



Nursing Workforce Survey

Nursing's Wake-up Call: Change Is Now Non-negotiable

Navigating change with bold
innovation and creativity

WE ARE BEYOND THE POINT OF NO RETURN. A scarcity of nurses and supportive personnel is having an impact on the entire system. Change is long overdue.

Back in 2012, in a paper, “United States Registered Nurse Workforce Report Card and Shortage Forecast,” researchers forecasted registered nurse (RN) job shortages in each state and assigned letter grades accordingly. They predicted that the number of states meeting the criteria for a D or an F would increase from five in 2009 to 30 by 2030.

While there are no quick fixes or silver bullets to addressing the nursing workforce challenge, we have distilled recommendations into each major finding to get healthcare facilities on the right track.

What the report was not able to predict was the COVID-19 pandemic. Healthcare facilities in nearly every state are experiencing a staffing crisis that is putting patient care in jeopardy. By early 2022, there were reports that nearly 1 in 4 medical centers have a “critical” staffing shortage, the highest levels since the start of the pandemic.¹

The challenge is twofold: the supply of nurses is dwindling at the same time the need for higher skilled nurses is growing. Wolters Kluwer and UKG conducted a survey to assess current and future states of nursing labor models and how those models might shift over time. Results point to a wide disconnect between the challenges healthcare facilities acknowledge they’re experiencing and the plans they already have in place—or that they plan to put in place in the future—to respond to workforce challenges.

Results show that healthcare leaders have a grasp on the day-to-day challenges but not on all of the levers of change available to them. The results also show respondents have deprioritized or remain status quo on opportunities to, (1) improve staffing levels; (2) foster more flexibility and more resiliency into the workplace, thus affecting retention and workplace satisfaction levels; and (3) optimize productivity through tools and technology available to them.

There is recognition that nursing care delivery has to be as efficient and effective as possible. But completely changing the paradigm requires novel innovation, which would start with taking a collaborative approach to changing care models that are no longer sustainable, collaboration between clinical care settings and nursing schools, collaboration with state-level regulatory agencies that set nursing scopes of practice, collaboration across a healthcare organization’s management team—not just the Chief Nursing Officer but also with the Chief Executive Officers, Chief Financial Officers, and so on—all of whom have to work together to reset the labor model.

And as we think about a paradigm shift, we must also rethink everything—from how much nurses get paid to nurses’ responsibilities, to nurses’ compensation, to the ideal number of nurses and support staff caring for patients. Alternative care models are essential to the delivery of safe patient care, and the partnerships between nursing education and practice settings is one solution for addressing the supply issue. A culture change among healthcare facilities, clinicians, and even patients will be required if all stakeholders are to become comfortable with the reality that RNs won’t be caring for all patients all the time.

Care delivery models must be sustainable for the long run. We need innovative and creative approaches to make it work. There’s no longer a choice.

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For decades, industry experts have been sounding the alarm on a nursing shortage. But challenges have transformed into a full-blown crisis.

A combination of the original COVID-19 pandemic, its subsequent multiple coronavirus variants, hospitals' escalating financial woes, and nurses' leaving the profession in record numbers, has transformed a challenge into a crisis.

The nursing shortage has been a topic of concern for some time, but in the COVID-19 era, the crisis has dominated the news, along with stories about nurses who are burned out, overworked, and leaving the profession in record numbers—due to retirement, taking on non-patient-care roles, or moving to ambulatory care, where staffing may be better.

The pandemic has brought a confluence of new realities and ongoing trends: there are simply not enough nurse graduates because of a combination of fewer clinical preceptors, limited classroom space, lack of clinical sites, and just not enough faculty.²

Higher patient acuity, combined with fewer nurses at the bedside, has turned nurse–patient ratios upside down. And the reality is that not only nurses are leaving the bedside; unlicensed assistive personnel (UAP) have been leaving their hospital roles, too, thereby increasing the registered nurse (RN) workload. The question remains: What is the path forward?

From summer through fall 2021, Wolters Kluwer and UKG conducted interviews and an online survey to better understand nurse leader perspectives on staffing, technology and evolving care delivery workforce models. The research was intended to provide a snapshot of a point in time on current state and future state of nursing labor models across care settings and how those models might shift during the next 18 months.

Survey Methodology

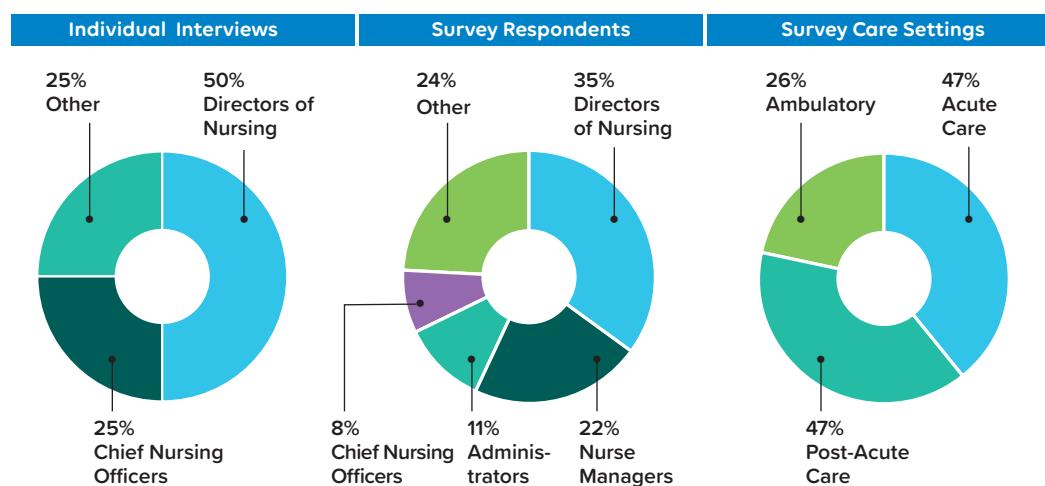
Format

A combination of in-depth interviews and an online survey.

Number of Respondents

16 nurse leaders via the interviews and 304 completed surveys.

Respondent Profile



The not-so-new news: Providers are experiencing unprecedented shortages. The new reality: Shortages have become a crisis, yet few facilities have implemented changes that will have sustainable impact.

There is consensus among survey respondents that the COVID-19 pandemic exacerbated an existing nursing shortage. From difficulty in recruiting new nurses to replacing nurses retiring or leaving the profession—and even dealing with a shortage of nurses who have the competencies necessary to care for higher-acuity patients—healthcare facilities have found it much harder to attract, train, retrain, and retain nurses and support personnel at the speed at which the pandemic has demanded.

Nursing's Wake-up Call

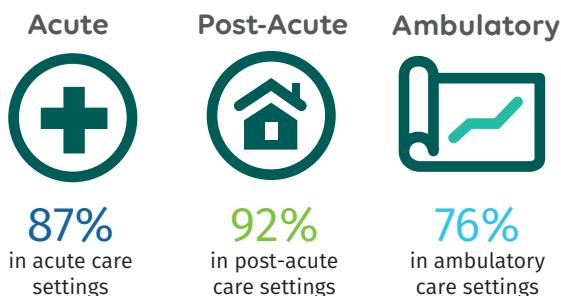
- Organizations do not have the luxury of “choosing” between recruitment and retention because they simply do not have the base numbers of staff.
- The pre-pandemic staffing and care model no longer works. Team based, alternative care models are the new reality.
- Additional resources must be brought in for tasks that can be done more efficiently in a repeated fashion or for new technology such as telehealth, which requires specialized skills.

COVID-19 made a bad situation worse, and survey respondents found it difficult to keep pace. In response, their healthcare facilities implemented a number of different strategies. According to interview participants:

- Nurses in non-acute settings were cross-trained to fill staffing needs in acute care units.
- Nurses in non-critical care units were cross-trained.
- Travel nurses were used more than usual, driving up costs.
- Some primary care models were replaced by team-based models, allowing fully upskilled and/or critical care nurses to team with less experienced nurses to care for patients with high severities of illness while UAPs were hired and used, when possible, to lift some burden off RNs.

Current staff shortages were estimated at 87% among respondents of acute care settings, 92% in post-acute, and 76% among ambulatory care settings. And results show there is very little light at the end of the tunnel as 92% of respondents across care settings predicted they will be short of budgeted head count during the next 18 months.

Staff Currently Short of Budgeted Headcount



Despite the shortages and because of financial constraints, the majority (58%) of all respondents across all care settings are not expecting to bring in additional staff or create new roles within the next 18 months. With only modest plans to recruit new nurses, respondents reported focusing more on staff retention than on recruitment of new nurses, with 32% planning to begin offering retention bonuses.

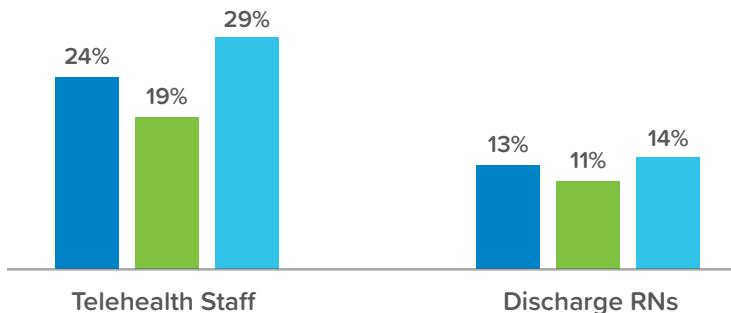
Their strategies extend beyond monetary incentives to career development opportunities and more time off or more sick time. Shorter shifts? More control over schedules? Not ranked as much a priority, according to respondents. Most generally expected little change in shifts typically worked after the pandemic with the average shift remaining at 12 hours.

So where is the new hiring expected? Across care settings, at least one in five expected to hire telehealth nurses, and one in ten expected to bring in nurses to coordinate and discharge patients.



Additional Staff or New Roles Expected in Next 18 Months

■ Acute ■ Post-Acute ■ Ambulatory



Source: UKG and Wolters Kluwer Nursing Workforce Survey

With a gap in staffing and high turnover rates, healthcare facilities are shifting their nursing labor models to address current and anticipated shortages.

What is team-based nursing?

A team-based, alternative care model that utilizes LPNs, UAPs, and RNs who have less experience, and other healthcare professionals who care for patients under the direction of experienced RNs.

Alternative care delivery models provide the flexibility to scale and retract, depending on patient load, allowing healthcare facilities to tap into staff depending on patients' acuities (severity and complexity) and number of patients.

Recognizing that they have to do more with less by increasing their productivity and creatively extending staff, respondents said they have applied multiple strategies. The strategies extend across their staffing models, infrastructures, recruitment and retention approaches, and measurement models. Given the slow progress, healthcare organizations need to be more innovative in rethinking care models and promoting culture change to achieve greater agility within the nursing workforce.

Rethinking the labor model: Alternative care models.

Acute and ambulatory settings have been slower to move to alternative care models with respondents reporting their models resembled a primary nursing care model with staff RNs supported by a small group of UAPs. In contrast, post-acute settings resemble more of a team-based care model with an almost 1:1 between RNs and supportive UAPs.

Interview participants also reported experimenting with alternative care models and getting mixed results. Despite respondent predictions that there will be staff shortages across roles [full-time RNs (74%) to LPNs (35%) and UAPs (55%)], some were still on the fence about whether they would move to an alternative care model by first waiting for things to get worse. Still others questioned whether alternative care models were working based on how they were implementing the model.

Future Full-Time Staff Shortages in the Next 18 Months Across All Care Settings



Source: UKG and Wolters Kluwer Nursing Workforce Survey

"I am working with the CNO of a facility in an adjoining town to develop a nursing cooperative so that our nurses have the option to join the co-op instead of opting to be traveling nurses. In this way, larger communities in our state can join the co-op and access a pool of nurses that can float between our hospitals."*

~ SENIOR NURSING DIRECTOR OF INPATIENT NURSING, ACUTE CARE

An answer to longer-term staffing challenges? Float pools.

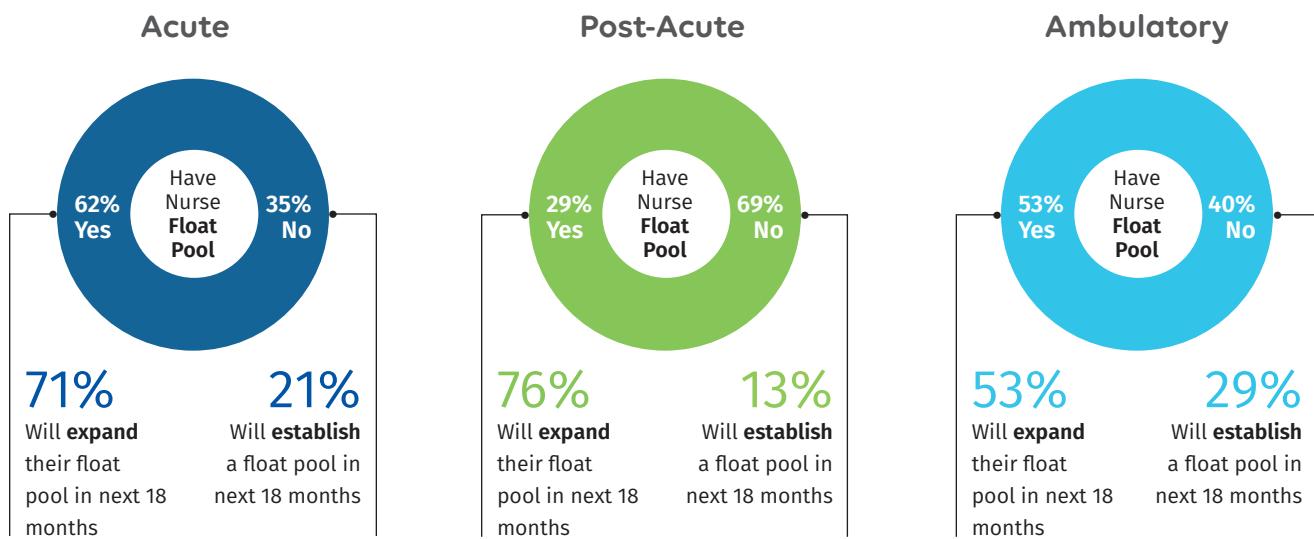
They were used extensively during the pandemic, and most respondents plan to expand them during the next 18 months. Hospitals have relied on float pools of available nurses—with some creating float pools of nurses hired exclusively to work between units as needed, but as research shows, those models were extended across a facility and sometimes even across hospitals in a health system.

Nurse float pools exist in at least half of the acute and ambulatory settings that were surveyed. Respondents in post-acute settings were most likely to say they operated a float pool across one facility (66%), with 42% indicating their float pools operated across their entire health system. Another 29% of respondents from acute care settings reported that the pool operates across adjacent specialties.

Determining whether the model works.

Across all settings, respondents were most likely to report that they measure labor model success based on nurse retention (73% to 75%), staff satisfaction (66% to 76%), and quality measures (63% to 77%), followed by an adequate nurse:patient ratio (57% to 69%).

Utilization of Nurse Float Pools by Care Setting



Source: UKG and Wolters Kluwer Nursing Workforce Survey

*Like any collaborative model, a cooperative is organized by its members to share resources and realize a common benefit.

Nursing's Wake-up Call

- Nurse leaders must look for ways to take more active roles in understanding the challenges on the front lines of care and then build those realities into future strategies.
- Nurse leaders should collaborate with those across the facility's management team and externally with other stakeholders to bring innovation into the organization.
- Alternative care models and float pools are tools hospitals can deploy today.
- Strong reliance on agency nurses / travel nurses is not a sustainable model based on the cost and the impact on staff morale.
- Hospitals should switch focus to longer-term recruitment and retention strategies to keep existing talent, and they should use agency talent only to supplement vacancies and under other unusual circumstances.



- Practice settings must collaborate with academic institutions because neither is going to be able to fix the workforce challenge on its own. Healthcare organizations and academic institutions must forge stronger partnerships across the spectrum of nursing development—from preparation to orientation and into practice.

Healthcare facilities are struggling to find the right solutions to adapting nursing models to the current—and future—landscapes.

Facilities are using a combination of strategies, tools, and technologies to optimize nurse staffing today and are considering ever-evolving changes in the face of increasing nursing shortages.

Where Healthcare Facilities are Making Progress

Competency informs staffing coverage per shift.

Most respondents in each of the three settings indicated that having competency inform their nurse staffing/scheduling patterns during the next 18 months will be important/very important (69% to 81%).



Some 79% of respondents believe they will need to implement competency-informed shift coverage.

Data is being used to optimize nurse staffing.

By far, the data respondents rely on in acute settings includes nurse-to-bed ratios to optimize nurse staffing across their organizations (55%), followed by acuity plus hours per patient day (HPPD) (32%) versus HPPD measured on its own (31%).

According to participants in the in-depth interviews, those who said data was essential to adequate staff planning also said data helped (1) predict how many nurses are needed per shift/unit, (2) minimize nurse frustration regarding assignments, (3) identify staff issues such as burnout and weekend duty, and (4) justify budget requests.

"We know that millennials, for work-life balance, aren't necessarily looking for just higher wages. So what can we do? Can we offer a more unique scheduling system where there's more flexibility? Like the 8-10-12? Can we build some models that way? Are there positions that we could offer as partial or full work from home?"

~ CNO/EXECUTIVE DIRECTOR OF CLINICAL SERVICES, ACUTE CARE

Nursing's Wake-up call

- Expand metrics so that they are patient driven (e.g., hours per patient day) and nurse competency driven.
- Implement flexible scheduling to provide work-life balance and improve retention.
- Consider partnering with staffing and scheduling technology providers to automate staffing and scheduling.
- Cross-train staff to enable the competency based staffing needed to gain flexibility.
- Provide adequate staffing together with evidence-based resources for clinical decision support and learning to help ensure quality patient care.

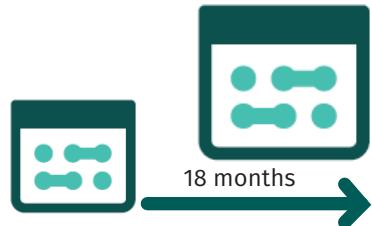
Nursing's Wake-up Call

- To improve work-life balance for their workforces, healthcare organizations must consider offering flexible shift options that are not regimented into 12-hour shifts.
- In identifying transformational opportunities, a 2021 Tri-Council for Nursing report³ suggests that in order to manage highly effective care teams, there must be flexible staffing. The organization calls for less rigidity in shift hours, which it says will help decrease burnout.

Where More Can Be Done

Daily staffing is still largely manual.

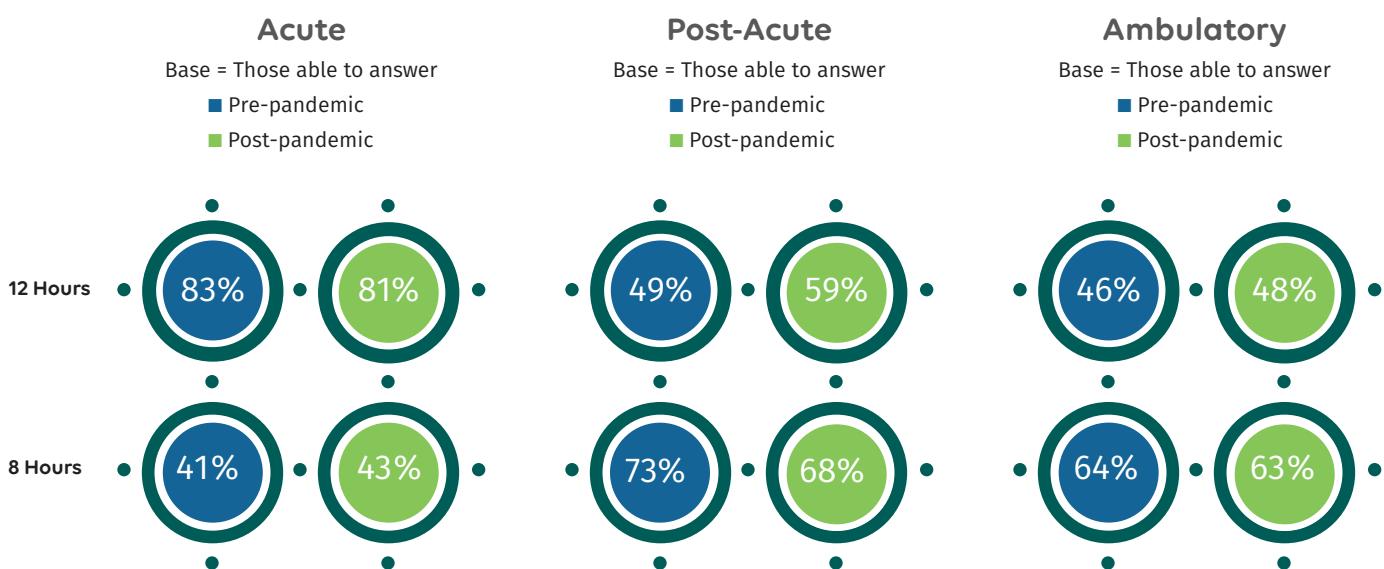
But among respondents who use scheduling technology, 38% plan to increase usage over the next 18 months. While most use staff technology in some capacity (75%), the day-to-day staffing is most likely to be done manually (59% of day-to-day staffing on average) instead of via the staffing technology.



Shift times remain status quo.

Typical staff-nurse shifts vary by setting, with nurses in acute settings most likely working 12-hour shifts and nurses in post-acute and ambulatory settings most likely working 8-hour shifts. Respondents expect that pre-pandemic shift hours will remain mostly status quo, although in post-acute settings there are notable increases in 12-hour shifts, while 8-hour shifts are projected to decrease.

Change in Typical Shift Hours—Pre-Pandemic, Post-Pandemic



Top nurse staffing issues are burnout, emotional health and well-being, and nurse turnover, yet a disconnect exists between the reality of those challenges and the solutions being implemented.

Nursing's Wake-up Call

- Foster resilience, and address burnout and moral distress to help nurses achieve better work-life balance.
- Implement strategies to support nurse resiliency and a safe work environment.
- Look for ways to create a better working environment —from shorter shifts to more flexible staffing, including self-scheduling, and better responding to nurses' emotional needs and well-being.

"We're going to be looking at different shift hours and involve the staff with what they want in order to retain them. The challenge will be balancing the schedule and finding a compromise that ensures patient safety, and at the same time, keeps staff satisfied."

~ CNO/EXECUTIVE DIRECTOR OF CLINICAL SERVICES, ACUTE CARE

In Fall 2021, the *American Journal of Nursing* (AJN) published a report referencing a 2017 survey of 7,378 nurse respondents⁴. The report refers to studies conducted among physicians and medical students, analyzing factors associated with suicidal ideation such as depression, burnout, and stress. But, the researchers claimed, those associations have been less studied among nurses. In the report, the data suggested that about 35% of US nurses have experienced symptoms of depression, and 35% to 45% have experienced at least one symptom of burnout.

In the Wolters Kluwer and UKG survey, respondents across each of the settings were most likely to indicate that staff burnout is the top workforce challenge for them today (59%), yet among respondents from acute care facilities, nurses leaving the organization (46%) ranks higher than emotional health and well-being of staff (40%). Post-acute facilities rank lack of qualified staff (39%) and lack of RN applicants (39%) almost as important as emotional health of staff (40%), which suggests that respondents may not associate emotional health of staff with staff retention.

Future focused workforce models must build resilient environments in which nurses can thrive. Such environments must rely on engaged staff, high levels of communication, cultures focused on learning and risk taking, and applying practices from other organizations and other service industries.

Top Workforce Challenges Across Care Settings

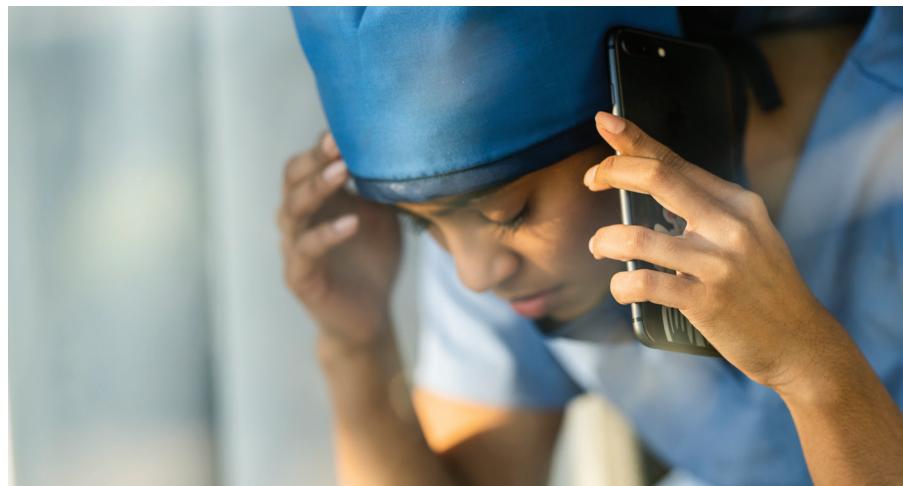
- 1 Staff burnout.
- 2 Emotional health and well-being of staff.
- 3 Lack of RN applicants.
- 4 Nurses leaving the organization.
- 5 Lack of qualified staff.
- 6 Staff retention, furloughs, layoffs.

Shifting delivery models, paired with the nursing shortage and COVID-19 surges, bring urgency to how healthcare facilities are going to hire and the labor models that will be most effective moving forward.

Value-based care models are shifting care out of the hospital and into community- or home-based settings. According to interview participants, these changes will rapidly shift nursing demand to meet new delivery models.

"We have a collaboration with nursing homes in the area. We have the same staff that go into patients' houses as well as nursing homes, that assist long-term care nurses with acute care knowledge, and that say, 'Here's what you need to do to keep this resident in your facility and not have to send them back to the hospital.'"

~ DIRECTOR OF NURSING, ACUTE CARE



Interview participants predict the following potential impacts:

- More nurses will be needed in post-acute care settings. Their skill levels may need to increase as they receive patients who would have previously stayed in a hospital.
- Acute care hospital nurses will be taking care of patients who on average will be more acutely ill.
- LPNs and UAPs will be used in higher proportions where possible to decrease the strain on the RNs.
- Hospitals and smaller facilities will partner to have multiple options available for patients at varying levels of acuity.
- Primary care providers could play a larger role in keeping patients out of acute and post-acute settings by focusing more on preventative care.

At a time when the goal is to shift care to a less acute setting, many are turning to telehealth. This was one area where respondents reported hiring over the next 18 months with one in five (20%) adding nursing staff in this area.

Telehealth Hiring in the Next 18 Months



Source: UKG and Wolters Kluwer Nursing Workforce Survey

Nursing's Wake-up Call

- Federal and state governments must treat as such and provide funding and resources to address the nursing shortage.
- Reassess the scope of the practice of nursing with a focus on what it truly means to be a nurse. It's time to redefine the work of nursing.
- Create models in which RNs can be freed up to execute the tasks within their scope of practice, and delegate other responsibilities to appropriate support personnel.
- Healthcare institutions and electronic health record technology companies should focus on reducing the documentation burden so that nurses can return to the bedside—where they belong—to care for patients.

Elevating the Nursing Shortage to a Public Health Emergency

At a time when nurses have no more to give, they're being called on to do more. So, how do we elevate the roles of nurses and support nurses in a different way?

In the call to do more, we must recognize the barriers and challenges that are making it untenable for nurses to continue in current models. The harsh realities, according to interview participants are as follows.

- **Practicing at the top of license remains elusive.** In a separate, recent survey conducted by The Advisory Board⁵ it was reported that medical-surgical nurses spend 64% of their time on value-added, care-focused activities but 36% on non-value-add activities. Without being supported by essential UAPs and administrative personnel, nurses will continue absorbing the burden of being short-staffed, participants cautioned.
- **Nurses are filling gaps across healthcare facilities and across roles.** Without UAPs, nurses are taking on broader direct patient care duties. Without administrative support personnel on the units, nurses are taking on those roles and responsibilities as well.

Respondents said the situation is not sustainable and that nurses continue to be challenged by staff reluctance to change, staff dissatisfaction, and the inability to hire and retain the staff needed. The healthcare professional shortage is not only affecting nursing care; Advanced Practice Nurses and Physician Assistants/Associates, too, are being brought on to provide care collaboratively with physicians, who are also stretched thin because of dwindling numbers of physicians and management of large caseloads.



The Call for Change: Breaking Through the Paralysis

Healthcare has arrived at this critical tipping point because there are no easy answers to how to shape nursing labor models to support the new realities in care delivery and broader economic and societal changes. If anything, the Wolters Kluwer and UKG survey and interviews confirm that. But we do know that regardless of the path, we must work collectively to prepare for what lies ahead. Healthcare organizations must implement a multifaceted plan to tackle the fundamental changes required to make our system sustainable. And they must act now.

We must acknowledge that current workforce challenges are not only nursing issues; the challenges remain the responsibility of all stakeholders across the extended health ecosystem, who must work together to solve them.

In analyzing the disconnects between the actions—or inaction—of healthcare facilities and what appears to be paralysis, consider the correlation between the Wolters Kluwer and UKG survey findings and the body of research published over the last few years that give insight into the scope of the profession's challenges and the priority areas for transformation.

One pivotal report, the *Tri-Council for Nursing, Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice, and Regulation*³, identified priority topics organized into pillars; among them innovation, nursing workforce, mental health and well-being. The report calls for a range of urgent changes—from flexibility of shift hours to better competency-based education, and an emphasis on academic-practice partnerships. Other reports, published by the survey authors and others involved in providing nursing workforce solutions, call for transformation based on hard numbers that tell the story of a quickly transitioning workforce.

Beyond the Band-Aid®

Healthcare facilities' specific change agendas will differ depending on their care delivery models and care settings, the state the facility is in, the population where care gets delivered, and the demographic makeup of the nursing workforce. But ultimately, if a strategic vision of innovation is not on a healthcare institution's agenda, incremental changes will fail. We must get creative.

From the Wolters Kluwer and UKG survey data and interviews, it is clear that nurses can't do *more*. The answer lies in doing things *more efficiently* and focusing on the right outcomes. Healthcare institutions must start by redesigning the work and must then support the work with the right resources, technology, data, and partnerships that will guide decision making. Then they must measure the value of their nursing workforce differently. We absolutely must use the technology and tools available to us to both optimize the work to be done and to create a rewarding work environment.

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Further Reading

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Methodology

The survey, conducted online via SurveyMonkey from September to October 2021, was developed in collaboration by Wolters Kluwer and UKG. The survey was a snapshot in time, assessing respondents' views of pre-pandemic and post-pandemic staffing trends. To qualify for the survey, respondents had to be involved in the creation or management of their organizations' nursing labor and staffing models. The 304 respondents were chief nursing officers, vice presidents of nursing, nursing directors, administrators, and nurse managers in acute care, post-acute care, and ambulatory care settings.

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