

Understanding and Responding to Registered Nursing Shortages in Acute Care Hospitals in New York



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INTRODUCTION

The United States has experienced periodic shortages of registered nurses (RNs), ie, when the demand for RNs exceeds the available supply. Past shortages have been attributed to various factors, including an aging RN workforce, a decline in nursing educational program enrollment, changes to the health care delivery system, and turnover of active RNs.

The COVID-19 pandemic presented a substantial challenge for New York's health care providers, health profession education programs, and health professions, exacerbating existing workforce shortages, especially that of RNs. Many nursing education programs moved to virtual learning for both didactic and clinical experience to ensure on-time graduation during the pandemic. This approach left many students with considerably less patient contact than that experienced by prior RN student cohorts. This lack of experience during training adversely impacted the transition to practice for many new RN graduates. Additionally, many active patient care RNs left their jobs during the pandemic for various reasons—some contracted COVID-19; others feared contracting COVID-19; some refused the mandated vaccine; others found better-paying jobs, often as travel nurses; some left for family obligations; and others retired. While the pandemic began to ease in 2021, the shortage of RNs persisted. Additionally, while key informants from the hospitals reported that recruitment of RNs had improved, they also reported that retention had not.

STUDY BACKGROUND

The Center for Health Workforce Studies, with support from the Mother Cabrini Health Foundation, conducted a mixed methods study of New York hospitals to better understand issues related to persistent RN recruitment and retention challenges. The researchers identified the factors that contributed most to the problem and the most promising strategies to improve the recruitment and retention of patient care RNs, with a special emphasis on safety-net hospitals.*

METHODS

In this mixed methods study, the researchers held focus groups and conducted interviews with a stratified sample of key informants to learn more about hospital RN recruitment and retention issues and develop strategies to resolve them. A quantitative analysis of primary and secondary data sources was also conducted.

Key Informant Focus Groups and Interviews

- Three hospital association interviews
- Three focus groups of chief nursing officers and directors of human resources representing more than 20 hospitals
- Interviews of chief nursing officers or executives, nurse recruiters, and human resources staff representing more than 50 hospitals

* Hospitals above the 75th percentile in Medicaid discharges relative to total discharges according to location (downstate, upstate rural, and upstate urban) were considered safety-net hospitals.

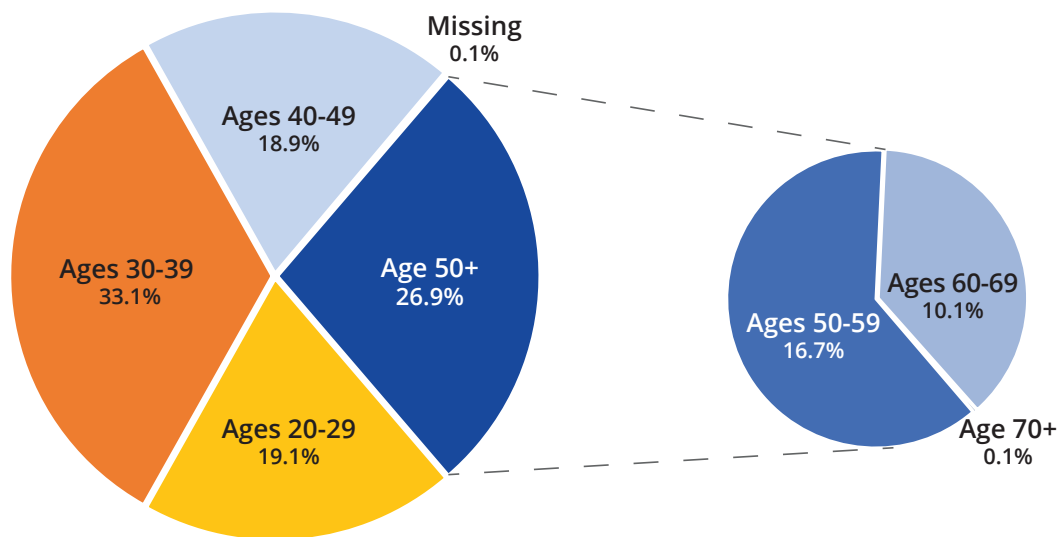
Data Sources

- American Community Survey
- Hospital Recruitment and Retention Survey
- Hospital RN Turnover and Vacancy Survey
- New York State RN Re-Registration Survey
- National Sample Survey of Registered Nurses

FINDINGS

The Current RN Workforce—Hospitals reported the retirement of a large number of older RNs due to the pandemic, decreasing the number of experienced RNs providing patient care. In 2023, more than 50% of hospital RNs in New York were under the age of 40 (Figure 1).

FIGURE 1. The Distribution of Hospital RNs in New York by Age Group, 2023



Source: New York State RN Re-registration Survey.

Factors Contributing to Persistent RN Shortages—The vast majority of hospitals that participated in the study reported that RN recruitment had slowly improved, but RN retention remained problematic.

- **Hospital Characteristics**—Large and small hospitals in rural areas reported difficulty recruiting RNs due to a general lack of supply. Smaller hospitals in rural and urban areas indicated that RNs were more likely to leave their jobs sooner to pursue better opportunities. Hospitals with linkages to nursing programs, regardless of size or location, reported less difficulty attracting newly trained RNs than did hospitals without those linkages.
- **Newly Trained RNs**—RN who trained during and after the pandemic had more simulation training and considerably less direct patient contact than those trained prior to the pandemic. Consequently, these RNs were less prepared for the transition to practice and struggled to effectively manage acute care patients and to communicate with patients and their families. Many hospitals, particularly large hospitals, expressed concern that the increase in departures of experienced RNs affected the hospitals' ability to precept and mentor newly trained RNs, negatively affecting retention.

- **Work Environment**—RN vacancies were more likely to occur in medical-surgical units, emergency departments, and critical care units. Many hospitals also reported having difficulty staffing night shifts. The increased use of traveling and agency RNs tended to result in poor morale related in part to substantial salary disparities. Numerous factors, including patient acuity, staffing short-ages, and workplace violence, exacerbated RN burnout. Additionally, younger RNs reported higher levels of burnout than older RNs. In 2023, RNs working in hospitals reported more burnout symptoms than patient care RNs in other settings (Table 1).

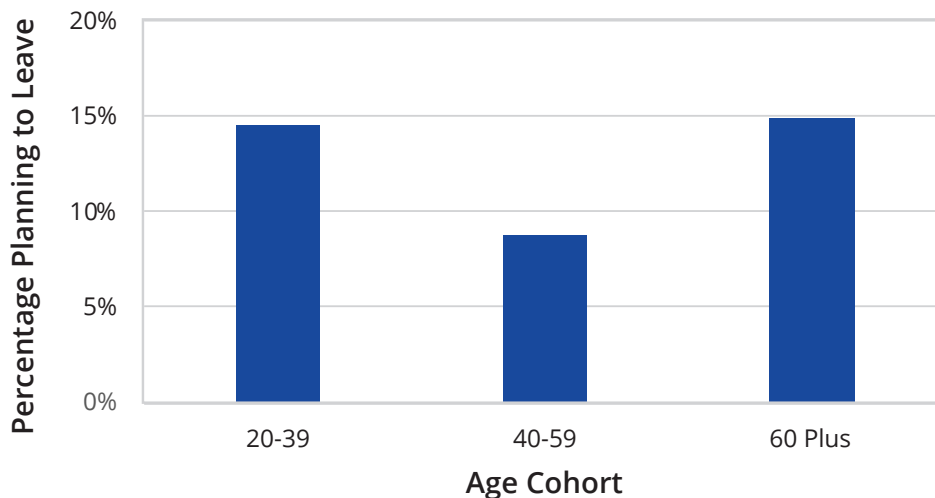
TABLE 1. Percentage of Patient Care RNs Who Reported Burnout Symptoms by Practice Setting, 2023

Practice Setting	No	Yes
Hospital Inpatient/ED	42.4%	57.6%
Hospital Outpatient	54.0%	46.0%
Other Outpatient	58.3%	41.7%
Other Inpatient/Long-Term Care	57.0%	43.0%
Other	61.3%	38.7%
Statewide	50.1%	49.9%

Source: New York State RN Re-registration Survey.

- **Generational Differences**—The key informants reported that younger RNs were much less mission-driven and more concerned about work-life balance than older-generation RNs were. More turnover among younger RNs was also reported; such RNs were much more likely to change jobs within 1 to 2 years after being hired than older-generation RNs. About 15% of hospital patient care RNs between the ages of 20 and 39 reported plans to leave their current position within the next 12 months (Figure 2).

FIGURE 2. Percentage of Hospital RNs Reporting Plans to Leave Their Current Position by Age Cohort, 2023



Source: New York State RN Re-registration Survey.

Recruitment Strategies

- **Educational Assistance**—Nearly all hospitals reported providing their RNs with tuition assistance or loan repayment for advanced education or providing educational assistance to other staff to obtain nursing degrees.
- **Nurse Residency Programs**—The vast majority of hospitals reported the use of nurse residency programs up to a year in length for newly trained RNs. Some programs supported new RNs working on specific units, while others were hospital-wide. Some of those hospitals offering unit-specific residencies indicated that they would expand the program to all units if resources were available.
- **Summer Nursing Externships**—Many hospitals, particularly those with Magnet status,[†] reported providing externships for student nurses during the summer. Most indicated that these opportunities were an effective strategy for helping students develop nursing skills and consider employment at the hospital upon graduation.
- **Competitive Wages**—Many hospitals indicated that increasing wages, either independently or through union contracts, improved RN recruitment and retention.
- **Sign-on Bonuses**—The vast majority of hospitals, particularly upstate, rural, and/or safety-net hospitals, provided sign-on bonuses for newly hired RNs. Many upstate hospitals reported that sign-on bonuses were not a particularly effective recruitment strategy but were necessary because almost all nearby hospitals offered them.
- **Outreach Events**—Nearly all hospitals reported holding recruitment outreach events, including open houses, job fairs, visits to local high schools, and social events (such as casual meet-and-greets) geared to RNs.
- **Hospital RNs as Adjuncts in Local Nursing Education Programs**—Hospitals with experienced RNs serving as adjuncts in local nursing education programs reported a better ability to recruit graduates from those programs.

Retention Strategies

- **Magnet Status**—Hospitals that achieved Magnet status reported better staffing levels, with more Bachelor of Science in Nursing (BSN)-prepared RNs on staff, more effective communication, and better overall leadership than that observed in hospitals without Magnet status.
- **Prioritizing Workplace Culture**—Most hospitals recognized the importance of a strong and supportive workplace culture. Many achieved this through implementing Magnet or Pathway to Excellence programs. Some hospitals described efforts to engage their nursing workforce by soliciting RN input into addressing workplace issues and engaging them in implementing solutions and evaluating outcomes. Prioritizing workplace culture also included leadership training to assist RNs moving into supervisor roles.
- **Reducing Burnout**—Hospitals reported implementing various programs to alleviate stress and reduce burnout, including employee assistance programs, wellness teams (often trained behavioral health professionals), and tranquility rooms to address the needs of their employees.

[†] A Magnet-designated hospital is a medical facility certified by the American Nurses' Credentialing Center that meets the gold standard of nursing excellence and innovation.

- **Violence Prevention**—Most hospitals, particularly large hospitals, described using strategies to address workplace violence to protect their staff. Violence was reported more often by downstate and urban hospitals. The most common strategies included de-escalation training, establishing a team to address workplace violence, advertising and enforcing zero-tolerance policies, and implementing a secure infrastructure (such as weapons detection).
- **Virtual Nursing**—Many hospitals, particularly urban and/or safety-net hospitals, used virtual nursing or had plans to implement it in the future. Virtual nursing was commonly used for patient monitoring (such as virtual sitting), patient education, and managing admissions and discharges. Many hospitals reported that virtual nursing improved efficiency, effectively supported patient care RNs, and was a tool for retaining older RNs. Hospitals indicated that additional resources were needed to establish or expand virtual nursing programs.
- **Internal Float Pools**—Many hospitals, particularly large and/or urban hospitals, reported using flexible staffing options, such as internal agency contracts or internal float pools. Using internal float pools reduced the reliance on agency staff or traveling RNs. Float pools tended to be more challenging for small hospitals to implement due to staffing constraints.

RECRUITMENT AND RETENTION TOP PRIORITIES

Hospitals indicated that, with additional resources, they would do the following:

- Improve the Work Environment (Workplace Culture)
 - Virtual nursing
 - Achieving Magnet status
- Expand Workforce Development (Particularly Safety-net Hospitals)
 - Nurse residency
 - Leadership development
 - Preceptor training
- Expand Education Assistance

CONCLUSIONS

No single strategy has emerged as a “silver bullet” for New York hospitals’ RN recruitment and retention challenges. Effective recruitment and retention strategies are important for ensuring that hospitals have sufficient RNs.

- Hospitals must provide a learning environment for RNs, including providing nurse residency programs for newly trained RNs
- Improving workplace culture through virtual nursing, resiliency programs, implementing Magnet or Pathway to Excellence programs, and violence prevention efforts can help reduce turnover and improve long-term RN retention
- Strategies aimed at improving RN recruitment and retention must be carefully evaluated to identify those that are most promising and sustainable
- Sharing “best practices” provides opportunities for hospitals to learn from each other and reduce the likelihood of future RN shortages

About The Center for Health Workforce Studies (CHWS)

Established in 1996, CHWS is an academic research organization, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS operates 2 of 9 federally-funded health workforce research centers in the US, and is a national leader in the field of health workforce studies.





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