

Issues Facing the Post-Pandemic Nursing Workforce in Oregon

Oregon's nursing workforce has faced many different challenges over time, such as the aging of the population and health care demand related to increased prevalence of chronic conditions. As the COVID-19 pandemic continues to ravage states, including Oregon, the challenges facing our nursing workforce are also shifting. Here, we discuss challenges facing the nursing workforce related to the ongoing pandemic.

EDUCATION PIPELINE

The education pipeline in Oregon has been a source of concern for nurse leaders for years. Prior to the pandemic, a major challenge was the lack of nurse educators. Low pay and high workloads led many to leave nursing education. This exodus yields a turnover rate of about 23 percent¹ among nurse educators. A shortage of nurse faculty can inhibit an educational institution's ability to expand its program as the demand for registered nurses (RNs) increases. According to the Oregon Employment Department projections, about 2,600 new nurses² are needed each year over the next decade to replace nurses leaving the profession and fill new positions related to due to industry growth. However, data from the state's nursing programs indicate that only 1,555 newly-graduated RNs³ were available to enter the workforce in 2019.

In March 2020, healthcare facilities began canceling clinical placements for students and residency programs for new graduates because of the pandemic. These cancellations required programs to quickly replace clinical experiences for students so program completion would not be delayed. Any reduction in the number of nurses entering the workforce could impact the ability of hospitals and other healthcare facilities to recruit needed nurses.

Considering the reduction in clinical placement opportunities, nursing programs across Oregon could face increased difficulty in graduating students. Nursing programs could mitigate this issue by maximizing the use of simulation in exchange for direct clinical experience. They should also prioritize scarce clinical placements for students in their final year.

BURNOUT AND STRESS

The COVID-19 pandemic is straining the healthcare infrastructure across the country and across the world. Additionally, when the pandemic overwhelms a local healthcare system, the well-being of front-line healthcare workers can be severely compromised. A survey conducted in April 2020 illustrated the impact of the COVID-19 pandemic on healthcare workers.⁴ They found two-thirds of nurses responding had a significant change in their employment due to the pandemic. Thirty-eight percent indicated they were reassigned to care for COVID-19 patients, 18 percent saw reduced hours, five percent were reassigned to non-COVID patients, two percent were moved to on-call status, and one percent were furloughed. Additionally, they reported most healthcare workers were experiencing stress about the pandemic. Seventy-nine percent of responding nurses were concerned about infecting family and friends, 61 percent were concerned about becoming infected at work, while 28 percent and 27 percent were worried about burnout and their own mental health, respectively. Another study found healthcare workers were more likely to experience higher levels of stress and anxiety, with many healthcare workers exhibiting depressive symptoms.⁵

As the pandemic continues employers may see the need to invest in additional supports for health care workers experiencing stress and burnout. They may see increased turnover rates as staff consider early retirement or look for new positions.

MIGRATION OF NURSES FROM OTHER STATES

Oregon has witnessed a large influx of RNs obtaining their Oregon nursing license through a process called endorsement, by which a RN licensed in another state can obtain their Oregon nursing license. High growth in the number of RNs endorsing into Oregon started around 2013 and continues to this day. Between 2000 to 2010, about 37 percent of all new RN licenses were approved via endorsement. However, beginning in 2013, the rate increased to 62 percent of newly-licensed RNs. Between 2013 and 2017, more than 12,820 RNs were licensed via endorsement, while only 7,190 were licensed via examination after graduating from a nursing program.⁶ While not every RN licensed via endorsement practices in Oregon, enough do move to Oregon to supplement the shortfall of students graduating from Oregon's nursing programs.⁷ Any disruption to this flow, such as a marked reduction in interstate migration of nurses from other states could reduce the supply of nurses available to employers, which could lead to a widespread nursing shortage across the state.

It is unclear at this time if the pandemic is affecting the rate of interstate migration (relocation between states) within the U.S., which could impact the number of nurses endorsing into Oregon. An early study shows about 22 percent of U.S. adults moved or know someone who moved because of the pandemic.⁸ Most of these moves (66 percent of movers) relocated to a family member's home.

Preliminary indications from the Oregon State Board of Nursing suggest the numbers of endorsing nurses has not changed since the beginning of the pandemic. However, it is too early to know if the ongoing pandemic will affect the rate of endorsing nurses moving to and practicing in the state. As data becomes available, the trends for nurses moving to Oregon to practice will be examined in depth.

SOURCES

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