



A SERVICE OF

nrc
HEALTH

SEPTEMBER 2022

Rural Focus

Hospital Staffing Shortages Chip Away at Access to Care in Rural Communities

By **Michael Topchik**, National Leader, *Chartis Center for Rural Health*

In the decade leading up to the pandemic, more than 130 rural hospitals had ceased operation,¹ and our own research at the Chartis Center for Rural Health has identified another 453 vulnerable to closure. Even at facilities where the doors remain open, vital services such as obstetrics and chemotherapy are disappearing. COVID has added another layer of complexity and uncertainty, creating new challenges for hospital leadership teams and boards of directors.

As we consider the delivery of care in rural communities in the aftermath of the pandemic, one factor rising to the top of the national conversation is the challenges associated with recruiting and retaining healthcare professionals in rural settings. More than 60 percent of Healthcare Professional Shortage Areas (HPSAs) are in rural locations. The current staffing crisis threatens to cast a very long shadow over this post-pandemic period. Over the course of the last year, the Chartis Center for Rural Health has dug into this issue through a series of surveys with rural hospital leaders to better understand the challenges, how facilities are working to plug staffing gaps, and the impact on service delivery.² This article highlights key findings that boards at rural healthcare organizations can consider as they are working to address challenges related to staffing shortages at their own organizations.

A worrisome percentage of rural hospital staff remain unvaccinated. Across our first two surveys, distributed in Spring 2021 and Fall 2021, most respondents noted that between 50 and 69 percent of staff were fully vaccinated. While a majority of respondents in our third survey, distributed in Spring 2022, said 90 to 100 percent were fully vaccinated, over a third of respondents said anywhere from 11 to 30 percent

1 Cecil G. Sheps Center for Health Services Research, University of North Carolina, September 2022.

2 Surveys conducted by The Chartis Center for Rural Health in Spring 2021, Fall 2021, and Spring 2022.

of staff are *still not* fully vaccinated. This means shifts lost due to COVID infection or isolation are ingrained in day-to-day hospital operations.

Vaccination exemptions have helped ease mandate-related staff departures. At rural hospitals with a mandate in place prior to January 2022, 67 percent of applicable respondents said that less than 2 percent of healthcare personnel opted not to comply with the mandate and left the hospital's employment. For facilities implementing a mandate after January or in the process at the time of our survey, more than a third (35 percent) expected less than 2 percent to refuse vaccination. Almost 30 percent, however, said they expect the percentage to be 11 to 15 percent. Exemptions have proven to be a useful tool for offsetting strong personal beliefs regarding vaccination. More than a quarter (26 percent) of survey respondents indicated that their facility had granted vaccination exemptions to more than 15 percent of healthcare personnel, while another 24 percent said exemptions were granted to 3 to 5 percent.

Rural hospitals race to fill *multiple* nursing positions. According to our Spring 2022 survey, 56 percent of respondents have up to five open bedside nursing positions, and another 17 percent indicated that the number of open bedside positions is anywhere from six to 10. This finding echoes the results of our previous survey, which found that 96 percent of respondents said they were struggling to fill open nursing positions.

→ Key Board Takeaways:

- Don't miss the opportunity to use this period of staff fluctuation to reevaluate and adapt (or reset) your hospital work environment and culture.
- Explore ways in which you can reward those who have chosen to stay despite the stress of the pandemic and potentially more financially lucrative opportunities.
- Be creative when it comes to recruitment and staff retention. Consider family-friendly perks, such as on-site daycare or "sick bays" so staff don't have to miss shifts with sick children.
- Consider easing hiring requirements for new and recent nursing school graduates.
- Consider creating non-traditional shifts to accommodate staff preferences.
- Explore opportunities to form partnerships for shared positions.

Nurses are choosing to leave rural hospitals in droves. Last year, nearly 40 percent of our survey respondents said that between one and five nurses departed their facility, while 24 percent put the number between six and 10. Another 23 percent of survey takers noted that nurse departures at their hospital last year were between 11 and 20. To put this into some context, we asked how many bedside nursing FTEs were on staff, and the median was 26.

Nursing shortages are forcing rural hospitals to turn patients away. Staffing shortages have a direct impact on the quality of care and the services a rural facility offers. More than one-third (36 percent) of respondents reported that nurse staffing shortages have prevented them from admitting patients in the last 60 days. While this is down from 48 percent when we posed this question as part of our Fall 2021 survey, it remains a troubling indicator of the ripple effects associated with staffing shortages.

Staffing shortages continue to push rural hospitals to suspend services and limit access to care. Almost 20 percent of respondents indicate that issues related to nurse staffing are resulting in the suspension of services. Despite an improvement over the Fall 2021 results when 36 percent indicated that staffing shortages were resulting in service suspension, this remains a worrying sign for at-risk communities already struggling with access-to-care issues.

Nurse departure is less about the pandemic and more about financial compensation. Pandemic-related burnout is far from the leading driver of nurse turnover in rural hospitals. Our survey indicates that the number one reason (48 percent) behind nurse staff departures is more financially lucrative opportunities at *nurse staffing agencies*. The number two reason? More financially lucrative opportunities at *other hospitals*. Pandemic-related burnout ranks third, and retirement ranks fourth.

Sign-on bonuses haven't plugged the leak. A competitive job market with better paying jobs is putting pressure on rural hospitals to react. Nearly 70 percent of survey respondents say their hospital has turned to sign-on bonuses. A majority (39 percent) said their bonuses are in the \$1,000 to \$5,000 range, while 34 percent said it's in the \$6,000 to \$10,000 range. So, sign-on bonuses are a common—but less successful—tactic for attracting healthcare professionals.

Staffing agencies create headaches on two fronts. On one hand, our data tells us that staffing agencies—and the compensation they offer—are the primary driver behind nurse departures. They also happen to be a rural hospital's most likely solution for

filling open positions. Over half of respondents (53 percent) said their reliance on agency nurses has increased significantly during the pandemic.

The staffing shortage—particularly among nurses—will cast a long shadow over rural healthcare in the post-pandemic environment. Addressing shortages or finding more economical solutions will be a prominent factor in how care is delivered on a day-to-day basis. It will also be a prominent factor in larger, more strategic decisions aimed at addressing shifting patient volumes and/or the addition of new services needed within these vulnerable communities. As hospital boards and leadership teams consider improving the stability of the rural health safety net in the near term, significant consideration needs to be given to easing the disruption caused by staffing shortages and turnover.

The Governance Institute thanks Michael Topchik, National Leader, Chartis Center for Rural Health, for contributing this article. He can be reached at mtopchik@chartis.com.

