



# **Staffing Crisis Casts Shadow Over Vulnerable Rural Communities**

Executive Summary



CHARTIS

In the decade leading up to the pandemic, more than 130 rural hospitals had ceased operation and our own research identified another 453 vulnerable to closure.<sup>1</sup> Even at facilities where the doors remain open, vital services such as obstetrics and chemotherapy are disappearing. COVID-19 added another layer of complexity and uncertainty that simultaneously amplified existing challenges while creating new hurdles for hospital leadership teams. As we consider the delivery of care in rural communities in the aftermath of the pandemic, one storyline that has come to dominate the national conversation surrounding rural healthcare is staffing shortages at rural hospitals.

Our analysis indicates that more than 60% of Healthcare Professional Shortage Areas (HPSAs) are in rural locations. While the need for more doctors and nurses in rural communities may not have been created by the pandemic, the pandemic certainly accelerated staff departures and threatens to further erode access to care within communities that face worsening community health status in the aftermath of the pandemic.



Over the course of the last 12 months, we dug into this issue through a series of 3 surveys (spring and fall 2021, and spring 2022) designed to enhance our understanding of the challenge, how facilities are attempting to find solutions to staffing gaps and determine how the crisis is impacting access to services.

## Key Findings

- 01** While a worrisome percentage of rural hospital staff remain unvaccinated, vaccination exemptions likely helped ease mandate-related staff departures.
- 02** Rural hospitals are racing to fill multiple nursing positions as nurses depart in droves.
- 03** Staffing shortages continue to chip away at access to care in already vulnerable rural communities.
- 04** Nursing departure decisions are driven less by pandemic-related issues and more by attractive financial opportunities with staffing agencies.
- 05** Sign-on bonuses and other recruiting incentives—while widely used by rural hospitals—have had little impact on easing the staffing crisis.

## Considerations for Navigating the Staffing Crisis

Our survey results suggest that the staffing shortage—particularly among nurses—will cast a long shadow over rural healthcare in the post-pandemic environment. Hospital leadership teams will need to get creative when it comes to recruitment and retention of existing staff. Some of the top ideas gleaned from our discussions with hospital executives and rural healthcare advocates are:



### **The challenge can also be an opportunity.**

As difficult and challenging as the staffing shortage is, it does present an opportunity to reconsider—or reset—your hospital work environment and culture. Don't miss the opportunity to use this period of staff fluctuation to determine where things stand and how you want to evolve.



### **Acknowledge and reward those who stayed with you.**

Explore different ways in which you can reward those who have chosen to stay despite the stress of the pandemic and potentially more financially lucrative opportunities.



### **Think outside of the box when it comes to recruitment and staff retention.**

Consider adding family-friendly perks such as on-site daycare or 'sick bays' so staff can more easily accommodate their schedules, including unforeseen circumstances like a child's illness.



### **Open doors for those in the early stages of their nursing career.**

Consider adjusting hiring requirements to welcome new and recent nursing school graduates.



### **Allow some room for the "non-traditional."**

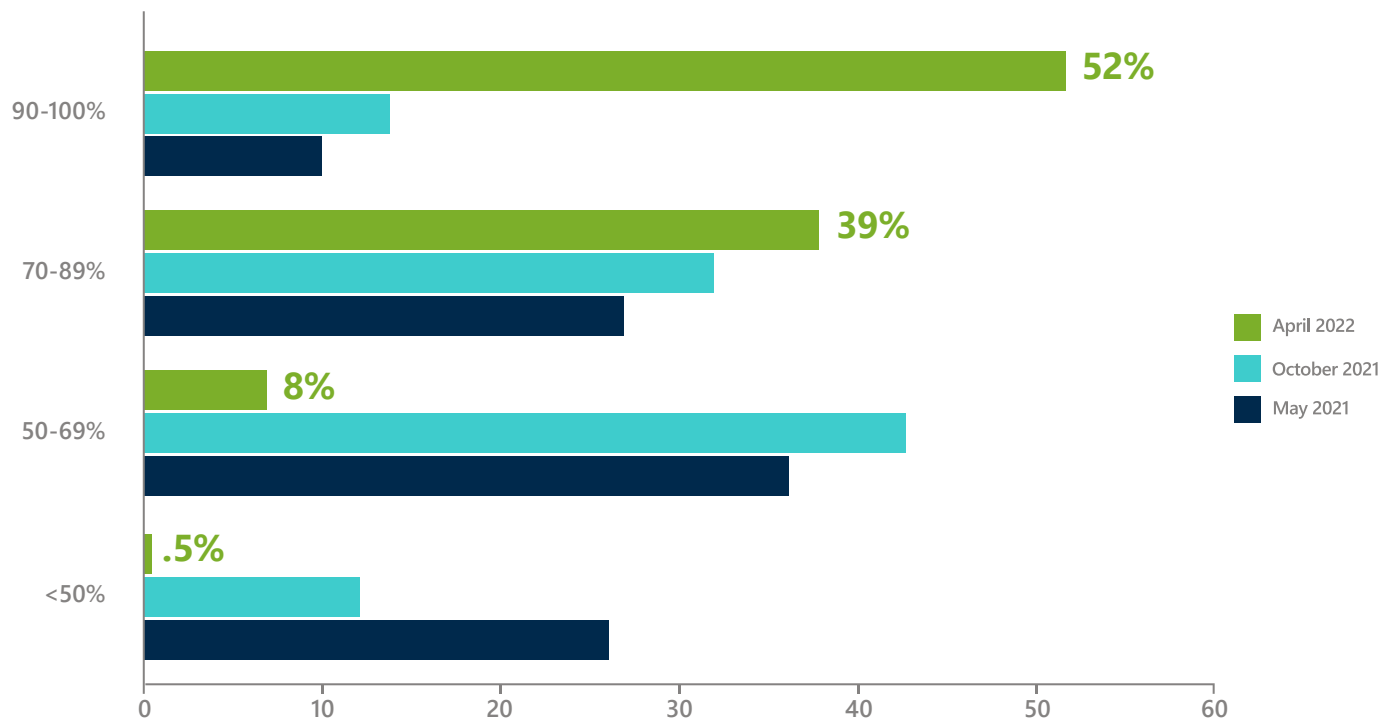
Be open to considering and implementing non-traditional shifts to accommodate staff preferences.

## FINDING 1:

### **While a worrisome percentage of rural hospital staff remain unvaccinated, vaccination exemptions likely helped ease mandate-related staff departures**

Across our first two surveys, most respondents said just 50% to 69% of healthcare personnel at their hospitals were fully vaccinated. In our third survey, the results shifted as a majority of respondents (52%) indicated that 90% to 100% of staff were now fully vaccinated. For more than a third of respondents, however, the rates of fully vaccinated staff are just 70% to 89% (Figure 1).

Figure 1: Percentage of fully vaccinated healthcare personnel



At rural hospitals with a vaccination mandate in place prior to January 2022, more than two-thirds of respondents said the mandate had a minimal impact on staffing as less than 2% of personnel departed. For those implementing a mandate after January (or in the process at the time of our survey), we found a majority expected a similar loss in personnel while nearly a third of respondents expected to lose 11% to 15% of staff. Our survey revealed that exemptions have proven to be useful for offsetting vaccine resistance. More than a quarter of survey respondents indicated that their facility had granted vaccination exemptions to more than 15% of healthcare personnel.

**FINDING 2:**

**Rural hospitals are racing to fill multiple nursing positions as nurses depart in droves**

According to our survey, 56% of respondents have up to 5 open bedside nursing positions, and another 17% indicated that the number of open bedside positions is anywhere from 6 to 10. This echoes results from our previous survey, in which 96% of respondents reported they are struggling to fill open nursing positions. Nearly 40% of our survey respondents said that in 2021, between 1 and 5 nurses departed their facility, while 24% indicated the number was 6 to 10. Another 23% noted that nurse departures at their hospital last year were between 11 and 20. To put this into context, the median of bedside nursing FTEs on staff for respondents was 26.

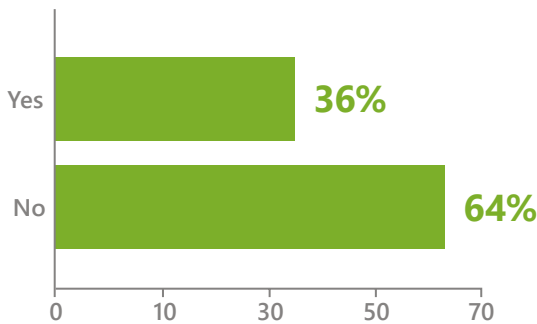
**FINDING 3:**

**Staffing shortages continue to chip away at access to care in already vulnerable rural communities**

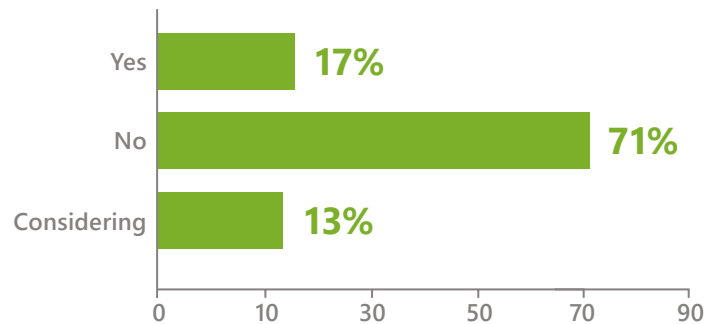
Staffing shortages have a direct impact on the quality of care and the services a rural facility offers. More than one third of respondents reported that nurse staffing shortages have prevented them from admitting patients in the last 60 days. At the same time, nearly 20% of respondents said that issues related to nurse staffing are resulting in the suspension of services and another 13% indicated they are considering such action (Figure 2).

Figure 2: Lack of nurse staffing and the impact on patient care

*Has a lack of nurse staffing prevented your hospital from admitting patients in the last 60 days?*



*Are issues related to nurse staffing resulting in the suspension of services at your hospital?*



April 2022

**FINDING 4:**

**Nursing departure decisions are driven less by pandemic-related issues and more by attractive financial opportunities with staffing agencies**

Pandemic-related burnout is far from the leading driver of nurse turnover in rural hospitals. Our survey indicates that the No. 1 reason (48%) behind nurse staff departures is more financially lucrative opportunities at *nurse staffing agencies*. The No. 2 reason? More financially lucrative opportunities at *other hospitals*. Pandemic-related burnout ranks third and retirement fourth. Staffing agencies, coincidentally, are a double-edged sword since they also happen to be the most likely solution for filling open positions. Over half of respondents (53%) said their reliance on agency nurses has increased significantly during the pandemic.

**48%**

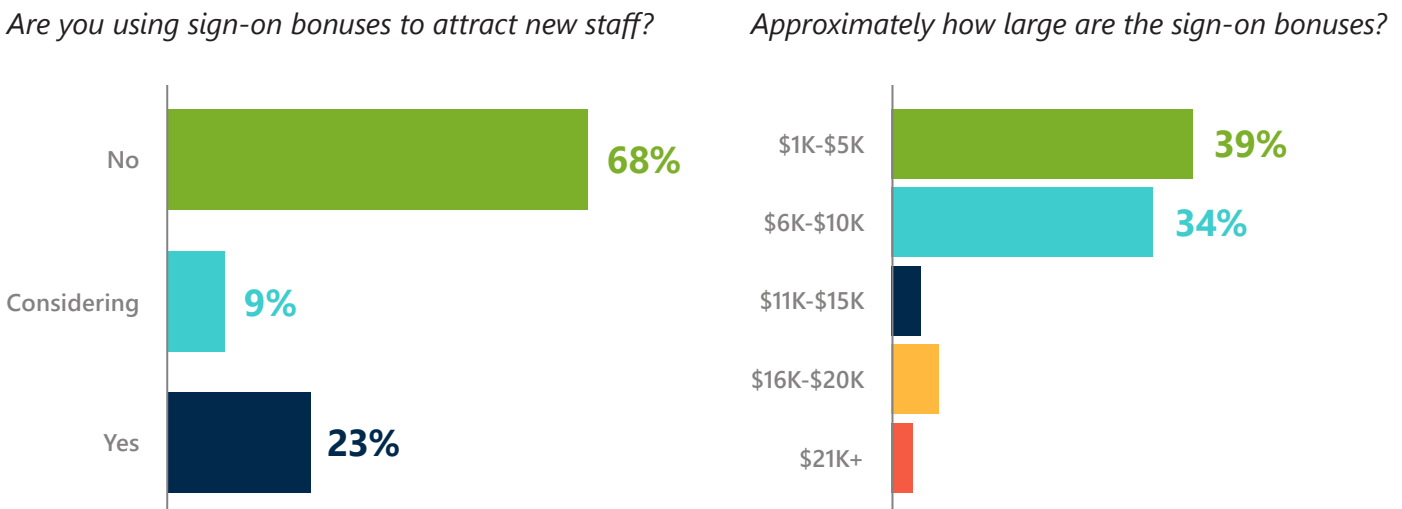
Among survey respondents, 48% ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure in 2021.

**FINDING 5:**

**Sign-on bonuses and other recruiting incentives—while widely used by rural hospitals—have had little impact on easing the staffing crisis**

A competitive job market with better paying jobs is putting pressure on rural hospitals to react. Nearly 70% of survey respondents say their hospital has turned to sign-on bonuses. A majority (39%) said their bonuses are in the \$1,000 to \$5,000 range, while 34% said they were in the \$6,000 to \$10,000 range. While our survey reveals that sign-on bonuses are a common tactic, our findings related to nurse departures and open nursing positions suggest it’s a tactic having a minimal impact on easing the crisis.

Figure 3: Using sign-on bonuses to attract new staff



Survey conducted March 2, 2022 – April 15, 2022.

**Implications and Opportunities**

The pandemic has intensified the recruitment and retention challenges confronting rural hospitals. Addressing shortages or finding more economical solutions will be a factor in how care is delivered on a day-to-day basis in rural communities. It will also be a prominent factor in larger, more strategic hospital decisions aimed at addressing shifting patient volumes and the addition of new services needed within these already vulnerable communities.

Responding to the staffing crisis will require leadership teams to be more creative in how they approach recruitment and retention. As evidenced by our survey data, providers cannot rely on compensation bonuses alone to bridge the gaps. Instead, they will need to identify meaningful benefits that offer healthcare professionals greater flexibility and work-life balance. At the same time, rural hospital leaders will have to work proactively to build—or strengthen—partnerships with local and regional nursing programs as a means of establishing a reliable pipeline of new talent eager to enter the workforce.



## SOURCES

1. Cecil G. Sheps Center for Health Services Research, University of North Carolina, September 2022.

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