



FEBRUARY 2023

# Critical Access Hospital Workforce During COVID-19: Barriers and Facilitators for Recruiting and Retaining Staff

MADELEINE PICK, MPH

MEGAN LAHR, MPH

## KEY FINDINGS

- In a national survey of Critical Access Hospital (CAH) CEOs, participants reported difficulty recruiting and retaining staff for a variety of positions, particularly nurses and respiratory therapists. Overall, 94% and 86% of respondents reporting difficulty recruiting and retaining (respectively) nursing staff.
- Competition, shortage of applicants, and costs to the hospital were the main barriers mentioned to recruiting and retaining staff.
- Facilitators for recruiting and retaining staff largely fell into two main themes: incentives (both financial and other) and organizational culture.

## PURPOSE

Existing shortages of health care staff in many rural areas have been exacerbated by the COVID-19 pandemic, with many hospitals including Critical Access Hospitals (CAHs) struggling to maintain their workforce and recruit new staff when needed. This brief describes findings from a survey of CAH CEOs about the specific types of staff positions for which they have had challenges with recruiting and retaining, as well as the barriers and facilitators they have experienced regarding recruiting and retaining hospital staff.

## BACKGROUND

Maintaining an adequate health care workforce in many rural areas has been a challenge for decades, and nearly two-thirds of primary care Health Professional Shortage Areas (HPSAs) are in rural areas.<sup>1</sup> The COVID-19 pandemic has exacerbated these shortages for rural hospitals, particularly with staff burnout leading to employees seeking work elsewhere, retiring early, or leaving the health care industry altogether.<sup>2</sup> In a 2021 survey of 6,000 acute and critical care nurses, two-thirds of respondents reported that their experience during the pandemic has caused them to consider leaving the nursing profession.<sup>2</sup> These departures can leave remaining staff even more overworked and can leave hospitals with fewer staff to care for patients.



In addition to the challenges of retaining current health care workers amidst these obstacles, recruitment of health care workers has its own set of unique challenges. Hospital administrators surveyed in a 2021 U.S. Department of Health and Human Services Office of Inspector General report voiced concerns that future potential health care workers would be deterred from entering the field after the COVID-19 pandemic,<sup>3</sup> though recent data found that applications and enrollment in nursing programs has actually increased.<sup>4</sup> There were also concerns that recent graduates in health care would have limited experience outside of COVID-19 and may not be as equipped to treat other illnesses.<sup>3</sup>

Other hospital-level factors are important when considering recruitment and retention. Hospitals throughout the country, including CAHs, have increased in system affiliation from 2007 to 2016. One potential benefit of system affiliation for rural hospitals and CAHs is for systems to provide help with staff recruitment and retention, as hospital systems typically have more robust recruiting services and offer higher salaries.<sup>5,6</sup> However, little is known about CAHs' experiences with recruiting and staffing during COVID-19, and any differences in the challenges faced by independent and system-owned CAHs.

Previous work from the Flex Monitoring Team (FMT) revealed that in the first few months of the COVID-19 pandemic, CAHs faced staffing challenges but were also quite innovative in finding ways to support their employees and cross-train staff to fill gaps.<sup>7,8</sup> However, as the pandemic continued, concerns about hospital staff turnover increased.<sup>9</sup> The present study seeks to further identify which types of positions have been most challenging for CAHs to recruit and retain and identify the key barriers and facilitators to recruiting and retaining

CAH staff. For each finding, we also explore differences by system ownership.

## APPROACH

The data presented in this brief come from an online survey of CAH CEOs across the U.S. from March to May 2022. A stratified random sample of 404 CAHs received the survey; roughly 30% of the CAHs in each of the four U.S. Census Regions. In total, 155 responses were collected, for a response rate of 38%. The survey was sent electronically to the hospital CEO or administrator, though they were able to have another member of their staff complete the survey or provide survey responses via phone.

To define system ownership for our analysis, respondents were asked "As of today, is your hospital owned by a central organization, such as another hospital or health system?" If respondents selected "yes", they were categorized as system-owned. In this brief, we refer to facilities as either system-owned or independent based on this definition, but it is important to acknowledge that system affiliation can take other forms as well, such as contract management and network relationships.

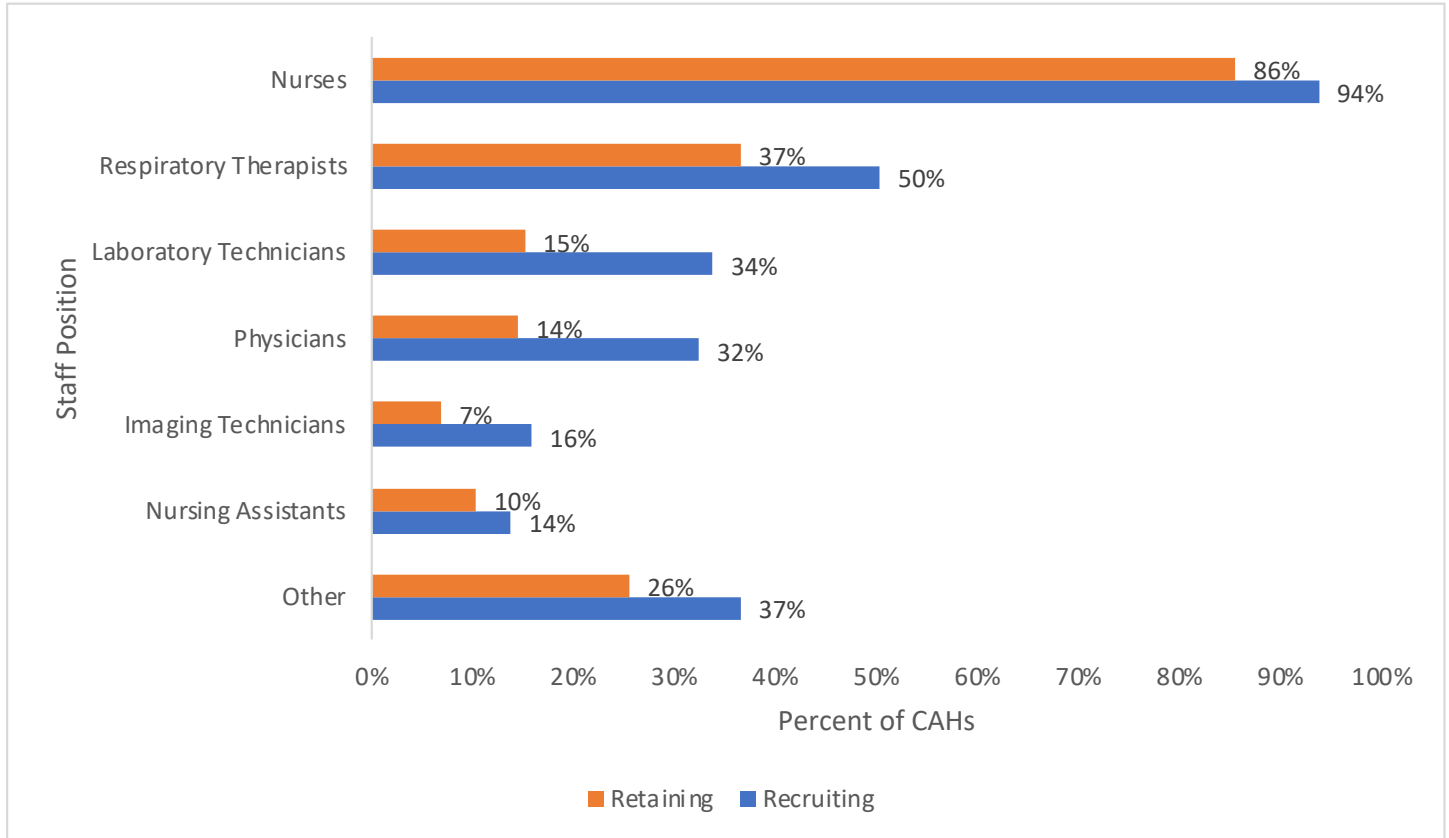
The survey included multiple choice and open-ended questions, and questions varied based on whether a respondent indicated if their hospital is owned by a system. Specific to recruiting and retaining staff, participants were asked to select which staff positions were difficult to recruit and retain and describe the biggest barriers and facilitators to recruiting and retaining staff during the COVID-19 pandemic. Quantitative data were analyzed using Stata 17, and qualitative data were coded and themed using inductive analysis by three members of the research team.

## RESULTS

The majority (n= 111, 72%) of respondents were



FIGURE 1: Staff Positions Challenging to Recruit and Retain (n=152)



CAH CEOs or administrators. Others included Directors of Nursing, or staff in infection control, operations, and quality. Twenty-five percent of surveyed CAHs (n=39) were owned by a hospital system, whereas 75% of surveyed CAHs (n=116) were operated independently. Some survey questions were not answered by all participants; the tables and figures below include denominator values (N) for the number of participants that gave an answer for that question.

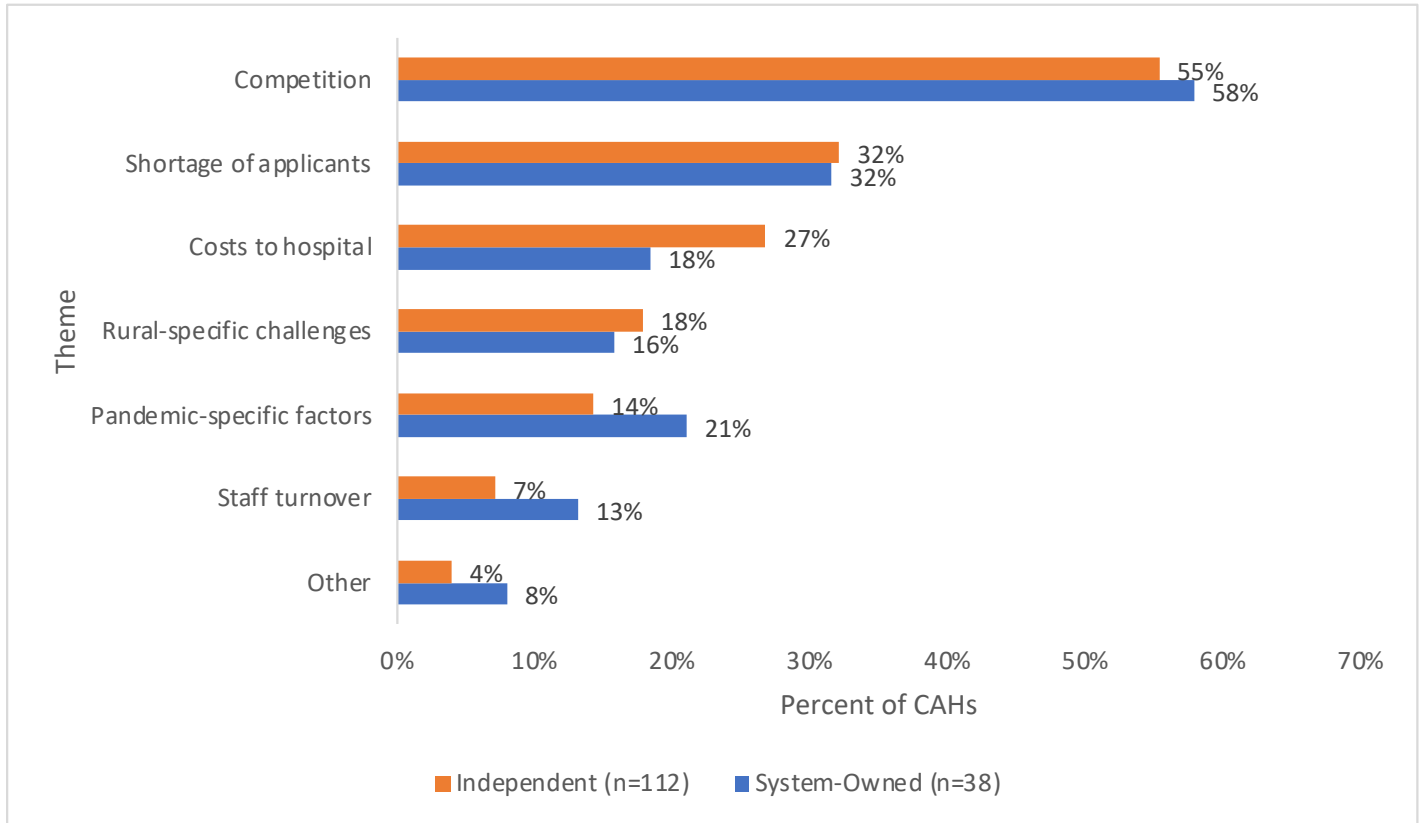
### Types of Positions

When asked to select which types of staff positions were difficult to recruit and retain, CAH respondents generally selected more options for recruiting than retaining. The vast majority of CAHs (94%)

reported that nursing staff were difficult to recruit, and 86% of respondents reported challenges with retaining nursing staff. Other responses about recruitment and retention are shown in Figure 1. The “other” category shown in the figure was an option that prompted respondents to fill in their response and included positions such as environmental and dietary services, finance, information technology, and medical assistants. Overall, fewer respondents selected the options related to staff retention, but the distribution was similar regarding job types. There were minimal differences between system-owned and independent hospitals’ responses to this question, except for respiratory therapists, selected by 65% of system-owned hospitals compared to 45% of independent hospitals.



FIGURE 2: Barriers to Recruiting and Retaining Staff in CAHs by System Ownership (Themes) (N=150)



### Barriers

Participants were also asked to describe the biggest barriers and facilitators to recruiting and retaining staff. The main themes of barriers that emerged from this open-ended question include competition (with other hospitals or agencies for staff), shortage of applicants (due to lower interest working in health care and persisting shortages generally), costs to hospital (of increasing wages and hiring temporary staff), rural-specific challenges (attracting candidates to move and limited housing), pandemic-specific factors (fear, fatigue, and vaccination mandates), and staff turnover (retiring or leaving the health care field).

“Other” responses to this question included child care and challenges with nursing education or work experience. There are some small differences in these themes between system-owned and independent hospitals (Figure 2). A higher percentage of independent hospitals (27%) mentioned costs to the hospital, compared to the percentage of system-owned hospitals (18%). System-owned hospitals, however, were more likely to mention staff turnover, pandemic-specific factors, and to a lesser extent, competition, as the main barriers to recruiting and retaining staff. Examples of barriers for each theme that emerged from this question are shown in Table 1.



TABLE 1: Examples of Barriers to Recruiting and Retaining Staff (N=150)

Theme (# of CAHs)	Description	Quotes
Competition (84)	Competition for staff with other hospitals and travel nurse agencies	<p>“Competing travel opportunities paying significantly more than we had the ability to pay”</p> <p>“Staff are not available – RTs[respiratory therapists] are in high demand and other organizations are offering ridiculous amounts of money to hold or recruit staff. We cannot afford to offer what other large organizations can support.”</p>
Shortage of applicants (48)	Fewer applicants for open positions and lower interest working in health care	<p>“People [are] not interested in working in health care.”</p> <p>“COVID pandemic or not, we’d still be at a state of gap with nursing support in general, nationwide there’s a shortage. Yes it would be a bit less without COVID, but I still think we’d be in a state of hurt.”</p>
Costs to hospital (37)	High cost of increasing wages, offering more benefits to incentivize workers, offering overtime pay or other bonuses, and the cost of utilizing temporary (traveling) staff	<p>“High expense of temporary staffing”</p> <p>Our labor costs went up as much as 35%.”</p>
Rural challenges (26)	Difficulty finding housing for staff and limited pool of applicants who are interested in working in rural settings	<p>“Lack of community housing”</p> <p>“People who work in CAH work there because they live there. So, if you don’t have a big pool of health care professionals to pull from because they just don’t live in that area, it is very difficult to recruit from outside towns”</p>
Pandemic-specific factors (24)	Staff concerns about illness from COVID-19, burnout from caring for critically ill patients, and applicants disagreeing with hospitals’ vaccine requirements	<p>“We had to keep seriously ill patients in our hospital because there was no where to send them. Physicians got scared. Nurses got scared because they were tested to their absolute limits on caring for patients without the standard critical care monitoring equipment and other resources you would find in a larger facility”</p> <p>“Vaccine mandates were a barrier to recruiting and retaining clinical staff”</p>
Staff turnover (13)	Staff retiring early, leaving the profession entirely, or an overall increase in staff reaching retirement age	<p>“Covid itself scared away some of our older staff.”</p> <p>“Increase in staff becoming retirement age”</p> <p>“Many healthcare personnel are leaving the profession entirely.”</p>



**Facilitators**

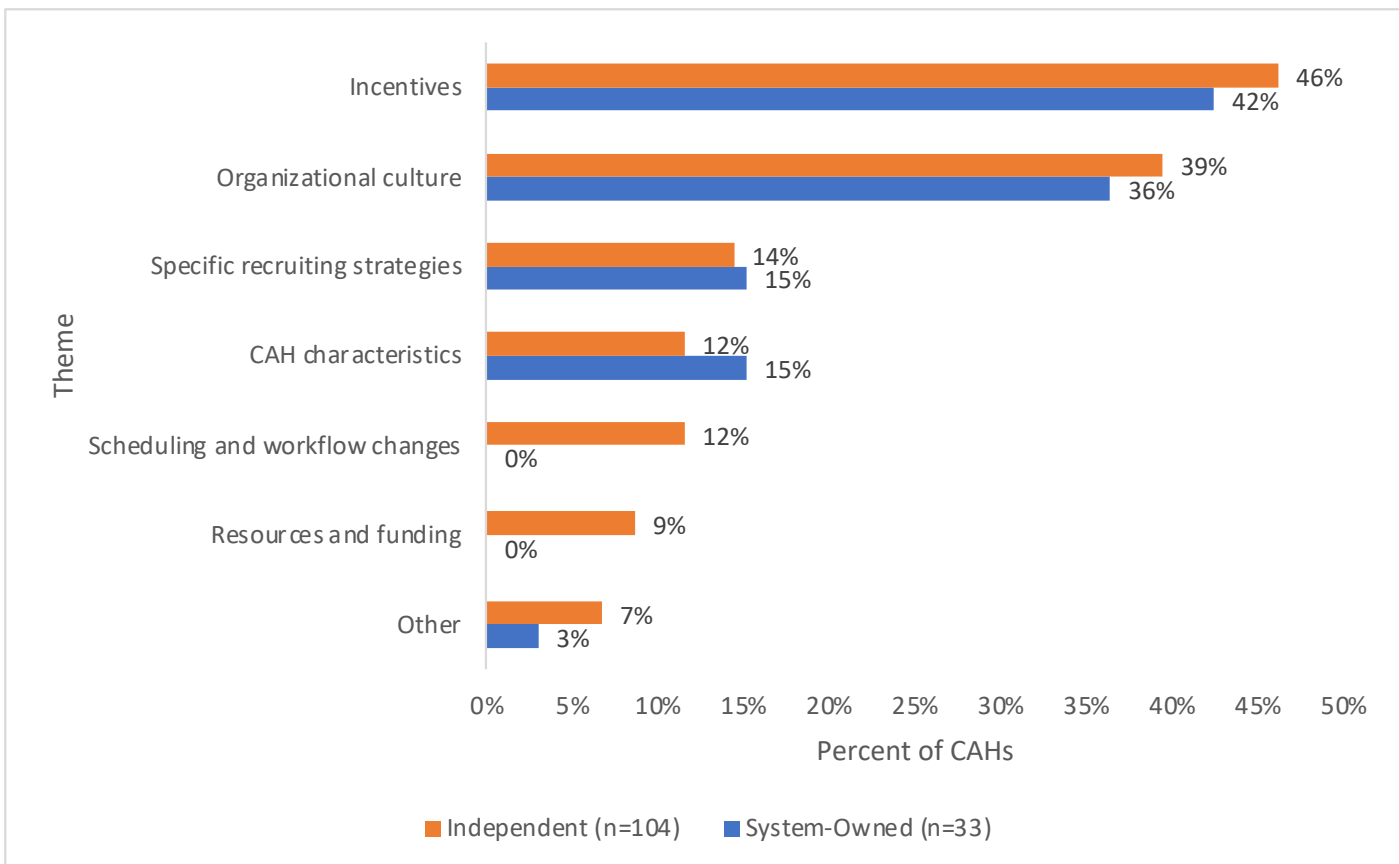
The main themes of facilitators include incentives (financial and otherwise), organizational culture (leadership support and a positive work environment), specific recruiting strategies (job fairs, marketing, and use of staffing agencies), CAH characteristics (appeal of working and living in a small community), scheduling and workflow changes (flexible scheduling and creating float pools), and resources and funding (from federal or state sources to support hiring). Figure 3 compares the facilitators mentioned by system-owned and independent CAHs, and there are some subtle but important differences to note. Overall, the percentage of hospitals that mentioned these themes were quite similar between the two groups, but independent CAHs were the only group to mention sched-

uling and workflow changes as well as resources and funding. “Other” responses included cross-state temporary licensure policies and general sentiments such as “not giving up” and personal relationships. Examples of these main themes of facilitators are shown in Table 2.

**DISCUSSION**

Our findings that the vast majority of CAHs reported difficulty recruiting nursing staff is consistent with other literature as well as media and news outlet coverage of staffing shortages during the COVID-19 pandemic.<sup>2,3,10</sup> Nationally, the projected demand for Registered Nurses (RNs) has exceeded the supply of employed RNs since before the COVID-19 pandemic, but this gap has widened in 2020 and 2021, and these projections may even underestimate the

FIGURE 3. Facilitators to Recruiting and Retaining Staff in CAHs by System Ownership (Themes) (N=137)





## Flex Monitoring Team

University of Minnesota | University of North Carolina at Chapel Hill | University of Southern Maine

TABLE 2: Examples of Facilitators to Recruiting and Retaining Staff (N=137)

Theme (# of CAHs)	Description	Quotes
Incentives (62)	Financial incentives such as salary increases and bonuses, and non-financial incentives such as housing, better medical benefits, and increased vacation time	<p>“We have adjusted our salaries, especially for nursing to be more competitive and this has helped retain some staff.”</p> <p>“Investing in the staff we have, offering new perks and benefits and also rewarding them for recruiting new members to the team.”</p>
Organizational culture (53)	Leadership support, establishing trust, and creating a positive work environment	<p>“We have focused on supporting our staff. One way has been trying to control workload/staffing ratios to patients. Ensuring they have the information they need and the appropriate protocols for the varies situations. We believe if staff feel supported by us, they will be more likely to stay with us.”</p> <p>“Trust and transparency. We have a leadership team that is just very transparent, they care about us, not only at the manager/supervisor level, but all the way down to the front lines. There is a type of commitment, relationship with all the staff, that senior leaders have. Our goal is to work beside them and not above them.”</p>
Specific recruiting strategies (20)	Job fairs, virtual marketing, using staffing agencies, and recruiting staff from the local community and/or schools	<p>“In-person fairs, virtual marketing, referrals from other medical professionals, hiring new grads, growing staff internally”</p> <p>“Working with local schools to partner on training to increase access to candidates. Internal referrals, our staff do a great job of recruiting to their teams.”</p>
CAH Characteristics (17)	Benefits of living in a rural area, caring for patients in a small, close-knit community, and fewer high-acuity patients generally	<p>“Many folks in rural areas are extremely loyal to their community and respond to community need with that loyalty and commitment”</p> <p>“Closer to home, less constant high level patients, limited deaths of patients”</p>
Scheduling and workflow changes (12)	Maintaining flexible work hours for staff, options to work remotely, reducing on-call requirements, encouraging staff to use their vacation time, creating float pools	<p>“Flexible scheduling when we can; remote work when possible”</p> <p>“Creation of creative float pools to stabilize staffing. Scheduled float pools that provide incentives and internal travelers.”</p>
Resources and funding (8)	Using federal or state funds to help support staff compensation and purchasing supplies	<p>“We tried to use some COVID funds to pay COVID hazard pay bonuses”</p> <p>“Our state and our state hospital association was able to get some grants to help fund travelers and retention efforts.”</p>



demand.<sup>11</sup> A combination of burnout, retiring nurses, and lack of nursing instructors has contributed to this shortage since the onset of the COVID-19 pandemic.<sup>10-12</sup> Despite incentives such as student loan forgiveness programs, it can be even more challenging for rural hospitals to recruit nursing staff.

In our analysis, a higher portion of system-owned CAHs selected that respiratory therapists (RTs) were difficult to recruit, compared to independent CAHs. Previous research has found that CAHs are less likely to have RTs on staff, with only 69% of CAHs employing RTs compared to 88% of rural Prospective Payment System (PPS) and 91% of urban PPS hospitals,<sup>13</sup> but there is little literature about differences between system-owned and independent CAHs and their staffing of RTs. During the COVID-19 pandemic there has been a greater need for on-site RTs, and system-owned CAHs may have reported more difficulties with recruiting for these positions because they are more likely to have RT positions to begin with. Generally, these findings show that both system-owned and independent CAHs experienced and continue to experience many issues with recruiting and retaining staff in a range of positions.

When asked about barriers to recruiting and retaining CAH staff during the COVID-19 pandemic, CAHs noted a range of challenges, many of which are closely related and dependent on each other. System and independent CAHs alike noted supply issues, with over half of respondents mentioning competition with other hospitals and traveling nurse agencies. This competition combined with increasing wages across the industry have made it challenging for CAHs to retain current employees and recruit new staff. For CAHs that can match these wages or hire contract staff, it can have a dramatic increase in costs to the hospital and may further financial strain. Respondents also reported staff leaving for other reasons, including burnout and fatigue, fears about getting sick, or disagreeing with COVID-19 vaccination mandates. These factors have influenced staff

to seek jobs elsewhere, retire earlier than planned, or leave the medical field entirely. In turn, there are fewer applicants for the positions CAHs are recruiting for, and the cycle of these challenges persists.

Competition and a shortage of applicants were the top two barriers cited by both system-owned and independent hospitals, and the percentage of each group that mentioned these issues was very similar, suggesting that system-owned and independent hospitals alike experienced these supply side issues as the biggest barriers. Other themes, however, reflect some differences in barriers identified by system-owned and independent CAHs. Independent hospitals more often cited costs to the hospital as a major barrier, which is consistent with prior research on the financial performance of independent CAHs<sup>6</sup>; and without the safety net of a larger hospital system, changes to their staffing costs could have a huge impact for independent CAHs. System-owned CAHs, on the other hand, were more likely to mention staff turnover, pandemic mandates, and competition as major barriers.

Some respondents mentioned that the shortage of applicants was in part related to a lack of interest in working in health care. Interestingly, data on applications to nursing programs reflect the opposite; applications and enrollment have increased.<sup>4</sup> While it's possible there is less interest in health care professions other than nursing, external data suggest that interest in nursing careers remains strong, though other barriers in nursing education such as lack of instructors and financial barriers may contribute to the shortage of applicants reported by our respondents.<sup>10-12</sup> One CAH suggested colleges leverage technology such as Zoom to educate more nurses from home, and another suggested nursing programs expand their capacity to train more nursing students. System-owned and independent CAHs both responded to the question about facilitators to recruiting and retaining staff with two main themes: organizational culture and incentives. It is encouraging to see that





both types of CAHs are striving to maintain and improve their organizational culture for several reasons, including to recruit and retain staff. Both independent and system-owned CAHs mentioned financial and other incentives as key to their workforce, despite the financial vulnerability of independent CAHs in particular found in previous research,<sup>6</sup> and even within this survey, many independent CAHs discussed costs to the hospital as a major barrier to staffing.

Two themes of facilitators to recruiting and retaining staff emerged that were exclusive to independent CAHs: scheduling flexibility as well as resources and funding. Independent CAHs may find that they have more autonomy to offer flexible scheduling or experiment with different scheduling models compared to system-owned CAHs that must follow the policies established by their system. Regarding resources and funding, many CAHs noted that it was helpful to use federal or other funding to recruit or retain staff, but some independent CAHs mentioned concerns about incentive pay or salary increases not being sustainable or being heavily reliant on federal aid such as the Payroll Protection Program and Provider Relief Funds to make such changes.

Some other contradictions emerged in responses. Rural location was mentioned as a barrier to staffing and recruiting by both system and independent CAHs, while others, regardless of system ownership, considered it to be a facilitator. This duality demonstrates the unique characteristics of each rural community, and how CAHs may be able to draw on their community's strengths to recruit and retain staff.

There are many opportunities for State Flex Programs and other organizations to address staffing challenges for CAHs and other hospitals, including several suggestions from the participants in this study. Participants were asked what support would be useful to address the operational challenges presented by COVID-19, and 46 of the 113 participants who answered the question (41%) gave suggestions related

to staffing. These responses included collaborations such as statewide efforts to communicate job opportunities and relationships with academic medical centers to help with staffing, as well as financial support to hire agency staff and/or limitations on the exorbitant cost to employ travel nurses. In addition to awareness of the specific staffing challenges faced most by CAHs, State Flex Programs may consider ways they can help offer resources, support other staffing strategies, and facilitate sharing of best practices between CAHs.

A few limitations of this study should be noted. Though the survey was distributed to a stratified random sample of CAHs throughout the U.S., there may be nonresponse bias and those who elected to participate may have different responses than those who did not participate. Additionally, this analysis is based on a relatively small sample size of CAHs, particularly for system-owned CAHs. Lastly, this survey asked specifically about CAHs' experiences with staff recruitment and retention during the COVID-19 pandemic and may not be generalizable to staffing during typical operations or outside of the public health emergency.

## CONCLUSION

The immense and persistent challenges of the COVID-19 pandemic have contributed to worsening health care workforce shortages for hospitals across the country, including CAHs. The participants in this study reported widespread challenges with recruiting and retaining staff in many positions, but particularly nurses and respiratory therapists. Competition with hospitals and other agencies, lack of applicants for open positions, and rising costs to the hospital were noted as the key barriers. Despite these challenges, CAHs also reported many ways they have recruited and retained staff through this crisis, particularly with incentives and a positive organizational culture. The insights in this brief provide additional understanding of the workforce landscape in CAHs and opportunities for further resources and support.



### REFERENCES

1. U.S. Department of Health and Human Services. Designated Health Professional Shortage Areas Statistics.; 2022. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>
2. American Association of Critical-Care Nurses. Hear Us Out Campaign Reports Nurses' COVID-19 Reality. Published 2021. Accessed December 8, 2022. <https://www.aacn.org/newsroom/hear-us-out-campaign-reports-nurses-covid-19-reality>
3. Grimm CA. Hospitals Reported That the COVID-19 Pandemic Has Significantly Strained Health Care Delivery: Results of a National Pulse Survey.; 2021. <https://oig.hhs.gov/oei/reports/OEI-09-21-00140.pdf>
4. American Association of Critical-Care Nurses. Nursing Schools See Enrollment Increases in Entry-Level Programs, Signaling Strong Interest in Nursing Careers. Published 2022. Accessed December 9, 2022. <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/25183/Nursing-Schools-See-Enrollment-Increases-in-Entry-Level-Programs>
5. Noether M, May S. Hospital Merger Benefits: Views from Hospital Leaders and Econometric Analysis.; 2017. Accessed December 14, 2022. <https://www.aha.org/system/files/2018-04/Hospital-Merger-Full-Report-FINAL-1.pdf>
6. Bozovich L, Knocke K, Pink G, Howard A, Reiter K. The Association Between System Affiliation and Financial Performance in Critical Access Hospitals.; 2021. Accessed September 22, 2022. <https://www.flexmonitoring.org/publication/association-between-system-affiliation-and-financial-performance-critical-access>
7. Pick M, Lahr M, Silvis K, Moscovice I. Innovations and Workforce Challenges for CAHs during COVID-19.; 2021. <https://www.flexmonitoring.org/publication/innovations-and-workforce-challenges-cahs-during-covid-19>
8. Pick M, Lahr M, Charania S, Moscovice I. Supporting Critical Access Hospital Staff during COVID-19.; 2022. Accessed December 8, 2022. <https://www.flexmonitoring.org/publication/supporting-critical-access-hospital-staff-during-covid-19>
9. Richert C. Minnesota rural hospital workers feel the strain as colleagues leave, COVID stays. Published 2022. Accessed December 12, 2022. <https://www.mprnews.org/story/2022/02/17/minnesota-rural-hospital-workers-feel-the-strain-as-colleagues-leave-covid-stays>
10. Yang YT, Mason DJ. COVID-19's Impact On Nursing Shortages, The Rise Of Travel Nurses, And Price Gouging. Health Aff. 2022;(September 2021):6-12. doi:10.1377/FOREFRONT.20220125.695159
11. Haines J. The State of the Nation's Nursing Shortage. U.S. News and World Report. <https://www.usnews.com/news/health-news/articles/2022-11-01/the-state-of-the-nations-nursing-shortage>. Published November 1, 2021. Accessed December 9, 2022.
12. Noguchi Y. U.S. needs more nurses, but nursing schools don't have enough slots. NPR. Published October 25, 2021. Accessed December 9, 2022. <https://www.npr.org/sections/health-shots/2021/10/25/1047290034/the-u-s-needs-more-nurses-but-nursing-schools-have-too-few-slots>
13. Casey M, Evenson A, Moscovice I, Wu Z. Availability of Respiratory Care Services in Critical Access and Rural Hospitals. Published online June 2018. Accessed December 9, 2022. <https://rhrc.umn.edu/publication/respiratory-care-services-in-critical-access-and-rural-hospitals/>

For more information on this report, please contact Madeleine Pick, [pickx016@umn.edu](mailto:pickx016@umn.edu)

This report was completed by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions, and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.