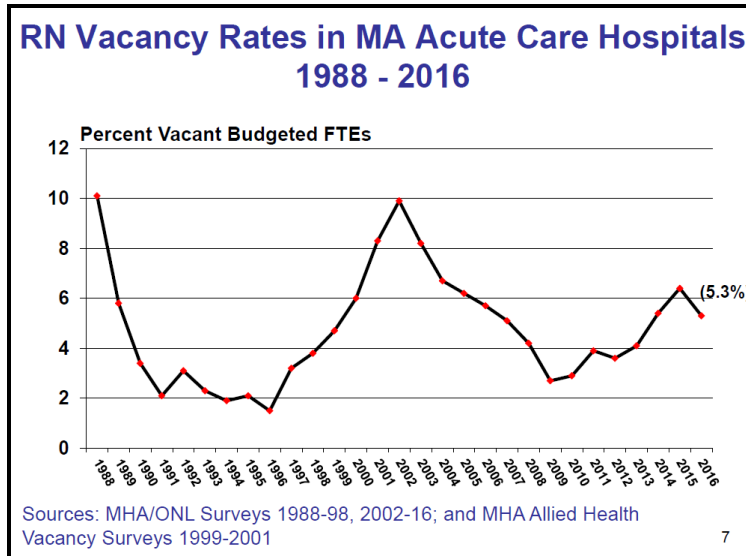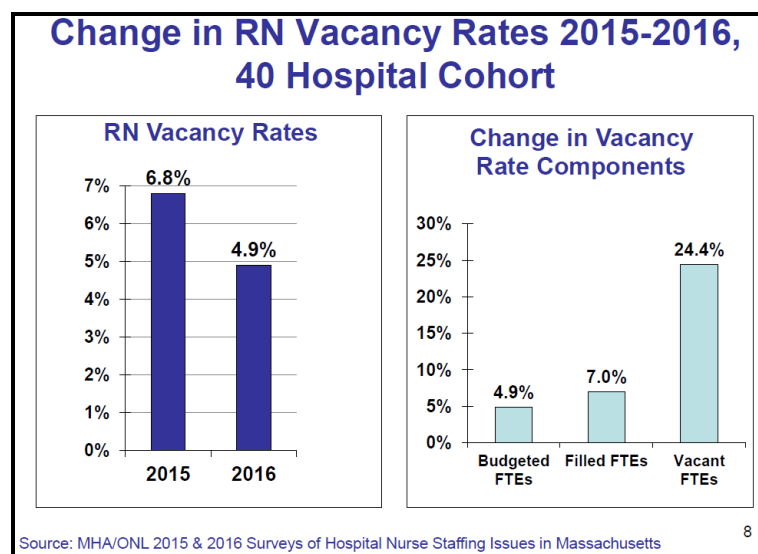# Massachusetts Health & Hospital Association & Organization of Nurse Leaders
MA, RI, NH, CT & VT
Survey of Hospital Nurse Staffing Issues in Massachusetts, 2016 Highlights

- The vacancy rate for Registered Nurses (RNs) in all responding hospitals was 5.3 %. Acute care hospitals also reported a 5.3 % vacancy rate, and specialty hospitals reported a 6.8 % rate.

- The acute care hospital RN vacancy rate decreased from the 2015 rate of 6.4 %, and now stands 1.2 percentage points above the median rate of 4.1 % for the past 29 years of data collection and this year's 5.3 % RN vacancy rate is equal to the median rate for that last 15 years of data collection. Vacant positions are covered by per diem nurses, staffing pools, on-call staff, overtime, and agency or traveler nurses.

RN Vacancy Rates in MA Acute Care Hospitals 1988 - 2016

Sources: MHA/ONL Surveys 1988-98, 2002-16; and MHA Allied Health Vacancy Surveys 1999-2001
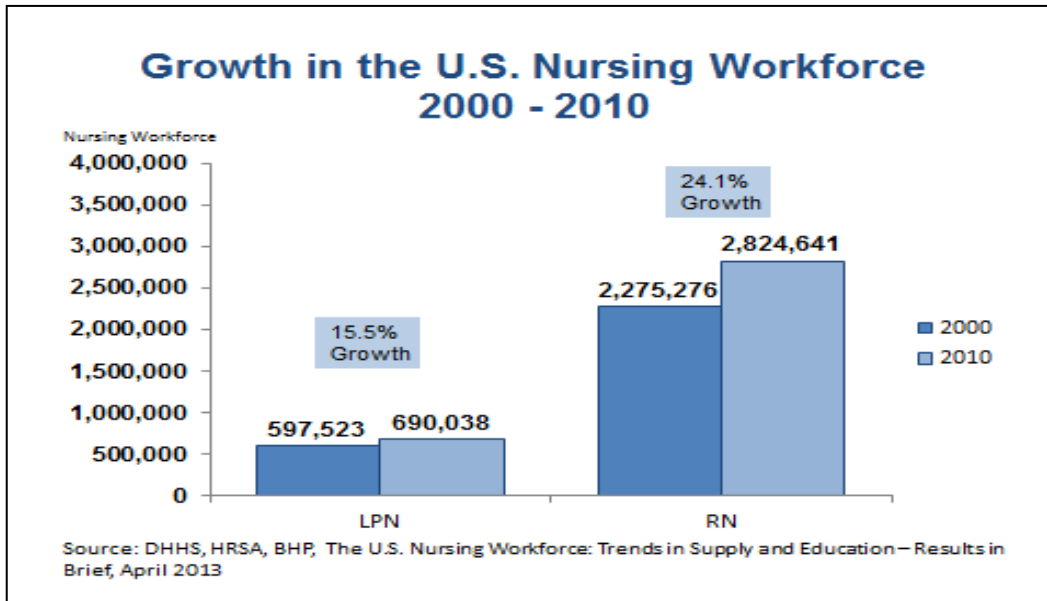
- Among the 40 hospitals that responded to both the 2015 and 2016 surveys, the number of filled RN positions increased to 7.0% in 2016, the product of a 24% decrease in vacant positions and a 4.9 % increase in budgeted positions. The RN vacancy rate for the cohort decreased from 6.8 in 2015 to 4.9 in 2016. Vacancy rates increased in 12 cohort hospitals and declined in 28.

Change in RN Vacancy Rates 2015-2016, 40 Hospital Cohort

Source: MHA/ONL 2015 & 2016 Surveys of Hospital Nurse Staffing Issues in Massachusetts

Observations on RN Supply and Demand Trends

- National studies (Buerhaus, <u>JAMA</u>, November. 26, 2008) suggest that the drop in vacancy rates observed since 2002 was caused by the reentry to the workforce of older, married nurses responding to increasing RN earnings and the toll of relatively high unemployment rates on their families following the 2001 recession. The recession that began in December 2007 and drove the state unemployment rate to 9.3 % in December 2009 appears to reinforce the trend. Improvements in the hospital workplace and widespread private-sector initiatives aimed at increasing the supply of new nurses have also been cited as affecting the trend, as has expansion of nursing education programs that led to unprecedented levels of entry into nursing over the past decade.

Source: DHHS, HRSA, BHP, The U.S. Nursing Workforce: Trends in Supply and Education – Results in Brief, April 2013

- The most authoritative studies (Auerbach, Buerhaus, and Staiger, <u>Health Affairs</u>, December 2011, and same authors <u>NEJM</u>, March 22, 2012) of projected supply and demand for registered nurses suggest that the recent reprieve in the nursing shortage may be short lived, although that forecast is highly dependent itself on uncertain forecasts about growth in the economy and reduced unemployment:

    "…it seems likely that growth in demand for RNs over the next few years will outstrip   the projected growth in the workforce, leading to renewed shortages of RNs in the near term.

    Employers and workforce policymakers should not be lulled into complacency by the current absence of a nursing shortage. Instead, they should anticipate that the current positive effect of a weak economy on the RN labor supply is likely to evaporate as the economy improves and that shortage will reemerge."

- Research from Auerbach, Buerhaus, and Staiger (<u>Health Affairs</u> August 2014) found that about one-fourth of surge in the RN workforce to 2.7 million RNs in 2012, 500,000 above the 2.2 million forecasted in 2000, can be explained by changes in the retirement age decisions of RNs:

    "We found that in the period 1969-90, for a given number of RN working at age fifty, 47 percent were still working at age sixty-two and 9 percent were working at age 69. In contrast, in the period 1991-2012 the proportions were 74 percent at age 62 and 24 percent at age 69. This trend, which largely predates the recent recession, extended nursing careers by2.5 years after age fifty and increased the 2012 RN workforce by 136,000 people."

- December 2014, the National Center for Health Workforce Analysis issued its report, <u>The Future of the Nursing Workforce: National and State-Level Projections, 2012 -2025</u>[i]. The report projects that, at the national level, "…***the change in RN supply between 2012 and 2025 is projected to outpace demand*** (by 340,000)***"*** and estimates that RN supply in Massachusetts will grow from 78,800 to 85,900, outpacing demand by 400 RNs.

- September 2016, Laurie Larson's Hospital & Health Networks (H&HN) [2] interviewed Peter Buerhaus, R.N. He is a health care economist and a professor of nursing at Montana State University, maintains a multifaceted research program analyzing nursing workforce economics, forecasting nurse and physician future supply, and determining public and provider opinion on care delivery issues, among other areas of study. He does so in his role as director of the university's Center for Interdisciplinary Health Workforce Studies.

  During H&HN's interview on "***The 4 Forces that Will Reshape Nursing*** *Social and health care changes put pressure on the profession* "*,*   he was asked the following:

  Do we have a nursing shortage in this country?

  BUERHAUS: Not necessarily, although some states, like California and Colorado, are experiencing nurse retirement sooner than others. Since 2002, there has actually been unprecedented growth in the number of nurses being produced in the United States. But there is a knowledge shortage in nursing. Experienced nurses are retiring, so we have more people, but less long-term experience. We've been warning the industry for the past five to 10 years about getting nursing graduates' knowledge up to speed to deal with the upcoming retirement of 1 million nurses over the next decade.

  Are we making the best use of our nursing workforce?
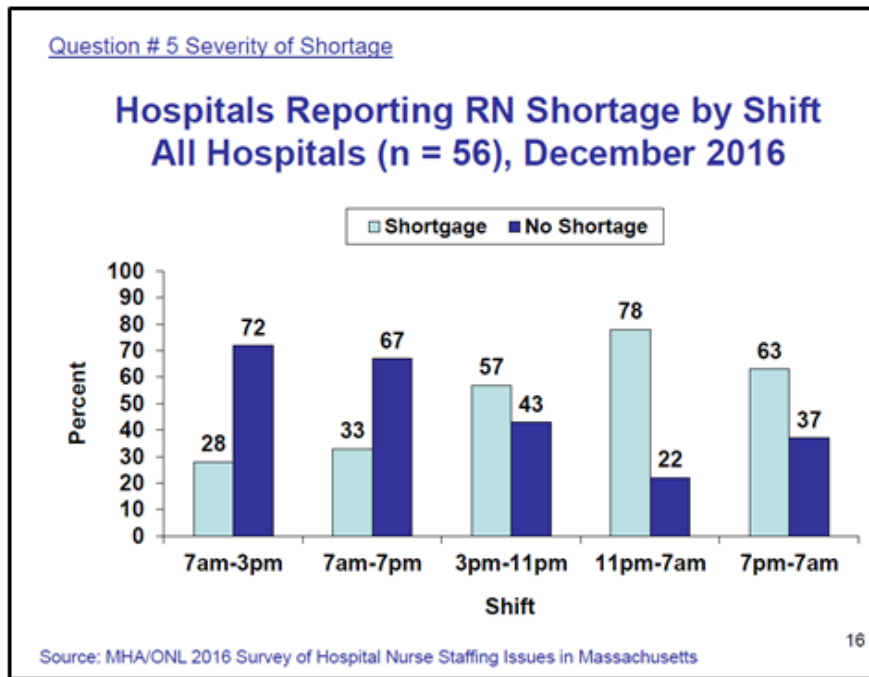
  BUERHAUS: Right now, we are in the throes of a great experimentation, shifting around what nurses are doing to see what their best value could be — and that's going to look very different in each hospital. There won't be a "new normal," but rather organization-specific new uses for nurses. It's part of a search to get the most out of what all hospital staff can do, and for the states that restrict nurse practitioners' scope of practice, that's a tremendous loss.

  What are the biggest changes affecting the nursing profession today?

  BUERHAUS: I see four major changes. First is the retirement of one-third of the nursing workforce over the next 10 years, which has never happened before and is going to take a lot of knowledge and know-how out of the workforce. Second, 70 million baby boomers will be retiring with multiple chronic and degenerative conditions, which will add to the complexity of care and increase the number of nurses needed to care for them. The third big change is health care reform. We will always need hospitals, but delivery systems are changing; there will be less hospital care, and everyone accepts that they will have greater accountability for cost and quality. And finally, there's the physician shortage — and this will all be happening at the same time. It's going to be challenging. Nurses will play a greater role in preventive care, patient education and [working with] the social determinants of health care — they will be more affected by that as access to care expands. More nursing work will be done electronically, and payment changes based on cost and quality also will affect them.

Other Survey Findings

- Hospital nursing is a 24-hour, 7-day a week service. As reported in past years, the RN vacancies typically are concentrated in evening and night shifts. In the 2016 survey, 78% of hospitals reported shortages on the 11pm-7am shift and 63% on the 7pm-7am shift. Day shift shortages increased from 25 % in 2015 to 32% in 2016. The 3pm-11pm shift decreased from 63 % in 2015 to a shortage of 57 % in 2016. The share reporting off-shift shortages slightly increased from 2015 at 67% to 2016 at 71 %.

Question # 5 Severity of Shortage

Hospitals Reporting RN Shortage by Shift
All Hospitals (n = 56), December 2016

Source: MHA/ONL 2016 Survey of Hospital Nurse Staffing Issues in Massachusetts

- RN vacancy rates were highest in Psychiatric at 7.8%, Emergency Departments at 7.5% and Rehabilitation services at 7.0%. The lowest rates were in Skilled Nursing at 1.4%, Pediatrics at 2.6% and Oncology Inpatient services at 2.7%.

- Hospitals reported that Operating Rooms at 58%, Home Health at 57%, Critical Care –PICU at 53% and Critical Care – Adult at 42% were the services that took longest to fill open RN positions, measured by the share reporting 60- or- more days to fill open positions.

- Hospitals reported the highest percentages for filling RN positions in fewer than 30 days in the following service areas: Pediatrics at 40%, Post-Partum/Nursery at 38%, Medical/Surgical at 35% and LPN positions in general at 47%.

- RN overtime use was reported to have increased compared to the prior year by 43% of respondents, remained the same for 36 %, and decreased for 21 %. Use of agency and traveler RNs was reported to have increased from the previous year by 34 % of respondents, remained the same for 32 %, and decreased for 34 %.

The survey results are based on the responses of 61 of 83 (74%) hospitals that received the survey in December 2016. The respondents included 53 acute care hospitals and 8 specialty (non-acute care) hospitals. The acute care hospital respondents' account for 81 % of the state's acute care hospital inpatient discharges FY'15. Response rates for specific survey questions may be fewer than 61 due to not all hospitals answered all of the questions in the survey.

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[1] http://journals.lww.com/lww-medicalcare/Abstract/2015/10000/Will_the_RN_Workforce_Weather_the_Retirement_of.3.aspx

[2]   http://www.hhnmag.com/articles/7522-the-4-forces-that-will-reshape-nursingsfsdf