Flatten the Nursing-Profession Exodus Curve: Discussing the Long-Term COVID-19 Impact on Nursing Shortage

The American Association of Colleges of Nursing and Robert Wood Johnson Foundation have long discussed concerns regarding nursing workforce-shortage projections secondary to a variety of factors. These notably include the increasing healthcare needs of the aging baby boomer generation, an imminent retiring nursing workforce, and an insufficient newly licensed nurse pipeline. Equally concerning are the pre-COVID-19 workforce findings that nearly one in five new nurses leaves her or his job within a year, and some leave the profession outright.

COVID-19’s impact on the nursing workforce continues to emerge: Some geographic regions and/or specialties of care have an immediate, dire need for more nurses, whereas other areas are furloughing or laying off nurses due to reductions in nonemergent care delivery and organizational liquidity concerns. The individual RN experience is largely one extreme circumstance or another. Regarding nursing shortages, some states have expedited initial licensure processing, while others have reinstated “Graduate Nurse” licensure designations. Some nursing schools have even graduated senior students early. These efforts aim at placing more nurses in the workforce to meet the projected short-term need.

However, the long-term impact of fast-tracking new nurses remains unknown. Nursing dialogue groups and webinar offerings in this pandemic are widely discussing the risk for profession-induced posttraumatic stress. How many nurses might exit the profession because of pandemic-induced moral distress? What impact could these actions to fulfill short-term objectives have on the long-term workforce?

While the impact for entry-level practice varies by state, a joint group of nursing organizations has taken a strong position to sustain direct patient-care clinical-hour requirements for advanced nursing practice programs. Such position was taken “to ensure a quality educational experience for NP [nurse practitioner] students and is in the best interest of institutions, students, public consumers, and employers.”

What can be done during the pandemic to minimize the nursing profession exodus? Consider these strategies, opportunities, and challenges:

- Newly licensed nurses, and retired nurses returning to the workforce, require adequate resources and support/mentorship for success. Rapidly deploying them to an environment they are ill prepared for will lead to negative outcomes in both patient care and retention.
- Staff involvement in shared decision-making models is a vital component of both quality patient outcomes and staff retention.
- Supportive, genuine leadership presence matters. Frequent and open communication at all levels of the organization are vital to employee retention.
- Healthcare organizations should assist employees in opening avenues to access their benefits. This includes medical benefits such as telehealth options, mental health counseling as needed, and access to applicable employee assistance programs (EAP). Healthcare organizations should also provide information to their employees regarding
community support initiatives available. Examples of this include alternative lodging options for front-line workers with families.

- Healthcare organizations that are displacing a workforce should consider alternative strategies to support these individuals:
  - Could nurses be transferred to another facility within the same larger organization?
  - Can a business arrangement be set up to “float” the nurse temporarily to another organization/state (including costs)? As the pandemic subsides, the nurse could resume her or his original position when/if financially feasible.

Front-line healthcare professionals will remember how they are treated by the public, their communities, individual businesses, and healthcare organizations during this pandemic. Long-term implications on the workforce must be a consideration in today’s decisions and actions. We must all do our part to flatten the nursing-profession exodus curve.

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