directives, to be implemented over the next two to three years:

1. **Maintain sufficient staff to provide at least 3.48 hours of care per resident day** (HPRD), with at least 0.55 HPRD by RNs and 2.45 HPRD by NAs.

2. **Have an RN onsite 24 hours a day,** seven days a week.

3. **Participate in enhanced facility assessment programs,** focusing on evidence-based and data-driven assessment methods.

Hardship exemptions may apply for select facilities located in regions with lower recruitment pools.

CMS also has promulgated new reporting requirements for nursing homes with regard to infection control surveillance, e.g., COVID-19, influenza and respiratory syncytial virus. While the requirements translate to additional reporting demands, CMS has acknowledged potential compliance challenges and has implemented changes to streamline the process.

Various policy solutions are now being enacted or are under consideration at both the state and federal level to stabilize the nursing workforce. The chart on page 4 summarizes several nursing-related legislative proposals. (For more information on governmental initiatives, see "Legislative Efforts to Address Workforce Shortages" on page 7.)

Focus of RN and Advanced Practice Nurse Staffing Legislative Proposals

To Decrease Turnover	**At State Level** • Mandatory maximum nurse-to-patient/resident/client ratios, to reduce understaffing and overwork. • Prohibitions on mandatory overtime. • Loan repayment programs for education and training. • Financial incentives for healthcare organizations to provide onsite training.	**At Federal Level** • New CMS safe-staffing mandates. • Penalties for organizations with unsafe workloads. • Simplification of accreditation/survey processes, to reduce paperwork and excessive reporting demands. • More funding for research into care delivery and worker safety.
To Increase Supply	**At State Level** • Reductions in scope-of-practice limitation for nurse practitioners. • Granting of targeted scholarships or tuition support for nursing students and nurse educators.	**At Federal Level** • Increased access to staffing-related data collected by the National Health Care Workforce Commission. • Loan-forgiveness programs. • Creation of a nurse faculty corps program. • Expansion of the CMS Graduate Nurse Education demonstration project for advanced degree nurses.

Six Key Recruitment Strategies

In a tight hiring environment, healthcare organizations, facilities and practices are well-advised to revisit their hiring process, in order to ensure that it does not deter qualified potential applicants. The following measures can help boost recruitment efforts:

1. **Test the application process.** Ensure that applications are compatible with a range of devices – including tablets, laptops and smartphones – and periodically check the process to identify outdated features or redundant steps. In addition, be sure that …

   • **Application forms are accessible** and easy to download.

   • **Candidates can track their progress visually,** via a user-friendly graphic.

   • **Applications can be saved midway through** and completed later.

   • **Responses are sent out promptly to applicants,** ideally within 48 hours.

2. **Establish a talent acquisition task force** which, among other roles, can consider rejected applicants for other open positions.

3. **Assess existing supply and demand factors.** As noted earlier, it is essential to determine which healthcare professions are experiencing the largest current or projected deficits in one's region. On a nationwide basis, however, demand over the next decade is expected to spike for nurse practitioners and physician assistants, physical therapy assistants, and home health and personal care aides.

4. **Adjust offers of salary and benefits to local norms.** It is a simple truth that job seekers gravitate to the situations that offer the most in terms of compensation and fringe benefits, including retirement plans and childcare options. This is particularly true of lower-wage workers, a category that includes many direct caregivers.

5. **Establish new recruitment pipelines.** Demographic realities necessitate a broadening of the traditional recruitment pool. In addition to establishing partnerships with local universities, colleges and vocational schools, consider hiring older workers, retirees seeking part-time work, trainees desiring practical experience and welfare-to-work program participants.

6. **Increase leadership involvement.** As noted elsewhere in this issue, high turnover is the result not just of external circumstances, but also of internal factors, such as low pay, grueling working conditions and lack of recognition. For this reason, organizational leaders should be part of the recruitment review process, where they can observe first-hand some of the underlying reasons for retention problems.

General Retention Strategies

In addition to offering competitive pay and benefits, healthcare organizations, facilities and practices seeking to decrease staff turnover need to focus on streamlining clinical processes, offering employees career growth opportunities and expanding wellness initiatives. The need to maintain a positive working environment becomes all the more important as private equity involvement and concomitant pressures expand within the healthcare industry.

The following measures are designed to help healthcare settings meet the pressing challenge of building and maintaining a high-quality workforce:

Adopt team-based care principles.

A collaborative framework – in which physicians, advanced practice providers, nurses and other direct care workers work together closely to resolve problems and achieve treatment goals – has been linked not only to better patient/resident/client outcomes, but also improved staff well-being. The following measures can help produce a safer, more productive and less stressful care environment:

- **Design orientation and training sessions around team management concepts,** using simulation modules, TeamSTEPPS principles, and related tools and concepts.

- **Implement group communication practices,** including frequent team briefings and huddles, as well as debriefings following the resolution of any situations that arise.

- **Adopt clinical tools designed to streamline and foolproof care processes,** including checklists, goal sheets and case analysis formats.

- **Utilize *closed-loop communication* and other structured interaction techniques at critical points of care,** such as at the beginning and end of shifts, when transferring care to another provider or covering assignments, and when administering high-alert medications or reporting critical test results.

(For more information, see the Team-Based Care ToolKit from the American College of Physicians, and "The Role of the Nurse Manager: Implementing Team-Based Models of Care," issued by the American Organization for Nursing Leadership. And for insights into new models of care and associated exposures, see CNA *Vantage Point®* 2023-Issue 2, "Evolving Models of Care: New Delivery Methods Present New Risks" and CNA *CareFully Speaking®* 2023-Issue 2, "New Models of Care: A Look at Five Aging Services Trends and Challenges.")

Evaluate current IT systems.

According to surveys, the following IT-related issues, among others, contribute significantly to healthcare staff burnout:

- **Electronic health record complexities,** leading to excessive data entry demands, task repetition and general frustration.

- **Lack of IT interoperability,** resulting in redundant documentation demands among non-integrated systems.

- **Alert fatigue from clinical false alarms,** causing desensitization to actual emergencies.

- **Ever-changing IT systems,** resulting in the need for time-consuming training sessions.

Adopt innovative technology wisely.

Well-designed, well-chosen, carefully implemented IT tools can significantly streamline clinical processes. The following electronic aids, among others, have been found to help reduce excessive workloads and alleviate IT-related stress:

- **Telehealth systems,** which provide a range of monitoring and counseling services for remotely located patients/residents/clients, while also facilitating communication via portals, text messaging and email.

- **Wearable devices,** which permit ongoing patient/resident/client monitoring, thus enhancing diagnosis and treatment.

- **Robotic surgery,** which brings greater consistency and precision to complex procedures.

- **Electronic kiosks and other e-health initiatives,** which automate certain admission, discharge, appointment, scheduling and check-in functions, as well as reporting lab results and aiding with medication management and chronic disease maintenance.

Revise job descriptions.

Job redesign is another effective way to lower staff turnover. By identifying tasks that can be automated, simplified or eliminated, facilities can help ease common workplace frustrations.

Closely monitor staffing data.

Healthcare facilities and medical offices need to know on a day-to-day basis whether available staff can safely meet patient/resident/client needs. By using advanced shift management software and online scheduling systems, organizations can more easily detect staffing shortages, fill gaps more efficiently, reduce the risk of chronic overwork, and more precisely align staffing assignments with patient/resident/client acuity and employee competencies.

Prevent unsafe workloads.

The following tactics, among others, can help healthcare administrators reduce work overload and consequent undue stress on staff members:

- **Use of "float pools,"** comprising licensed and auxiliary staff who can fill in when needed at moments of peak demand.

- **Deployment of medical assistants** to free providers from time-consuming administrative chores.

- **Contracting with outside agency or traveling nurses** to meet fluctuating needs and conditions. (For information about the risk management implications of utilizing temporary agencies, see *AlertBulletin®* 2022-Issue 4, "Temporary Staffing: Five Keys to Enhanced Safety and Productivity.")

Strengthen onboarding programs.

A formal onboarding process for new hires – involving thorough orientation, peer mentoring, training, performance evaluation and two-way communication – is an important means of enhancing staff performance and inspiring long-term loyalty. (See "The Six C's of Onboarding" on page 7. And for a look at recent developments in healthcare onboarding, see Beyond Compliance: Transformative Trends in Healthcare Onboarding, issued by Tollanis Solutions, Inc., and Healthcare Onboarding: Best Practices and Checklist, posted on ShareFile®).

Develop talent internally.

Effective entry-level training sessions, ongoing educational programs and defined career ladders for new hires can do much to help employers boost loyalty and retain talent. A growing number of states are funding onsite training and certification programs for direct care workers, in order to improve skills and reduce turnover. In addition, by providing support to nurses who transition to new clinical specialties, organizations help boost morale and encourage internal career development.

Address the full range of causes of worker burnout.

Reducing attrition and staff discontent requires a multipronged effort, including providing competitive pay and benefits, promoting flexibility in scheduling, redesigning tasks to ease stress, and offering practical and effective wellness programs. (For more information, see "Building a Systemic Well-Being Program: A 5-Step Blueprint," issued by the American Hospital Association; *Impact Wellbeing™ Guide: Taking Action to Improve Healthcare Worker Wellbeing*, from the National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention; and CNA *Vantage Point®* 2021-Issue 1, "Provider Burnout: A Root Cause Approach to Reducing Stress.")

Cultivate a positive practice environment.

New care delivery models emphasize the need to nurture positive principles – such as inclusiveness, communication, inquisitiveness, innovation, and physical and psychological safety – in the workplace. Such environments empower staff members while also stimulating productivity. (For more information about developing and sustaining a healthy practice climate, see Nursing Leadership Workforce Compendium, issued by the American Organization for Nursing Leadership [AONL], and Nurse Staffing Think Tank: Priority Topics and Recommendations, issued by the AONL and other national healthcare organizations.)

Legislative Efforts to Address Workforce Shortages

The National Conference of State Legislatures recently launched a database to track healthcare workforce-related legislation. The database tracks bills dating back to 2021 by state and practice area, including behavioral health, aging services, nursing, maternal health, dentistry and primary care, among others. To date, over 500 state bills have been enacted in the areas of licensure and certification, scope of practice, recruitment and retention, and education.

In general, states have done more to enact legislative and regulatory changes than has the federal government. Recently, however, there has been an uptick in federal legislation designed to reduce workforce attrition and improve working conditions, as seen in these proposed congressional bills, among others:

- Bipartisan Primary Care and Health Workforce Act, which aims to improve access to primary care, in part by expanding the workforce.

- Health Care Workforce Innovation Act, which would work with local communities to increase the number of allied health professionals, especially in rural and under-served areas.

- Healthcare Workforce Resilience Act, which is intended to expand the number of available nurses and physicians by recapturing – i.e., reclaiming and reissuing – unused immigrant visas, in order to ease recruitment of overseas workers.

- Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, which would set mandatory nurse-to-patient ratios in hospitals, thus minimizing potential overload, one of the chief causes of burnout.

- Train More Nurses Act, which is designed to increase faculty positions at nursing schools and create new pathways for LPNs to become RNs.

The Six C's of Onboarding

The following six onboarding principles can help healthcare organizations raise retention levels and improve staff morale:

1. **Communicate.** Develop a portal by which newly hired staff can receive important information, such as schedules, facility maps, and answers to common questions about workplace rules, benefits and related concerns.

2. **Connect.** Introduce employees from the outset to the individuals with whom they will interact, both in their own department and throughout the organization.

3. **Counsel.** Establish organizational values, norms and structure early on in the orientation process by reviewing the organization's mission statement and chart, as well as briefly describing the various departments and functions. Present this information in such a way that new employees understand how their roles align with the enterprise as a whole.

4. **Clarify.** Convey both specific job duties and general ethical and behavioral expectations.

5. **Coach.** Assign a seasoned peer mentor to new hires, whose job it is to review basic procedures, monitor the employee's progress, and complete documented proficiency checks at the 15-, 30-, 60- and 90-day mark.

6. **Check.** Set short-term performance goals for new hires and conduct an assessment within 90 days post-orientation.

Assign a seasoned **peer mentor** to new hires, whose job it is to **review basic procedures, monitor the employee's progress, and complete documented proficiency checks** at the 15-, 30-, 60- and 90-day mark.

Workforce shortages are becoming the new normal throughout the healthcare industry, and the situation threatens to worsen for a variety of internal and external reasons. Only by examining and upgrading their hiring and retention policies can healthcare organizations and practices maintain the sort of staffing levels and continuity needed to provide high-quality patient/resident/client care. The strategies outlined herein can help leaders reduce potential employee burnout and increase loyalty, thus mitigating the effects of a long-term tight labor market.

Quick Links to CNA Resources

- CNA *AlertBulletin*® 2023-Issue 4, "Remote Patient Monitoring: Five Basic Risk-reduction Strategies."

- CNA *Vantage Point*® 2024-Issue 2, "Telemedicine Update: Coordinating Remote and In-person Care."

- CNA *Vantage Point*® 2022-Issue 1, "Scope of Practice Changes: Ten Keys to Safer Delegation."

- CNA *Vantage Point*® 2021-Issue 2, "Telemedicine: A Brief Guide to the Emerging Risks of Remote Care."

Did someone forward this newsletter to you? If you would like to receive future issues of *Vantage Point*® by email, please register for a complimentary subscription at go.cna.com/HCsubscribe.

For more information, please visit www.cna.com/healthcare.