Health Care Workers and COVID-19

Morbidity and Mortality, Sources of Stress, Burnout and Attrition

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Mark Nichter PhD, MPH¹, Joseph Fong, MPH², Collin Catalfamo, MPH²

¹School of Anthropology, University of Arizona

² Mel and Enid Zuckerman College of Public Health, University of Arizona



Healthcare Workers (HCWs)

- Typically, when the term healthcare worker is mentioned the first groups of people that come to mind are nurses, physicians, and others involved in patient care.
- However, our healthcare workforce is also comprised of much more than just nurses and physicians, from facility management to healthcare administrators to those involved in patient care.
 - All of which are necessary to ensure that our hospitals and healthcare facilities remain the fine-tuned, efficient machines that they are.
- Therefore, in our recommendations and documentation, the term **healthcare workers (HCWS)** refers to ALL persons employed in healthcare settings.



How often do HCW become infected with COVID-19: WHO Global estimates

- Health-care workers account for 1 in 7 coronavirus cases recorded by the World Health Organization.
- Globally, around 14% of COVID-19 cases reported to WHO are among health workers, and in some countries it's as much as 35%
- The figures are disproportionate:
 - Health workers represent less than 3% of the population in most countries and less than 2% in almost all low- and middle-income countries.



How often do HCW become infected with COVID-19 in the USA: CDC estimates from April 2020

- Health-care workers accounted for 11-16% of COVID-19 cases during the first surge of infections in the United States.
- Contributing factors to the high infection rate:
 - Greater levels of testing among health-care workers
 - Increased testing allows for more infections to be identified , but testing does not cause more infections
 - High risk work environment
 - Lack of appropriate PPE



Risk of COVID-19 among the healthcare workforce

- Because of how COVID-19 is spread and the fact that individuals who contract the illness often go to emergency rooms, hospitals, and other healthcare settings, the healthcare workforce is at a greater risk of contracting COVID-19 than the general population.
- Approximately 4.62% of COVID-19 cases in the U.S. have been health care workers (HCWs). However, due to the shortage of available tests and current testing capacities, <u>the current number of infected HCWs is likely higher.</u> In states with more complete data, HCWs accounted for up to 11% of COVID-19 cases.
 - *More than half* of HCWs were exposed by treating affected patients or coming into contact with infected individuals at the healthcare facility.
- We also know **HCWs are disproportionately affected** from previous outbreaks of related respiratory illnesses such as MERS.
 - In previous outbreaks in other countries between, 18-30% of the total cases were HCWs who had contracted the illness in healthcare settings.



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Global meta-analysis of COVID-19 cases among HCW : Many are asymptomatic

A meta analysis reviewed 45 global studies that included more than 44,879 health care workers

- The studies reviewed measured the prevalence of COVID-19 in HCW by using either RT-PCR or a serum antibodies assay
- Among those studies, the prevalence of COVID-19 cases by testing method were:
 - PCR (11%)
 - Antibody testing (5%)
- A significant proportion of HCW are positive for COVID-19 while asymptomatic.
- 8 studies examined the prevalence of asymptomatic cases
 - The pooled prevalence of asymptomatic carriers among RT-PCR positive HCW was 46%
 - Over 4 in 10 health care workers who tested positive for COVID-19 didn't have symptoms, which means they could unknowingly spread the disease to co-workers, patients, and family members



Take Home Messages

- HCW represent a population with a significant burden from COVID-19.
- HCW exhibit a high prevalence of SARS-CoV-2 infection, with a significant proportion of the infected HCW being asymptomatic carriers
- This condition favors silent transmission both in clinical and community contexts if adequate preventive measures and other standard procedures are not implemented.



Why healthcare workers get COVID19

- 1. Whenever we let our guard down, we are at risk. In other words, even though we think we are taking precautions, there are everyday situations where we become careless.
- 2. Not only patients, but also colleagues must be considered a virus carrier.
- 3. Pre-symptomatic and asymptomatic colleagues spread infection.
- 4. Interacting with colleagues with mask down can be potentially dangerous.
- 5. Spread also happens in non-patient care areas: break rooms, nursing stations, cafeteria.
- 6. Having lunch together involves not only lowering of mask, but also conversation (generates aerosols) and prolonged exposure time (sitting together at a table).
- 7. Infections occurred more in non-COVID wards where people were less alert.
- 8. There were no infections in ICU or COVID wards (everyone was alert).
- 9. Patients with atypical symptoms and delayed diagnosis contributed to HCW infections.
- 10. When more testing became available, there was less infection (people were identified early).
- 11. HCW can get infected outside the workplace (14% cases); i.e. from the family or community.

12. In 50% cases, no source was identified.

Main lessons:

Zabarsky et al Am J Inf Control 11 Aug



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HCW Mortality



Global HCW mortality

- In May 2020, Amnesty International reported that more than 3000 health-care workers have died from COVID-19 across 79 countries.
- This number probably represents a fraction of the true global death toll of healthcare workers because of factors including poor documentation of deaths in some countries (and scant recording of profession), inconsistent definitions of healthcare worker across nations, and data obfuscation.



Where Most Health Workers Have Died From Covid-19

Countries with the highest number of health worker deaths from Covid-19^{*}



* As of September 03. Data represents a snapshot given that definitions of health workers and Covid-19 deaths vary between countries.

Source: Amnesty International





Mexico: a worst-case scenario

- According to figures released in August, 97,632 nurses, doctors and other hospital employees in Mexico have tested positive for the coronavirus since the pandemic began — <u>about 17% of all the country's cases up to that point.</u>
 - Nurses accounted for 42% of those infected
 - Doctors accounted for 27%
 - Other hospital employees, such as technicians, aides, and maintenance and cleaning staff accounted for 31%.
- According to PAHO: <u>U.S. and Mexico</u> have some of the highest case counts in the world
 - <u>Healthcare workers represent 1 in every 7 cases</u>
 - These two countries account for nearly 85% of all COVID deaths among health care workers in the Americas .



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HCW who have tested positive 164,362 HCW who have died due to COVID-19 717

Estimated percentage of COVID -19 deaths by HCW of all types: 5%-15%*



USA National Nurses United (NNU) Survey: Registered nurses : Sept 16

- An estimated 1,718 health care workers, including RNs, have died of COVID-19 and related complications.
- An estimated 213 registered nurses have died of COVID-19 and related complications
- Of the 213 registered nurses who have died of COVID-19 and related complications, 124 (58.2%) are nurses of color, reflecting the broader disproportionate impact of COVID-19 on communities of color in the United States.
 - Just under one fourth (24.1%) of registered nurses in the United States are people of color.



Lost on the Frontline Health Worker Data Base (August 11th): 167 deaths carefully investigated

- Majority (62%) were identified as people of color.
- At least 52 (31%) were reported to have inadequate personal protective equipment (PPE).
- The median age was 57
 - Ages ranged from 20 to 80, with 21 people (12%) under 40 years of age.
- About one third at least 53 were born outside the United States
 - 25 were from the Philippines.
- 64 (38%) were nurses



Nursing Homes – The deadliest occupational site in the USA

- As COVID-19 has ravaged nursing homes it has also made working in these facilities the most dangerous job in America.
- Since the start of the pandemic, facilities have <u>reported</u> 760 COVID-19-related deaths among their staff (August 2, 2020).
- If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers. This would more than double the rate of previous years' <u>deadliest</u> occupations, such as logging and commercial fishing.



Nursing home staff shortages and lack of PPE place both HCW and residents at risk

- The acute shortage of personal protective equipment (PPE) has been disproportionately challenging for nursing homes compared to hospitals.
- With the lack of readily available space to cohort infected residents, containing the infection has been difficult.
 - Residents sometimes live in a facility for years, and moving them to units dedicated to the care of those infected is challenging because it entails moving all their belongings
 - Nursing homes have attempted to cohort staff by color coding units as green, yellow, and red, with "green units" being free of COVID-19 residents. Due to staffing shortages, nurses "floated" from one unit to another. This is a major factor in the spread of COVID-19.*



Nursing home staff are particularly fearful

- The pandemic has worsened the critical problem of chronic understaffing in nursing homes due to absenteeism and infected staff who were quarantined
- Many of those who stay on the job are income insecure and live in multigenerational households with household members at high risk to severe COVID-19
- Although COVID-19 is described as an "occupational disease" for which HCWs need social and psychological support, studies have found that staff feel unsupported and fear returning to work.
- Their foremost fear is fear of developing COVID-19 and transmitting the virus to their families and clients when they do not know they are infected
 - The are also afraid of reinfection



Global sentiment of HCW taking care of elderly in long term care facilities echoes other HCW

- "Don't give us a medal, give us PPE [personal protective equipment]."
- This sentiment has been echoed by staff globally
- In the United States, it is confirmed by accounts reporting that 70% of nursing home providers are unable to find sufficient supplies for their staff.



Working Conditions HCW Worker Safety remains a huge issue



National Nurses United Union Survey (July 27th)

Responses from more than 21,200 nurses from 50 states plus Washington D.C. and three territories.

24% of nurses think their employer is providing a safe workplace.

87% of nurses who work at hospitals reported reusing at least one piece of **single-use PPE.** Reusing single-use PPE is a dangerous practice that can increase exposures to nurses, other staff, and to patients.

54% of nurses who work at hospitals say their employer has implemented a decontamination program to "clean" single-use PPE, such as N95 respirators, between **uses.** Decontamination of single-use PPE has not been proven to be safe nor effective.

23% of nurses reported they have been tested for COVID-19. A lack of testing jeopardizes nurses' health and safety and their ability to protect their patients and families.

36% of nurses who work at hospitals reported that they are afraid of catching COVID-19 and 43% are afraid of infecting a family member.

27% of nurses reported having exposed skin or clothing when caring for suspected or confirmed COVID-19 patients, leaving nurses and their colleagues at increased risk of being exposed to the virus at work. Healthcare Workers and Families



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The Burden of HCW Stress

A huge problem that needs to be addressed or HCW staffing is going to reach a crises level



Stress	Burno
Characterized by over- engagement Emotions are overactive	Chara dise Emotions
Produces urgency and hyperactivity	Produces h and h
Loss of energy	Loss of
Leads to anxiety disorders Primary damage is physical	Leads to Primary damage is

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Emergency Room Doctor Survey, 2020

A survey of 426 Emergency Medicine physicians

- On a scale of 1 to 7 (1 = not at all, 4 = somewhat, and 7 = extremely),
 - Effect of the pandemic on work and home stress levels was 5
 - Emotional exhaustion/burnout increased from 3 (pre-pandemic median) to a level of 4
- Notably:
 - Most physicians (90.8%) reported changing their behavior toward family and friends, especially by decreasing signs of affection (76.8%).



EM doctors' concerns causing them stress on 7-point scale

PPE is inadequate		
We are not able to accurately diagnose COVID-19 cases quickly		
I may be secondarily exposing family members or others because of my work		
Patients with unclear diagnoses are exposing others in the community		
I am being exposed at work and compromising my health		
Well-being of coworkers who have been diagnosed with COVID		
I might have to undergo quarantine and will not be able to work		
Others at home or elsewhere are afraid to come in contact with me because I'm a health care provider		
I may have to quarantine at home and this will affect my family		
We will not have enough staffing as coworkers are quarantined		
Our ED, clinic, or hospital is not prepared enough for the pandemic		
Social isolation and not being able to do things outside of the home		
We are having to send patients home without a clear diagnosis		
I will not be able to get food and other necessities for me and my household		
My home life will not be the same after resolution of this pandemic		
	1 2 3 4 5 6 7	kers and Families

Risk of infection to families: a constant source of worry for HCW

- Under normal circumstances, HCWs usually have access to adequate personal protective equipment (PPE) to properly protect themselves from infection.
- The nationwide shortage of PPE has put HCWs at an even greater risk of acquiring COVID-19.
- <u>Persons infected with COVID-19 on the job can be asymptomatic and infectious</u> and place their families and those they routinely interact with at risk.
- And on the other hand, family members of HCWs can place HCW at risk to spreading the virus to the patients they care for.



Mental and emotional wellbeing of HCWs during a pandemic

And the ways HCW tend to cope



The toll of pandemics on HCWs is significant given their duration

- During major epidemic outbreaks, demand for HCWs grows even as the extreme pressures they face cause declining availability.
- During an outbreak, HCWs are expected to work long hours under significant pressure with often inadequate resources, while accepting the dangers inherent in close interaction with ill patients and emotional fatigue.
- HCWs, like everyone else, are vulnerable to the disease itself and to rumors and misinformation/disinformation especially from political leaders which leads to both an increase in anxiety levels and a growing sense of moral distress.



- 1. Environmental stress: working in an environment of risk without a sense of PPE protection, stress of seeing pubic not wearing masks in our presence when requested to do so as a civic duty i.e. not following rules, etc.
- **2. Anticipatory anxiety:** are the symptoms I am experiencing signs of COVID-19 or signs of a cold, allergies, some other illness
- **3.** Anticipatory distress: I have someone I am responsible for caring for with a precondition or who is in the highest risk age group, and I have to work in an environment of risk engaged in essential services, and/or to support my family which is living on the margin
- 4. COVID-19 guilt: Have I infected my family with the virus, am I putting my family at risk today?



- 5. Adopting an "at risk" role that is psychologically draining: being hyper vigilant leading to anxiety and paranoia
- 6. Caution fatigue: can not deal with having to be cautious all the time, longing for activities that define the person, contact with others that is sensorial etc.
- 7. Depression associated with isolation
 - When physical distancing becomes social distancing
 - E.g. I can not see my grandchildren, or my mother who is in a care facility not allowing visitors
 - **Social risk:** fear of losing an existing or desired social relationship and even one's sense of identity



- 8. Emotional cascade: associated with too much uncertainty in too many areas of life; no back up plan for employment, rent, etc.
- **9. Emotional fatigue:** from dealing with too much depressing and/or terrifying news about the disease and the state of the country leading to a sense of doom and dread
- **10. Emotional hollowness:** associated with too much screen time and too little sense based human contact human
 - ✓ Sense of lack, or connection
 - ✓ Sense of dissociation, feeling of interacting that is two dimensional and not three dimensional



- **11. Sense of deep loss and vulnerability:** psychological trauma of losing a colleague be it near or far
- **12. "Fuck it" syndrome:** feeling this is all a bit much , can't live my life this wayand deciding to take risks as a means of returning to a familiar or comfortable life ...yet worrying about it or entering a state of denial that is challenged by some (significant others, colleagues etc.) around you



HCWs are generally givers, many find it difficult to ask for support

- A "take charge", "be in control" attitude is common among many HCWs
- HCWs are often represented as "superheroes" on the frontline in a war against COVID-19
- While being heroes is gratifying, HCW are beginning to come forward and express feelings of vulnerability while working long hours in environments of high risk and high mortality.











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How Do Physicians Cope With Burnout?





HCW support

What is needed



EMOTIONAL

Coping effectively with life and creating satisfying relationships.

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.

8 DIMENSIONS OF WELLNESS

PHYSICAL

Recognizing the need for physical activity, diet, sleep, and nutrition.

OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work.





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FINANCIAL

Satisfaction with current and future financial situations.

SOCIAL

Developing a sense of connection, belonging, and a well-developed support system.

SPIRITUAL

Expanding our sense of purpose and meaning in life.

Strategies for HCW <u>wellness</u>: based on international review of existing studies

- ✓ Quality, accessible PPE for all HCWs to provide security and reduce likelihood of infection for themselves and their loved ones.
- ✓ Individual AND organizational strategies to optimize wellness for healthcare providers in areas of nutrition, exercise, mindfulness, sleep quality, and reducing burnout.
- ✓ Short-term and long-term individualized wellness and mental health interventions to address the physical and emotional tolls of COVID-19.

- ✓ Immediate and individualized access to psychological first aid mental health resources.
- ✓ Opportunities to implement telehealth in a variety of settings to limit exposure to infection
- ✓ Reduce stigma on mental health symptoms and the psychological impact of significant stressful events within HCWs.
- Development of new HCW community groups and encouragement of participation to allow connections and reduce feelings of isolation.



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The need for HCW self-quarantine

- **OSHA recommends that healthcare facilities** plan accordingly for the possibility of separate housing for HCWs in the event of pandemic influenza.
 - COVID-19 spreads very similarly to influenza, so these same precautions should be implemented.
- Because of increased risk of infection, and chance of unknowingly spreading infection to families, HCWs may need to self-isolate.
 - Those with the ability to do so may isolate at their homes in quarantine rooms
- Many HCW, especially those who are lower tier essential workers, may not have the resources to self isolate and live in multigenerational households with family members at high risk to experiencing a severe case of COVID-19 due to their age or a precondition
 - Some have begun camping out in their basements, tents, garages, and tree houses in the backyard.



Needs of HCWs in self-quarantine

- Places to isolate and keep family safe are essential. HCW that do not have such spaces need to be supported with safe affordable if not free housing
- In the event of self-quarantine and separate housing of HCWs, it is **imperative that these be restful locations with access to adequate meals**
 - This alone is why many "at-home" situations are less than ideal for HCWs
- Because they are also leaving their families behind, they may also need assistance with childcare or pet care
 - HCWs may not have a spouse or partner to assist to take on childcare
 - Their spouses/partners may also be a member of the essential workforce
 - Pet fosters can reduce worry about pet-care in the event of self-quarantine



HCW families' need support : This is why HCWhosted.org treats the family as our unit of support

- In addition to needing assistance with childcare and other errands, families of HCWs also need social support.
 - Studies in China during the height of their COVID-19 outbreak showed that HCW's families were at increased risk of developing symptoms of generalized anxiety disorder and depression.
- Keeping open lines of communication with their HCW family members and providing information to families can help to reduce these mental health impacts.
- Assisting in childcare and errands for these families can significantly reduce the impact of stressors from daily basic needs.
 - Some communities have set up networks where students and volunteers can be assigned to families to assist with errands and babysitting that reduce the impact of HCW self-isolating or maintain long working hours.



Trust in the workplace is essential to HCW wellbeing

- To counteract the potential decline in HCW availability due to fear and anxiety, and to curtail the potential rise of nosocomial infection, it is critical to strengthen HCW safety and trust in the system within which they work.
- Workplace Safety is a primary health concern for HCW



HCW Burn Out

A long-term problem exacerbated by COVID-19



Burnout: a toxic occupational syndrome

- The World Health Organization (WHO) describes burnout as one of the sequelae of poorly managed chronic workplace stress that is characterized by three dimensions:
- Feelings of energy depletion or exhaustion;
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- Reduced professional efficacy
- It is important to recognize that burnout is <u>predominantly a systemic</u> rather than individual psychological problem related to some shortcoming of an HCW



Maslach Burnout Inventory Crosses All Workplace Environments

6 Realms Include

- 1. Workload (too much work, not enough resources)
- 2. Control (micromanagement, lack of influence, accountability without power)
- 3. Reward (not enough pay, acknowledgement, or satisfaction)
- 4. Community (isolation, conflict, disrespect)
- 5. Fairness (discrimination, favoritism)
- 6. Values (ethical conflicts, meaningless tasks)



Moral distress is also a factor resulting in burnout

- Experiences of moral distress result from a perceived violation of one's core values and duties, concurrent with a feeling of being constrained from taking ethically appropriate action.
 - Moral distress occurs when one believes one knows the morally right thing to do, but institutional and/or structural (governmental etc.) constraints/ policies etc. make it impossible to pursue the desired course of action
 - In the context of COVID-19, an example would be local/state/ national policies that are not responsive to public health guidelines for COVID-19 mitigation leading to surges of COVID-19 patients in hospitals placing HCW at risk
 - When HCW speak out about the need to follow guidelines and are portrayed as impeding society returning to business as usual, they experience moral distress.
- HCW who experience moral distress and its associated negative outcomes are more likely to leave front line positions and, in some circumstances, leave the profession entirely.



Stress	Burnout
Characterized by over-	Characterized by
engagement	disengagement
Emotions are overactive	Emotions are blunted
Produces urgency and	Produces helplessness
hyperactivity	and hopelessness
Loss of energy	Loss of motivation
Primary damage is physical	Primary damage is emotional

nd hopelessness oss of motivation

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Critical Burnout Related Statistics



3x More Likely

Medical errors to occur in medical units with high levels of physician burnout, even those ranked as "extremely safe"



\$500,000 - \$1,000,000

Estimated cost to replace just one individual physician due to turnover (cost of recruiting and lost revenue)



30-50%

For each 1-point increase in burnout, the correlating reduction in professional work effort by physicians for the next 24 months



\$348,065

Average malpractice lawsuit payout in 2018



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Burnout prior to COVID-19

- Before the pandemic hit, 42% of more than 15,000 physicians responding to an online survey by the medical news website Medscape <u>reported</u> feeling burned out.
- High rates of depression and suicide in the medical profession have long been a problem.
- The pandemic is exacerbating a systemic problem and we are seeing the fault lines of a health care system long in need of reform



Prevalence of Burnout Nationally

- 51% (50-69% range) nationwide physician burnout rate (2017)
 - Front lines of care are especially at high risk
 - Family medicine, Emergency, Internal Med, Ob/Gyn
- RNs/PAs at 37% (2011)
- Residents/Med Students (2016)
 - 69% overall burnout rate
 - 78% among surgical residents, 68% non- surgical
- 36% of US physicians vs. 61% of other US workers are satisfied with their worklife balance.





The highest burnout rates are found in critical care (**53%**) and emergency medicine (**52%**)



Over **81%** of physicians report being over-extended or at full capacity of their practices



Over **40%** of doctors plan on reducing patient service



Female physicians have a **60%** higher burnout rate than their male counterparts



Physicians under **35** report a burnout rate of **44%**



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Are More Women or Men Physicians Burned Out?

Women have consistently reported higher percentages of burnout than men over the years. In 2015, a greater proportion of women (51%) than men (43%) said they were burned out.



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Burnout by Work Setting













How Do Physicians Cope With Burnout?





Nurse Burnout during COVID-19

- A recent nationwide survey of nurses revealed the emotional toll of the COVID-19 pandemic
 - 78% reported unprecedented levels of physical, emotional and mental stress
- 94% reported needing peer support groups, mental health counseling, or financial assistance at this time
- Importantly, many nurses participating in the survey also reported feeling burned out
 - 67% said they are planning to leave their facility or leave the industry altogether



Study of workforce engagement during COVID-19 highlights management priorities*

- Study findings reflect cultural strengths of health care organizations and their personnel who have risen to the challenges of the COVID-19 pandemic
- However, the data also reveal that segments of the health care workforce vary in the extent to which they feel that teamwork, communication, and support are ideal.
- Front-line nurses and other clinical professionals caring for COVID-19 patients are especially likely to express concerns about these issues.



The importance of addressing systemic factors that lead to burnout

- Systemic factors play a major role in fostering burnout and being a powerful antidote to burnout when factors leading to burnout are identified and addressed.
- The most powerful interventions to reduce burnout apply an ecosystem approach that improves workplace safety and satisfaction, workflow efficiency, teamwork, and leadership.



The USA faces a HCW shortfall crises

Staff retention is crucial during a pandemic



Health care workers in the USA

<u>Currently, there are</u>

- 1.2 million physician Healthcare Workers (HCWs) in the United States (US), 20% over the age of 55.
- 3.2 million registered nurses
 - 2 million registered nurses working in hospital settings , with <u>22% are over the age of 55</u>
 - 1.2 million registered nurses employed outside of the hospital, <u>29% are over the age of</u> <u>55</u>
- Demographics matter given that HCW supply does not meet demand
- HCW shortfall is significant and a crises in the making unless steps are taken to address workforce attrition



Nurse attrition: COVID-19 is making a bad situation worse

- With more than 500,000 seasoned RNs anticipated to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for <u>1.1 million new RNs</u> for expansion and replacement of retirees to avoid a nursing shortage.
- Over the past decade, the average age of employed RNs has increased by nearly two years, from 42.7 years in 2000 to 44.6 years in 2010.
- Currently, the national average for turnover rates is 8.8 % to 37.0%, depending on geographic location and nursing specialty.
- An estimated 30%-50% of all new RNs either change jobs within nursing or leave the profession altogether within the first 3 years of clinical practice
- COVID-19 is exacerbating nurse attrition due to stress and burnout



America's home health-care system is in crisis as worker shortage worsens

- According to the <u>Paraprofessional Healthcare Institute</u>:
 - 46 percent of this workforce is ages 45 to 64,
 - 87 percent are women, 60 percent are people of color,
 - 29 percent are immigrants, though how many are undocumented is unknown.
- Many nursing homes struggled with staffing before COVID-19. Shortages have been magnified because many staff members are unable or unwilling to work in the conditions posed by COVID-19.
- Nursing home staffers are quitting in large numbers, due to COVID-19 fears and what staff describe as a slipshod emergency response to safety issues by management.
- Staff in many care homes have complained that they hid the severity of outbreaks, in part because they were desperate to retain staff who were scared and disillusioned with poor working conditions and pay as low as \$11 per hour.
 - There have been reports of managers pressuring sick or infected workers to show up.
 - Testing for staff in care homes is often inadequate as is supply of PPE.



Federal government nursing home survey, August 2020

- National database containing data from 98 percent of US nursing homes.
 - At least 3,200 nursing homes 23% of the 13,600 facilities that submitted data reported staffing shortages in late May, according to the Reuters analysis. About 2,000 facilities did not respond to the survey.
 - One in five nursing homes reports a severe shortage of PPE and staff.
 - Rates of both staff and PPE shortages did not meaningfully improve from May to July 2020.

