

Media Contact: Dawn M. Kappel
Director, Marketing &
Communications, NCSBN
312.525.3667 direct
dkappel@ncsbn.org



Statement from the Tri-Council for Nursing on the Status of the U.S. Health Care Workforce during the COVID-19 Pandemic

The current surge in COVID-19 infections, hospitalizations and deaths has pushed the health care system into crisis. The Tri-Council for Nursing continues to assess the situation, share information, and determine ways we can help mitigate the current burden on the nursing profession and provide constructive recommendations for the future.

The Tri-Council for Nursing is comprised of the American Association of Colleges of Nursing, the American Nurses Association, the American Organization for Nursing Leadership, the National Council of State Boards of Nursing and the National League for Nursing. These five organizations representing education, practice and regulation all bring a whole-system perspective to their work and collectively represent “all nurses.”

What We Know

- According to [recent hospital data submitted to the U.S. Department of Health and Human Services \(HHS\)](#), thousands of hospitals nationwide are experiencing a “critical staffing shortage” of health care workers, with that number expected to grow in the coming weeks. The nursing workforce is particularly depleted and maldistributed [according to media reports](#), creating shortages in areas that are now being hardest hit by COVID-19.
- These health care workforce staffing shortages are particularly acute in rural areas that are currently experiencing an influx of COVID-19 patients, resulting in a decrease in available nursing staff or in some cases filling rural hospitals to capacity. When rural hospitals lack the ability to provide care, [patients seek care in more urban hospitals](#), putting greater strain on services and an already depleted nursing workforce.

Learn more about the [Tri-Council for Nursing](#).

- Before the COVID-19 pandemic, the Bureau of Labor Statistics (BLS) [projected registered nurse \(RN\) employment to increase by 7%](#) and [advanced practice registered nurse \(APRN\) employment to increase by 45% by 2029](#). While research can review past nursing workforce numbers and project future participation, no mechanisms measure the current nursing workforce participation in the COVID-19 response.

Over the next several weeks, the need for nurses and other health professionals across the U.S. is projected to greatly exceed the supply. Many health care facilities are already taking advantage of regulatory flexibilities that expand the workforce to include recently retired health care providers and nursing students. Yet, the strain that COVID-19 is putting on U.S. hospitals is not showing any signs of abating in the near future.

America's best chance to address these challenges is to follow COVID-19 guidance from the Centers for Disease Control & Prevention (CDC) as well as state and local officials, including wearing a mask, social distancing, frequently washing hands and avoiding large, indoor gatherings. The Tri-Council for Nursing recognizes this is a particular challenge during the holiday season.

The Tri-Council for Nursing is focused on addressing the immediate issues that have resulted from COVID-19 such as staffing shortages, disrupted clinical education, nurse training/retraining and behavioral health support for the front line workers. This is especially critical as nurses and nursing students in some states are being called upon to administer newly approved COVID-19 vaccines and continue to respond to this crisis. Serious long-term strategies will need to be addressed as a result of this crisis. From utilizing existing programs such as the National Health Care Workforce Commission created by the Affordable Care Act¹ to implementing and funding other regulatory and legislative solutions, our organizations are eager to engage the Biden Administration and the 117th Congress to meaningfully address these challenges and position America to emerge stronger from this crisis.

1 National Workforce Commission (Sections 5101, 10501(a)), The Patient Protection and Affordable Care Act, PL 111-148.