

Issue At A Glance:

Healthcare Workforce Shortage

As the COVID-19 public health emergency comes to an end, a growing shortage of healthcare workers remains one of the nation's top patient safety concerns. This brief will explore the factors contributing to the healthcare workforce shortage, the impact of the COVID-19 pandemic, and the factors contributing to burnout among healthcare workers.

Introduction

Fueled by factors such as the COVID-19 pandemic, employee burnout, and an aging population, hospitals across the nation are facing a common problem: a shortage in healthcare workers.¹

Even before the onset of the COVID-19 pandemic, healthcare facilities were short on workers according to the United States Department of Health and Human Services.^{2,3} The COVID-19 pandemic further exacerbated workforce challenges as hospitals faced an increased demand for patient care, including testing, immunization, and treatment for the SARS-CoV-2 virus.⁴

Furthermore, many factors contribute to the healthcare workforce shortage, including retirement of baby boomers, emotional strain, post-traumatic stress disorder among healthcare workers after treating COVID-19 patients, massive amounts of accumulated paid time off, and a growing desire to work from home.³

This issue brief explores the factors contributing to the healthcare workforce shortage, the impact of the COVID-19 pandemic, and the factors contributing to burnout in the workplace.

Relevant Statistics

- 22 Million** Workers in the U.S. work in the healthcare industry, one of the largest and fastest growing sectors that accounts for 14% of all US. workers.⁵
- 9.8 Million** Workers in the U.S. were employed as healthcare technicians and practitioners, including physicians, surgeons, and registered nurses, in 2019.⁵
- 5.3 Million** Workers in the U.S. are nursing assistants, home health and personal care aides, and workers in other healthcare support occupations.⁵

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Factors Contributing to the Workforce Shortage

As the demand for quality healthcare professionals increases, there are shortages across the industry. Several factors have contributed to this ever-growing shortage.

Aging Population

According to the U.S. Census Bureau, 16.8% of the population was aged 65 or older in 2021, and it is predicted that the number will grow to 21% in 2030.⁶ As the population grows older and lives longer due to advances in modern medicine, they are more likely to need care for conditions such as dementia and to have chronic illnesses, such as diabetes, arthritis and heart disease.^{6,7} This trend increases the demand for younger physicians to specialize in geriatrics to care for the aging population.⁷ In addition to the growing population in the U.S. each decade, there are gaps in healthcare positions due to retirement.^{7,8} A significant portion of the physician workforce is approaching the traditional retirement age of 65.⁸ As this population begins to enter retirement, there is a greater demand for younger physicians to fill the gaps, but there

remains a discrepancy in the number of medical school slots and residency training programs available to meet the demands.⁹

Faculty and Training Resource Shortages

The American Association of Colleges of Nursing notes faculty shortages at nursing schools across the nation as a contributing factor to the nurse shortage as it limits student capacity at a time when the need for registered nurses continues to grow.^{6,10} In 2019 alone, American nursing schools turned away over 80,000 qualified applicants from nursing programs due to an insufficient number of qualified faculty, clinical sites, classroom space, clinical preceptors, and budget.⁹ The Future Advancement of Academic Nursing (FAAN) Act was introduced in early 2021 to increase the number of nursing faculty and students through grants to support schools of nursing with program enhancement and infrastructure modernization.^{11,12} Other healthcare disciplines will also need similar measures to address the shortages in faculty and training resources.

Impact of the COVID-19 Pandemic

During the COVID-19 pandemic, thousands of healthcare workers put their own health and safety at risk so they could heal and comfort others.⁴ This led to the workforce shortage as well as increased healthcare worker burnout, exhaustion, and trauma.^{13,14} Recent research has found that nearly 3 in 10 healthcare workers have considered leaving their profession and about 6 in 10 have noted pandemic-related stress having harmed their mental health.¹⁴ Burnout levels exacerbated by the pandemic coupled with other existing healthcare workforce pressures have left hospitals across the country to contend with critical staffing shortages.^{2,14}



Factors Contributing to Burnout in the Workplace

Even before the onset of the COVID-19 pandemic, the National Academy of Medicine found that burnout had reached “crisis levels” among the healthcare workforce, with over 40% of doctors and nearly 49% of nurses reporting feeling burnout in 2022.^{4,6}

Occupational burnout is the result of chronic workplace stress that has not been successfully managed and can lead directly to staffing shortages in healthcare as people leave the profession.^{4,6,15} For example, physicians across every specialty of medicine have been leaving their profession.¹⁶ Research has shown that an estimated 26% of physicians in 2021 dropped out of the workforce, with greatest declines in internal medicine, family practice, and emergency medicine.¹⁶ As the demand for healthcare workers continues to grow within the U.S. and globally, it is imperative that interventions aimed at addressing burnout and wellbeing focus on systematic and multipronged efforts to have long-term effects.⁴ Some of the factors contributing to burnout include workplace violence; escalating workloads and administrative burdens; and inadequate hospital staffing, putting both healthcare workers and patients at risk.

Workplace Violence

Healthcare workers are continually the subject of patients’ and family members’ rage, confusion, and anxiety.¹⁷ According to National Nurses United, 8 in 10 health workers have reported being subjected to physical or verbal abuse by patients, and the situation has only been exacerbated by the COVID-19 pandemic.^{17,18} Hospitals continue to have longer wait times in the emergency room and are short staffed, further escalating frustration among patients.¹⁷ Consequently, research has shown that during the pinnacle of the pandemic, 44% and 68% of nurses

experienced physical violence and verbal abuse, respectively.^{17,18} This has led to an efflux of nurses and other healthcare workers leaving the profession or relocating in hopes of better workplace conditions.^{17,19}

Escalating Workloads and Administrative Burdens

The growing number of administrative tasks imposed on healthcare workers diverts time and focus from more clinically important activities, such as caring for patients, and may prevent patients from receiving timely and appropriate care or treatment.²¹ Research has shown that for every 1 hour spent with a patient, there is additional 2 hours spent on the electronic health record and tending to other administrative tasks.^{17,21} Reducing workload and administrative burdens allows healthcare workers more time with their patients and communities, decreasing burnout.¹⁷

Inadequate Hospital Staffing

A study conducted by the University of Pennsylvania School of Nursing’s Center for Health Outcomes and Policy Research (CHOPR) found that one of the key drivers of burnout, especially among nurses, is chronic stress caused by patient overload.²³ Not only does patient overload decrease nursing job satisfaction and contribute to high turnover and the nursing shortage, it also adversely affects patient safety.²⁴ Another study conducted by CHOPR found that in hospitals with high patient-to-nurse ratios, patients experience increases in the likelihood of dying within 30 days of admission and increased odds of failure-to-rescue, or the inability of healthcare providers to prevent inpatient death resulting from a complication of medical care.^{23,25,26} Moreover, each additional patient per nurse is associated with a 23% increase in the odds of burnout and 15% increase in the odds of job dissatisfaction.²⁵

Conclusion

As the COVID-19 pandemic comes to an end, the challenges of fighting burnout and restoring the healthcare workforce remain. Decades of underinvestment in public health, widening health disparities, lack of sufficient social investment, and a fragmented healthcare system left behind an imbalance between work demands and the resources of time and personnel.⁴ Amid the stress, exhaustion, and burnout that healthcare workers face, our community's dependence on a healthy, thriving, and robust healthcare workforce will only continue to grow as the workforce gradually reaches the traditional age of retirement. While the pandemic exacerbated the pre-existing problems within the healthcare system, it also provided an opportunity to strengthen organizational cultures and work conditions for safer and healthier environments. Implementing policies to adequately address the factors contributing to the healthcare workforce shortage is critical to ensure the health of our nation.

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Did you know?

According to the Association of American Medical Colleges, the country will face a shortage of up to 124,000 physicians by 2034, including 48,000 primary care physicians.²⁷



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