



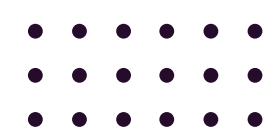
Breaking the Mold

Rethinking Nursing Shortages in Oregon

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Objectives

This presentation challenges the traditional view of a nursing shortage in Oregon by exploring the current landscape of the nursing workforce. We will examine the key **dynamics influencing vacancies**, provide insights for organizations to **assess internal structures**, and **discuss systemic changes** needed to support healthcare staff. Finally, we will introduce strategies to help professionals cope with workplace stress and improve job satisfaction.





Words

Have

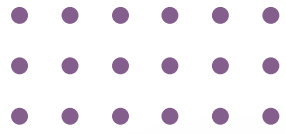
Power



Silver Tsunami

The "Silver Tsunami" refers to the aging population of the workforce, particularly in healthcare, as baby boomers retire en masse. This phenomenon of demographic shift has been used to describe a significant loss of experienced professionals, including nurses and doctors.

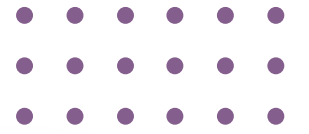




The Great Resignation

"The Great Resignation" refers to the mass voluntary departure of employees from their jobs across various industries; a trend that surged during and after the COVID-19 pandemic. Workers began re-evaluating their priorities, seeking better work-life balance, higher wages, more flexibility, and improved working conditions.

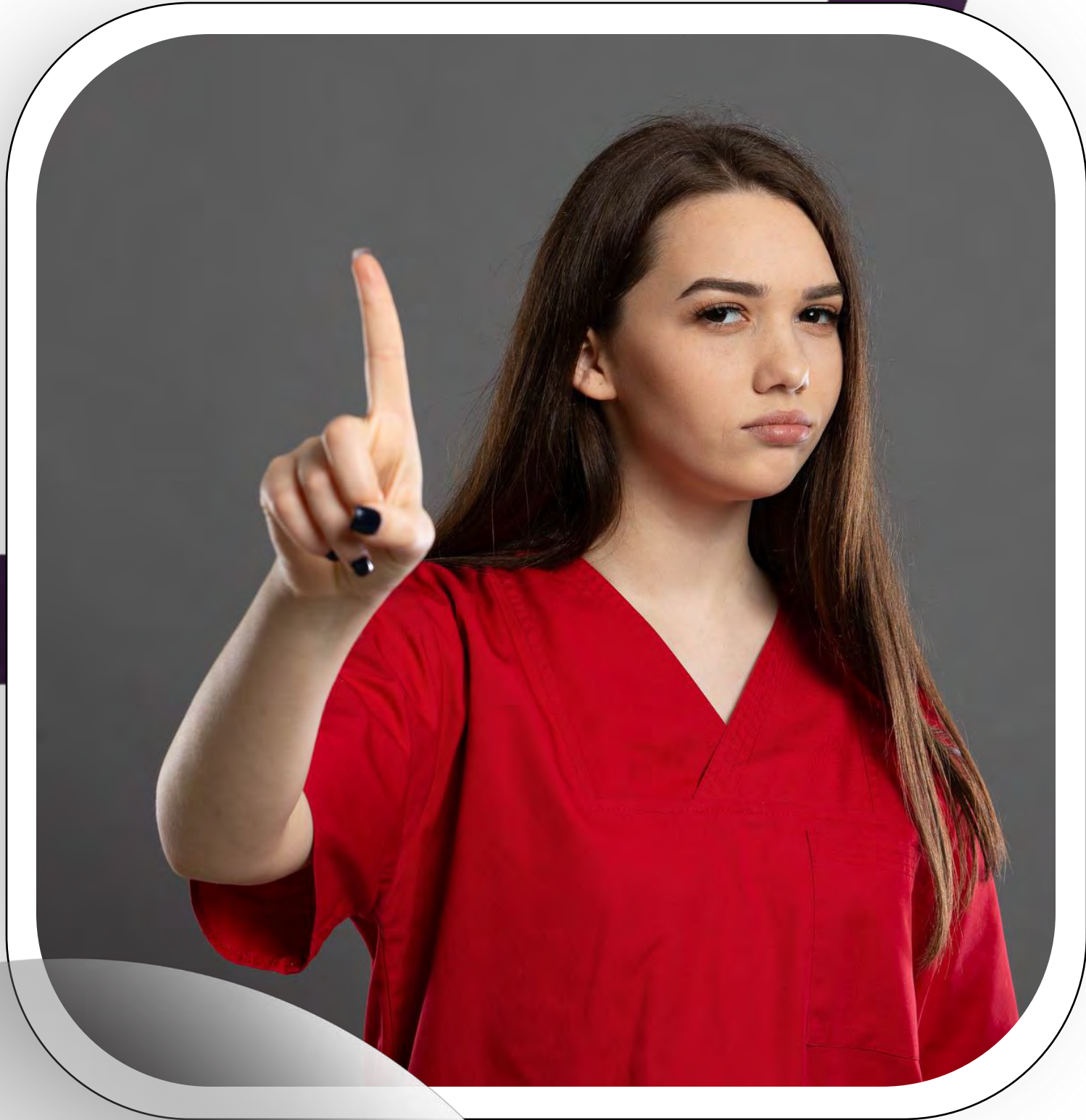
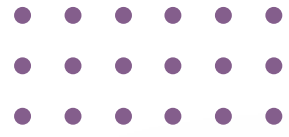




Gig Economy

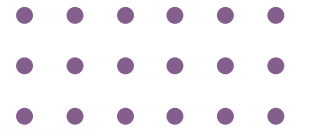
The "Gig Economy" refers to a labor market characterized by short-term, freelance, or contract jobs, rather than permanent full-time positions. In this system, workers often move from gig to gig, seeking flexibility and autonomy.





Quiet Quitting

Quiet Quitting" refers to the practice where employees meet the minimum requirements of their job but stop going above and beyond, either as a form of disengagement or as a boundary-setting response to burnout and overwork.



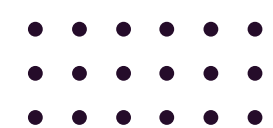
Shortage

A shortage is a quantifiable condition in which the demand for a resource, service, or product exceeds the available supply. It is a measurable imbalance, often identified by specific data points showing that supply cannot keep up with demand.





Let's Look at the numbers



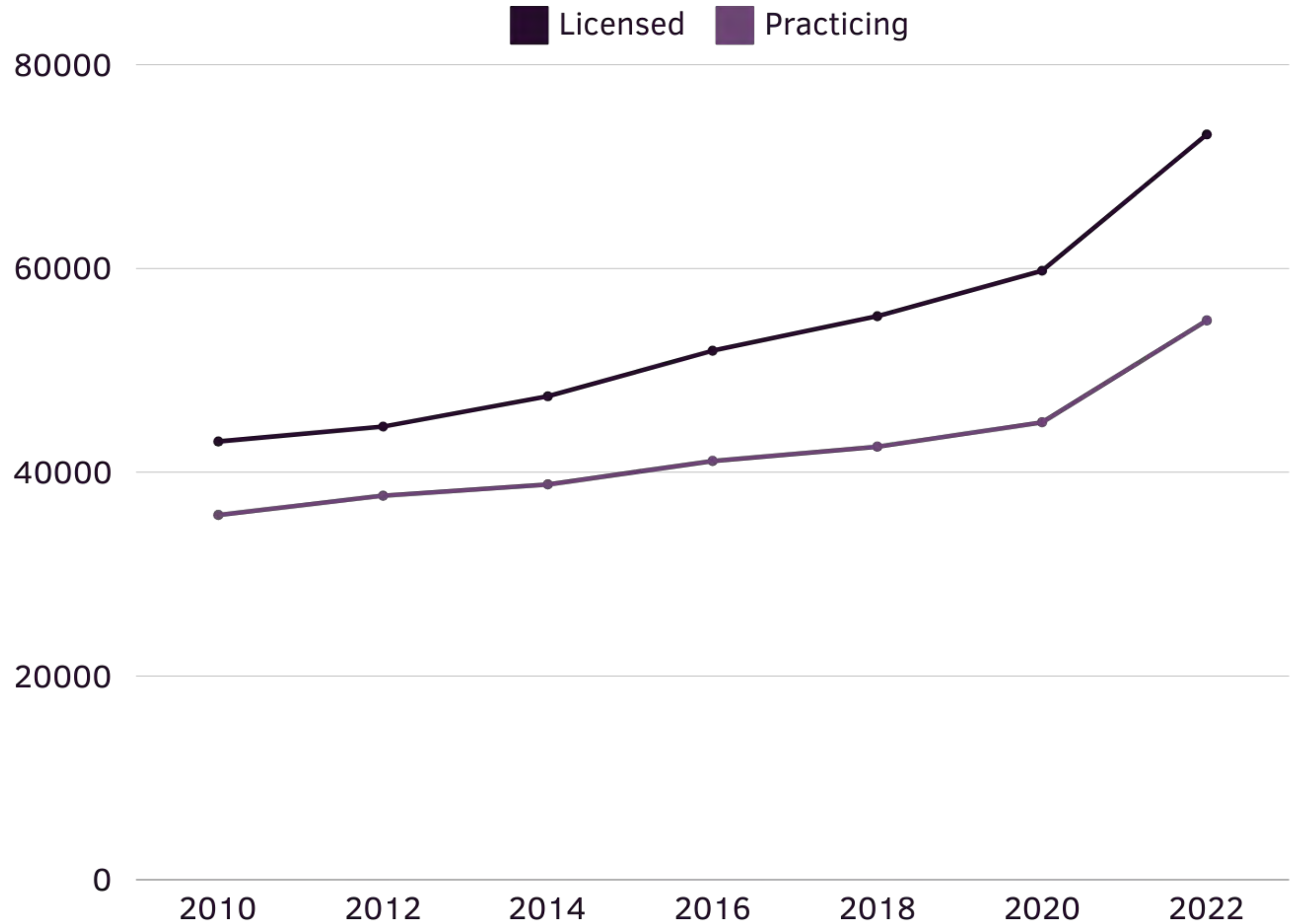
To understand the true scope of Oregon's nursing workforce needs, it's important to examine the data closely. By breaking down the numbers, we can gain a clearer picture of current employment and the projected demand over the next decade. Let's explore the key figures shaping Oregon's nursing landscape.





Nursing Supply

The number of RNs both licensed and practicing in Oregon has grown steadily over the last 12 years.

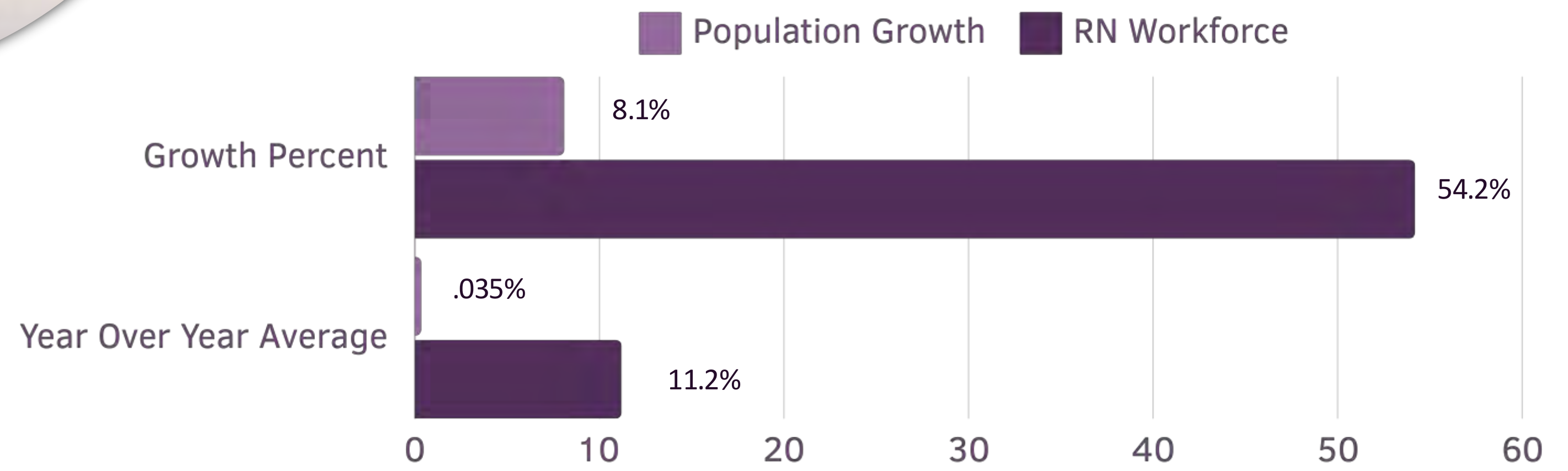


Source: OHA, Nursing Workforce Data File



Growth Snapshot

2014 - 2022



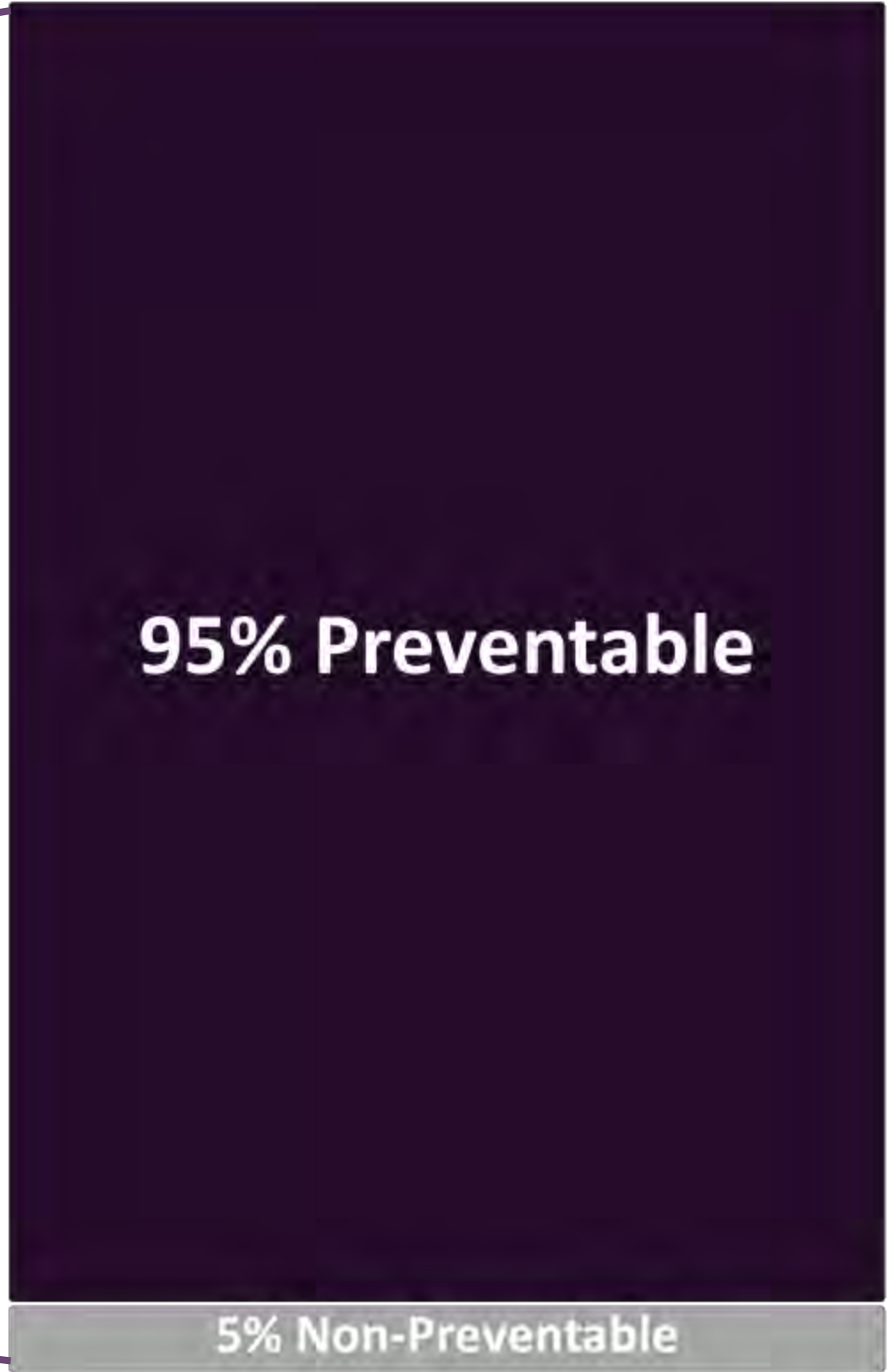
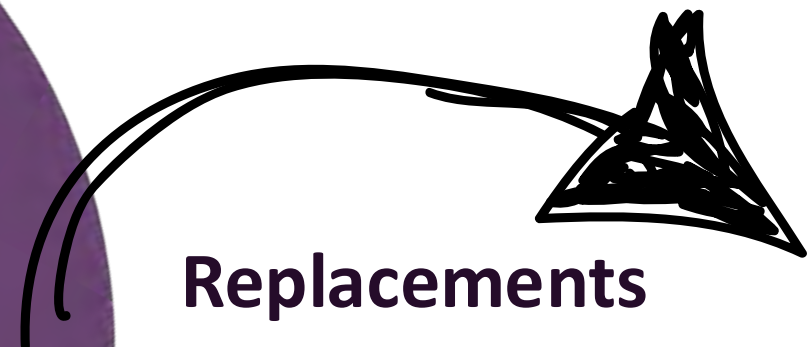
Postings

in ten years...

Industry
Growth
17%



Replacements
83%

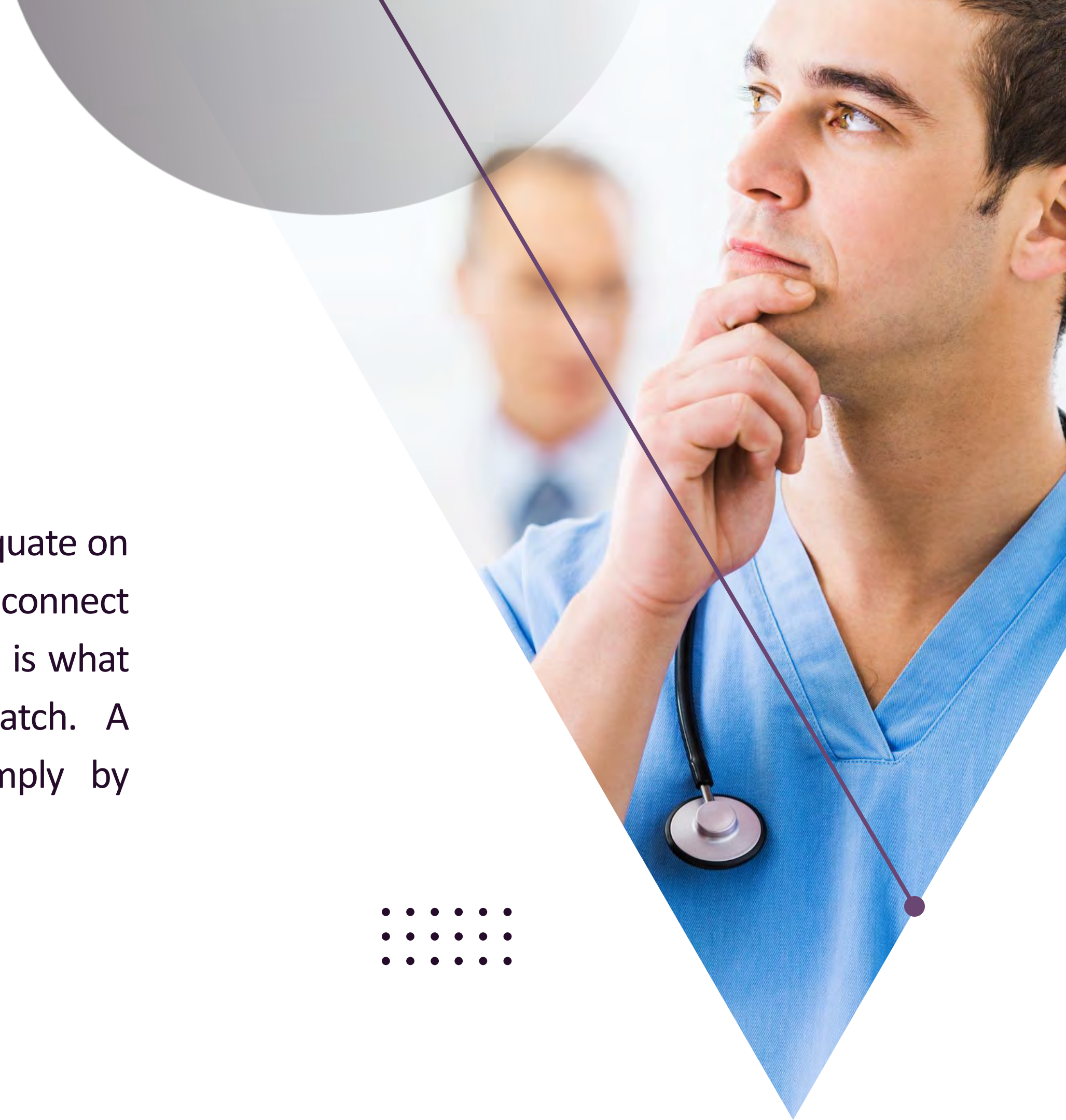






Labor Market Mismatch

While the number of nurses in Oregon may be adequate on paper, the struggle to fill positions reveals a disconnect between the workforce and the jobs available. This is what economists refer to as a labor market mismatch. A significant mismatch cannot be ameliorated simply by increasing the pipeline.





Labor Market Mismatch

Skill

The available workforce may lack the specific skills or qualifications needed for specialized roles or settings.

Spatial

Enough nurses exist, but they aren't in the areas where they're most needed, like rural locations.

Expectation

Workers' expectations for workload, conditions, and pay may not match what employers offer.



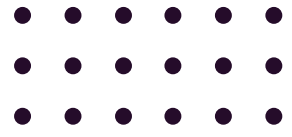


Expectation Mismatch



The expectations component of labor market mismatch relates to the discrepancy between what workers expect in terms of compensation, working conditions, or career prospects and what employers are willing or able to provide.

These expectation mismatches can result in vacancies not being filled, high turnover rates, and workers being dissatisfied with available opportunities.



Vacancy Crisis



Embeddedness

Embeddedness refers to the degree to which an employee is deeply integrated into their workplace and community. The stronger these connections, the more likely an employee will be attracted to, and remain in, their role - even when faced with challenges.



01 **Fit**

02 **Linkages**

03 **Sacrifice**



Understand Deficit

FIT

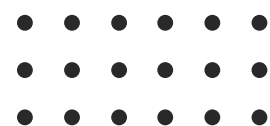
Lack of confidence
in skills and
competency

LINKAGES

Lack of connections
with staff and peers

SACRIFICE

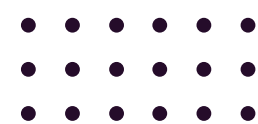
Perceived loss is
merely job choice



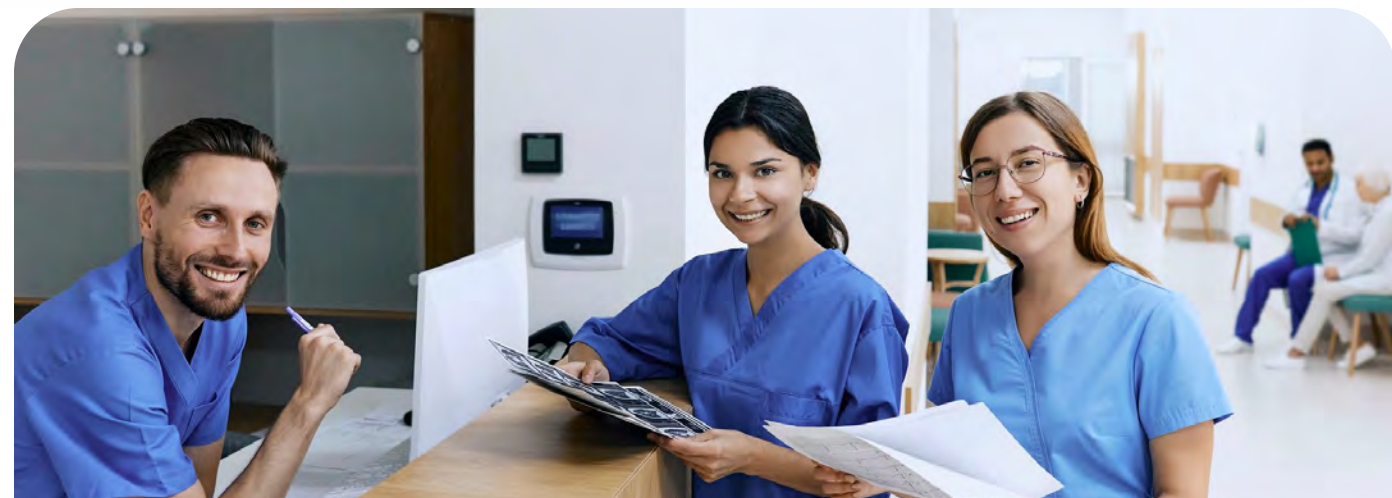
Onboarding and transition programs have a vital role in fostering a culture of embeddedness in new staff.

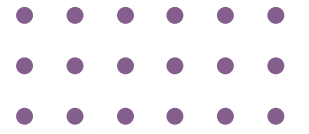


Strategies



Now that we've reframed the problem as a vacancy crisis driven by labor market mismatch, it's time to explore how organizations can respond. By reevaluating internal dynamics and implementing targeted systemic changes, healthcare employers can better support their staff and reduce vacancies.





Internal Dynamics

Understanding internal dynamics is crucial for addressing the root causes of nurse attrition and vacancies. Factors such as workplace culture, leadership, and organizational support can significantly impact job embeddedness and retention. By reassessing these internal structures, organizations can create environments where nurses feel valued, supported, and connected in their roles.





Workplace Culture



Human-Centered Approach

Cultivating a positive workplace culture enhances linkages and fit while increasing the perception of sacrifice, contributing to stronger embeddedness.

Action

Integrate elements of open communication, mutual respect, and team collaboration into internal dynamics.

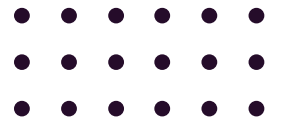


Mentorship



Recognition

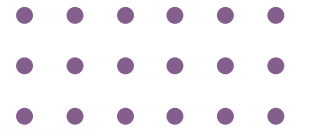




Leadership & Support

To foster a culture of respect, empathy, and collaboration in nursing, leadership should model these values, support mentorship programs, and regularly assess and respond to employee feedback, enhancing nurses' connection to their work and the organization through professional development and recognition.





Systemic Changes

Systemic changes are necessary to address not just cultural issues, but also the harmful behaviors that are often tolerated—such as incivility, racism, and bullying. By confronting these challenges and reducing workplace stressors, organizations can create a healthier, more supportive environment for their staff. Let's explore two key strategies that can help drive these changes.





Addressing Incivility



Human-Centered Approach

Addressing incivility requires active attention, accountability, and a commitment to eliminating behaviors like racism and bullying. Establishing fit and alignment in new hires further strengthens this effort.

Action

Incorporate respectful behavior training into daily routines and align hiring and onboarding with organizational values.



Respect
+



Alignment
+





Reduce Stressors



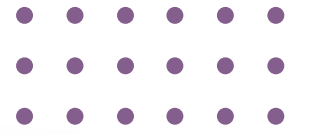
Human-Centered Approach

Reducing stressors in the workplace involves eliminating unnecessary burdens and safeguarding nurses' well-being.

Action

Prioritize reducing administrative burdens, protect time for breaks and rest, and streamline processes to remove barriers that interfere with direct patient care.

- 1 Safeguard restorative breaks & encourage time off
- 2 Eliminate off-the-clock work and mandatory overtime
- 3 Remove administrative burdens & duplicative tasks
- 4 Modify labor models to build in flexibility and support
- 5 Balance workload and acuity when scheduling



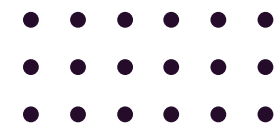
Coaching & Coping

Managing occupational harms like secondary traumatic stress, vicarious trauma, compassion fatigue, and moral and ethical misalignment is crucial for creating a supportive environment where healthcare workers can thrive. Coaching staff on adaptive coping strategies helps address these stressors and fosters resilience.





Occupational Harm



Human-Centered Approach

Preparing and supporting staff for the inherent stressors of healthcare strengthens their connection to the organization and reinforces a sense of fit.

Action

Provide trauma-informed education, foster open dialogue for emotional and ethical challenges, and implement support protocols and systems to address occupational harm.



Debrief



Support



MANAGEABLE STRESSORS

OCCUPATIONAL RISKS IN CARE PROFESSIONS



STS

SECONDARY TRAUMATIC STRESS



Acute onset of emotional duress experienced when an individual is exposed to details of the firsthand trauma experiences of another, mirroring PTSD symptoms.

Symptoms

Avoidance behaviors, emotional lability, sleep disturbances, decreased empathy, and impaired work performance.

Context

Often triggered by indirect trauma, such as through patient interactions in emergency care, mental health services, child welfare, and oncology.

Management Strategy

Developing STS-specific policies, providing trauma-informed training, enhancing communication, and supporting through preventive psychoeducation and supervision.

VT

VICARIOUS TRAUMA



A profound alteration in one's emotional and psychological outlook caused by sustained engagement with others' traumatic experiences.

Symptoms

Changes in worldview, beliefs about self and others, anxiety, withdrawal, and isolation, and compromised care.

Context

Affects professionals repeatedly exposed to patients' traumatic experiences, commonly in emergency, oncology, and palliative care settings

Management Strategy

Tailored education, supportive environments, systematic support, developed policies, cultures that value psychological resources, preventative approaches, and compassion satisfaction programs.

CF

COMPASSION FATIGUE



A temporary, deep exhaustion characterized by significantly reduced empathy, resulting from prolonged, intense caregiving activities.

Symptoms

Avoidance of care duties, emotional numbness, interpersonal strain, and chronic fatigue or exhaustion.

Context

Occurs from continuous exposure to patient trauma, complex care needs, intimate patient connections, and high mortality environments.

Management Strategy

Education and training, clinical supervision and debriefs, promoting restorative breaks and well-being practices, creating a positive work environment, and offering leadership and managerial support and feedback.

M

MORAL & ETHICAL MISALIGNMENT



Moral stress, distress, or injury arising when individuals witness, perpetrate, or fail to prevent actions that conflict with their ethical or moral beliefs.

Symptoms

Feelings of guilt, shame, anxiety, depression, feelings of betrayal, erosion of moral identity and trust in team.

Context

Spans individual, team, and organizational levels, where differing ethical expectations and professional duties intersect and conflict.

Management Strategy

Fostering value-based cultures, enhancing ethical awareness, education and dialogue focus, supporting quality practice environments, and promoting ethical organizational practice.



Recap

Addressing the Vacancy Crisis

It's not a nursing shortage, but a vacancy crisis driven by labor market mismatch and unmet expectations.

Key Strategies

Foster embeddedness, reevaluate internal dynamics, implement targeted systemic changes, and offer coaching and support to align with current workforce expectations.

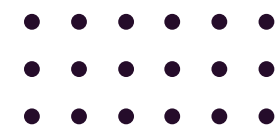
Call to Action

Prioritize addressing incivility and workplace stressors, implement support systems to manage occupational harms, and focus on strengthening fit, links, and sacrifice to create a supportive, embedded workforce that reduces attrition.





Resources



Access our latest workforce infographics through our Research tab. Also find papers on wage study, embeddedness, maldistribution and others. While there, take a look at what we are working on under Programs.



| www.oregoncenterfornursing.org |



Thank You!



| oregoncenterfornursing.org |

References

- Allgeyer, R., & Bitton, J. (2019). *Shortage or Maldistribution: Shifting the Conversation About Oregon's Nursing Workforce*. Oregon Center for Nursing.
- Allgeyer, R. & Schoenthal, D. (2023). *Barriers to Nursing Workforce Retention and Attraction in Rural Areas*. Oregon Center for Nursing.
- Allgeyer, R. & Schoenthal, D. (2024). *Nurturing a Resilient Workforce: Cultivating Occupational Wellness and Workplace Embeddedness*. Presentation made at Oregon Nursing Practice Transitions Conference.
- Oregon Center for Nursing. RN Well-Being Mental Health Survey, April 2022.
- Oregon Center for Nursing. RN Well-Being Project - <https://oregoncenterfornursing.org/rn-well-being-project/>
- Oregon Employment Department. (2022). Oregon industry employment projections 2022-2032. Retrieved April 29, 2024, from [Oregon Employment Department. \(2023\). Oregon Industry Employment Projections, 2022-2032.](#)
- Oregon Health Authority. (2020, 2022). Health care workforce reporting. Retrieved April 29, 2024, from <https://www.oregon.gov/oha/hpa/analytics/pages/health-care-workforce-reporting.aspx>

Oregon State Board of Nursing. (2022). Nursing Program Annual Report.