

Nurses are leaving the profession, and replacing them won't be easy

September 20 2021, by Rayna M Letourneau



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The fourth wave of COVID-19 is exacerbating the [ongoing crisis for the nursing workforce](#) and has [led to burnout](#) for many nurses. As a result, [many are quitting](#) their jobs in substantial numbers [all across the country](#), with 62% of hospitals reporting [a nurse vacancy rate higher than 7.5%](#), according to a 2021 NSI Nursing Solutions report.

But the global pandemic has only worsened problems that have long existed within the [nursing profession](#)—in particular, widespread [stress](#) and [burnout](#), [health and safety issues](#), [depression](#) and [work-related post-traumatic stress disorder](#), and even [increased risk of suicide](#).

In addition, nurses need to contend with [growing workloads](#) and [inadequate staffing](#), or not having the right number of nurses on the right units to ensure that patients receive safe quality care. [Mandatory overtime](#) is another challenge and occurs when nurses must work extra hours beyond their shift because of staffing shortages. All of these issues can lead to low job satisfaction among nurses and are likely to contribute to nurses' [leaving the profession](#), a trend that began well before the current pandemic struck.

Despite more awareness of the challenges nurses currently face, [nurse staffing and its impact on patient safety](#) have been studied for more than 20 years. My role as a [nurse researcher and assistant professor](#) at the University of South Florida is to evaluate the needs of the nursing workforce and [design and implement programs](#) to address them.

Here's why the pandemic has made the nursing shortage even worse, and why I think health care leaders need to make bold changes to address the well-being of nurses—for the sake of nurses and patient care in our country.

Disruptions in health care delivery

Nurses, like many health care workers, are [physically and emotionally exhausted](#) after working in what has been [described as a "war zone"](#) for the better part of the past year and a half. One nurse on the front lines reported [irreversible damage](#) from the trauma of caring for extremely sick patients. Others are experiencing shortages of [oxygen](#), equipment and [other needed supplies](#) to keep themselves safe and to keep their

patients alive.

As more nurses leave the workforce, patient care will no doubt suffer. Research has shown a relationship between [nurse staffing ratios and patient safety](#). [Increased workload](#) and stress can put nurses in situations that are more likely to lead to [medical errors](#). Lower nurse staffing and higher patient loads per nurse are associated with an [increased risk for patients of dying](#) in the hospital.

The damage is irreversible, many of us who leave will vow to never go back to the bedside. We are already scarred & the scars just continue to grow.

You can't say we didn't warn you. You can't say you didn't know. Profits were prioritized over people.

— Sarah Flanagan, RN (@shesinscrubs) [August 31, 2021](#)

Because [hospitals cannot open beds](#) if there are no nurses to staff them, some hospitals are being forced to [shut down emergency rooms](#) and [turn away patients in need of medical care](#). That is a problem for not only hospitals in large cities; [rural hospitals](#) are also struggling. Alarming, some hospitals are considering the [need to potentially ration medical care](#).

How some hospitals are addressing the shortage

Hospitals are desperate to fill nursing vacancies. One [hospital](#) system in South Dakota is offering incentives as large as [US\\$40,000 sign-on bonuses](#) to recruit nurses to work in the clinical areas that are in most need. This may be a great attempt to draw nurses to an institution, but sign-on bonuses and [incentives might not be enough](#) to persuade some nurses to work at the bedside and continue contending with the current

workload of the pandemic.

Another strategy to fill vacancies is the use of travel nurses. Travel nurses work for agencies that assign them to hospitals that cannot fill vacancies with their own staff. Although this can be a successful short-term solution, the use of travel nurses is not sustainable over time and it does not help retain experienced staff nurses in an organization. Travel nurses make [significantly more money](#) than staff nurses, which may lure nurses away from permanent positions and in turn increase the staffing deficit for hospitals. The [average salary](#) for a travel nurse in the U.S. is \$2,003 per week, with \$13,750 in overtime per year. Some nurses even accept "[crisis assignments.](#)" which can pay as much as \$10,000 per week. That is significantly higher than the average of \$1,450 per week ([\\$36.22 per hour](#)) for a staff nurse.

Focus on nurses' well-being

For the past 18 years, nursing has been identified as the [most trusted profession](#). Nurses are caregivers, role models, educators, mentors and advocates and have a direct impact on the health and well-being of patients. The health of the nation's nursing workforce is fundamental to our health care industry. As identified by a 2021 [National Academy of Medicine report](#), nurse well-being and resilience are needed to ensure the delivery of high-quality care and to improve the health of the nation.

[Research demonstrates](#) that people with higher levels of well-being have lower levels of burnout and perform better at work. Therefore, some hospitals and unions are offering [resources and programs](#) to nurses during the COVID-19 pandemic that seek to [reduce stress](#), [promote resiliency](#) and [increase well-being](#). We have yet to see the long-term effectiveness of these programs on the health and wellness of nurses.

While nurses are responsible for prioritizing self-care, health care

organizations are [responsible for creating a workplace environment](#) in which nurses can flourish. [Nurses report fewer medical errors](#) when their well-being is supported by their organizations and they are in better physical and mental health.

A few thoughts about COVID, vaccines, and such:
I've had three sessions with clients recently (two this week) who work as nurses in three different Nashville area hospitals. Some common themes have emerged from what they're telling me:

— Alan E. Godwin (@alangodwin52) [September 14, 2021](#)

The long-term solution to the nursing shortage calls for [systematic changes](#) that value nurses and offer them a safe place to work. Examples include implementing appropriate salaries and flexible schedules, ensuring adequate [nurse](#) staffing, and creating jobs that allow aging nurses to continue working in direct patient care roles so they can remain in the workforce longer instead of retiring. The pandemic has made more people aware of the distressing conditions many nurses work in. But without systematic changes, the drain of nurses out of the profession—and its negative impact on patient care—will only continue.

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