



Staffing Hurdles Chip Away at Access to Care

Rural hospitals struggle to address nursing shortage amid vaccine resistance and market competition

Over the course of the last 3 years, the Chartis Center for Rural Health (CCRH) has extensively tracked the stability of the rural health safety net, the vulnerability of rural communities, and their intersection with the COVID-19 pandemic. Given the pre-pandemic prevalence of population health disparities and inequity between rural and urban communities ([“Rural Communities at Risk,” July 2021](#)), and the difficulty rural hospitals face in recruiting and retaining healthcare professionals, two points of emphasis in our research over the last year have been vaccine resistance and nurse staffing shortages.

During this time, vaccination rates between rural and urban communities have been on different trajectories. According to the most recent data from the Centers for Disease Control and Prevention (CDC), the rural vaccination rate is just above 50% (51%),¹ while the urban vaccination rate is 75%.² Two prior surveys conducted by CCRH in partnership with the National Rural Health Association in the spring and fall of 2021 showed a similar level of vaccine hesitancy and resistance existed among rural hospital healthcare personnel. In both of our surveys, for example, a majority of respondents said only 50% to 69% of staff were fully vaccinated.

Pressure on Already Vulnerable Rural Communities Grows

Our [research](#) has shown that rural communities are already vulnerable and predisposed to health conditions that place them at higher risk for COVID-19, and data compiled by the CDC shows that COVID-related infection, hospitalization, and deaths are higher in unvaccinated persons.³ With more than 60% of Healthcare Professional Shortage Areas (HPSAs) existing in rural locations, according to our analysis, the very places already under the most acute challenges to staff their facilities and serve their communities are being further stressed. Lower staff COVID vaccination rates could further increase the chances that staff will miss shifts due to quarantine or illness, be unable to directly care for patients, or experience pandemic-related burnout.

Since we published the results of our last survey, the federal vaccination mandate for healthcare workers was upheld by the Supreme Court of the United States. This report builds upon our most recent studies ([“Vaccine Hesitancy Among Rural Hospitals,” May 2021](#); [“The COVID-19 Pandemic’s Impact on Rural Hospital Staffing,” November 2021](#); and [“Pandemic Increases Pressure on Rural Hospitals and Communities,” February 2022](#)) and sheds light on how hospitals are navigating vaccination mandates and the continued impact of nurse staffing shortages on the delivery of care. The data points discussed here were gathered from March 2, 2022, to April 15, 2022, and based on more than 100 survey responses from rural hospital leaders nationwide. Our analysis of these results reveals that:

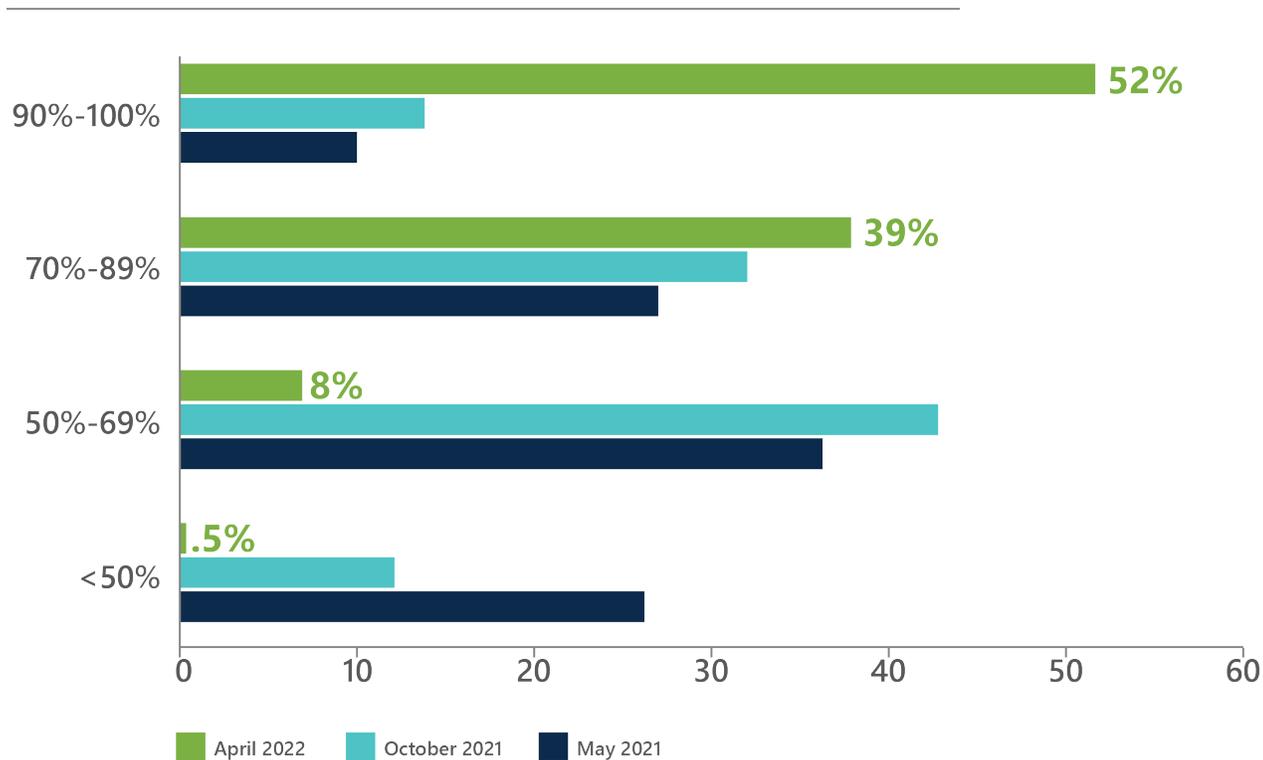
- Up to 30% of healthcare personnel in some rural hospitals have refused to be vaccinated.
- Mandate exemptions have helped hospitals avoid additional staff losses.
- The No. 1 reason nurses left rural hospitals in 2021 was for more financially lucrative opportunities at staffing agencies.
- Despite widespread use, sign-on bonuses have done little to ease the staffing crisis.
- More than 30% of respondents said nurse staffing shortages are resulting in the suspension of services (e.g., OB, chemotherapy, general surgery) at their hospital or such suspensions are under consideration.

Vaccine Resistance Proves Difficult to Eliminate

Through our earlier surveys, we learned that vaccine hesitancy and resistance was prevalent across the rural health safety net. In both of those surveys, the largest share of respondents indicated that between 50% and 69% of healthcare professionals at their facility are fully vaccinated. In our latest survey, however, the results shifted noticeably. More than half of respondents indicated that the percentage of healthcare professionals fully vaccinated at their facility is between 90% and 100%. Less than 10% reported that the percentage of fully vaccinated staff is in between 50% and 69%.

The increase realized in these latest survey results suggests that healthcare worker vaccine mandates (either from the hospital or health system or imposed at the state/federal level) have helped move the needle in a positive direction. That said, these latest survey results also show that for more than a third of respondents (39%), anywhere from 11% to 30% of their healthcare professionals are not fully vaccinated (Figure 1).

Figure 1: Percentage of fully vaccinated healthcare personnel



When asked why they believe colleagues continue to choose to opt-out of vaccination, an overwhelming percentage (80%) said they believe the decision comes down to a “matter of personal choice.” As part of our first survey, a majority of respondents also said a “matter of personal choice” was the reason behind healthcare professionals opting-out of vaccination— although it was just 44% of responses in that first survey. This gap (+36 percentage points) may suggest that efforts to vaccinate healthcare professionals in rural hospitals have plateaued, and those who are not fully vaccinated at this point will either seek a vaccination mandate exemption or choose not to comply.

Exemptions have emerged as a powerful tool for rural hospital leadership teams trying to balance the strong personal beliefs among their staff against the need to have sufficient staff to care for patients. More than a quarter (26%) of survey respondents indicated that their facility had granted vaccination exemptions to more than 15% of healthcare personnel. Another 24% said exemptions were granted to between 3% and 5% of healthcare personnel.

Vaccine Mandate Creates a Catch-22 for Rural Hospitals

This latest survey from spring 2022 presented us with the opportunity to evaluate the impact of vaccine mandates on rural hospital staff. There has been much discussion and concern regarding how efforts to mandate vaccination for healthcare workers would collide head-on with vaccine resistance among the general population in rural communities.⁴ Because the U.S. Supreme Court upheld the Biden Administration's federal healthcare work vaccination mandate in January 2022, we decided to use that month as a marker for examining the impact of mandates on hospitals for which the deadline had come and gone, as well as exploring how the federal mandate was expected to impact hospitals working toward the March 2022 deadline in the wake of the court's decision.

At rural hospitals implementing a mandate prior to January 2022, more than two-thirds (67%) of applicable respondents said that less than 2% of healthcare personnel chose not to comply with the mandate and left the hospital's employment. Nearly a quarter (22%) of respondents noted that between 3% and 5% of staff departed the hospital due to the mandate. When we look at responses from those who implemented a mandate after January or were in the process of implementing a mandate at the time of the survey, 35% said that they expected less than 2% of healthcare personnel to refuse vaccination. However, nearly 30% indicated that they expected that percentage to be 11% to 15%.

Although some of these percentages may appear small on the surface, a majority of rural hospitals have a few hundred full-time employees and an even smaller number who are classified as healthcare professionals with the potential for direct or indirect exposure to patients. As a result, the immediate loss of a half dozen healthcare professionals, for example, could have an impact on a facility's ability to deliver quality care and/or specific services.



In hospitals where mandates took effect in 2022,

1/3

of respondents expected to lose between 11% and 15% of healthcare personnel.

Nurse Staffing Crunch Continues to Disrupt Care

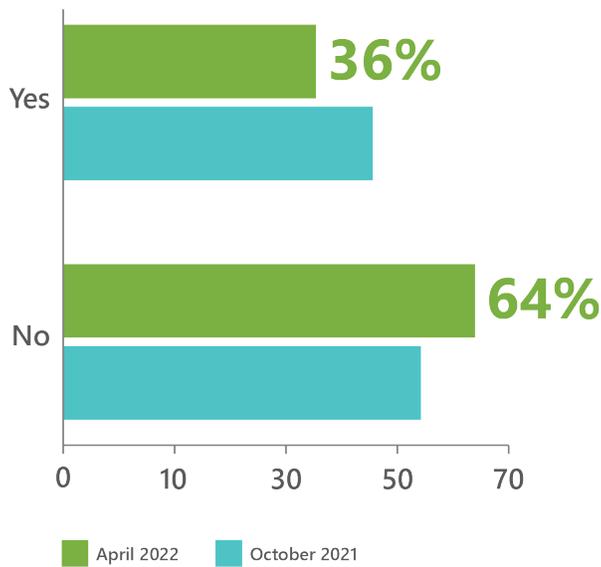
According to our survey, more than half of respondents (56%) have up to 5 open bedside nursing positions, and another 17% indicated that the number of open bedside positions is anywhere from 6 to 10. This finding echoes the results of our previous survey, which found that 96.2% of respondents acknowledged their facility was having difficulty filling open nursing positions. While recruitment and retention are not new challenges for rural hospitals, the pandemic has certainly exacerbated the situation.

In 2021, nearly 40% of our survey respondents reported that between 1 and 5 nurses departed their facility, while 24% put the number between 6 and 10. Another 23% of survey takers noted that nurse departures at their hospital last year were between 11 and 20. To help put these responses into context, we asked our survey takers how many bedside nursing FTEs they have on staff, and the median response was 26.

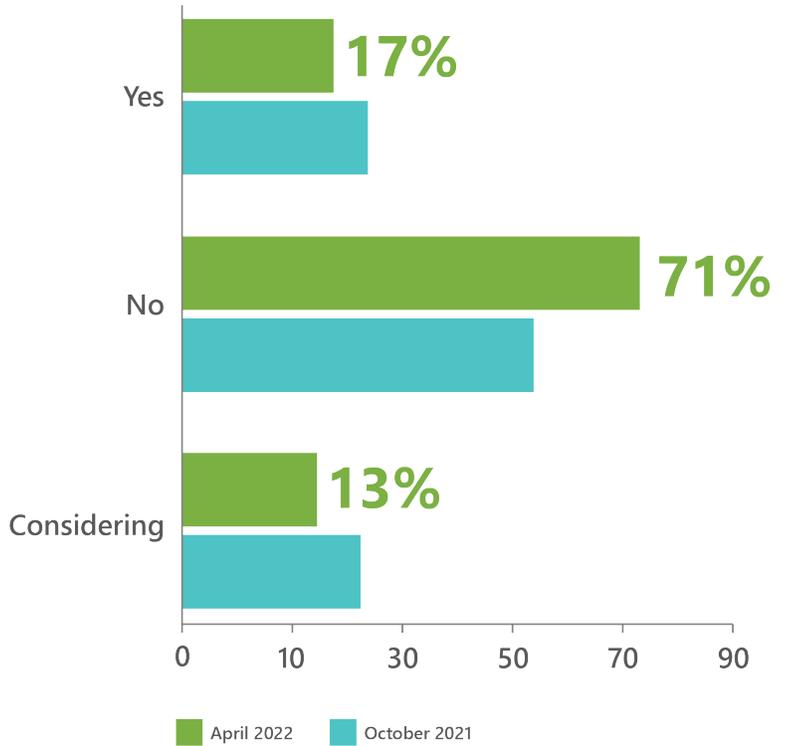
Staffing shortages have a direct impact on the quality of care and the services a rural facility can offer its local community. More than one third (36%) of survey respondents reported that nurse staffing shortages have prevented their facility from admitting patients in the last 60 days. While this percentage is down from 48% when we posed this question as part of our fall 2021 survey, it still serves as a troubling indicator of the ripple effects associated with staffing shortages (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?



36% of survey respondents reported that nurse staffing shortages have prevented their facility from admitting patients in the last 60 days.

Similarly, staffing issues continue to impact the delivery of services. Nearly 20% of respondents indicated that issues related to nurse staffing are resulting in the suspension of services, and another 13% are considering such suspensions. These results are also slightly lower than those gathered from our fall 2021 survey (27% and 21.5%, respectively) but offer a worrying sign for how communities at risk are seeing access to care restricted further.

Financial Incentives Not Enough to Retain—or Attract—Nurses

While pandemic-related burnout has featured prominently in the news media for months,⁵ it 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 is more financially lucrative opportunities at other hospitals. Pandemic-related burnout ranks third, and retirement ranks fourth. Interestingly, the unwillingness to comply with a vaccine mandate ranked fifth.

THE #1 REASON

driving nurse staffing departures is more lucrative opportunities with staffing agencies.

A competitive job market featuring 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 in an effort to be more competitive and attract new staff. While some survey takers reported sign-on bonuses in the ballpark of \$16,000 to \$20,000, a majority (39%) are in the \$1,000 to \$5,000 range, followed closely by 34% in the \$6,000 to \$10,000 range.

These results suggest that rural hospitals are struggling to retain staff even with the help of sign-on bonuses. Staff are being lured by opportunities with larger paychecks, and rural hospitals are increasingly forced to turn to expensive staffing agencies to fill the staffing gaps. Half of respondents (50%) continued to say they rarely used travelling nurses prior to the pandemic, yet 53% said their use has increased significantly as hospitals struggle to fill nursing gaps.

Staffing Shortages Have a Cascading Effect

The rural health safety net was unstable long before the pandemic, as evidenced by more than 135 rural hospital closures⁶ and 453 facilities vulnerable to closure ([“The Rural Health Safety Net Under Pressure: Rural Hospital Vulnerability,” 2020](#)). In its wake, the pandemic has further eroded rural residents’ access to care, which has a direct impact on health status across the country, and amplified health disparities and inequity with an older, less affluent, and generally sicker population (i.e., those who need care the most and have less ability to receive that care). The results of this latest survey continue to show how the pandemic is directly impacting the ability of rural hospitals to admit patients and provide specific services due to acute staffing shortages.

Our series of surveys conducted over the course of the last 12 months suggests that the staffing shortage—particularly among nurses—will cast a long shadow over rural healthcare in the post-pandemic environment. These results tell us that addressing shortages or finding more economical solutions will be a prominent factor in how care is delivered on a day-to-day basis. It will also be a prominent factor in larger, more strategic decisions aimed at addressing shifting patient volumes and/or the addition of new services needed within these vulnerable communities. As rural healthcare providers and advocates consider improving the stability of the rural health safety net in the near term, significant consideration needs to be given to easing the disruption caused by staffing shortages and turnover.

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