Executive Summary:

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

Note – The full report may be found at
https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HB4003NursingWorkforceStudy.pdf

The Oregon Legislature directed the Oregon Health Care Workforce Committee to conduct a study of the nursing workforce, produce a report to identify and describe challenges in addressing nurse staffing shortages (HB 4003 – 2022 Regular Session of Oregon State Legislature), and offer findings and recommendations. The goal of this study is to guide efforts of the legislature and the Oregon Health Authority to address critical concerns about ongoing nursing workforce shortages in Oregon.

The study findings indicate Oregon's nursing workforce is severely stressed and that the COVID-19 pandemic revealed and exacerbated existing issues. The current nurse staffing shortages appear to be widespread. While nurses are experiencing high burnout and exhaustion, the causes likely differ across regions and type of practice setting (e.g., hospital, clinic, or skilled nursing facility). The study also found that nurses and employers across Oregon are deeply concerned about the shortages.

These findings illustrate the challenges the state's nursing education programs face to graduate enough new nurses to meet Oregon's projected need. Education programs for registered nurses have experienced slower growth of new enrollments over the past few years, while programs educating licensed practical nurses have seen enrollment declines. Reasons for slowed growth of Oregon's nursing education programs include the inability to recruit and retain enough nurse educators, which is attributable to low pay for nurse faculty when compared to colleagues practicing in clinical settings, and a shortage of adequate clinical placements. Because Oregon's education programs do not produce enough new nurses to meet projected need, the state relies on nurses migrating to Oregon to practice. If the rate of migration from other states and countries declines, rural communities and non-hospital settings are at particularly high risk of not being able to recruit and hire an adequate number of nurses.

Based on careful review of the existing health care workforce literature and the findings from this study, a series of recommendations are offered. These include:

- **Workforce retention**. Growing the nursing workforce could take several years. Short-term solutions should focus on retention of nurses currently practicing across Oregon,

which also will have long- term benefits for Oregon's nursing workforce and the patients they serve. The mental health and well-being of Oregon's nurses must be prioritized and supported. In doing so, employers must create healthy work environments and interventions to support employee health and well-being. Governmental and other entities can support employers by offering programs designed to support employees' mental health and well-being, such as the Oregon Wellness Program and the Oregon Center for Nursing's RN Well-Being Project.

- **Education pipeline**. Declines in the numbers of applicants to nursing programs need to be reversed, and the commitment to increasing nursing workforce diversity needs to be reaffirmed. Middle and high schools play an important role in preparing students to pursue nursing education, and high schools and post-secondary education institutions should provide resources to students to enter the field. Support services for prospective students from socioeconomically disadvantaged backgrounds, first-generation-to-college, and other under-represented groups must be prioritized.

- **Education capacity**. The lack of nursing faculty is a key reason current programs are unable to expand. To remedy this, wages for faculty need to be increased to more closely match the pay of their counterparts practicing in clinical settings. Strategies such as supplemental pay, tax breaks, and loan repayment programs should be explored. The Oregon Consortium of Nursing Education, which is a partnership of Oregon community colleges and OHSU School of Nursing campuses that have developed a shared curriculum, should be leveraged to create a more standardized curriculum and pre-requisites. Education capacity should be expended in rural areas of the state, as well as in urban areas. Sharing faculty across associate degree and practical nursing programs and offering part-time and weekend/evening programs should be explored.

- **Clinical experiences for students**. The lack of clinical placements results in the inability of nursing programs to expand capacity. Centralized clinical placement systems should be developed to more fully use existing clinical placements outside the Portland metropolitan area. Simulation laboratory facilities need to be expanded, and nurse educators may need enhanced training to optimize their use. Added transition-to-practice programs for students and newly graduated nurses, such as apprenticeships, internships, and residencies, should be developed, and governmental agencies and employers should explore ways to fund these efforts.

- **Certified Nursing Assistant education and scope of practice.** The Oregon State Board of Nursing should work with employers and other interested parties to assess whether two certified nursing assistant categories are needed and the length of training required for certification in Oregon.

- **Nurse Licensure Compact**. The Oregon State Board of Nursing and the legislature should explore joining the Nurse Licensure Compact — which is an interstate agreement that allows nurses to hold a single license issued by a Compact member state and practice in any other state that is also a Compact member — with a realistic understanding of its benefits and disadvantages. This consideration must include strategies to track Compact nurses practicing in Oregon. Also, state funding to the Oregon State Board of Nursing may need to increase to counter the increased workload of administering two types of licenses and the expected loss of revenue from licensing fees.

- **Nurse staffing regulations**. The Oregon Nurse Staffing Law needs to be objectively evaluated on its impact on nurse staffing, workload, patient safety, and nurse job satisfaction. The law should be revised to increase clarity on its outcomes, support effective partnerships between employers and nursing staff, and reduce any unnecessary regulatory burden. Also, there should be an exploration of whether adding specific requirements for staffing plans to better account for system acuity is needed.

- **Local solutions to shortages**. Many issues surrounding nursing shortages vary across geographic locations and the settings where nurses practice. Policy makers and employers should understand the market forces underlying local barriers to recruitment and retention of nurses to customize solutions to the region and employment sector. These could include promoting economic opportunities for nurse's partners or spouses, investing in high-quality K-12 education, expanding housing availability and reducing housing costs, and improving access to high-speed internet.

- **Anticipating future shortages**. The ability to reliably project Oregon's supply and demand for nurses allows policy makers, state agencies, and employers to act on shortages before the situation becomes critical. Forecasting models and improved data infrastructure should be explored to allow for detailed projections of the future supply and demand for Oregon nurses. Establishing a system to track local vacancies and perceptions of the labor market, such as the University of Washington's Sentinel Network, should be explored. Lastly, the state should invest in research identifying and understanding the root causes of racial disparities in the nursing workforce and involve workers from those communities in crafting solutions.