

# The North Carolina Nursing Workforce: Realities, Challenges, Opportunities

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# Overview

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## Current and future context

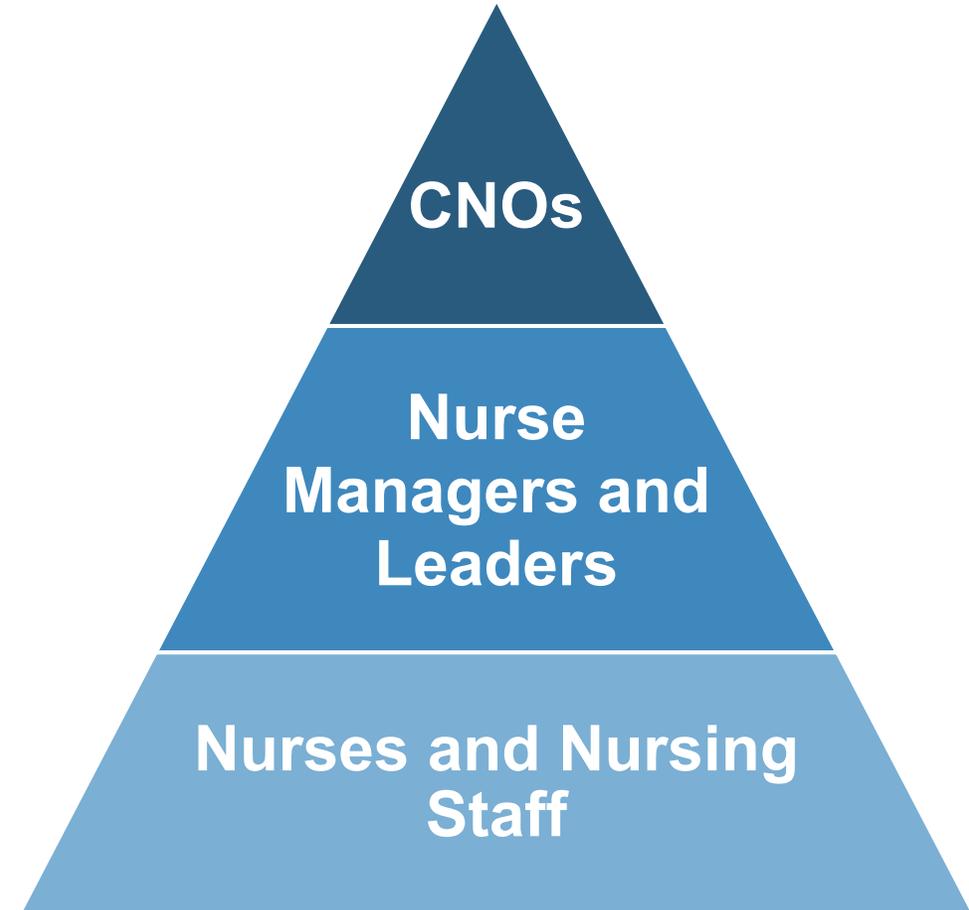
- US nursing workforce
- NC nursing workforce
- Anecdotal observations

## Shortages at all levels

- Nursing staff
- Nurse Managers and Leaders: The Next Frontier?

## Addressing the shortages

## Where do we go from here?



# Caveat . . .

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The content, conclusions and opinions expressed in this presentation are mine and should not be construed as the official policy, position or endorsement of the North Carolina Board of Nursing or the University of North Carolina at Chapel Hill

- NC Nursecast was funded by the **North Carolina Board of Nursing** and conducted by a team from the Sheps Center Health Workforce Research Center (Fraher, PI)
- The CNO/CNE turnover study was funded by the **American Organization of Nurse Leaders (AONL) Foundation**
- A big thank you to colleagues at **UNC Health, Sinhye Kim, Josh Barrett, Jill Forcina** who provided tremendous insights for these remarks



# The Reality

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*There almost always seems to be a “shortage” of nurses*

**Nursing has experienced cyclic (perhaps chronic) shortages of nurses**

- Shortage before pandemic (including NC)
- Shortage now → future projections

*COVID-19 has changed the nursing and healthcare workforce landscape*

# In the US ...

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**4.4 million registered nurses (RNs) in the US health care workforce**

*Plus, about 900K LPNs → combined, a lot of nurses*



**Projected shortage of > 918K**

*In 2030*



**Shortage predicted in many states**

*States in the southern and western regions will have the greatest shortages*

National Council of State Boards of Nursing, National Nursing Database. Retrieved at <https://www.ncsbn.org/national-nursing-database.htm>, August 20, 2022.  
United States registered nurse workforce report card and shortage forecast.  
American Journal of Medical Quality, Vol 34(5), 473-481.

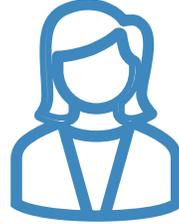
# **What is the nursing workforce outlook for NC?**

# Nursing workforce in NC (2022)

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**153,167**  
**RNs**  
(~ 3% of US)



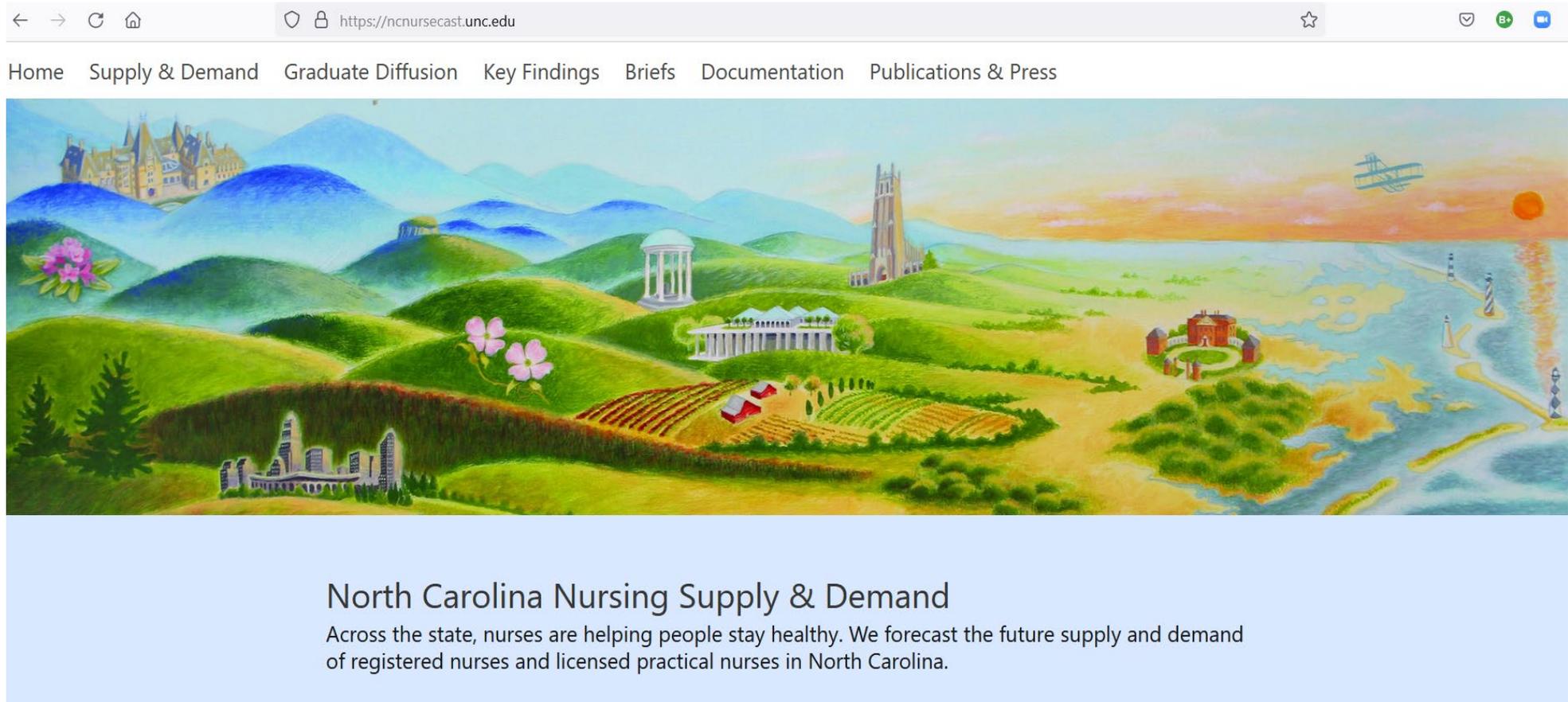
**22,866**  
**LPNs**



**10,762**  
**CNAs**

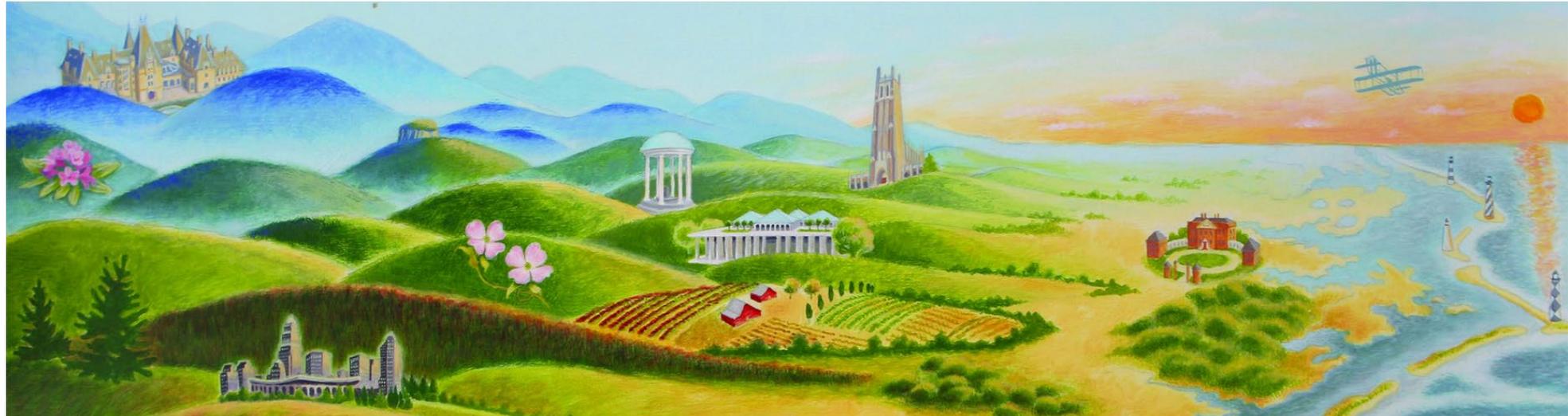
\*North Carolina Board of Nursing, <https://www.ncbon.com/>, August 20, 2022

# NC Nursecast



← → ↻ 🏠 <https://ncnursecast.unc.edu> ☆ 📧 📱

Home Supply & Demand Graduate Diffusion Key Findings Briefs Documentation Publications & Press



**North Carolina Nursing Supply & Demand**  
Across the state, nurses are helping people stay healthy. We forecast the future supply and demand of registered nurses and licensed practical nurses in North Carolina.

This work was conducted by the Sheps Center's Health Workforce Research Center and funded by the NC Board of Nursing

# NC Nursecast Projects. . .*RNs*

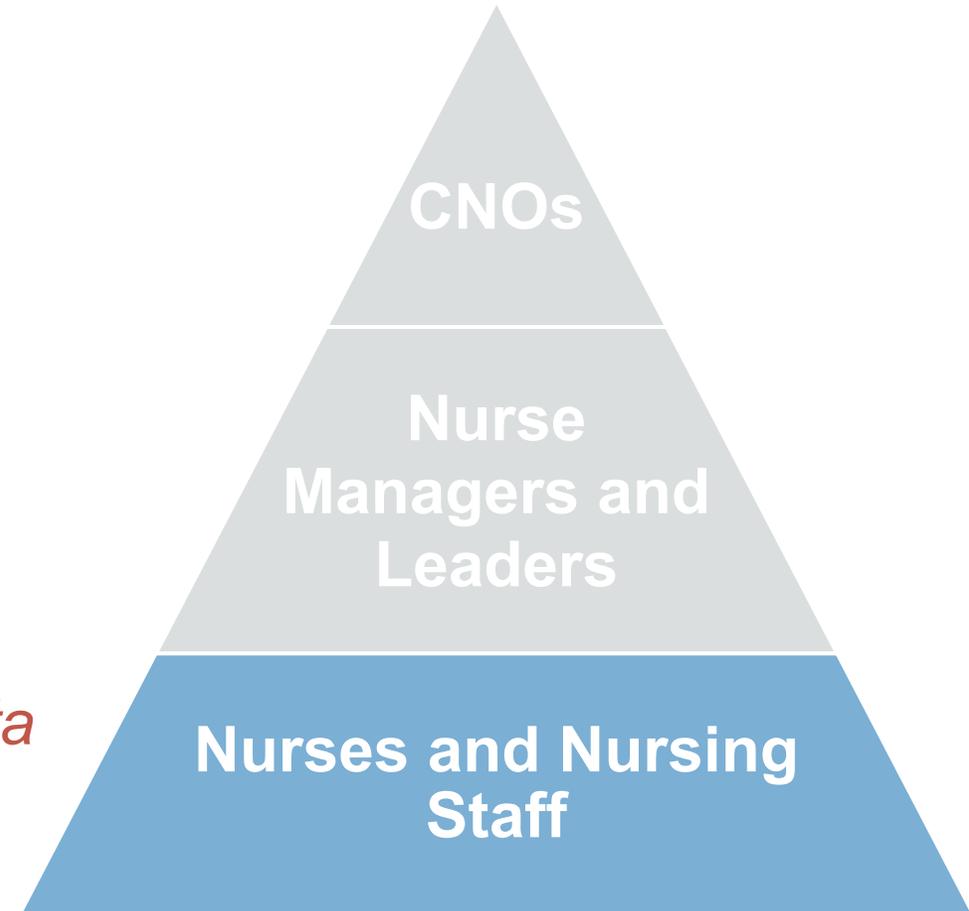


**Now: Deficit 1,000 – 10,000**



**2033: Deficit ~ 10,000 additional**

*Keep in mind these are based on pre-pandemic data*



# NC Nursecast Projects. . . *LPNs*

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**Now: Deficit 1,000 – 5,000**



**2033: Deficit ~1,000 additional**

*Keep in mind these are based on pre-pandemic data*

# What we don't know from NC Nursecast . . .

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## Shortages of nursing personnel across different educational types

- APRNs
- CNAs

## Shortages for different levels of positions

- We know some about the highest levels – CNOs/CNEs
- But what about Nurse Managers and Leaders: Caught in the middle
  - *We know very little about the extent and magnitude of Nurse Manager shortages*

## Approaches to identify and address shortages

# Turnover at each level

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## RNs → 18% (Advisory Board)

- 32% of RNs intend to leave (McKinsey, 2022)

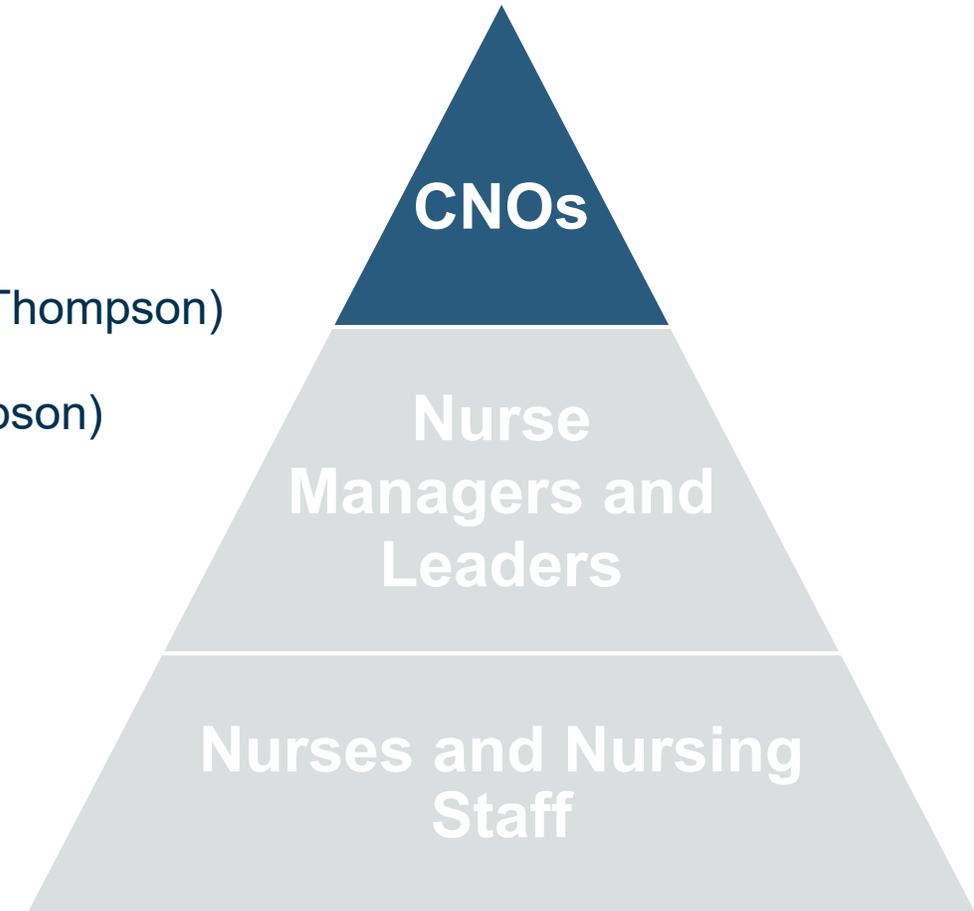
## New graduate RNs (Kovner et al., 2014)

- 18-30% leave in the first year
- 34-57% leave within 2 years
- 2 years, average time at the bedside before leaving → view job as “temporary”

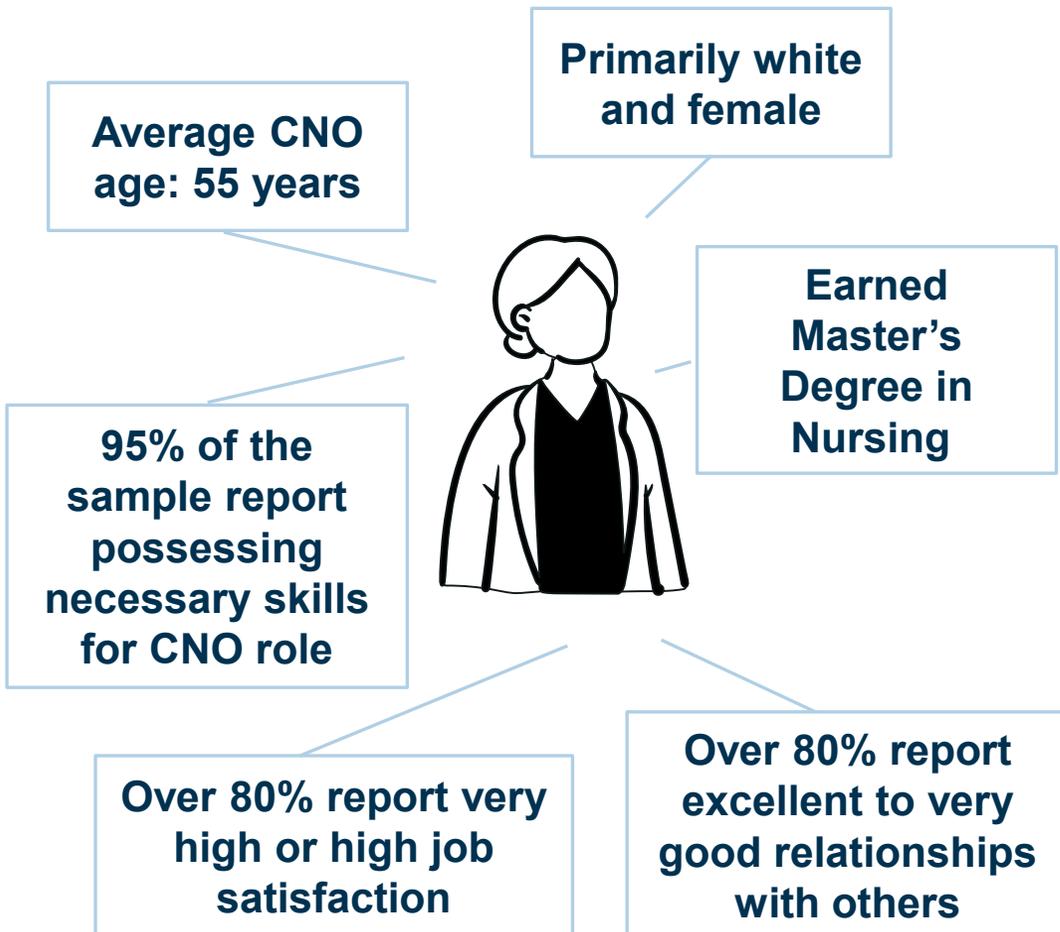
# Shifting to CNO turnover - What do we know?

## Data on CNO turnover are limited

- **From a UNC team (Jones, Havens)**
  - 2006, 2013 CNO surveys (Jones, Havens)
  - 2006 interviews with CNOs and recruiters (Havens, Jones, Thompson)
  - 2006 surveys of managers and staff (Jones, Havens, Thompson)
  - 2021 survey of CNO turnover (Jones, Havens, Kim, Munn)
- **From others**
  - Batcheller (2010, 2011), Bernard (2021)



# Key Take Aways in 2021



## Of concern:

**70%** report that CNO Turnover is a “Moderate/urgent problem”

**49%** report intent to leave the CNO role in 3 years

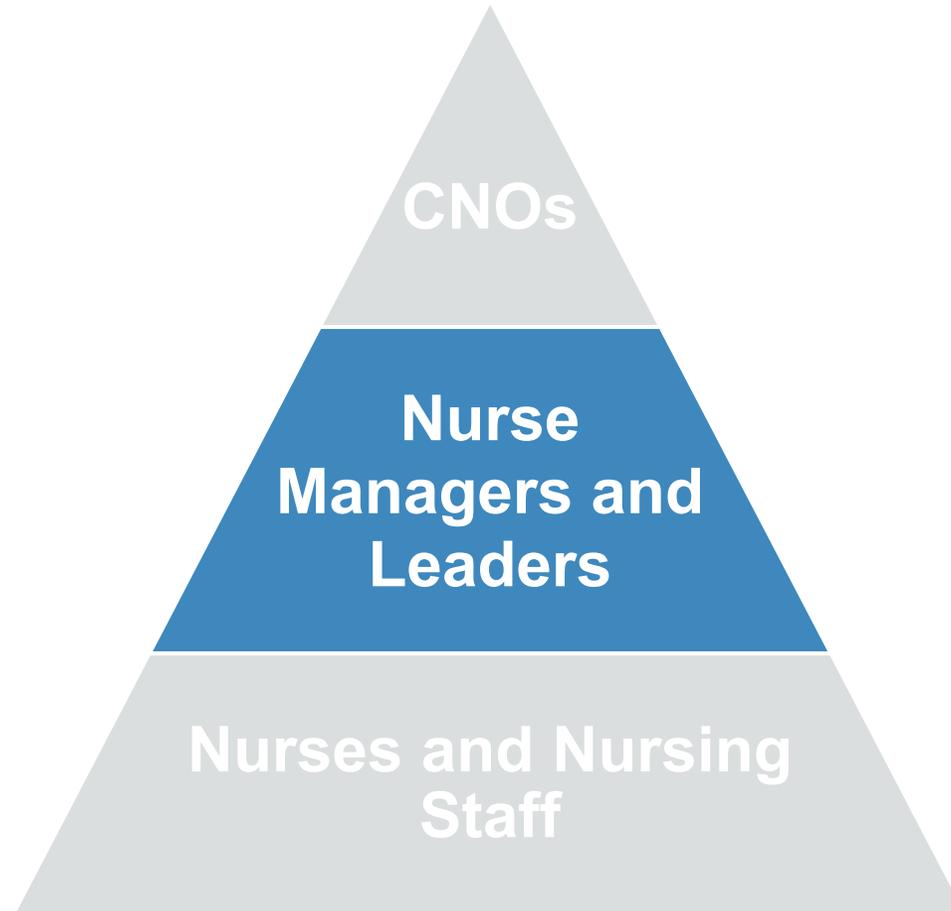
**71%** report intent to leave the CNO role in 5 years

**23%** report having a formal succession plan in place

- **47%** say the plan is “informal”



# What about Nurse Managers and Leaders?



# After various literature searches . . .

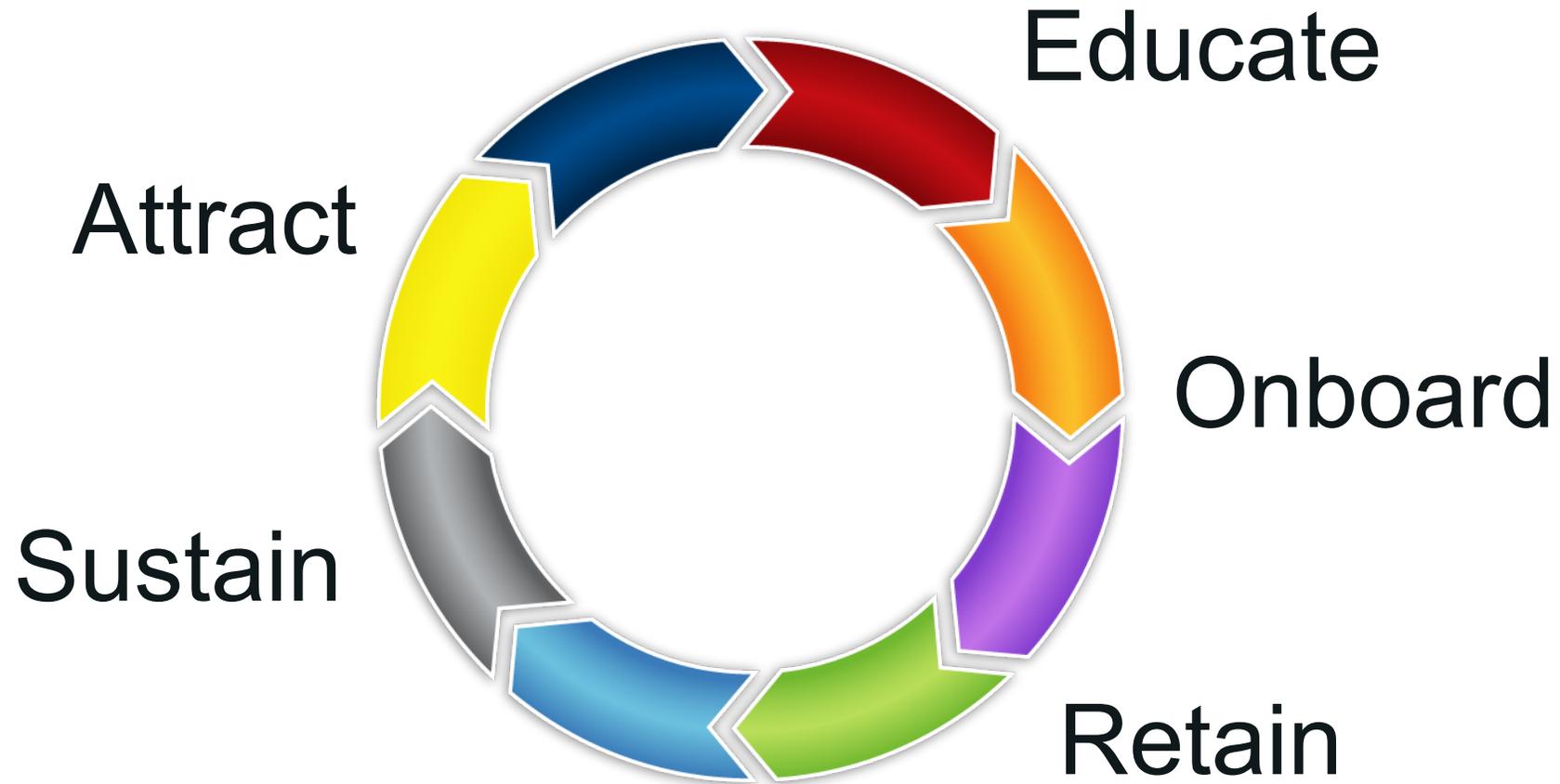
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*We could find minimal data on the nurse manager shortage or turnover*



# Challenges: Addressing shortages at all levels

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# AHA Report (2022): Top Takeaways

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- 1. The landscape has changed;** we can't expect the same results with a one-size-fits-all approach to recruiting
- 2. Health care workers are worn out** – addressing well-being, and supporting flexibility/family life → are key in maintaining a strong team
- 3. A well culture,** where team members feel valued, is essential to retaining a committed workforce

HEALTH



# Why the nursing shortage isn't going away anytime soon

The country will need more than 203,000 new registered nurses every year through 2026 to fill the gap in care left by a retiring workforce.



ADVERTISEMENT

**Sept 26, 2022**

# Why are nurses quitting? Ask the nurse no hospital will hire.

By Jennifer Miller

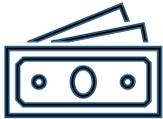
February 21, 2023 at 8:00 a.m. EST

**Feb 21, 2023**

**(over 2,000  
comments posted  
on this article)**



# A few myths and realities



## This is like every other shortage

Myth. For the first time, pay is not the top priority



## Health care is unique

Myth. The market has changed, nurses have skills that are valuable outside of healthcare



## Job security matters

Myth. Nurses can get a new job “...in 5 minutes”



## Nursing is a calling

Often true. But can't assume nurses are willing to relinquish all to achieve the mission

# Reality: Higher stakes business consequences

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## Higher labor costs (esp. filling vacancies)

- Crisis is not what nurses are paid, but how little time they spend working at the top of their license

## Patient safety, patient experience

## Cost Centers

- Make nurses the “default” – if supports aren’t available, someone must do lower-level work – nurses are often left holding the bag

## Operations

- Prevents growth – can build, but need to staff the beds
- Close beds

## Turnover begets turnover (Jones, 2005)

- Team turnover and inadequate care team supports → top driver of turnover
- Pipeline consequences → nurses turnover early in career, downstream consequence lack staff



*Need a cross-workforce view of challenges vs. viewing as individual silos*

Advisory Board Webinar (2022)

# This shortage calls for different solutions to **strengthen employee loyalty**



## **Invest in staff at all nursing levels to prevent turnover with a long view**

- Slow down the first year of practice for novice nurses (Benner)
- Capitalize on nurses' expertise
- We are losing CNAs and other frontline workers to → restaurants, Amazon



## **Value nurses and the “multidisciplinary” nursing workforce**

- *...where [nurses] develop multidisciplinary work streams...where nurses take the lead and develop care in multiple directions*
  - *[if we don't do this] HC doesn't have a sustainable future (Advisory Board, 2022)*
- Logical career progression, consistent ability to develop, feel empowered develop a sense of *true vocation*
- CNAs → LPNs → RNs → APRN roles

# Work-Life Balance

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## Create new, kinder worker value proposition

- **Flexibility, flexibility, flexibility!**
  - Schedules, cross-training, floating, internal agencies
- New/kinder policies, e.g., career development opportunities



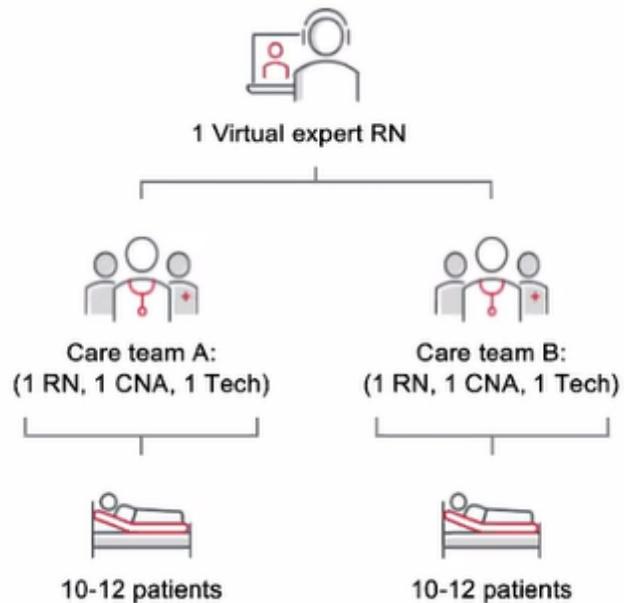
## Innovation and bravery to attack sacred cows of workforce

- “3-12s” aren’t sustainable
- Is a 5-day work week sustainable?
- Capitalize on the unique strengths of your organization
  - *Can you offer only weekends?*
  - *Can you offer strategic time for coverage?*
  - *Can you allow nurses to work in other settings?*
- Reposition every employee, to maximize education and talent → practice to scope
- Shifting care settings → and staff shift too

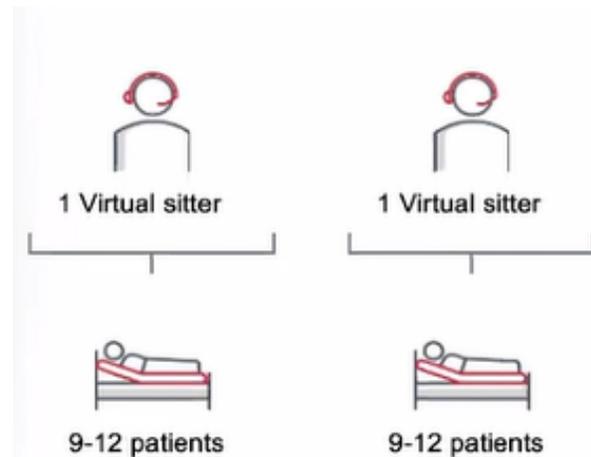
***These strategies retain → Money doesn't always***

# Use technologies to help nurses and leaders

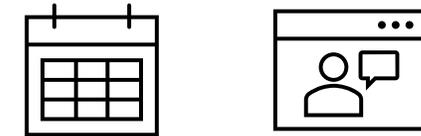
## Virtual nurse model



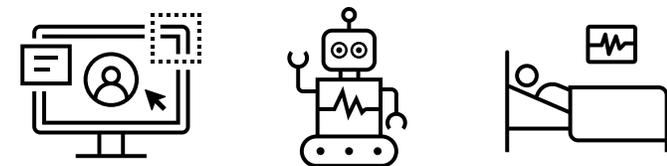
## Virtual sitters



## Staff scheduling, care management



## Support ergonomic and “well” environments



Source: Advisory Board Presentation (2022)

# What can employers do?

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Continually evaluate benefits to match what nurses can get outside of healthcare

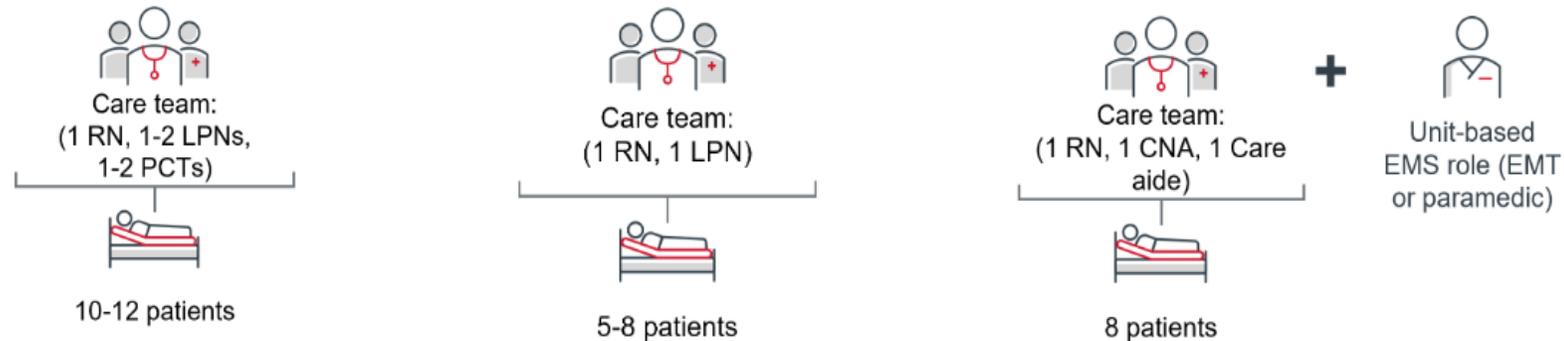
- **Parental leave**
- **Tuition reimbursement**
- **Crisis funds**
- **Pet insurance**
- ***Menu-driven benefits***
- **Enhance core foundational strategies**
  - More time to spend with patients
  - Adequate supports to do job
  - Meaningful autonomy
  - Sustainable, enjoyable practice
  - Going back to basics → nurses more valued in jobs



# Test new models of care, team approaches

Team-based care, multidisciplinary nursing teams with experienced RNs as the lead

- **Integrate LPNs, CNAs, other team members and assistive staff**
  - But all are in shortage too
- **Involve staff in redesign**
  - Use innovation, design-thinking
  - Integrate implementation and
  - evaluation strategies



Source: Advisory Board (2022)

# What is the role of compensation

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**Not the silver bullet, may mask deeper challenges**



**Wholistic and competitive compensation → complete package**

- Benefits, flexibility, along with competitive salaries
- Review annually and adjust across roles
- *Retention* bonuses



# Final Thoughts . . .

## What we've done before won't work today

### “Keep a finger on the pulse”

- Ongoing surveys to track - the what
- Multi-methods: learn the who, when, where, why & how
- Identify research-informed targets for action

## Implement programs/supports

Understand demographics at all levels of the nursing workforce and be nimble

Understand nursing experiences at all levels to capitalize on interprofessional opportunities

Advisory Board Presentation (2022)

## Take-aways

- Strategic importance of nurses at all levels  
→ critical strategic asset; focus on teams
  - Identify 1 small, powerful change to make (e.g., reduce clicks in EHR)
- **HOPE** → we have opportunities to innovate in creating a sustainable, dynamic workforce that can survive change
- **Treat like real people, with real needs**



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gracias  
Thank-you  
dank  
grazie  
mercì  
thanks  
dikiy  
bedankt  
obrigado