

# COVID-19 Continues to Intensify Long-Standing Nursing & Staffing Shortages

*Long-Term Care Workforce 2022*

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## Introduction

An acute shortage of healthcare workers exists in the long-term care industry. The shortage existed prior to the pandemic but has been severely exacerbated by both the pandemic and restrictive immigration policies. According to Bureau of Labor Statistics (BLS) employment reports, the number of nursing home employees dropped by nearly 230,000 or 14.4% between March 2020 and October 2021.

This paper briefly reviews current employment challenges associated with nursing homes for the three main categories of employees.



*“It’s all a domino effect. Hospitals cannot turn away people who are ill and we can’t discharge people who are ready to go to a post-acute setting because there are no beds available. Nursing homes are closing beds because they can’t staff them and home health agencies are turning away new cases for the same reason. Today, hospitals are boarding patients in the emergency room because of the bottleneck caused by the lack of post-acute staff.”*

—Dr. Daniel Mendelson  
Associate Chief of Medicine  
Highland Hospital and Konar Professor  
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## Certified Nursing Assistants

CNAs comprise the largest employee pool in nursing homes, accounting for 37% of employees. CNAs provide the bulk of care in nursing homes, with their work overseen by Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). CNAs are responsible for bathing patients, assisting them or lifting them out of bed, helping them to dress and feed themselves, and assisting nurses with tasks such as changing bandages. According to the BLS, CNAs have “one of the highest rates of injuries and illnesses of all occupations.” Their work is physically and emotionally demanding, yet the median hourly wage is \$14.90, similar to wages paid by fast food restaurants. Annual turnover rates for CNAs can be higher than 50%. BLS anticipates 192,800 openings per year for CNAs, with an annual growth rate in positions of 8 percent.

Providers indicate that the stress caused by the pandemic has caused many CNAs to leave the profession, limiting the ability of nursing homes to accept new patients due to a lack of staff. The American Medical Association recently conducted a survey of healthcare workers that indicated half of all respondents are experiencing at least one symptom of burn-out. More than one-third of respondents reported high levels of anxiety or depression as a result of coping with the pandemic. To address burnout, a

### *Who are CNAs?*

- 91% of CNAs are female; 66% range in age from 16 to 44 years.
- 20% of CNAs were born outside the United States.
- 53% are people of color.
- 51% have a high school diploma or less.
- CNAs comprise 37% of the nursing home workforce; LPNs account for 13%; RNs account for 9%.
- More than half of CNAs work part-time or only for a part of the year.
- 17% live below the poverty level; 22% rely on Medicaid, Medicare or other public health insurance; nearly 40% rely on some form of public assistance.
- CNAs are 3.5 times more likely to be injured on the job than the typical U.S. worker.

Source: PHInational.org; U.S. Nursing Assistants Employed in Nursing Homes: Key Facts

shift in corporate culture would improve CNAs' sense of appreciation and respect from employers.

### *Federal and State Action Needed*

- To retain the existing CNA workforce, ensuring equitable wages and benefits is essential. Increasing the federal matching dollars for Medicaid and having states direct the additional funds to offset

increased payroll and benefits costs will be necessary to attract and retain staff. This will require legislative action.

### *Market Action Needed*

To optimize available nursing resources, several steps can be taken to improve overall CNA efficiency and job satisfaction, such as:

- Participation in nursing “huddles” and patient care conferences; moving away from treating CNAs as people who just perform tasks will improve their satisfaction with their work.
- CNAs can be the eyes and ears of nurses if they are provided with education to hone observational skills and encouraged to communicate their observations to the rest of the nursing team.
- CNAs can be encouraged to operate at the “top of their licenses” by assisting nurses with procedures, such as dressing changes or assisting therapists with rehabilitative procedures.
- Encouraging the use of a primary care model by consistently assigning CNAs to the same residents will lead to improved patient care, efficiency and employee satisfaction and safety.
- Creating a career ladder for CNAs can help them to advance in their careers and improve satisfaction.
- Scope-of-practice regulations vary from state to state but exploring the opportunity to create a medication technician program could contribute to a career ladder for CNAs while relieving LPNs and RNs of the burden of time spent administering medications.
  - Encouraging CNAs to pursue licensure as an LPN or RN by providing tuition reimbursement or scholarship programs can help to solve the nursing shortage and reduce CNA turnover.
- Given the high risk of employment-related illness and injury, ensuring access to and training on the proper use of appropriate personal protective

equipment and establishing an ongoing educational program to enhance employee safety and wellness is advisable.

- Employer-sponsored childcare would boost recruitment and retention, as the majority of CNAs are women of child-bearing age – many of whom do not earn enough to support the cost of quality childcare.

## Registered Nurses and Licensed Practical Nurses

The shortage of nurses was well documented prior to the pandemic, with BLS estimates of 194,500 open positions for RNs each year between 2020 and 2030 and 60,700 openings for LPNs each year during the same time period. Nurses are aging along with the rest of the population. The Future of Nursing 2020 – 2030: Charting a Path to Health Equity published by the NIH in May, 2021 indicates that 600,000 baby-boomer nurses are set to retire by 2030. The same study indicates that nurses who work in nursing homes long term care facilities are older than nurses in other settings, with more than half of long term care nurses over 50 years old. The authors anticipate a shortfall of 150,000 LPNs by 2030 and note that the number of nurses who were educated abroad and immigrated to the United States fell from 24,000 in 2007 to 6,500 in 2015.

A bottleneck exists in the nursing education process. The American Association of Colleges of Nursing estimates that in 2019, four year colleges turned away more than 80,000 qualified applicants for nursing degrees due to a lack of capacity, primarily lack of educationally qualified instructors and professors.

### Federal Action Needed

- Historically, when the nursing shortage became more acute, the United States would look to import nurses from overseas. However, anecdotal evidence

indicates that several years of restrictive immigration policies has led to a backlog of nurses who want to come to the United States but cannot get in. Relaxing immigration requirements for foreign nurses would go a long way toward resolving the current crisis. In light of this, the American Hospital Association (AHA) recently wrote to Secretary of State Blinken asking that the State Department solve the backlog of immigrant visas for eligible foreign-trained nurses, placing them in the First Tier of the Department’s priority for processing. The AHA noted unprecedented delays in the processing of visas at US embassies and consulates.

- Congress can create a funding mechanism to support healthcare providers that partner with the nursing educational system to enhance access to nursing education. Congress can also provide funding for advanced degrees for nurses to relieve the educational bottleneck.

### State Action Needed



*“The nursing licensure compact needs to be expanded to encompass all 50 states. The fact that it is not embraced by all states makes it very difficult to hire nurses across state lines.”*

—Donna Wilhelm, Vice President of Advocacy, Continuing Care, Trinity Health

- **Expand Cross-state Nursing Compact.** A nursing licensure compact exists in 33 states, allowing nurses to practice in states other than the home state where their license is based. Although some states are passing legislation to temporarily allow cross-state hiring during the pandemic, a permanent fix is needed. Expanding the compact to all 50 states and territories would make it easier to access nurses from out of state.

## Market Action Needed

- The nursing profession has several educational paths for entry into the RN role: bachelor of science, associate degrees, and less frequently, a diploma from an accredited program (usually hospital-based). Today, a bottleneck exists for entrance into BSN programs due to the lack of educationally-qualified professors with advanced nursing degrees. In addition to several years of academic studies, following graduation, new graduates typically require extensive clinical orientation and on-boarding for other practical skills. Financial support from Congress and other partners is needed to expand the current nurse training pipeline. These partnerships also should involve employers, including hospitals and health systems and other provider types, as well as institutions of higher education. These designs could perhaps emphasize the hands-on clinical experience needed to advance the readiness of new nurse graduates, in addition to employing technology-assisted learning modalities, while helping augment existing nursing staff. Further, as an example, partnerships between nursing homes, public health agencies and schools of nursing would help build awareness of career opportunities across the continuum of care. Certain providers have begun to establish new relationships, such as the recent \$20 million, 10-year partnership announced between the LHC Group, a post-acute-care focused company, and the University of Louisiana school of nursing. This relationship allows all LHC employees to attend the nursing school and other programs at discounted rates. HCA Healthcare purchased Galen College with the stated goal of providing a pipeline of nurses for their hospitals. Galen offers a range of nursing programs, including associate degree RN programs, bridge programs for LPNs to become RNs, as well as bachelor's and master's programs for nurses.

## Other Key Staff

Nursing homes depend on non-clinical staff to keep the doors open and services provided, including front desk and other administrative staff, housekeepers, dietary and maintenance employees. Many facilities are struggling with turnover in these key positions as



*“Other industries can raise their prices to offset the cost of increased wages and richer benefits. We mostly depend on government reimbursement, so we don’t have that luxury. We can’t raise our prices to match increased costs for nursing home patients.”*

—John Capasso, Executive Vice President  
Continuing Care, Trinity Health

well, losing dietary staff to the restaurant industry and others to warehouses, fulfillment companies and other non-medical settings. The Bureau of Labor Statistics has noted that while 4 million people are quitting their jobs every month, more than 6 million are being hired into new positions.

According to a recent study by Brookings, much of the churn in the labor market is concentrated in workers with less education, such as the support staff in nursing homes. In fact, many nursing home staff have transitioned to industries paying higher wages and better benefits.

Occupation	Percent of Nursing Home Workforce
CNA	37%
LPN	13%
RN	9%
Other healthcare and personal support	12%
Food preparation and delivery	10%
Business, administration and social services	10%
Other	9%

### *Federal and State Action Needed*

- Increasing the federal matching dollars for nursing home Medicaid payments and ensuring that states direct those dollars at staff wages would help the industry be more competitive in the labor market.
- Improving the immigration process for people who will work in non-clinical support positions will be critical to keeping positions filled.

### *Market Action Needed*

- It will be important for nursing homes to achieve parity in both salary and employee benefits with other industries that may be attractive alternatives for non-clinical support staff.
- Creating a culture of empowerment and inclusiveness for all personnel will be increasingly important in the post-COVID era.

## **Conclusion**

In conclusion, what we are seeing currently is not just a nursing shortage, but a care crisis causing backlogs of admissions and discharges, as well as delays in care within the healthcare continuum. Additionally, gaps in care are more likely to occur due to these shortages. At a time when policy makers are focused on measuring the value of post-acute care services and rewarding or penalizing providers based on their care outcomes, equal attention must be given to whether post-acute care providers have the tools to meet these expectations. If the healthcare worker crisis isn't addressed presently, we will likely see an even bigger impact to the health of our entire country, not just our seniors.

## About HCFI

The McCourt School established the Health Care Financing Initiative (HCFI) in June 2018 with the generous support of the Institute for Critical Care Foundation (ICCF). ICCF is a 501(c)(3) private operating foundation that promotes academic research related to the delivery of healthcare to critically ill or injured patients.

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## About the Post-Acute Care Series

### *Long-Term Care Workforce 2022*

HCFI has invited post-acute care thought-leaders to contribute articles reflecting their observations and analyses of the COVID-19 pandemic and the implications for public policy, financing, and care delivery in the years ahead.

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