

COVID-19 2022 Update: The Nursing Workforce

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Hendler, Collette

Hello. This is Collette Hendler and I am the Editor in Chief for Lippincott Solution products. I'm here today with Lisa Bonsall, senior clinical editor for Lippincott NursingCenter. On May 12th, 2022, during our webinar “Navigating the Wake of COVID,” Lisa spoke about the impact of the pandemic on health care workers and strategies to overcome current obstacles, prioritize mental health, and improve our resilience.

Lisa, can you summarize what you spoke about?

Bonsall, Lisa

Absolutely. Thank you, Collette. So we know that in March 2020, we faced a very contagious virus that we didn't know much about - how it was transmitted, what could be used to treat it and how we could best protect ourselves, our families and our patients. That unknown was really scary. We know that a typical nursing shortage occurs when there's an increase in demand for nurses or decrease in the supply of nurses. At that time, we were impacted on both sides of that equation.

Patients were really sick and there were a lot of them. We already had a shortage of critical care nurses, but when the influx of critically ill COVID patients hit, we really felt that shortage. We had to implement lots of changes from a shift to team nursing and cross training other nurses into critical care to relying on staffing agencies and travel nurses, and also really collaborating with other disciplines to effectively care for patients.

Over the past two plus years, we've learned a lot. We've seen science evolve as we learned more about this disease, we're still facing a nursing shortage, however. Nurses are exhausted. Many have left the bedside of the profession, and many are taking advantage of the increased pay offered by agencies. Nurses are also retiring at increased rates. We have a shortage of faculty, and we also have nurses seeking advanced degrees and moving into advanced practice. And while this is great for our profession, we're losing that experience and expertise at the bedside.

And remember, the new nurses that have just graduated missed out on those final clinical experiences of the last years of their education.

So during our webinar, which is now available on demand, we discussed burnout and moral injury. The fact that as nurses, we couldn't provide high quality care to our patients as we lacked resources and PPE and how traumatic these years have been. We focus on methods to grow the workforce using academic solutions, practice academic partnerships and redefining that transition from novice to expert because we really do need to fix our shortage before we can address resilience.

When it comes to mental health, we know that prepandemic, nurses had higher levels of depression and higher suicide rates than the general population. We talked about the importance of investing in our own well being, but also knowing that other factors are important to improve our resilience, such as a safe work environment and realistic workloads, appreciation from our leaders and colleagues, alternative staffing solutions and innovative care models.

So now I think we have some questions from our audience from the webinar right, Collette?

Hendler, Collette

Yeah, we do. So for the first one, how can I as an LPN get an advanced degree without increasing the stress on the workforce?

Bonsall, Lisa

Well, that's a that's a good one. And thank you so much for that question and for your desire to progress in the profession. The decision to go back to school is a very personal one. We all have different situations, but I think that the beauty of nursing is that there are many paths to the same goal. So I would encourage this attendee to think about what you can commit financially and time wise, work with your employer to manage your schedule, explore tuition reimbursement that may be available.

And remember that we're not going to fix the workforce overnight. It's forward thinkers like you who will make a huge difference.

Hendler, Collette

So I know that this has come up before in discussion and this person is asking, for most a 12 hour shift is often more than 12 1/2 hours, so should there be a guideline to limit overtime and working extra shifts at other institutions?

Bonsall, Lisa

Well, we know there's a lot of research out there about shift work and its impact on patient safety. I think as nurses, we need to be accountable to ourselves and know where to draw the line. And I know for myself, I could never safely care for patients now on the schedule that I worked when I was a 20 something RN. I think institutions really need to consider flexible options to allow individuals to make the best decisions for themselves while prioritizing work life integration and protecting patients, themselves and their licenses.

Hendler, Collette

Can you talk a little bit about mandated staffing ratios?

Bonsall, Lisa

Sure. So right now, several states do support mandated staffing ratios, although California is currently the only state with a law that requires a nurse to patient ratio based on the specialty of a unit. However, neither the ANA or AONE support mandated staffing ratios. I think we need to remember that a nurse is not a nurse, is not a nurse. Staffing really needs to be based on severity of illness and nurse competency.

Hendler, Collette

So with the recent case related to criminalization of medical errors, what is the profession doing across the country to support nurses currently working as well as students and future nurses?

Bonsall, Lisa

This is a great question. I think this has yet to be seen though. The recent case of Redondo Vaughn really shook the profession. We all know that medication errors happen. In fact, institutions have whole policies and procedures in place to minimize their occurrence and for reporting when they do occur. But we also know that when we're in a remote area of a hospital, there are less checks and balances, less monitoring and more distractions. So the criminalization of nonintentional errors really is concerning.

Licensing boards and civil courts, not criminal courts, are the appropriate outlets to investigate and handle errors when they occur. The outcome of Vaught's case sets a dangerous precedent, and we have to ask ourselves, will nurses who are now working in the most trying times during a shortage and a pandemic report errors and follow steps so that we can learn from them and improve systems? I think there's a lot more to come on this.

Hendler, Collette

Thank you so much, Lisa, that you make some good points there.

Bonsall, Lisa

Thanks, Collette.

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