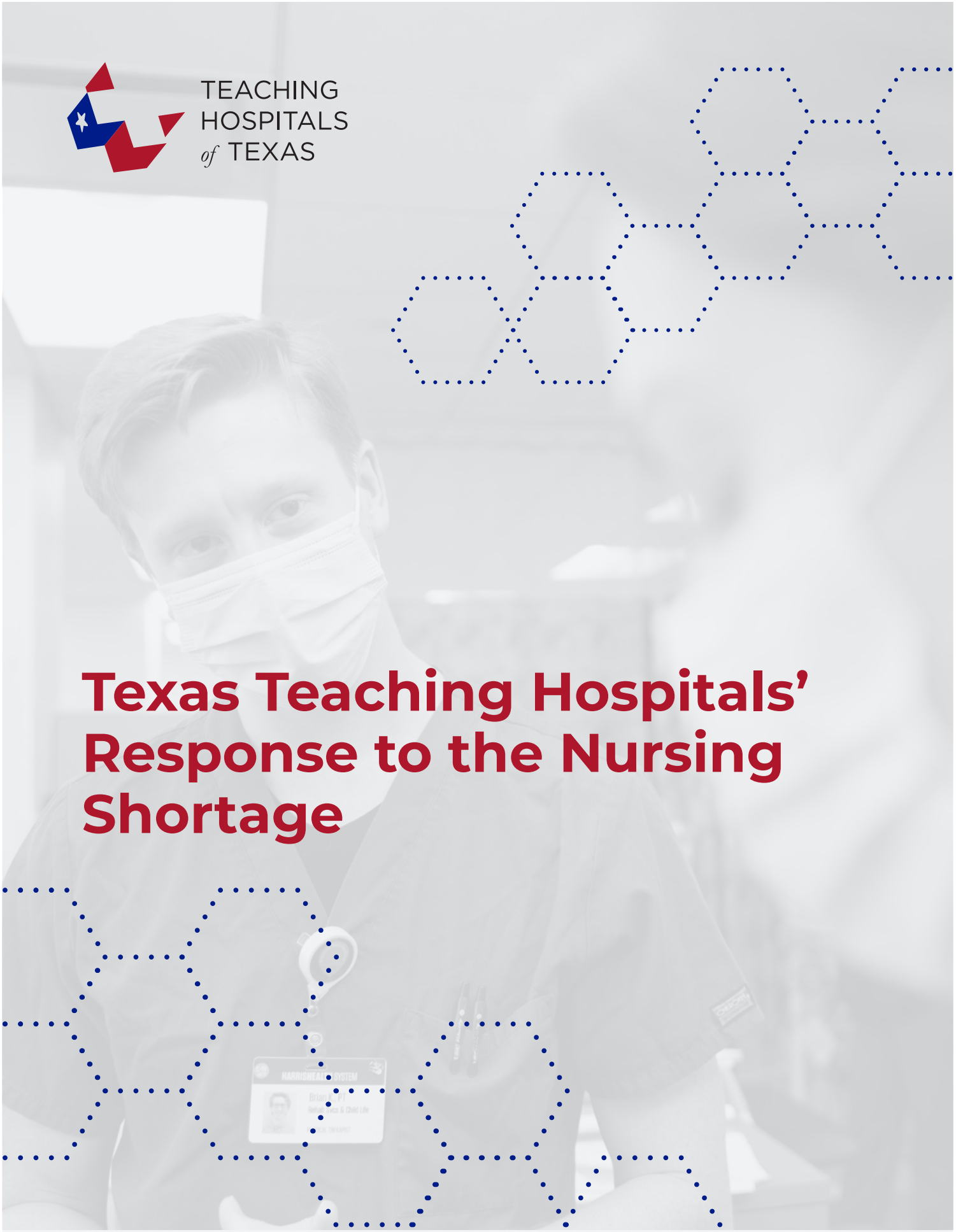
TEACHING HOSPITALS of TEXAS



# Texas Teaching Hospitals' Response to the Nursing Shortage

## Summary of Findings

- The nursing shortage is likely to continue and requires short- and long-term solutions to solve.
- A cooling down of the rates for contract labor is essential to stabilize the nursing workforce and disrupt the cycle of hospitals competing for the same pool of talent and of permanent nurses leaving staff positions for temporary, travel roles.
- Having temporary contract nurses is critical during pandemic surges to meet care needs, but hospitals cannot assume that every temporary nurse has the necessary skills and competencies to deliver care at the level expected and required.
- Hospitals are investing significant financial and human resources in revamping clinical education programs, using preceptors, and implementing other training to maintain care quality and safety while relying on temporary staff.
- More retirements of experienced nurses combined with new graduates with minimal clinical experience means hospitals have to spend more time and resources on clinical education for new hires—further delaying getting a nurse working full-time.
- Maintaining a focus on mission and culture is challenging when inflated hourly wages are such an influential factor in nurses' decision-making about their careers.
- The effectiveness of financial incentives, other than hourly wages, and soft incentives on nurse retention and employment choice is unclear and varies by market.
- A sustained focus on addressing burnout and bolstering resiliency will be required.

## Overview

The pandemic shone a bright light on Texas' nursing workforce shortage. What existed prior to the pandemic worsened as each surge of cases and hospitalizations drove exhausted nurses to retire early or replace working at the hospital bedside with a nursing position in another clinical setting or choose a different profession entirely. The pandemic also illuminated how indispensable nurses are to patient care. The hospital nurse is irreplaceable. Patients are hospitalized when they need 24-hour care; the nurse is the linchpin to that care.

Teaching hospitals are in the unique position not only of employing more registered nurses than other hospitals to meet their missions to care for their communities but also of having an essential role in ensuring an educated nurse workforce. Texas' teaching hospitals comprise 12.5 percent of hospital beds in the state and employ more than 15 percent of the state's hospital-based registered nurses. They also serve as clinical rotation sites for nursing students to receive critical hands-on education and training before graduating from nursing school. In addition, many teaching hospitals offer both residency programs to help recently graduated nurses gain knowledge and hands-on experience before entering full-time staff employment and fellowship programs for more experienced nurses for ongoing education and professional development.

In October 2021, THOT interviewed nursing leaders with three of our member institutions to better understand the impact of the pandemic on the nursing shortage as well as the operational shifts and investments taken to ensure that high quality, safe patient care is prioritized, despite the significant staffing challenges, and that the professional practice of nursing is appropriately acknowledged and supported.

## Wage Pressures

When COVID-19 cases surged, and hospitals filled to, or even over, capacity, hospitals turned to their staffing agencies for temporary help, and the state and FEMA also allocated travel nurses to fill staffing gaps, particularly in intensive care units. The Texas Department of State Health Services deployed more than 8,100 state-funded health care workers, including nurses and respiratory therapists, in the late summer surge of 2021. During the winter surge of 2020/2021, almost 14,000 medical personnel were deployed.

As the pandemic continued, the nursing shortage became more acute, and hospital-employed nurses began leaving their permanent positions for the often higher-paying temporary positions offered through private staffing and government agencies, creating a troubling cycle for hospitals having to pay increasingly higher wages and fees for a dwindling pool of nurses. Prior to the pandemic, travel nurse wages were between $40 and $75 an hour, depending on the specialty. Today, they average $90 to $150 and, in some cases, are upwards of $200 an hour. At the same time, hospitals are paying more to retain current nurses and to recruit additional permanent staff nurses.

Over the course of the pandemic, it became increasingly difficult for hospitals to maintain morale of employed staff nurses who stayed in their positions as the wage differential between the salaried nurses and the temporary hourly nurses became evident, compounding the already elevated levels of stress and exhaustion brought on by the prolonged pandemic. Employed nurses began leaving for the higher-paying temporary positions to earn in 13 weeks what many might earn in a year as an employed nurse. To retain existing staff, one hospital reported offering shift pay four times more than what was the average rate before the pandemic. Another increased pay for a couple of months for its ICU nurses but

acknowledged that the pay increase was not financially sustainable or seen as fair by other nurses working in other units of the hospital over the long term. This hospital also added pay for preceptors to recognize the extra work they took on to mentor and teach contract nurses and provided incentive pay for charge nurses who took on significantly more organizational and operational duties to manage patient flow and operations on COVID floors.

As the pandemic eases, hospitals are putting considerable effort toward encouraging nurses to commit to full-time, permanent employment by creating organizational cultures that support nurses in their professional role and advance their development, although the trend of nurses preferring contract work to permanent staff roles appears to be lingering because of the wage differential and ability to choose flexible shifts. Hospitals are increasing nurse representation on system committees and implementing shared governance, for example, to make sure nurses' perspectives are heard and woven into strategic planning and decision-making.

## Commitment to Education

Even as hospitals tried to stretch existing resources to manage care demand, none could avoid use of travel or contract labor as the number of patients requiring hospitalization and the number of severely ill patients requiring ICU care increased.

Hospitals quickly realized the need to train not just on skills and practices but on mission, communication, leadership, and clinical judgment.

This commitment of staff and educational resources to onboarding temporary nurses was particularly important as some of the deployed nurses had worked in other clinical settings, such as long-term care facilities, or perhaps a small rural hospital but never in a tertiary care hospital where a large proportion of patients have complex, high-acuity medical needs. In addition, documenting orders, medications, and notes in an electronic health record, for example, was not a universally held skill, or a nurse had experience only with different electronic charting tools from the one used in the specific hospital.

After one hospital saw the potential for an increase in patient falls primarily related to increased use of temporary nurse staffing, it expanded its existing fellowship program in place for new nursing hires to include all temporary nurses, including those from the state and FEMA. In this

> **True to their missions, teaching hospitals dedicated significant educational resources to ensuring that the temporary, contract nurses had the professional competencies, knowledge, and as full as integration into the mission and protocols of the hospital system as possible.**

program, nurse educators conduct rounds with the travel nurses. This hospital onboarded 400 temporary nurses from March to December 2020, all of which had a staff nurse partner for education.

Another hospital reporting needing to individualize the onboarding for travel nurses as each had different and varying skills and competencies. The hospital developed a self-assessment tool for each temporary nurse to declare where they needed education and support to deliver care at the level needed in a complex care environment. After the nurse manager skills review, either the hospital was able to quickly get the nurse up to speed or could assign them to a care environment more suited to their skills.

This hospital also revised its onboarding to compress the number of hours of required training because the need to get the nurses onto the floors was overwhelming. The hospital did not have the luxury of allocating 14 to 20 hours of the nurses' time to traditional education. Its nursing leadership team was able to compress its module-based learning to 4 hours or less. In addition, to accelerate the time a new nurse came on to the time he or she could get to the bedside, the hospital quickly stood up a program that brought a team together of disparate divisions within the hospital, such as IT, human resources, and clinical education so that no time was wasted from the basics about where to park to the more complex of how to appropriately chart in the hospital's EHR.

A 10-day onboarding at another hospital for clinical and EHR orientation was compressed to 3 days, only two of which were in the classroom, and the other dedicated to pairing together temporary

and staff nurses to assess and validate competencies essential to delivering bedside care in a complex care environment. The hospital's professional development team very quickly went from onboarding nurses once every two weeks or so to onboarding new nurses every day.

No hospital lost sight of keeping care quality and patient safety foremost. Demobilizing temporary nurses, no matter how needed they were, was sometimes a difficult but necessary choice for hospitals if there were concerns that quality and safety would be compromised because the nurse was not ready for the care environment. Hospitals kept focus on being high-reliability organizations and empowering nurses to speak up with concerns about patient care even if it meant not being able to have a nurse position filled. The hospitals also expressed appreciation to the state for working with them to quickly replace any demobilized nurse.

## Nursing Students and the Workforce Pipeline

When the pandemic first hit in March 2020, nursing schools, just like other academic institutions, shifted to virtual learning, and many pulled their student nurses from clinical rotations in hospitals. Consequently, nurses who graduated during the early phases of the pandemic did not have the same level of clinical, hands-on training as previous graduates. The result, according to nursing leaders, is that more nurses need more post-graduation education and hands-on training before they are truly ready to work independently on a medical/surgical floor or ICU.

> **"Just like the nursing shortage itself, the "complexity gap" between new nurses and more experienced ones existed prior to the pandemic. The difference now is the unprecedented and immediate need for experienced nurses.**

One positive outcome of the pandemic seems to be increasing nursing school enrollment. Nationally, enrollment in baccalaureate nursing programs increased nearly 6 percent in 2020, according to preliminary results from an annual survey of 900 nursing schools by the American Association of Colleges of Nursing. In Texas, one nursing program experienced a 20 percent increase in enrollment in fall 2021 compared to the previous year. The challenge will be to make sure these student nurses and new graduates have opportunities to continue learning at the bedside from more experienced, hospital-based nurses.

## Our Purpose:

THOT is the principal voice and advocate for health systems that teach the next generation of health professionals and who are united in their commitment to support policies and funding that will ensure health care access for all Texans.

THOT also partners with other health care advocacy organizations, including the Texas Hospital Association and Texas Organization of Rural and Community Hospitals, to amplify the voice of all Texans who depend on a strong health care system.

## A History of Advocacy

Founded in 1986, THOT exists to support the academic, research, and patient care missions of our members. THOT advocates for policies and funding that:

- ☑ Support access to care for all in our communities with a special focus on vulnerable populations.
- ☑ Sustain essential community health programs and services, such as trauma, public health, and disaster planning, response, and management.
- ☑ Prepare for the future by training tomorrow's healthcare providers and supporting health research and healthcare transformation.

## Solutions

As part of its advocacy on behalf of Texas teaching hospitals, THOT looks forward to engaging legislative and regulatory leaders on long-term health care workforce solutions.

Members appreciate state and legislative support and look forward to continued partnership for Texas health care workorce sustainablity.

TEACHING HOSPITALS *of* TEXAS

**CONTACT US**
1210 San Antonio Street Suite 204
Austin, TX 78701
Phone: (512) 476-1497
Email: THOT@THOTonline.org