Nursing Wellbeing, Recruitment & Retention Strategic Initiative

Summary of Background Literature

About this Document

This document summarizes literature related to nursing wellbeing, recruitment, and retention. Literature was submitted by members of the Hawai'i State Center for Nursing (the Center) Wellness, Recruitment, and Retention Strategic Initiative Working Group and was compiled by the staff of the Center. The content of this document reflects the areas of major concern among working group members and serves as a foundation for identifying strategic priorities to improve the recruitment, retention, and wellbeing of nurses in Hawai'i.

Following the accumulation of literature, the Working Group began developing a set of recommendations suitable for implementation in Hawai'i based on the Nurse Staffing Think Tank Priorities and Recommendations for sustaining a healthy nursing workforce (Partners for Nurse Staffing Think Tank, 2022). The Working Group expects to release its recommendations by the end of May 2023.

Wellbeing, Recruitment, and Retention as Strategic Priorities

Current estimates predict that by 2025, the United States could have a shortage of 200,000 - 450,000 nurses (Berlin et al., 2022). In Hawai'i, employers report having difficulty finding and retaining applicants to fill vacant nursing positions. The Healthcare Association of Hawaii (HAH) reports 999 vacant RN positions in various specialty areas, representing an increase of 536 positions (116%) compared to 2019. HAH also reported a 30% vacancy rate for LPN positions, an increase of 47% compared to 2019 (Healthcare Association of Hawai'i, 2022). The inability to recruit and retain nurses constitutes a significant workforce development priority which, if not addressed, could lead to a serious public health crisis.

Limited educational capacity constrains the number of new nurses that Hawai'i schools of nursing can add to the workforce each year. Addressing shortages of nursing faculty (Hawai'i State Center for Nursing, 2022d) and clinical placements (Hawai'i State Center for Nursing, 2022e) will help to ensure a flow of new graduate nurses into the workforce which is vital for workforce sustainability. It is also essential to retain experienced and expert nurses already in the workforce. A large body of

national and local data indicates a growing problem of nurses planning to leave either their current positions or the nursing workforce altogether. Specifically:

- Nationally, nearly one-third of nurses indicated they are likely to leave their role in direct patient care (Berlin et al., 2022).
- Hospitals and healthcare facilities experience average turnover rates ranging from 14% to 29% (NSI Nursing Solutions, Inc., 2022; Relias, 2022).
- 47% of nurses who plan to leave the profession intend to do so because work negatively affects their health and well-being (American Nurses Foundation & Joslin Insight, 2021).
- 28% of nurses reported changing work settings in 2021, citing management, higher pay, lower risk to mental health, flexible hours, and lower risk to physical health as the top five reasons (Relias, 2022).
- More than 1 million RNs will hit their retirement age within the next 10 to 15 years (Health Resources and Services Administration, 2019).
- 31.0% of all newly hired RNs left within a year, with first-year turnover accounting for 27.7% of all RN separations (NSI Nursing Solutions, Inc., 2022)
- One in four Hawaiʻi nurses reported feeling so stressed out at work that they considered leaving the nursing profession (Hawaiʻi State Center for Nursing, 2021d).
- 52% of new graduate nurses employed in post-acute/long-term care settings in Hawaiʻi report being likely or very likely to leave their current jobs (Hawaiʻi State Center for Nursing, 2022b).

Addressing the impact of occupational stress and burnout is central to retaining nurses already in the workforce. Nurses increasingly indicate physical and mental health as leading contributors to their desire to leave the workforce (Duru & Hammoud, 2022; Fitzpatrick & Valentine, 2021; Moy, 2022; Teachers Insurance and Annuity Association of America, 2021). Nursing, because it is a caring profession, is inherently stressful. The COVID-19 pandemic amplified nurses' feelings of stress, helplessness, frustration, and exhaustion (Dohrn et al., 2022; Fitzpatrick & Valentine, 2021; French et al., 2022; Hawaiʻi State Center for Nursing, 2021d). Though stress and burnout do not drive all nurses from the profession, recent studies suggest that there is a significant association between nurses' depression and lower quality of care, increased patient falls, and more medication errors (Letvak et al., 2012). Beyond the negative impact on patient care, nursing turnover is financially costly to healthcare facilities. According to the 2021 National Healthcare Retention & RN Staffing Report, the average cost of turnover for a staff RN costs between $33,900 to $58,300, amounting to an average annual cost per hospital of $7.1m in 2021.

Though turnover is disruptive to facilities and detrimental to patient care, extant research provides insights into how to improve retention. Supportive environments lower turnover rates and improve the quality of nursing care (Paul, 2022). When employers provide structured support for employee wellbeing, nurses report improved satisfaction, lower work-related stress, and better emotional health (Fitzpatrick & Valentine, 2021; Melnyk et al., 2018). Additionally, employers can improve nursing retention through shared governance, competitive compensation and benefits, recognition and respectful practices, tuition reimbursements, and meaningful recognition (Duru & Hammoud, 2022). Interventions designed to improve workforce retention are particularly important in home health, long-term care, and schools, as nurses in these settings report receiving fewer benefits than nurses working in acute or ambulatory settings (Relias, 2022).

Understanding the factors that contribute to nursing retention is crucial. Employers need to implement effective strategies to address organizational, environmental, and personal issues affecting nurses to preserve a functional and healthy nursing workforce, reduce costs and maintain quality patient care (Letvak et al., 2012).

Priority Areas for Improvement

<u>Workload & Staffing</u>

Bedside nurses report unmanageable workloads as contributing to their exhaustion, job dissatisfaction, and intention to leave their current employers (Bourgault, 2022; Fitzpatrick & Valentine, 2021; French et al., 2022). Factors contributing to excessive workloads include short staffing and employers' expectations that nurses perform non-nursing tasks (French et al., 2022). The COVID-19 pandemic resulted in additional staffing shortages due to healthcare employees' exposure to the virus, which worsened the problems of short staffing and excessive workloads (Wolf, 2022). Excessive workloads cause nurses to deliver suboptimal nursing care, contributing to trauma, moral injury, and burnout (Bourgault, 2022; Havaei et al., 2021; Wolf, 2022). Burnout contributes to staff turnover, which further exacerbates problems associated with short staffing (Moy, 2022).

Patient outcomes have been directly linked to staffing ratios and staffing costs. One study conducted in New York found that for every additional patient managed by a nurse, there was a 12% increase in the odds of in-hospital mortality, a 7% increase in the odds of 60-day mortality, higher readmission rates, and increased lengths of stay (Lasater et al., 2021). Another pre-pandemic study of nurses conducted in New York and Illinois found that 25% of nurses were dissatisfied with their jobs, and one in five planned to leave their employer within one year. RNs reported poor working

conditions characterized by not having enough staff (56%), administrators who did not listen/respond to RNs' concerns (42%), and frequently missed nursing care (ranging from 8% to 34% depending on the nursing task in question), work that was interrupted or delayed by insufficient staff (88%), and performing non-nursing tasks (82%) (French et al., 2022).

To address scheduling concerns, the ANA Assembly approved a recommendation for changes to existing ANA policy to support safe patient standards, including patient-to-nurse ratios that are acuity- and setting-specific (ANA Membership Assembly, 2022). Acuity-based models are more complex to implement than those based solely on patient numbers but have been shown to reduce costs and improve patient outcomes and nurses' job satisfaction (Avalere Health LLC, 2015). To set standards of care and encourage transparency, ANA and similar organizations advocate for changes to federal and state legislation. A recent attempt to legislatively limit nurse-to-patient ratios in Hawai'i was unsuccessful (RELATING TO NURSES., 2021).

Scheduling & Overtime

In an effort to address staffing shortages due to staff leaves, vacancies, and census peaks, hospitals often resort to mandatory overtime (Deering, 2022). However, studies indicate that long shifts and overtime influence the quality of care and the work environment, contributing to reduced focus and attention, poor performance, and an increased risk of nursing medical errors, leading to burnout and nurse turnover (Faller, 2008). Evidence suggests that long working hours lead to decreased job satisfaction and burnout and contribute to the nursing shortage. Additionally, irregular scheduling and the potential for nurses who refuse overtime to be subject to employer disciplinary actions further disaffect nurses and lead to attrition (Caruso et al., 2019).

Legislation restricting mandatory overtime for nurses has been passed in at least 18 states (Bae & Yoon, 2014). In January 2021, the Hawai'i State Legislature introduced but did not pass legislation to ban coerced overtime and prevent retaliation by employers against nurses not agreeing to overtime (RELATING TO LIMITATIONS ON WORK HOURS FOR NURSES, 2022). The 2021 Hawai'i Nursing Workforce Supply report reveals that 19% of nurses in the State report working more than forty-one hours a week (Hawai'i State Center for Nursing, 2021c). In addition, a 2021 survey on nurse wellbeing in Hawai'i during the COVID-19 pandemic found that 20% of nurses reported working more hours than usual (Hawai'i State Center for Nursing, 2021d).

ANA recommends that nurses not exceed 40 hours of nursing work in a seven-day period. ANA recommends that employers promote a culture of safety and a healthy work environment to reduce job stress and adverse outcomes associated with fatigue by using overtime only on a temporary basis,

eliminating the use of mandatory overtime as a staffing solution, and employing evidence-based staffing solutions (American Nurses Association, 2014). Healthcare employers can promote retention by improving the work schedule of nurses to ensure flexibility for sufficient 24/7 coverage by implementing data-driven pay strategies, such as well-designed staffing plans, 12-hour shifts, full-time or prorated benefits, and combined full- and part-time staffing models (Bradley, 2021).

Compensation, Benefits, & Cost of Living

Hawai'i nurses are paid the second-highest wages in the country (*Highest Paying States For Registered Nurses in 2022*, n.d.; Smiley et al., 2021), and nurses' average salary is 89.4% higher than the average salary of all occupations in the state (*The Best-Paying States for Nurses in 2021*, 2021). Yet, despite Hawai'i nurses on average earning high wages, Hawai'i nursing salaries are the lowest in the nation when the cost of living is considered (DeJournett, n.d.; Simple Nursing, 2022).

Hawai'i is the most expensive state in the nation, with the highest monthly expenses and median home prices reaching over $1.06 million (Hunt, 2022; *Least Affordable States*, 2022; Ufi, 2022). The Economic Research Organization at the University of Hawai'i (UHERO) found in a 2022 analysis that the Urban Hawai'i Consumer Price Index was 7.5% higher in March 2022 than at the same time in 2021. UHERO adds that "inflation creates budget pressures if not offset by proportionate increases in income" and that the three most significant components of excess inflation for all income groups are transportation, housing and utilities, and food prices (Bond-Smith et al., 2022).

Employers, nurses, nursing researchers, and educators can benefit from practicing value-informed nursing care by eliminating unnecessary, redundant, low-value care to reduce waste, lower costs, and improve patient outcomes (Yakusheva et al., 2022). Additionally, data-driven pay strategies can be leveraged to achieve nursing professional and organizational goals such as nurse retention (Bradley, 2021). Employers may also consider providing highly requested benefits, many of which are not provided to nurses, including bonuses, malpractice insurance, profit sharing, child care, and financial support for continuing education (Relias, 2022).

Support for Practice Transitions

In 2020, 29% of new graduate nurses reported being in or having completed a new graduate nurse residency program (NRP). Among new graduate nurses who completed a nurse residency program, 60% reported that their first or current job was in a hospital. In contrast, only 6% of RNs whose first or current jobs were in non-acute settings have participated in an NRP (Hawai'i State Center for Nursing, 2022b). In a needs assessment for transition to practice support for specialty nurses,

Hawai'i hospitals and nursing employers indicated critical care-ICU, perianesthesia and perioperative, emergency room, and behavioral health as the nursing specialties with the greatest unmet demand across the state (Hawai'i State Center for Nursing, 2022c). Nurses who may wish to pursue one of these high-demand specialties will be most successful if they have access to formal transition-to-new-specialty support.

Occupational Stress, Burnout, Moral Distress, & Compassion Fatigue

Workplace stress accounts for 5-8% of the United States' annual health care spending (Goh et al., 2016). The inherent challenges of being in a caring profession have been exacerbated by trauma associated with working in healthcare during the COVID-19 pandemic (Hartzband & Groopman, 2020; Office of the U.S. Surgeon General, 2022). Nurses and other healthcare professionals who experience work-related stress report higher rates of anxiety, depression (Havaei et al., 2021; Melnyk et al., 2022; Moy, 2022; Schneider et al., 2022), sleeplessness, alcohol use, and unhealthy dietary choices (Melnyk et al., 2022). Healthcare professionals' wellbeing has largely been treated as something individuals need to manage on their own through self-care and resilience. However, nurses report better physical and emotional health and lower burnout or work-related stress rates when their employers provide systematic and intentional support for their wellbeing (Fitzpatrick & Valentine, 2021; Maslach, 2017; Melnyk et al., 2022; Moy, 2022).

Employers may also wish to focus wellbeing-focused programs and interventions on younger nurses and nurses working in hospitals as these groups are most likely to have been negatively affected by the COVID-19 pandemic (American Nurses Foundation, 2022; Hawai'i State Center for Nursing, 2021d).

Moral Distress & Compassion Fatigue

Moral distress occurs when a caregiver is involuntarily complicit in an unethical act but cannot avoid the act or the outcome because of external constraints (American Nurses Association, 2017). Compassion fatigue is the experience of exhaustion, stress, or trauma stemming from the care of individuals who are suffering (American Nurses Association, 2017; Schneider et al., 2022). Though they are different concepts, moral distress, compassion fatigue, and burnout all yield similar adverse emotional outcomes for nurses (Havaei et al., 2021; Melnyk et al., 2021; Moy, 2022; Schneider et al., 2022). The negative emotional and psychological consequences of stress, moral distress, and compassion fatigue are exacerbated by the many factors that prevent nurses from seeking mental health care, including fears about losing their licenses (Rushton & Woods, 2021).

Nurses report feeling unsafe in their jobs (Fontenot et al., 2022). Nationally, healthcare professionals report increased acts of violence or threats of violence by patients or family members (Dyer, 2021). In Hawaiʻi, 40% of nurses cite workplace safety as a primary reason for considering leaving their jobs (Fontenot et al., 2022), and 30% report being the victim of violence perpetrated by a patient or visitor (Hawaiʻi State Center for Nursing, 2021d).

Diversity, Equity, Inclusion & Belonging

ANA Member Assembly recognizes that racism in nursing, unsafe nurse staffing practices, verbal abuse and workplace violence, and climate change are top issues that must be addressed in nursing (ANA Membership Assembly, 2022). The Future of Nursing Report notes that race and ethnicity, income, sexual orientation, and living conditions predict morbidity, mortality, and cost of care. In order for the US to advance health equity for all and tackle critical healthcare issues, the US must also focus on removing the barriers for nurses in the workforce and diversifying the nursing workforce, including in those systems that educate and employ them (National Academies of Sciences, 2021)

Other Factors Contributing to the Nursing Workforce Shortage

Education Capacity

A retrospective cohort analysis to forecast the size and age distribution of the nursing workforce through 2030 found that the "number of nurses leaving the workforce each year has been growing steadily from around 40,000 in 2010 to nearly 80,000 by 2020. Meanwhile, the dramatic growth in nursing school enrollment over the last 15 years has begun to level off" (Auerbach et al., 2015).

Clinical environment changes, including cohort size capitations and losses due to COVID-19, resulted in a 41% reduction in the number of nursing students placed in clinical settings in 2021 compared to 2018 (Hawaiʻi State Center for Nursing, 2021a). Clinical placement types with the greatest losses between 2020 and 2021 include post-acute care (-99%), critical care (-45%), and psychiatry (-23%) (Hawaiʻi State Center for Nursing, 2021a).

Faculty Shortage

McKinsey, LLC estimates that in order to close the nursing workforce gap of 10 to 20 percent, the United States would need to more than double the number of new graduates entering and staying in the nursing workforce every year for the next three years straight (Berlin et al., 2022). However,

nursing education capacity is limited by a shortage of qualified faculty. In the academic year 2019-2020, schools of nursing in Hawai'i reported a doubling of full-time nurse faculty vacancies compared to the prior academic year (Hawai'i State Center for Nursing, 2021b). In 2021, due to faculty shortages, Hawai'i schools of nursing admitted only 62% of the students they were able to admit in the previous academic year (Hawai'i State Center for Nursing, 2022a).

Licensing Delays

Nationally, it takes LPNs 51 days and 73 days to be issued a license and RNs 49 days and 83 days to be issued by endorsement or by examination, respectively (Fast, 2022). In Hawai'i, nurse licensure takes 45-60 working days to complete, with longer wait times for licensure by examination than by endorsement (BON communication, 2022).

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