

# The Future of Oregon's Nursing Workforce: Analysis and Recommendations

## Final Conclusions & Recommendations [DRAFT]

September 30, 2022

Jana Bitton, Timothy Bates, Rick Allgeyer, Emily Shen,  
& Joanne Spetz

---

### Acknowledgements:

Advisory Board Members  
Marc & Neelam  
Troy

---

## Conclusions and Recommendations

### Conclusions

The capacity and resilience of Oregon's nursing workforce have been severely stressed by the COVID-19 pandemic, exacerbating pre-existing problems. Oregon is not alone in this experience; many of the challenges observed in data and heard in interviews can be found in other states. Some of the most important findings of this study include:

- Widespread nursing shortages are being reported, and there is uncertainty about the reasons for shortages. It is likely that the reasons differ across regions of the state and by type of health care setting. There is little data available to assess the extent and depth of nursing shortages.
- Oregon's nurses report high levels of stress, frustration, and burnout. Employers confirm these feelings and are deeply concerned about how to address the situation.
- Nurse staffing in Oregon is higher than the national average in hospitals, but nurses nonetheless attribute a great deal of their stress and burnout to heavy workloads.
- Growth in new enrollments in Oregon RN education programs has slowed over the past three years and LPN enrollments have declined. Education programs struggle to grow due to difficulty recruiting faculty and finding clinical placements for students.
- Applications to RN education programs have declined over the past four years.
- Oregon is heavily reliant on nurses educated in other states.
- Oregon's licensed nurse workforce is not as diverse as the state's population, although the nursing student population more closely resembles the racial/ethnic diversity of the state.

### Recommendations

The recommendations we offer will not provide immediate relief to the challenges Oregon now faces with its nursing workforce. Multiple actions must be considered and simultaneously implemented to make long-term progress toward a sustainable, skilled, and satisfied nursing workforce.

Our recommendations are organized by domain of concern.

1. Retention of workforce. Healthcare organizations must take responsibility for retaining their nursing workforce. The most important approach required to improve retention is to prioritize the mental health of their nurses. They should not push this to nurses – offering nurses a self-help phone app does not substitute for concerted and well-developed programs that demonstrate that employers prioritize the well-being of their staff. Employers must create health work environment interventions to support health and well-being, and they need to address issues such as bullying and racism head-on.<sup>1</sup>
2. Education capacity & transition to practice

<sup>1</sup> <https://www.nursingworld.org/survey-on-racism>

- a. High schools and post-secondary education institutions should provide educational resources to students to help them navigate pre-requisites and admission processes. This could help to address the need to reverse declining applications in recent years.
- b. Community colleges and state agencies should create more pathways to leverage community colleges to offer standardized pre-requisites. The Oregon Consortium of Nursing Education (OCNE) framework should be leveraged to support standardization of pre-requisites and streamlining RN-to-BSN education. This effort should actively engage private programs.
- c. Colleges that want to have both AD and LPN programs should be able to share faculty. This is not allowed in OCNE and reduces participation in OCNE and also reduces LPN education capacity.
- d. CNA1 vs CNA2 categories have created confusion around career pathways. The OSBN should work with employers and other stakeholders to assess whether two CNA categories are needed and, if they are, define them as a continuous career pathway pointing toward LPN education. Moreover, OSBN should consider a rigorous assessment of the length of training required for CNA certification in Oregon and provide evidence-based justification for the number of hours required.
- e. RN education capacity should be expanded in rural areas. This can be accomplished with distance-based LPN-to-RN programs and semi-remote RN education programs.
- f. Simulation laboratory facilities need expansion and educators need enhanced training to optimize their use. Simulation facilities are difficult to access in rural areas and shared facilities are needed. Nurse educators should receive opportunities for formal training about the various simulation modalities and strategies, including the range from simulation skills through clinical judgement. OSBN should collect data on simulation offerings in Oregon nursing programs and support credentialing of faculty in simulation modalities and technique.
- g. RN and LPN education programs should create more educational options and supportive services. Many prospective students may prefer part-time programs; currently employed CNAs and LPNs cannot easily advance their education if they must quit their jobs for full-time education programs. In addition, education programs and other state agencies should increase support services for RN students, particularly first-generation-to-college and under-represented-in-healthcare populations.
- h. The pay differential between clinical jobs and faculty positions should be filled. At this time, nurses in academic roles earn up to 40% less than those in clinical roles. Community college and OHSU pay scales need to change to pay nursing faculty adequately. This may be challenging as these institutions value pay equity across faculty categories; however, this goal is creating a significant barrier to growth of public nursing programs, which are essential to serving low-income and under-represented-in-healthcare students. Educational institutions should explore supplemental pay strategies such as leveraging grant or private sector funds to supplement nursing faculty salaries.

3. Clinical placements for students
  - a. Centralized clinical placement systems are needed to support nursing programs outside the Portland area. A collaborative group should be established to advanced centralized systems statewide.
  - b. "Apprenticeships," internships, and/or residencies are needed specialized clinical fields. Oregon government agencies and employers should explore strategies to fund these types of programs. The "nurse tech" role should be reviewed and simplifications of its regulation should be implements to optimize its use. In addition, education programs should establish elective courses in specialties as partnerships between employers and educational institutions, including community colleges. Establishment of these programs could be incentivized with start-up funds and grants.
4. Support localized solutions to shortages. Recruiting and retaining nurses requires different strategies depending on where nurses are needed in the state. Incentives to recruit nurses to urban areas are different than those needed to recruit nurses to rural areas, and these incentives are related more to economic development and community building than healthcare industry-specific solutions. For example, rural communities can explore developing economic opportunities for partners or spouses of nurses, as well as invest in high-quality K-12 education and internet infrastructure. Both rural and urban communities must explore reducing the cost of housing to incentivize nurses to stay in those areas to practice. A complete understanding of local conditions is critical to identifying solutions to local nursing workforce needs.
5. Explore joining the Nurse Licensure Compact with a realistic understanding of its benefits and with strategies to mitigate its costs. If Oregon joins the NLC, it needs to identify new strategies to track information about nurses working in the state. Additional funds may need to be allocated to OSBN to ensure it can adapt to the higher administrative costs of managing two types of licenses while losing revenue from licensing.
6. Oregon's Nurse Staffing Law needs to be simplified, as the 2015 changes continue to be burdensome with no evidence of improvement in patient safety or nurse satisfaction. In addition, Oregon health care leaders should explore whether acuity system requirements might provide additional structure to staffing expectations without the restrictiveness associated with fixed minimum staffing requirements.
7. OSBN, OHA, and the Oregon Center for Nursing should collaborate to advance strategies to track and predict nursing shortages. These approaches can include:
  - a. Regularly collecting data on employer vacancies and perceptions of the local labor market. For example, Oregon could adopt the Sentinel Network developed by the University of Washington, which surveys a panel of employers at frequent intervals to measure vacancies and identify emerging shortages on a rapid basis.
  - b. Developing data systems that support more detailed projections of future nurse supply and demand. Forecasting models used by other states such as California could be adapted for Oregon, but current OSBN data systems do not generate many of the

necessary parameters for such models. The supply of licensed nurses can be modeled using a stock-and-flow approach that accounts for different employment behaviors across age groups. The demand for licensed nurses should be assessed using multiple strategies, because competing conceptual frameworks exist for forecasting demand and there is no evidence that one framework is more valid than another. Alternative approaches for projecting demand should include benchmarks for nurses per capita, age-adjusted benchmarks, and projections based on current employment and vacancy levels.

DRAFT