

# TWO-THIRDS OF NURSES POISED TO QUIT IN COMING YEARS: 8 STEPS HEALTHCARE EMPLOYERS CAN TAKE TO ADDRESS POTENTIAL MASS EXODUS

Insights  
Oct 7, 2022

A recent survey by staffing company ShiftMed reported that two-thirds of nurses expressed an inclination to leave the profession within the next two years, a staggering jump from the 50% who expressed that intention just last year. Even though cyclical nursing shortages are familiar to healthcare employers, the unique nature of the current shortage could make this one the most severe and challenging ever. The pandemic unquestionably exacerbated a shortage that was already looming, as grueling workloads and stress have obviously exacted a heavy toll. The data represents a dismal sign to employers who are already struggling to maintain their nursing staff, and it appears a difficult situation could soon grow much worse. Before pushing the panic button, however, let's briefly examine the history of nursing, reasons underlying this current shortage, and a list of eight things you could do to improve the situation.

## The Cyclical History of Nursing Shortages

Since 1854, when Florence Nightingale's work highlighted and elevated the now-indispensable role of effective nursing care, the profession has played a central role in ministering to sick and injured patients. Registered nurses (RNs) are in many ways the backbone of the healthcare system. Practical or vocational nurses (LPNs or LVNs) can also perform many nursing tasks but are not permitted to perform as many duties as RNs, particularly with respect to administration of medicines.

## Related People



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## Industry Focus

Healthcare

Since the early 20<sup>th</sup> century, the U.S. has experienced periodic nursing shortages, each spurred by a variety of factors. Recurring factors that contribute to shortages have included:

- increases in the demand for nurses;
- potential nurses pursuing other career paths;
- nursing schools collectively producing too few new graduates as veteran nurses retire; and
- nurses leaving the profession because of pay, work-life balance, and/or stress.

The current shortage features all those factors, particularly the pandemic-fueled focus on stress and the perception – at least – that nurses are working in an understaffed environment. According to [the September 30 ShiftMed survey](#), 99% of nurses said they were experiencing staffing shortages at work. Whether the organizations they work for agree with the sentiment that they are understaffed is largely irrelevant, as that perception becomes all too real if it leads to further departures from stressed-out nurses.

Another recent phenomenon is an increase in international competition to recruit nurses. While the Philippines have historically been a reliable place to find trained nurses to bring into the U.S., where about 6% of nurse are foreign-trained, countries such as New Zealand, Switzerland, Australia, and the United Kingdom are now also heavily relying on – and thus recruiting more – foreign-trained nurses.

### **The Impact of and Reasons for Nursing Shortages**

Patients need care, regardless of how many nurses are available and working. When the supply does not keep pace with demand, available nurses must work more hours. This can obviously lead to fatigue, burnout, and mistakes. Besides potentially harming patients, errors or oversights further increase the level of nurses' stress. Long, high-intensity work hours also make it harder for nurses to fulfill family obligations, generating even more stress. These circumstances sometimes lead to problems such as substance abuse.

As the healthcare industry has evolved, more administrative jobs have become available to individuals trained as nurses. This phenomenon continues to take those nurses away from bedside care. Also, as time goes on and nurses retire – the average age of working nurses (44) is about five years higher than the overall average age in the workforce – fewer students are enrolling in and completing nursing school. This is due in part to there being fewer nurse educators. Lower enrollment is due in part to students having many more career choices available today.

Horror stories about short-staffing, lack of supplies, or inherent health risks of the job may also discourage some students from pursuing nursing careers. These challenges are real: healthcare is an industry in which the Occupational Safety and Health Administration (OSHA) has established an industry standard to safeguard workers against workplace violence.

Pay is often a momentous issue, more important to some nurses than to others. History has shown that almost all nurses can and do command good pay to work in this demanding profession, however. This is especially true in areas such as critical care, surgery, or in hard-to-fill weekend, night, and holiday shifts. Complex, creative pay systems therefore abound in the industry.

Another question, not without controversy, is whether to hire only nurses who have a bachelor's degree in nursing (BSN) or whether to hire fully licensed registered nurses (RNs) who have an associate degree. Associate degree programs can obviously produce more RNs in a shorter period of time than BSN programs. Bridge programs, enabling practical nurses to become registered nurses, is another way of getting more RNs into the system sooner.

Finally, the COVID-19 vaccination requirements for individuals working at entities regulated by the Centers for Medicare and Medicaid Services (CMS) has undoubtedly played a role in influencing some nurses to change employers, if not leave the profession.

## **8 Ways Employers Can Deal With this Formidable Challenge**

The below list of eight suggestions is by no means an exhaustive list of things healthcare employers can do to deal with the challenges of the current nursing shortage. It does,

however, illustrate that even in the face of dire predictions for the future, you can take steps to better protect your organization, your patients, and – most importantly – your employees.

1. As noted, pay is a vital but not always decisive factor in attracting and retaining staff. While a few nurses will change jobs over small differences in pay, far more nurses simply want **fair, adequate pay** that fits into the overall priorities of their lives. Keep this firmly in mind.
2. Recognize and respond to large numbers of nurses who want to work in **certain environments or specialty services**, favoring certain shifts or flexibility to meet family obligations over higher hourly pay rates. This is where well-trained nurse managers, who can be flexible and help their staff achieve greater work-life satisfaction, can make enormous differences.
3. Some nurses love to work lots of hours, but virtually no one wants to constantly work overtime or – even worse – in a chronically short-staffed environment. Managers again can make huge differences here, **effectively scheduling and using support staff** to ensure that their RNS are relieved of duties that other, less-versatile team members can perform.
4. **“Sell” the profession and celebrate your successes.** Nursing is one of the world’s most trusted and respect professions. To help offset horror stories reported during the pandemic and demonstrate the many positive aspects of your workplace, affirmatively recognize achievements and highlight positive stories about your team. In short, showcase why nurses would enjoy working with you.
5. Encourage **part-time or semi-retired nurses** to remain involved in your workplace. The poise and maturity of experienced nurses can substantially support and strengthen your culture, as well as patient outcomes.
6. **Break through barriers to achieve better staffing.** Specifically, encourage and support LPN-to-RN programs were feasible, as well as nursing assistant (CNA) to LPN programs. This will help your existing team members advance in their careers. Also look for opportunities for CNAs and LPNs to take on more responsibilities in support of RNs where possible.

7. Creatively educate and **encourage men** about reasons why they should become nurses. With men comprising less than 15% of the current nursing workforce, there are obviously tons of potential candidates currently working in other jobs.
8. Develop and nurture innovative, even daring new **programs with schools**. For example, Delgado Charity School of Nursing and Ochsner Health in New Orleans are introducing a free, 36-month program to help high school students prepare to become certified LPNs within a year after graduating high school. This initiative has the potential to fuel a vital pipeline relatively quickly.

## Conclusion

We will continue to monitor the situation and provide updates as necessary. Make sure you are subscribed to [Fisher Phillips' Insight system](#) to get the most up-to-date information. If you have any questions, reach out to your Fisher Phillips attorney, the author of this Insight, or any attorney in our or [Healthcare Industry Team](#).