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Health Workforce Shortages in the Wake of the Pandemic: What can Policy and Practice Leaders do the Resolve the Crisis?

Joanne Spetz, PhD, University of California, San Francisco

May 2022

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Doctors, nurses risked their lives to battle COVID. Now they're facing a mental health crisis

Bill Keveney
USA TODAY

Published 5:34 a.m. ET May 31, 2022 | Updated 9:59 a.m. ET May 31, 2022

Labor shortages in healthcare expected to rise as demand grows, report finds

By Anastasia Gladkovskaya • Sep 30, 2021 07:50am

Home Physician Assistants Physician Employment Physician Engagement

'More deaths than anyone should ever have to see': Life and death inside a COVID-19 ICU

Nurses struggling to take vital signs. Anguished faces on iPad screens. A chaplain praying with a patient. These are the scenes playing out daily inside of a COVID-19 ICU. Sandy Hooper and Jasper Colt. USA TODAY

McKinsey Health Institute

Pandemic Is Leaving U.S. With Shortage of Long-Term Health Care Workers

April 11, 2022, at 1:02 p.m.

By Amy Norton HealthDay Reporter

MONDAY, April 11, 2022 (HealthDay News) — The pandemic has worsened longstanding staffing shortages at U.S. nursing homes and other long-term care facilities. Now, a new study shows that high employee turnover rates have yet to improve.

Company Store

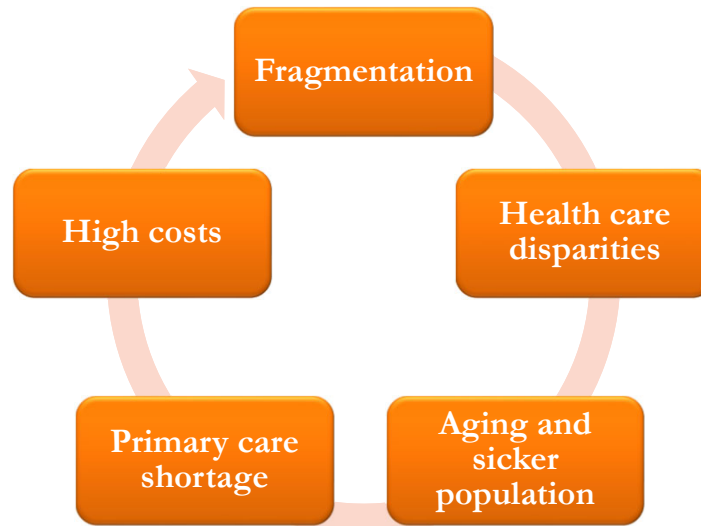
Addressing employee burnout: Are you solving the right problem?

May 27, 2022 | Article

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Ongoing health care system challenges

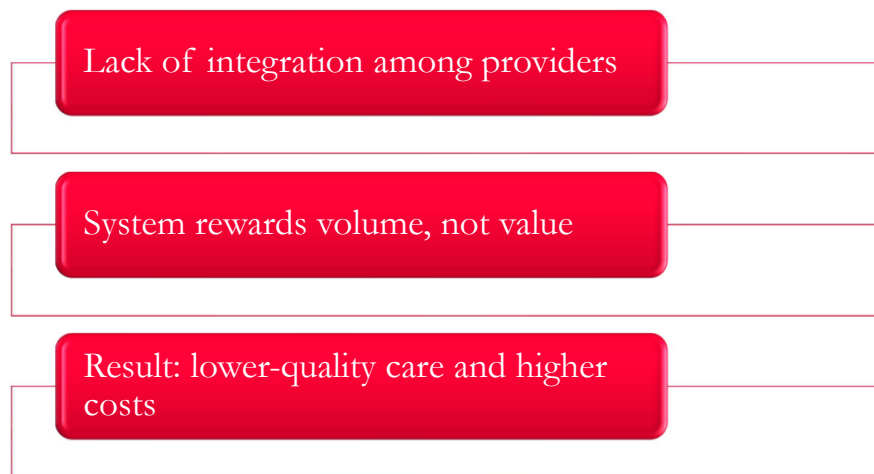


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The negative impact



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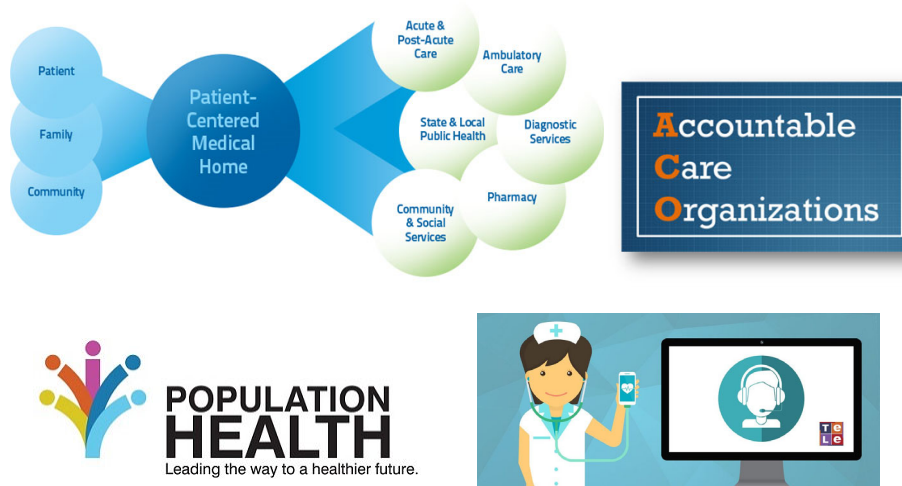
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Organizations have been moving toward integration & coordination of services



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We need a workforce ready to improve access, outcomes, and costs

- Increasing demand for health services
 - Rising income inequality
 - Many Californians lack primary care access
 - Affordable Care Act increased affordability for some
- High turnover rates in many occupations
 - Front-line jobs in particular
- Shortages of health care workers
 - Not everywhere
 - Not all professions



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What I'll discuss tonight

- What is the healthcare workforce?
 - What types of jobs, Where do they work, What is their education, What are their demographics?
 - An overview of pandemic effects on healthcare employment
- What was happening with healthcare workforce shortages before the pandemic?
 - Deep dive on physicians and primary care
 - Deep dive on nursing
 - What has happened during the pandemic?
- What are some solutions?

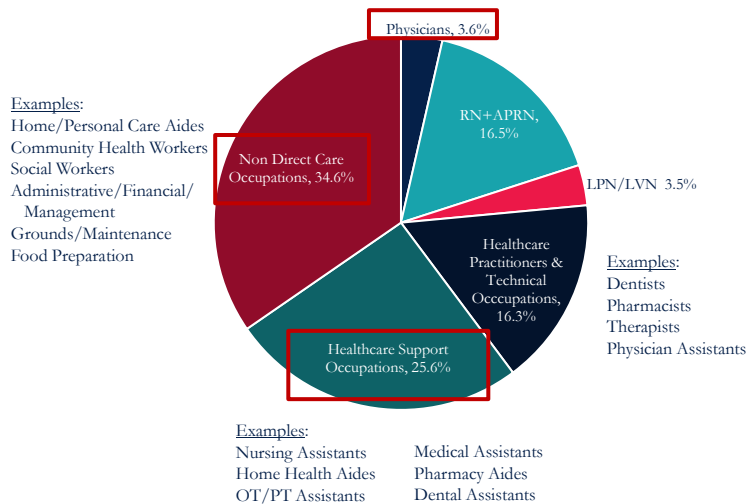


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Occupations within Healthcare Industry, 2019 (total number = 17,054,890)



Source: Frogner calculation of Bureau of Labor Statistics, Occupational Employment Statistics, 2019

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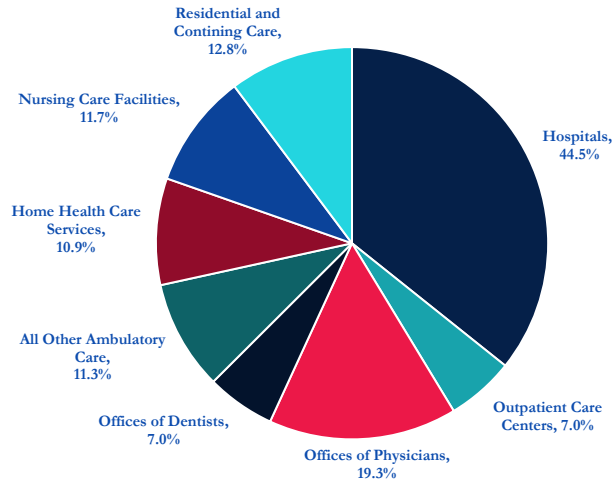
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Sectors within Healthcare Industry, 2019

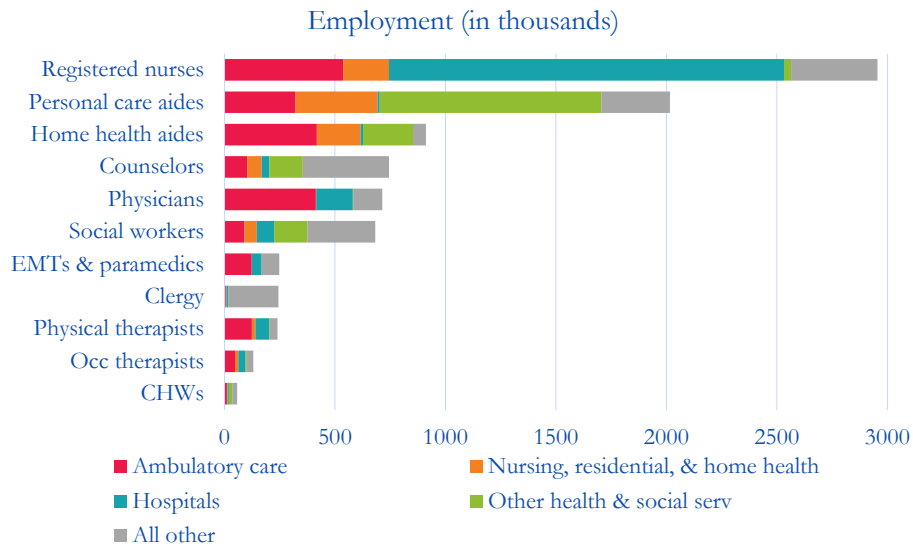


Source: Frogner calculation of Bureau of Labor Statistics, Occupational Employment Statistics, 2019

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Who works where?



¹⁰ Source: U.S. Bureau of Labor Statistics, industry-occupation matrix, 2016

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What education is required?

	Education	Training	Licensed?
Registered nurses	Associate/ bachelor's	None	Licensed
Personal care aides	High school	Short-term OJT	None
Home health aides	Post-HS cert	Short-term OJT	Certified
Counselors	Master's	Internship	Licensed
Physicians	Doctorate	Internship	Licensed
Social workers	Master's	Internship	Licensed
EMTs & paramedics	Post-HS cert	None	Licensed
Clergy	Bachelor's	Moderate OJT	None / Certified
Physical therapists	Doctorate	None	Licensed
Occ therapists	Master's	None	Licensed
CHWs	High school	Short-term OJT	None

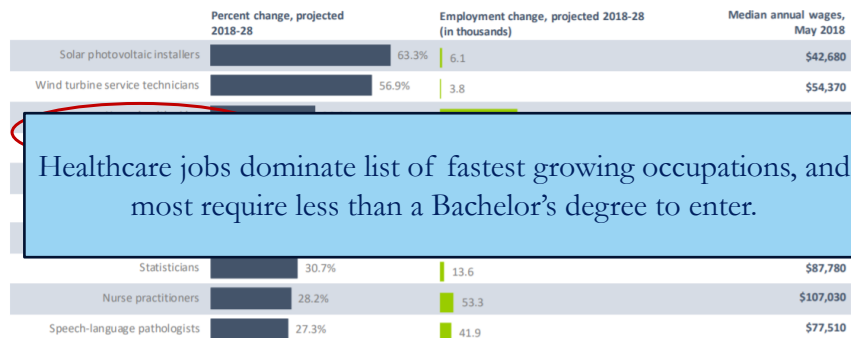
¹¹ Source: U.S. Bureau of Labor Statistics, industry-occupation matrix, 2016

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Occupations Projected with Highest Percent Change of Employment, 2018-2028

Chart 1. Ten fastest growing occupations, projected 2018-28



Healthcare jobs dominate list of fastest growing occupations, and most require less than a Bachelor's degree to enter.

Source: <https://www.bls.gov/news.release/pdf/ecopro.pdf>

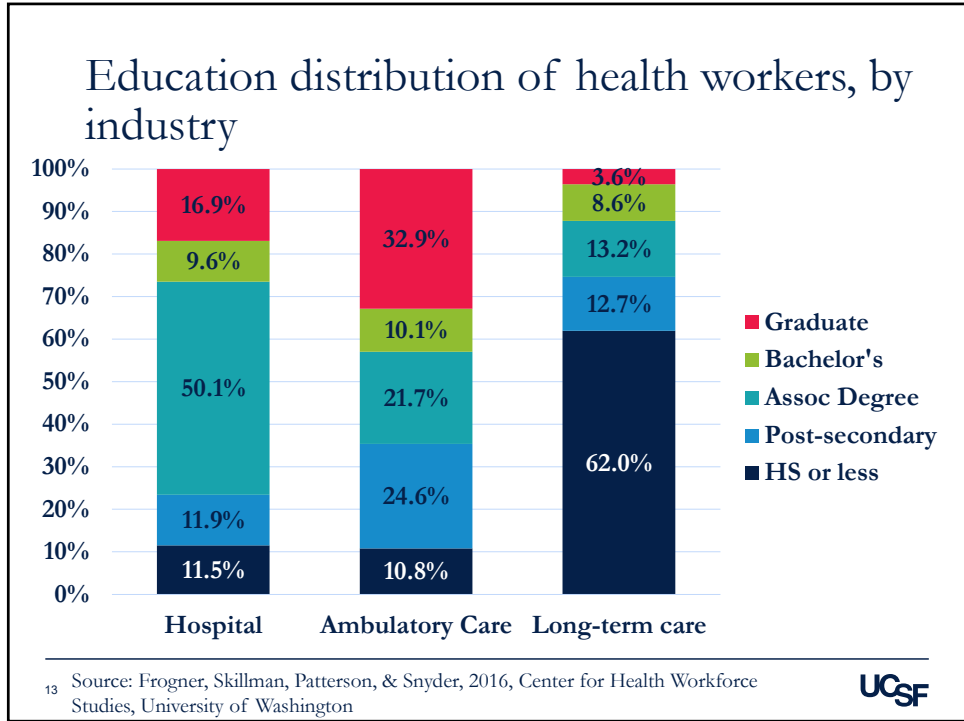
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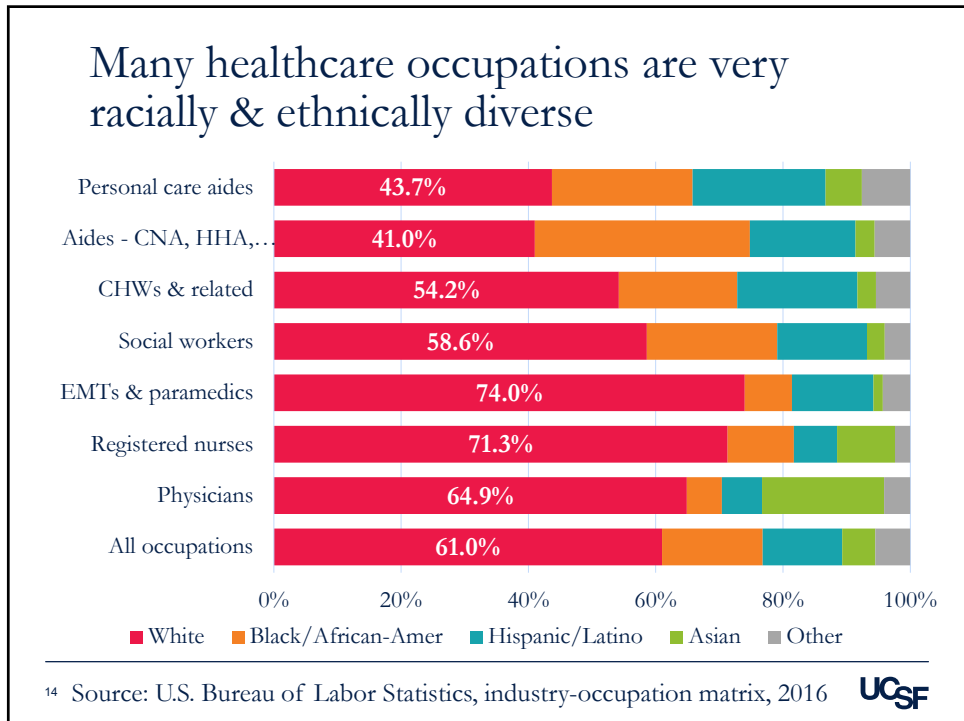
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FIGURE 3 Selected Demographic and Socioeconomic Profile of Health Care Workers by Sector

	Female	Not Born as US Citizen
All Industries	47.2%	17.3%
Health Care Industries	77.4%	16.0%
Office of physicians	78.1%	14.6%
Office of dentists	82.0%	15.7%
Office of chiropractors	66.3%	11.4%
Office of optometrists	76.2%	8.6%
Offices of other health practitioners	73.2%	10.8%
Outpatient care centers	77.1%	13.1%
Home health care services	88.4%	23.3%
Other health care services	69.5%	16.3%
Hospitals	75.7%	16.8%
Nursing care facilities	85.3%	15.3%
Residential care facilities, without nursing	73.1%	16.6%

Source: Authors calculation from data and sample weights extracted from Ruggles et al. 2010.

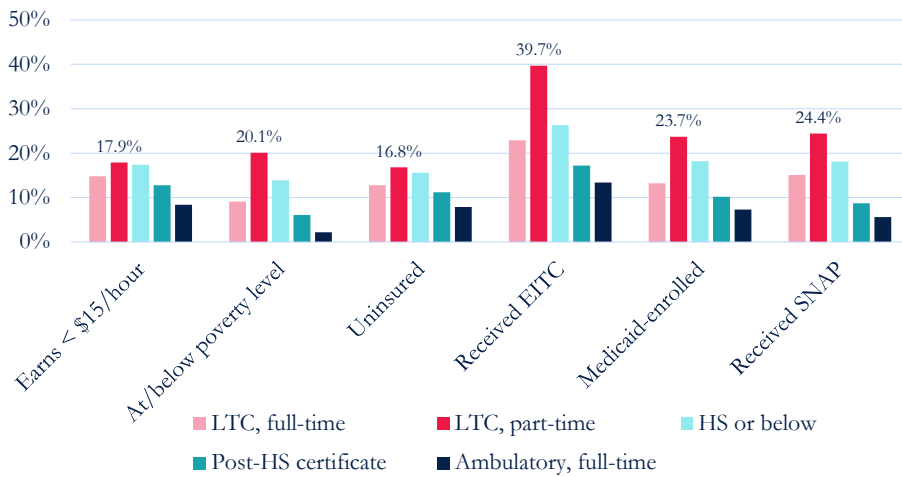
Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.



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The long-term care workforce is economically vulnerable

Percent of workers at financial risk / receiving public services



¹⁶ Source: Frogner, Skillman, Patterson, & Snyder, 2016, Center for Health Workforce Studies, University of Washington



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FIGURE 3 Selected Demographic and Socioeconomic Profile of Health Care Workers by Sector

	Unemployed	At or below the 100% poverty threshold
All Industries	9.3%	9.9%
Health Care Industries	4.8%	6.8%
Office of physicians	4.7%	4.2%
Office of dentists	4.4%	4.4%
Office of chiropractors	5.7%	6.8%
Office of optometrists	4.3%	4.6%
Offices of other health practitioners	3.5%	4.7%
Outpatient care centers	4.2%	5.5%
Home health care services	9.2%	20.3%
Other health care services	5.3%	5.8%
Hospitals	2.8%	3.5%
Nursing care facilities	7.2%	12.8%
Residential care facilities, without nursing	7.2%	12.6%

Source: Authors calculation from data and sample weights extracted from Ruggles et al. 2010.

Source: Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). "The Demand for Health Care Workers Post-ACA," *International Journal of Health Economics and Management*, 15(1): 139-151.




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Table 2. Ten Most Common Prior Year Industry for Entrants and Current Year Industry for Leavers of the Health Care Industry Between 2003 and 2013.

Entrants' prior year industry (N = 15,742,141)	Percentage	Leavers' current year industry (N = 23,729,493)	Percentage
Not in the labor force or unemployed (excluding in school)	13.0	Not in the labor force	34.7
Leisure and hospitality	11.0	Unemployed	18.6
Retail trade (excluding pharmacies and drug stores)	8.8	Educational services	5.6
Educational services	8.4	Leisure and hospitality	4.6
In school	6.9	Professional, scientific, and technical services	4.3

Source: Frogner, The Health Care Job Engine: Where Do They Come From and What Do They Say About Our Future? Medical Care Research and Review, 2018



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To Which Occupation/Industry Do Low Skilled Healthcare Workers Move?

LPN/LVN (n=6,835)		Aide/Assistant (n=42,480)	
Occupation	Industry	Occupation	Industry
25.8% Office/Admin	14.7% Education	24.7% Office/Admin	15.1% Retail
12.0% Sales	12.2% Retail	14.5% Sales	14.6% Hospitality
10.2% Education	9.6% Hospitality	10.2% Education	10.2% Education

Source: Frogner, Is Health Care a Desirable Place to Work? Examining Trends in Competition for Health Care Labor. Work in Progress



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Healthcare employment during
the pandemic

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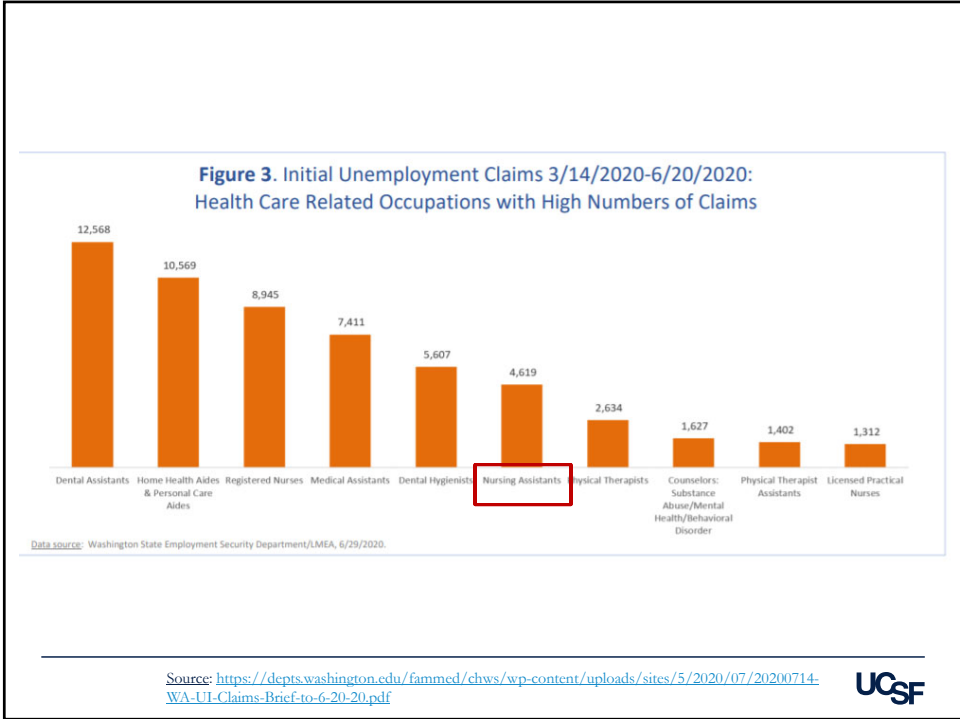


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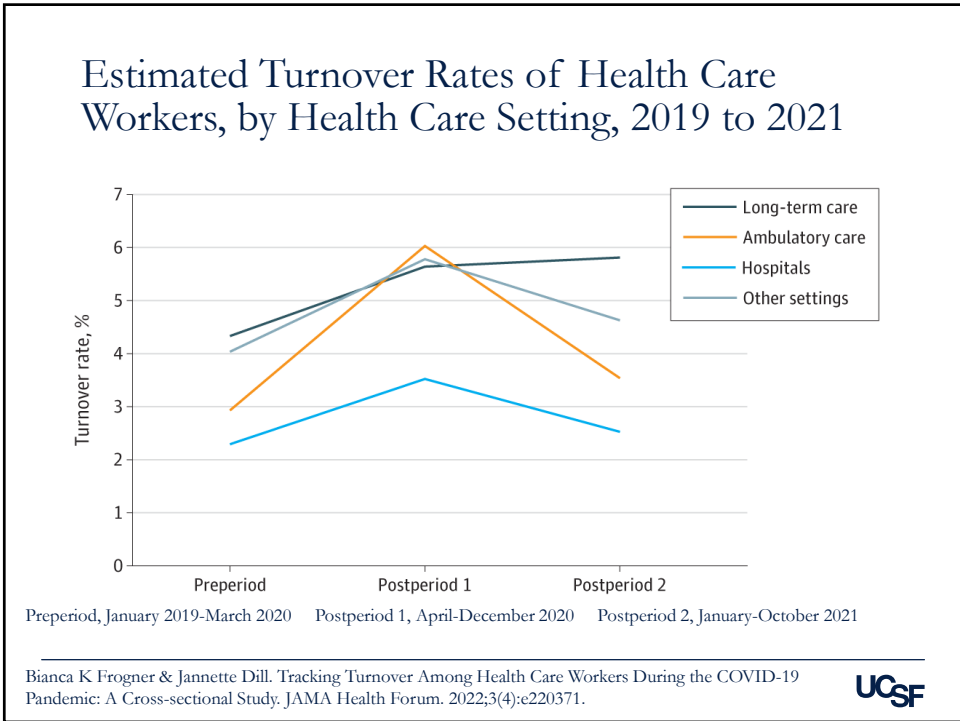
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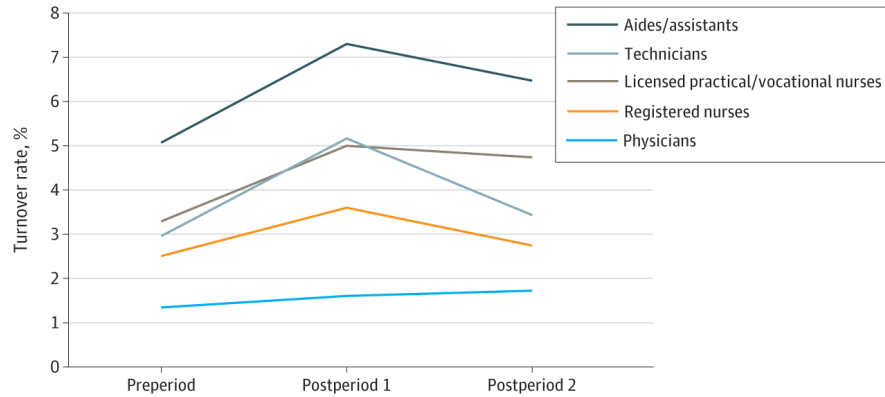
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Estimated Turnover Rates of Health Care Workers, by Health Care Occupation, 2019 to 2021



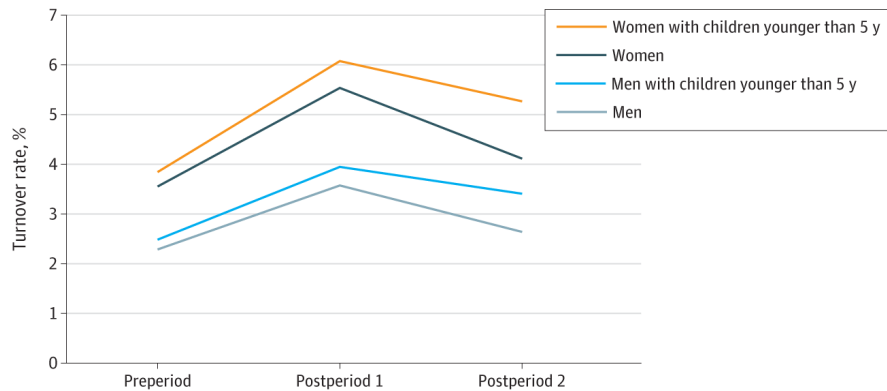
Preperiod, January 2019-March 2020 Postperiod 1, April-December 2020 Postperiod 2, January-October 2021

Bianca K Frogner & Jannette Dill. Tracking Turnover Among Health Care Workers During the COVID-19 Pandemic: A Cross-sectional Study. JAMA Health Forum. 2022;3(4):e220371.



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Estimated Turnover Rates of Health Care Workers, by Sex and Having Children Younger Than 5 Years Old, 2019 to 2021



Preperiod, January 2019-March 2020 Postperiod 1, April-December 2020 Postperiod 2, January-October 2021

Bianca K Frogner & Jannette Dill. Tracking Turnover Among Health Care Workers During the COVID-19 Pandemic: A Cross-sectional Study. JAMA Health Forum. 2022;3(4):e220371.



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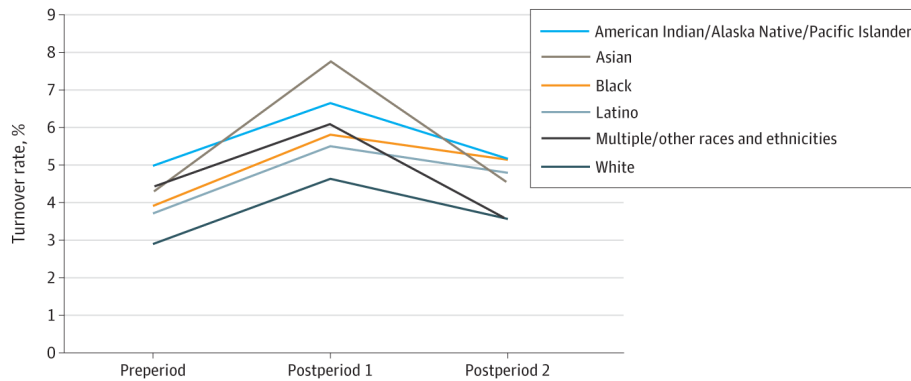
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Estimated Turnover Rates of Health Care Workers, by Race and Ethnicity, 2019 to 2021



Preperiod, January 2019-March 2020 Postperiod 1, April-December 2020 Postperiod 2, January-October 2021

Bianca K Frogner & Jannette Dill. Tracking Turnover Among Health Care Workers During the COVID-19 Pandemic: A Cross-sectional Study. JAMA Health Forum. 2022;3(4):e220371.



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Healthcare workforce shortages: A pre-pandemic view

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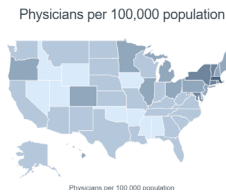


Tales of a physician shortage – especially primary care...

Today's Daily Briefing | View the Archives | Print Today's Stories

This new map raises an old question: Is there a physician shortage?

11:00 AM - November 16, 2017
By Josh Zeitlin, Senior Editor



CBS NEWS | August 2, 2017, 3:06 PM

Shortage of primary care physicians could threaten patient care

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Doctor slams medical college group's prediction of massive doctor shortage by 2030



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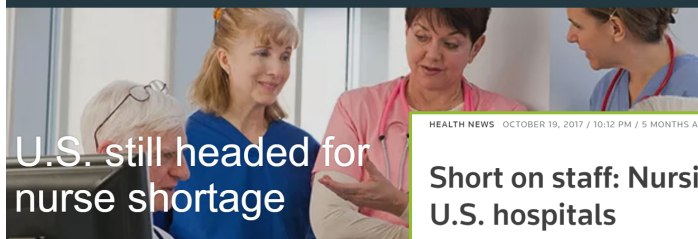
The Physician Shortage Is Not Going Away: New Numbers for 2017

POSTED ON: MARCH 23, 2017



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And tales of a nursing shortage...



U.S. still headed for nurse shortage

HEALTH NEWS | OCTOBER 19, 2017 / 10:12 PM / 5 MONTHS AGO

Short on staff: Nursing crisis strains U.S. hospitals

The U.S. Is Running Out of Nurses

The country has experienced nursing shortages for decades, but an aging population means the problem is about to get worse.

REBECCA GRANT | FEB 3, 2016 | HEALTH

COLUMNISTS | 77,973 SHARES

Is US headed for worst nursing shortage?

By: Howard Gerber - @inquirerdotnet | INQUIRER.net US Bureau / 01:51 AM November 30, 2017

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Does it seem like we always have shortages of physicians and nurses?

- Interest groups have reasons to like shortages
 - More money for medical and nursing schools
 - Higher pay
- But there may be some truth
 - Baby boomers aging
 - Smaller subsequent generations
 - Residency funding has not increased
 - Immigration of nurses and doctors may drop

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The range of the problem

- We hear that there are fewer health workers than “needed” for delivering key health services
- But we also hear there are too many health workers, providing too much health care
- Beyond numbers, other key health workforce issues are critical
 - Geographic distribution
 - Primary care / Specialty mix
 - Productivity
 - Quality of care
 - Other health care providers



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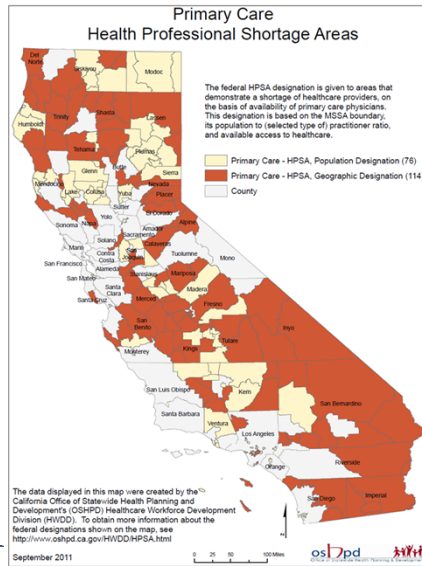
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Shortages are not uniform across regions

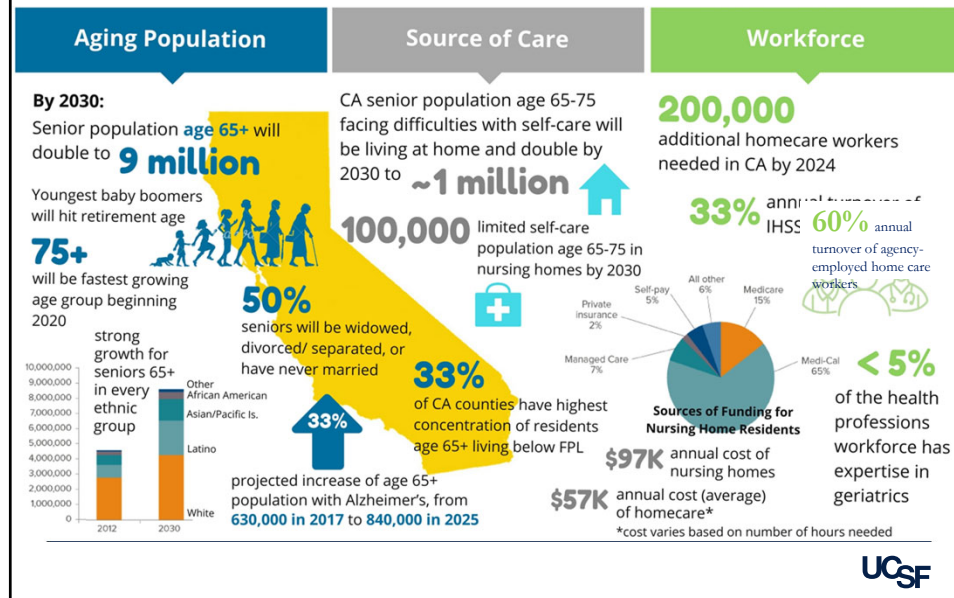
20% of Californians are in a HPSA



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The Burning Platform of the Aging Population



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Costs of shortages and turnover

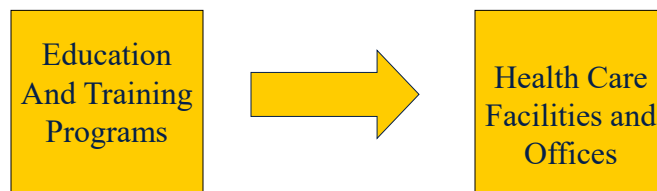
- Productivity losses due to instability in the workforce
- Premiums paid to temporary staff
- Costs of recruitment
- Losses when beds/clinics are closed, patients are deferred
- Expense of overtime pay
- Training and orientation costs
- Patient safety failures when understaffed



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A traditional way of thinking about the supply of health professionals...



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Problems with the traditional approach

- Ignores important behavioral characteristics of
 - Health workers (supply side)
 - Employers (demand side)
- **Health workers** respond to economic incentives that are unrelated to health care needs of the population
- **Employers** respond to economic, social, political incentives unrelated to health care needs of the population

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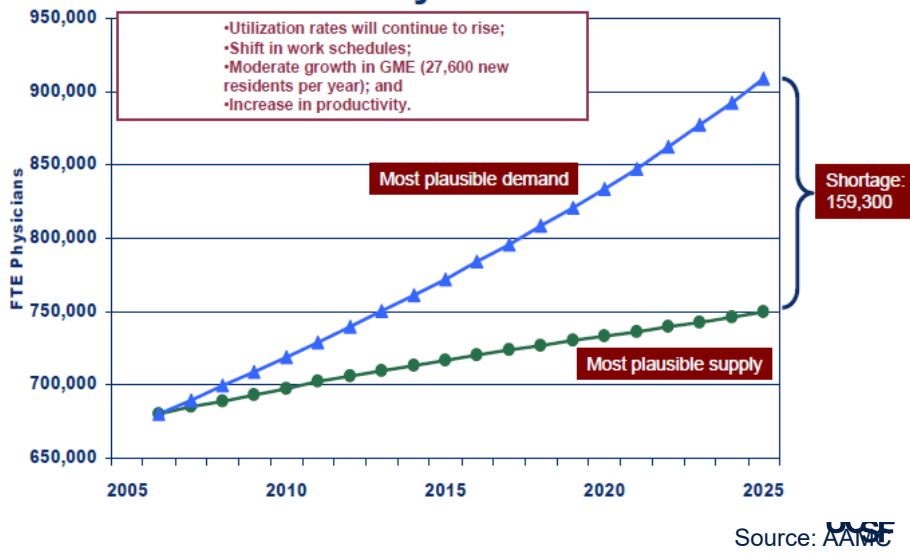
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Deep dive on shortages in the physician workforce

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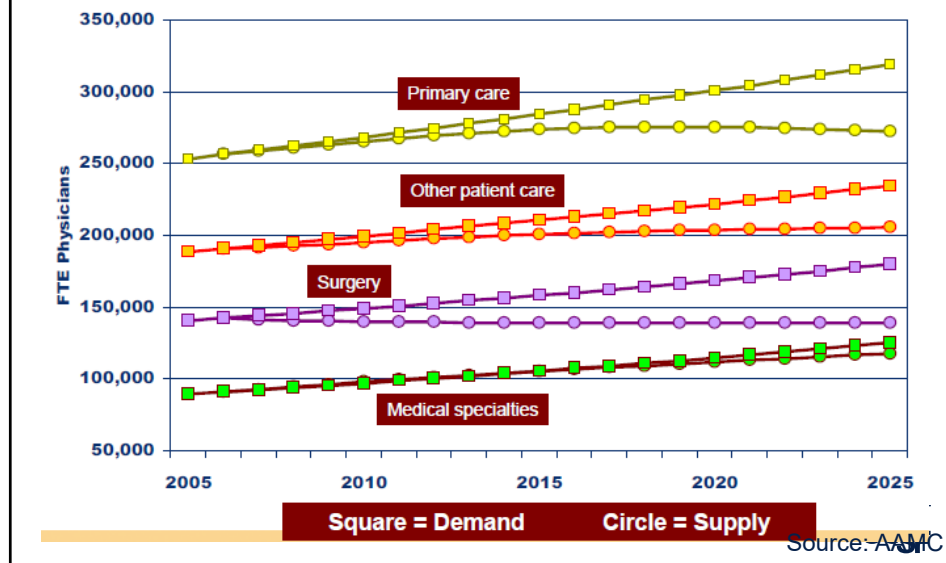
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American Association of Medical Colleges demand/supply forecast



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American Association of Medical Colleges forecasts, by specialty



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Conflicting reports of shortage

- Supply varies widely across regions
- Little evidence that more physicians = better health outcomes
- In the past, expanded medical education has produced more specialists
- Lots of evidence of physician-induced demand



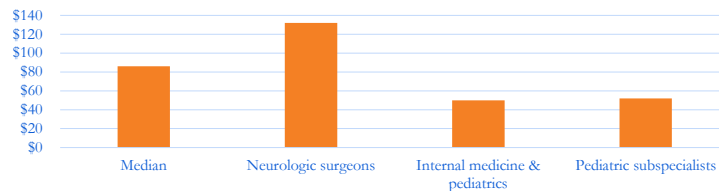
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Wage differences: specialists vs. primary care

- Primary care doctors earn much less than specialists
- Annals of Internal Medicine, 10/25/10
 - Median \$86/hour
 - Neurologic surgeons \$132/hour
 - Internal medicine & pediatrics \$50/hour
 - Pediatric subspecialists \$52/hour



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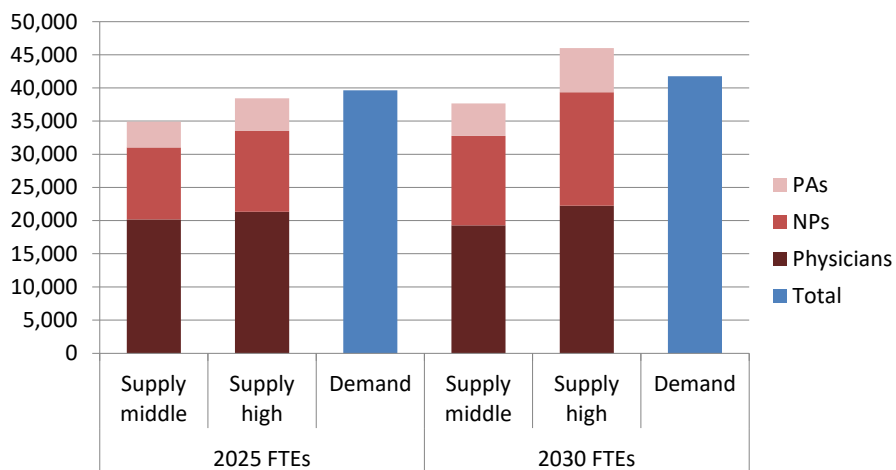
Why are earning so different?

- Medicare: reimbursement by “relative value units” (RVUs)
 - Updating process favors increases to procedures
 - Most private insurers follow Medicare payment structure
- ➔ Incentives are to do more procedures and fewer “evaluation and management” visits...

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Forecasted Supply and Demand for Primary Care Clinicians FTEs, California, 2025 and 2030



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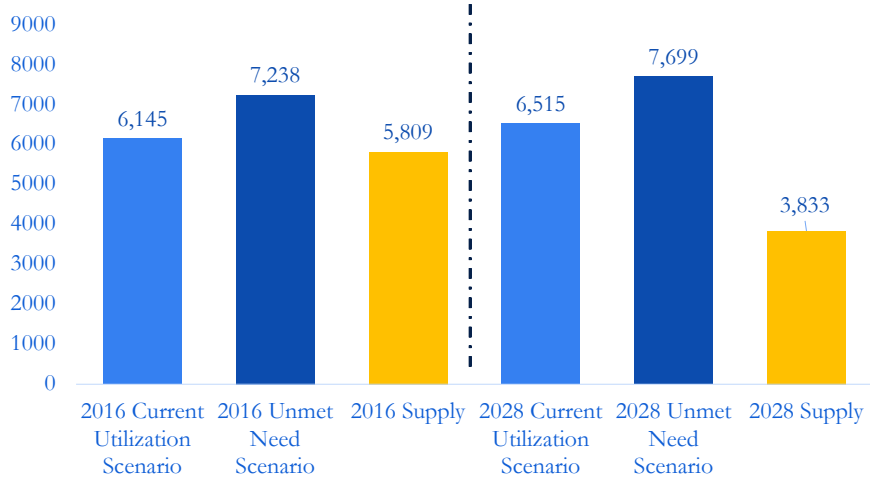
Regional variations are substantial

	2025			2030		
	Demand	Supply	Gap	Demand	Supply	Gap
Statewide	39,645	34,909	-11.9%	41,759	37,656	-9.8%
Greater Bay Area	8,987	8,646	-3.8%	9,525	9,302	-2.3%
Sacramento, Sierra, and Northern	3,793	3,419	-9.8%	4,010	3,763	-6.2%
Central Valley & Central Coast	6,149	4,998	-18.7%	6,535	5,387	-17.6%
Los Angeles, Orange, Inland Empire	17,169	15,005	-12.6%	17,985	16,348	-9.1%
Southern Border	3,563	2,973	-16.6%	3,727	3,092	-17.0%

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Projected Supply and Demand for Psychiatrists, 2016-2028



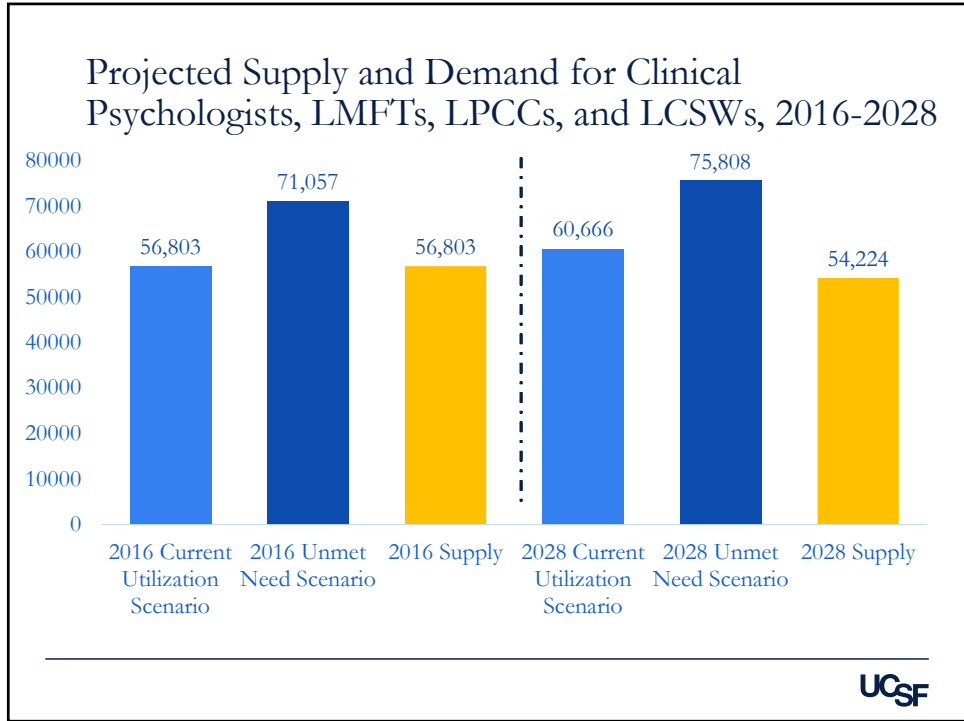
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Deep dive on shortages in the nursing workforce

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Nursing Labor Markets: Cycles of Shortage and Surplus

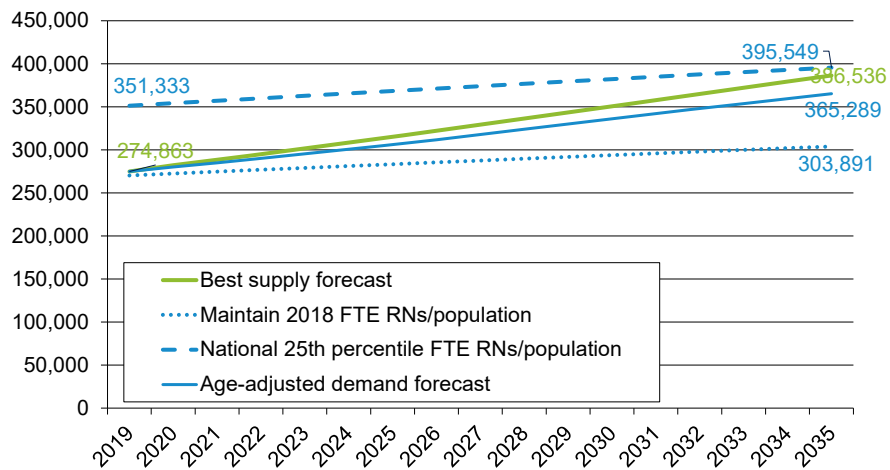
- Since WW2, there have been cycles of nursing shortages
 - Cycles have been studied by policymakers and economists

- Recent history of shortage cycles
 - Shortage ~1988-1992
 - Surplus ~ 1993-1997
 - Shortage ~ 1998-2008 (longest one, perhaps ever)
 - Surplus ~ 2009-2013?
 - Shortage?? 2014-2019
 - Terrible shortage??? 2020-future??

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Pre-pandemic California supply and demand forecasts for RNs, 2019-2035



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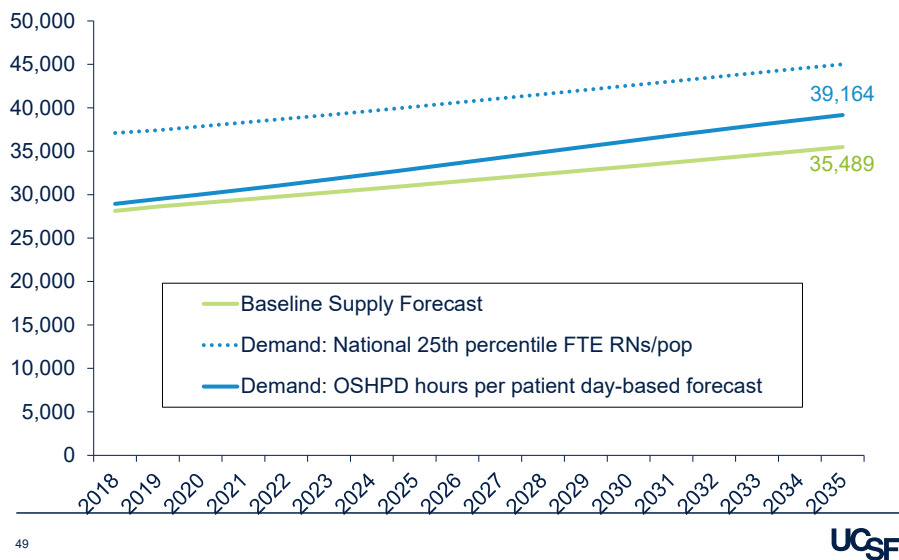
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**Regional differences are important:
Pre-Pandemic Forecasts for Central Valley & Sierra**

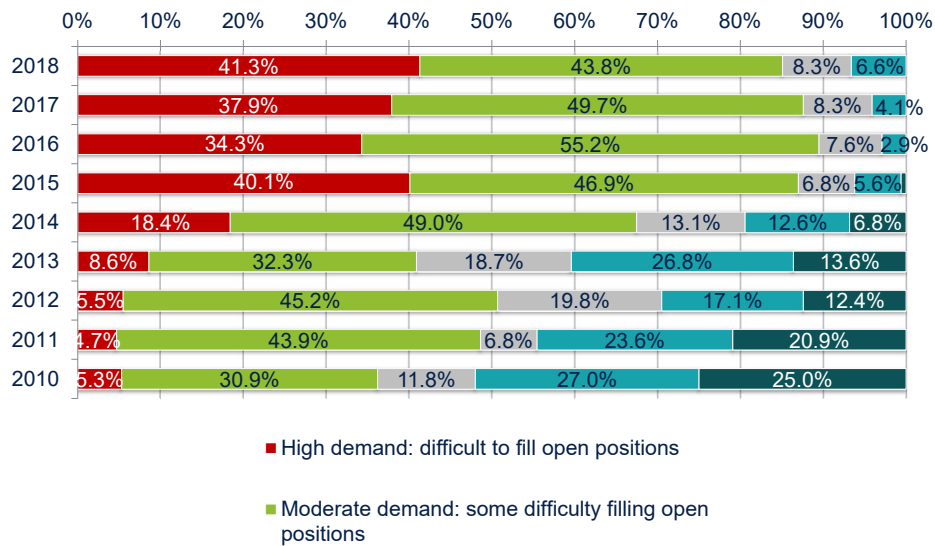


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Was there really not a statewide nursing shortage before the pandemic?

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Perceptions of employers: Overall labor market

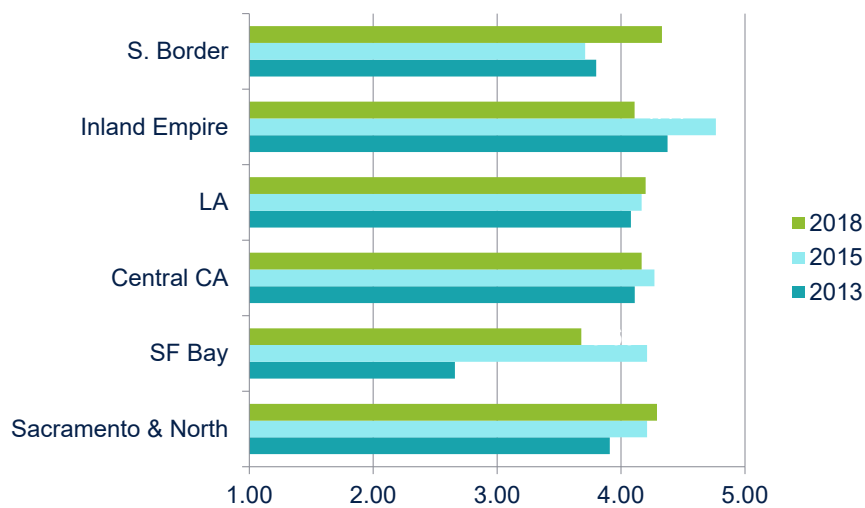


51 Source: Chu, Spetz, & Bates, 2019, Survey of Nurse Employers Fall 2018



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Differences across regions: Experienced RNs



52 Source: Chu, Spetz, & Bates, 2019, Survey of Nurse Employers Fall 2018



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Differences across regions: New Grad RNs



53 Source: Chu, Spetz, & Bates, 2019, Survey of Nurse Employers Fall 2018



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What about nursing during the pandemic?

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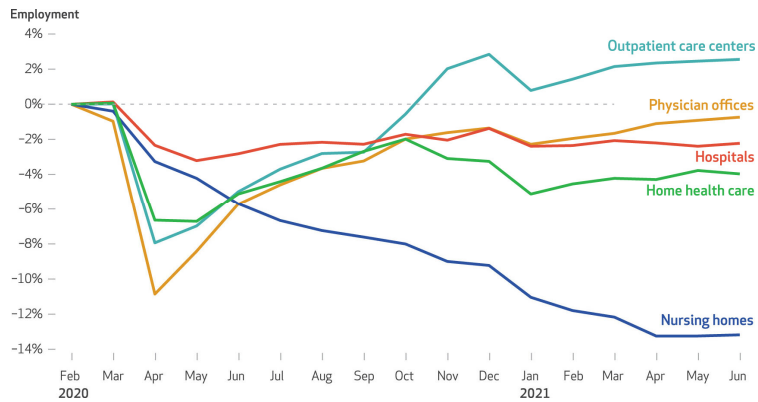
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Exhibit 1 Total monthly employment in the US nurse workforce in major health care sectors relative to February 2020, 2020–21



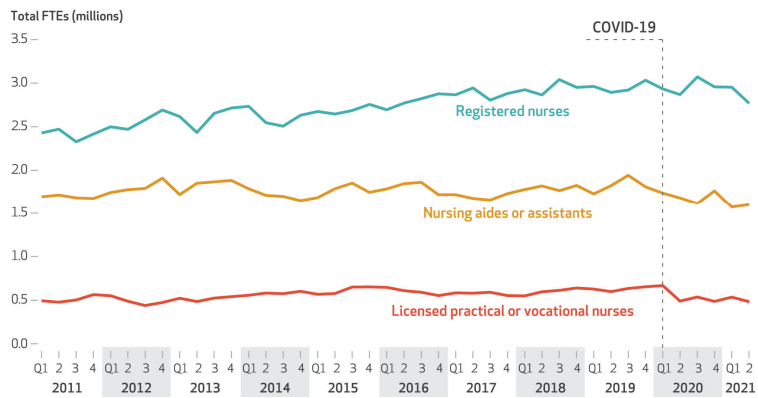
Peter I. Buerhaus et al. Health Affairs

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Exhibit 2 Full-time employment for registered nurses, licensed practical or vocational nurses, and nursing aides or assistants in the US, 2011–21



Peter I. Buerhaus et al. Health Affairs

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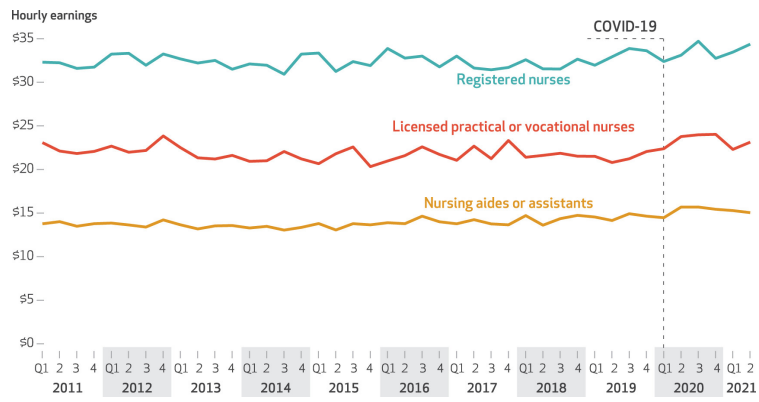
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Exhibit 3 Hourly earnings for registered nurses, licensed practical or vocational nurses, and nursing aides or assistants in the US, 2011–21



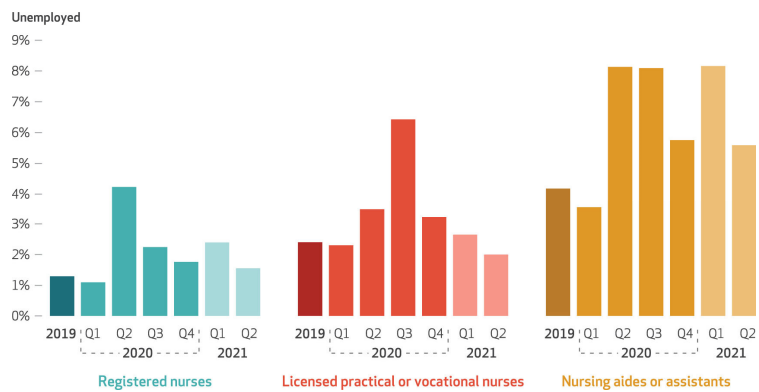
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Exhibit 4 Unemployment among registered nurses, licensed practical or vocational nurses, and nursing aides or assistants in the US, 2019–21



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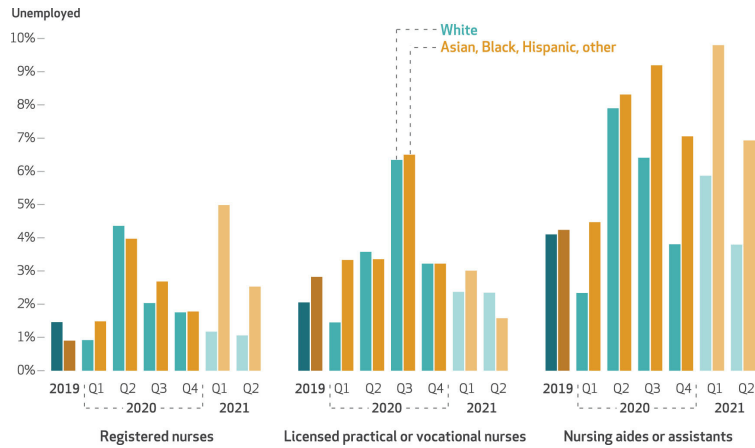


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Exhibit 5 Unemployment rates among registered nurses, licensed practical or vocational nurses, and nursing aides or assistants in the US, by race and ethnicity, 2019–21



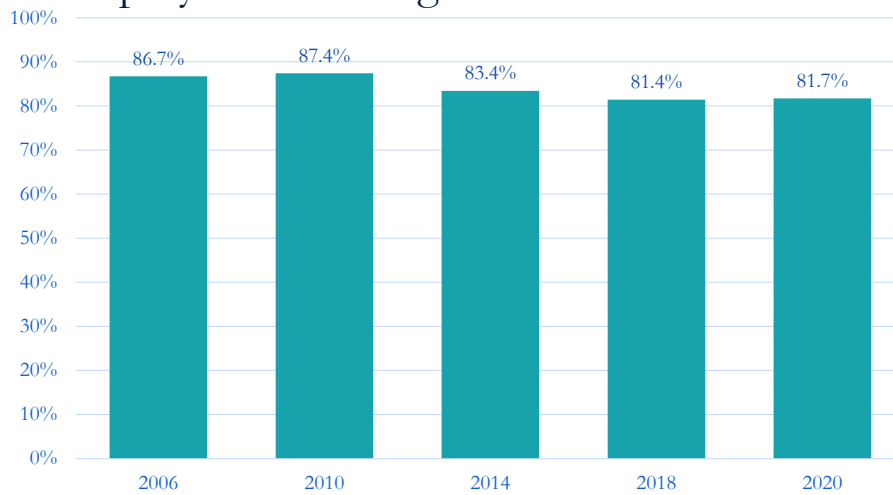
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Percentage of California-resident RNs employed in nursing



12.2% of working nurses have more than one RN job. (10.8% in 2018)



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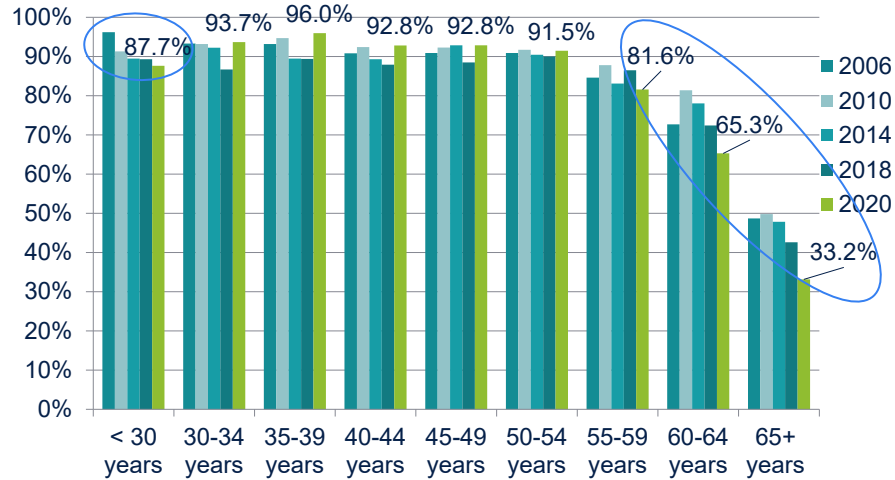
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Share of RNs employed in nursing by age



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Hours usually worked per week

	2012	2018	2020
Average number of hours	36.0	36.8	33.6
Working full-time	60.3%	60.2%	53.0%
Working part-time	21.8%	18.4%	26.8%
Working, unknown hours	3.0%	2.8%	1.7%
Not working	14.9%	18.6%	18.5%
Average hours, acute hospital		36.5	32.7
Average hours, SNF		36.3	37.1
Average hours, home health		41.0	37.5
Average hours, clinic/office		38.5	34.0

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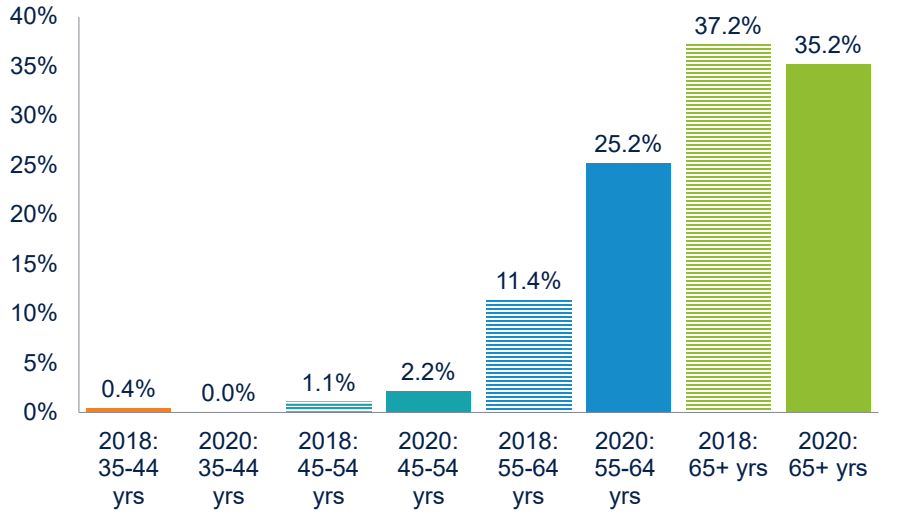
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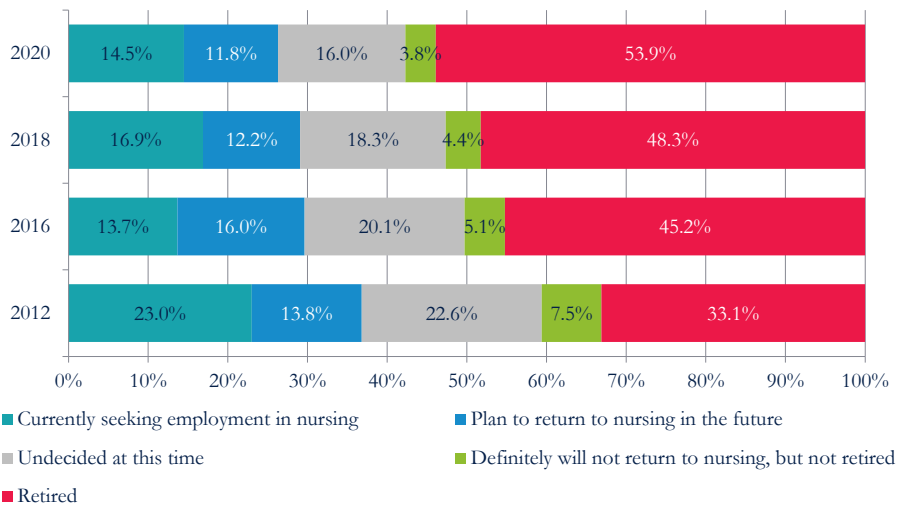
Percent of working RNs who plan to retire or leave nursing in next 2 years



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Intentions of RNs not working in nursing



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What is happening in RN education?

BRN Survey of California Nursing Schools, 2020-2021	2018-19 new enrollment	2019-20 new enrollment	2020-21 new enrollment	Change 2018-19 to 2020-21
Spaces available	14,897	15,204	14,368	-3.6%
Total enrollments	15,150	15,007	14,004	-7.6%
Associate degree enrollments	7,014	6,852	5,941	-15.3%
Bachelor's degree enrollments	7,266	7,242	7,133	-1.8%
Master's degree enrollments	870	913	930	6.9%
Public college/university enrollments	8,103	7,944	6,866	-15.3%
Private college/university enrollments	7,047	7,063	7,138	1.3%

Reasons for program enrollment declines:

- Admitted students did not enroll
- Unable to secure clinical placements
- Insufficient faculty
- Skipped a cohort or decreased size of cohort

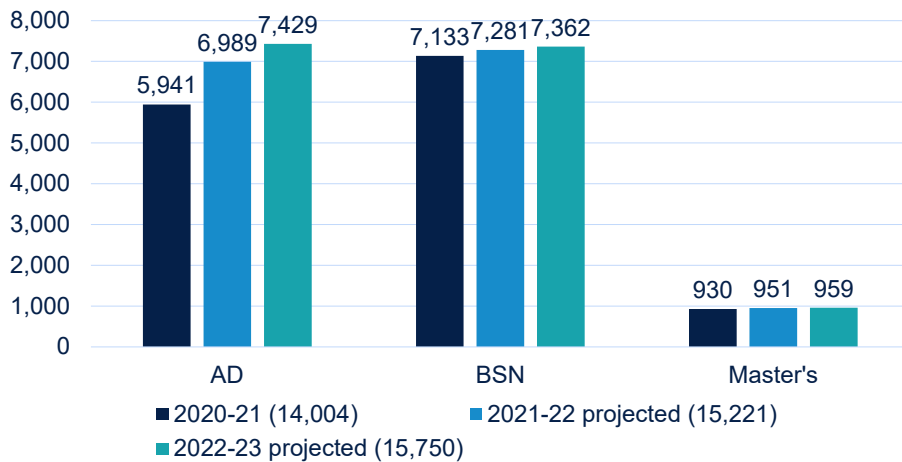
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- Concerns about safety of students/faculty in clinical settings



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What about enrollments for the future?



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The Employer Perspective

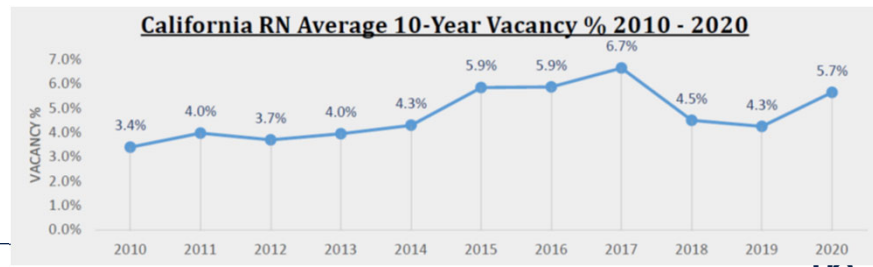


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The Employer Perspective



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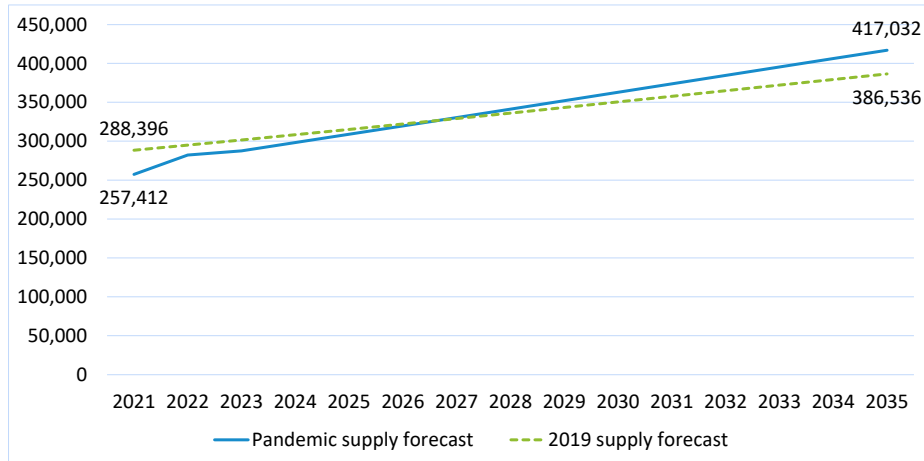
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What does all this portend for the future?

Projections of RN FTE supply (using last year's enrollment data)

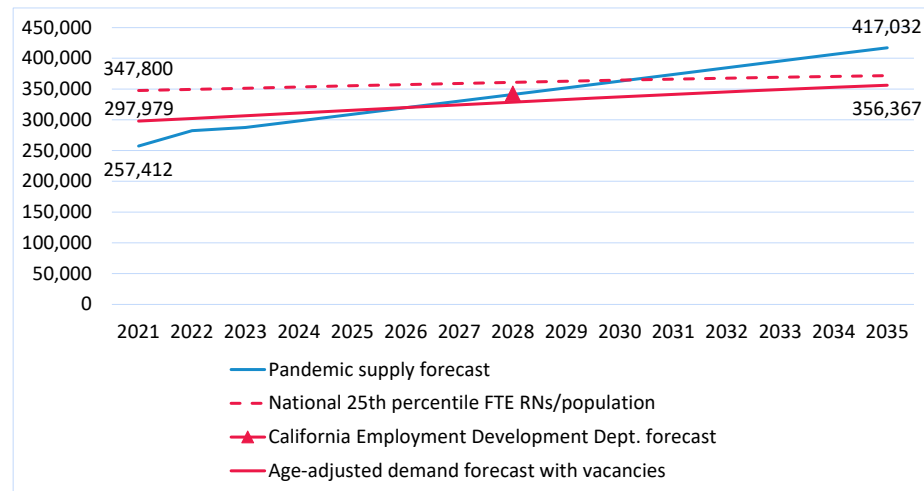


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Comparing RN FTE demand & supply



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How big is the gap?

Year	Pandemic supply forecast	Age-adjusted demand with vacancies	Gap between supply and demand	Percentage gap
2021	257,412	297,979	40,567	13.6%
2026	319,598	319,696	98	0.0%
2031	373,695	341,365	-32,330	-9.5%

Note:

We estimate that ~8,500 RNs were looking for jobs in late 2020. 30% of these were <30 years old

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Implications for the future

- RNs changed their employment during the pandemic
 - Older RNs left or plan to leave
 - Younger RNs were more likely to be unemployed
- Over the next 5 years, we will have a shortage of RNs in California
 - The shortage will dissipate as new graduates enter the labor market
- We need to retain our new graduates
 - Comparisons of graduations to numbers of new licenses between 2018 and 2020 indicate that we may be losing 1000 new younger graduates per year
- Employers need to address burnout and stress to retain their RNs

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What are some solutions to these current and looming problems?

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Policy strategies: Education

- Need to target education growth to areas with greatest shortage
 - Nursing faculty vacancy rate: 8.1% in 2016-17
 - 19.7% of nursing faculty were age 61 years and older
- Partner with employers for health professions education
 - Offer courses and programs in the areas of shortage
 - Expand partnerships in all types of care settings
 - Recruit students likely to work in underserved areas
 - Look for opportunities for distance learning
 - New Mexico
 - Bakersfield College
 - Include employers in education program content discussions

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Policy strategies: Employers

- Be proactive in supporting the needs of healthcare workers
 - Encourage people to take their vacations and sick leave
 - Addressing stress and burnout is not just offering an app
- Support new graduate hiring & education
 - Less expensive than a shortage
 - Don't rely long-term on travelers
- Provide clinical faculty
 - Explore joint appointments with nearby education programs

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Policy strategies: Employers

- Invite faculty to sit on practice committees
- Flexible scheduling for employees pursuing advanced degrees
- Invest in transition to practice programs
- Strategically plan to retain staff who are approaching retirement
 - Flexible opportunities to contribute to healthcare

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Policy strategies: State leaders

- Policymakers: Maintain education capacity
 - Target growth to shortage regions
 - Do not let enrollments drop
 - Shifts from some areas to others may be needed
- Support scholarship programs
- Support non-traditional clinical placement settings and use of simulation
- Support distance learning strategies
- Support community colleges and public education

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California Future Health Workforce Commission



- Charged to:
 - Develop a strategic plan for building the future CA health workforce (2030).
 - Seek commitments for effective plan implementation.
 - Build on, align with, and leverage relevant public and private efforts for greater collective innovation, efficiency, and impact.
 - Act as an expert commission with state government participation.
 - Educate and engage key public and private stakeholders to support success.

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Top 10 Priority Recommendations

- **1.1:** Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.
- **1.2:** Recruit and support college students from underrepresented regions and backgrounds to pursue health careers.
- **1.3:** Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.

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Top 10 Priority Recommendations (cont.)

- **2.1:** Sustain and expand the PRIME program across UC campuses.
- **2.2:** Expand the number of primary care physician residency positions by 20%.
- **2.3:** Recruit and train students from rural areas to practice in community health centers in their home region.

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Top 10 Priority Recommendations (cont.)

- **3.1:** Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.
- **3.2:** Establish and scale a universal home care worker family of jobs with career ladders and associated training.
- **3.3:** Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.
- **3.4:** Scale the engagement of community health workers, *promotores*, and peer providers.

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Questions? Comments?

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