



Minnesota's Health care Workforce:

PANDEMIC-PROVOKED WORKFORCE EXITS, BURNOUT, AND SHORTAGES

Executive summary

- While the total number of professional health licensees continues to increase modestly, this overall picture masks some troubling underlying profession- and region-specific trends.
- Job vacancies have increased in nearly all health professions since their pre-pandemic levels, in some cases dramatically. The largest increases are in mental health and substance abuse counseling occupations, where one in four jobs is currently vacant and open-for-hire.
- There is little evidence that, in the aggregate, health professionals are reducing their hours. Physician Assistants, Registered Nurses, and Respiratory Therapists worked slightly more hours in 2021 compared to 2019. Physicians, as a group, worked slightly fewer hours.
- In 2021, more health care licensees reported working outside the profession for which they are licensed. This is most common among Licensed Practical Nurses and Registered Nurses.
- In nearly every single profession, more providers reported that they planned to leave their profession within the next five years, and in many professions, a much higher share of these exits are due to burnout than in previous years.
- While burnout among nurses has been widely recognized, nurses are not the only providers who are struggling. Burnout and job dissatisfaction accounts for 26 percent of all planned Physician Assistant workforce exits, and 22 percent of Respiratory Therapy exits.
- Projected workforce losses in Minnesota's small towns and rural areas are even more alarming than they were before COVID: nearly one in five rurally-based health care providers say they plan to leave their profession within the next five years. The largest projected losses are among physicians: one out of every three rural physicians reports planning to leave their profession within the next five years, exacerbating existing shortages.
- Each of Minnesota's licensed professions—and each of our regions—faces slightly different conditions and concerns. As a result, there is no one-size-fits-all solution. Potential solutions should focus on both growing the pipeline and retaining the current workforce.

What is happening with Minnesota's health care workforce?

Anecdotal and industry reports of alarming workforce shortages and insufficient access to care are in the local and national news almost daily. These accounts suggest that early retirements, turnover, reduced hours, and high burnout levels threaten a health care system that was overburdened and plagued with workforce shortages well before COVID hit.ⁱ This article summarizes new data from the Minnesota Department of Health's (MDH) [Health Care Workforce Survey](#) to investigate turnover and workforce exits among Minnesota's licensed health care workforce, including physicians, physician assistants, nurses, respiratory therapists, and licensed mental health providers.ⁱⁱ Unless otherwise noted, the data in the charts below come from the 2019 calendar year survey and the October-December 2021 survey, when our regular survey was re-instituted after several months of administering a COVID-specific survey. Note that unlicensed providers, notably Certified Nursing Assistants, Home Health Aides, and Personal Care Assistants, are not included in this report as they are not included in the licensing survey, being certified rather than licensed. Some of the worst reports of shortages are in this segment of the workforce, so the full effects of COVID on the health care workforce are almost certainly understated here.

The number of people who hold licenses in health care professions continues to grow modestly

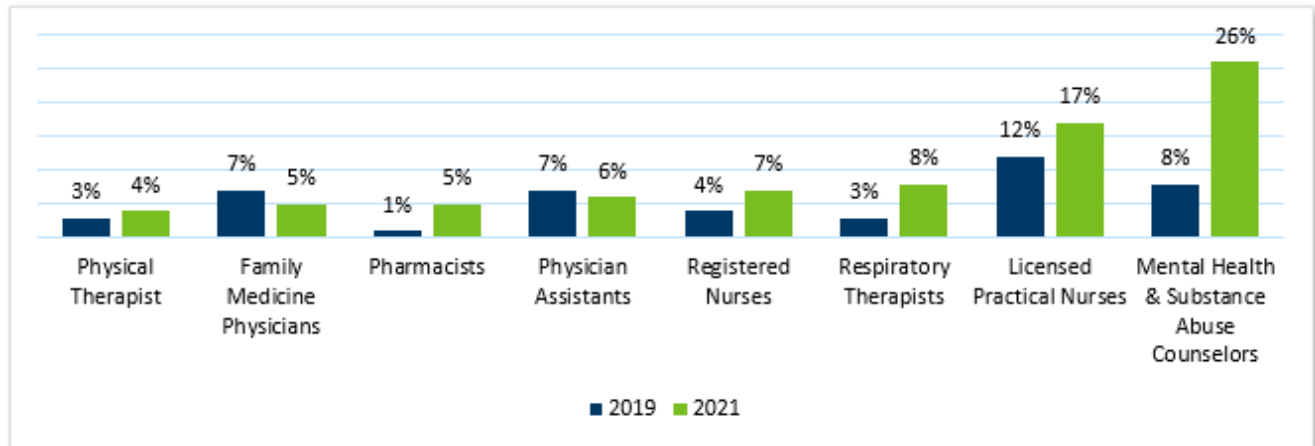
While being licensed to practice in a health profession does not guarantee that a person is actually practicing, the number of license holders is, in effect, a count of the full potential labor supply. That number continues to modestly increase across all but one profession. In June 2020, there were a total of 237,995 license-holders in health care.ⁱⁱⁱ By December 2021, that number had risen to 245,056, an indication that—in the aggregate, at least—new licensees continue to offset retirements and other license lapses. The only profession to experience a net reduction in the number of active license holders was licensed practical nursing, and that decline is part of a longer trend, as more nurses opt for the higher-level registered nursing license.

However, the modest overall increase in the number of Minnesota health care licensees conceals a great deal of turbulence under the surface, as we will see.

Health care job vacancies are on the rise

Job vacancy rates are a leading indicator of workforce shortages. Vacancy rates are the share of open-for-hire positions in a given occupation, and the measure includes hiring for both existing and newly created positions. As shown in Figure 1, vacancy rates in 2021 were substantially higher than those in 2019 across many licensed occupations, including nursing; mental health and substance abuse counseling; physical therapy; and respiratory therapy. These data provide a broad scale quantitative picture that supports the growing number of industry-specific anecdotes: health care employers are struggling to find the workers they need, and COVID has exacerbated the situation. Perhaps most alarming is the sharp rise in vacancies for mental health and substance abuse counselors: for every 100 jobs in this profession, 26 are currently open. This increase is perhaps reflective of the so-called “second wave” or “second pandemic”—the mental health pandemic resulting from anxiety, stress, depression, and other disorders brought about by the COVID-19 pandemic.

Figure 1. Job vacancy rates in select health care occupations, 2019 and 2021

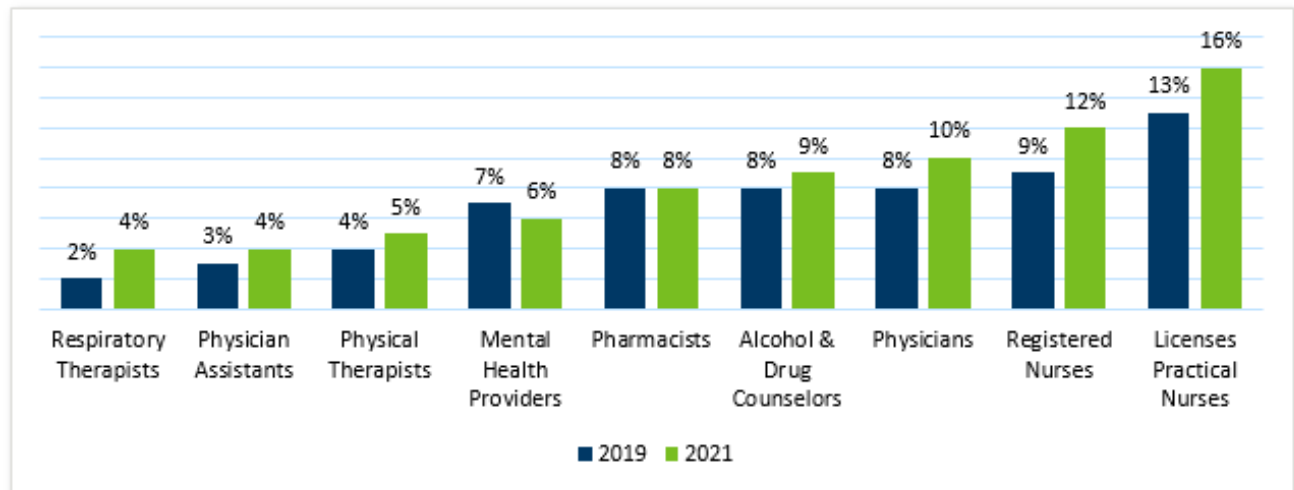


Data source: Department of Employment and Economic Development Job Vacancy Survey; second quarter 2019 and second quarter 2021 vacancy rates.

More health professional licensees are choosing not to work within their profession

Why are we seeing increased job vacancies in key health occupations? One clear cause is turnover. Widespread reports throughout 2020 and 2021 suggested that health care workers in all settings and across all professions quit during the pandemic—either to seek out more attractive work arrangements within health care, or to work outside the profession, either temporarily or permanently. The data in Figure 2 shows that an increased share of licensed providers are currently not working in a job that is related to their professional license. For example, between two to three percent *more* licensed practical nurses, registered nurses, physician assistants, physicians, and respiratory therapists are now doing something other than working in their chosen professions, compared to 2019.^{iv} These increases appear relatively modest, but they are certainly large enough to be felt. A three percent increase in RNs who are working outside nursing, for example, represents a loss of more than 3,500 Minnesota nurses.

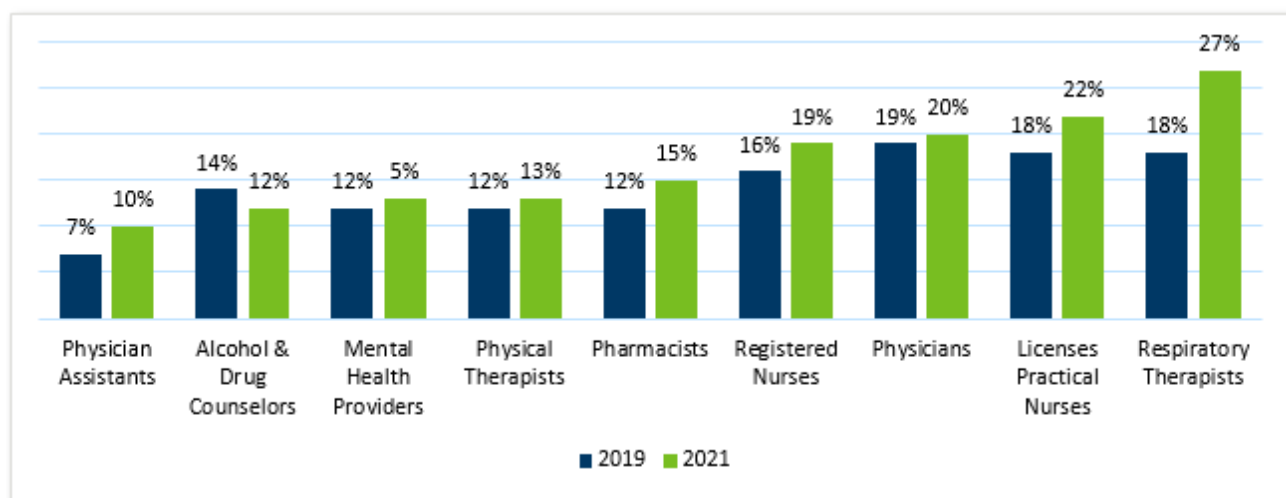
Figure 2: Share of providers who report that they are not working in a position related to their health care license, select professions, 2019 and 2021



More providers are planning to leave their professions

Across nearly all professions for which MDH collects survey data, an increased share of providers report that they plan to leave the workforce within the next five years (see Figure 3). Any such increase is concerning, because the state is already facing a shortage of providers in critical occupations. However, in some cases the increases are alarming. In particular: more than one-quarter of respiratory therapists; 22 percent of licensed practical nurses; 20 percent of physicians; and 19 percent of registered nurses report that they plan to leave their profession within the next five years. With the exception of licensed alcohol and drug counselors, the proportion of providers who report planning to leave has increased in all professions since 2019.

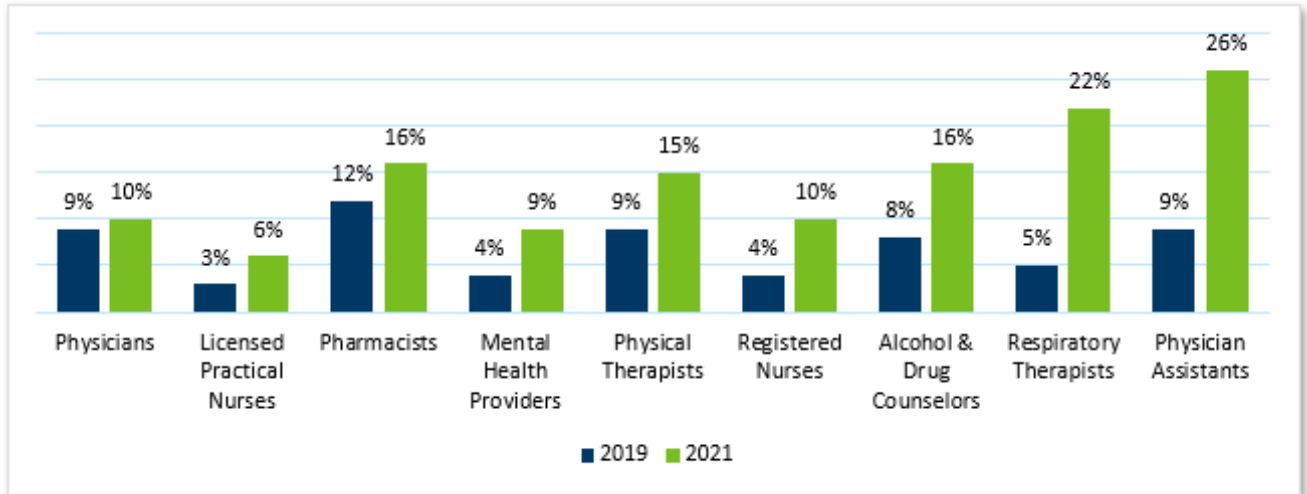
Figure 3: Share of licensed providers who plan to leave their profession within the next five years by profession type and year



Burnout is driving a larger share of workforce exits

The most commonly cited reason for leaving the health care workforce is always retirement. However, the share of providers who say they will leave to retire in the next five years has decreased, and the share citing burnout has increased *across all licensed health professions* (see Figure 4). Among providers who report that they plan to leave their profession within the next five years, physician assistants (PAs), followed by respiratory therapists (RTs), are the two professions most likely to cite burnout or job dissatisfaction as the reason. PAs, and especially RTs, regularly work in acute care settings such as hospitals and urgent care facilities. So while this finding may not be surprising, it is a clear example of the devastating effects of COVID on the workforce.

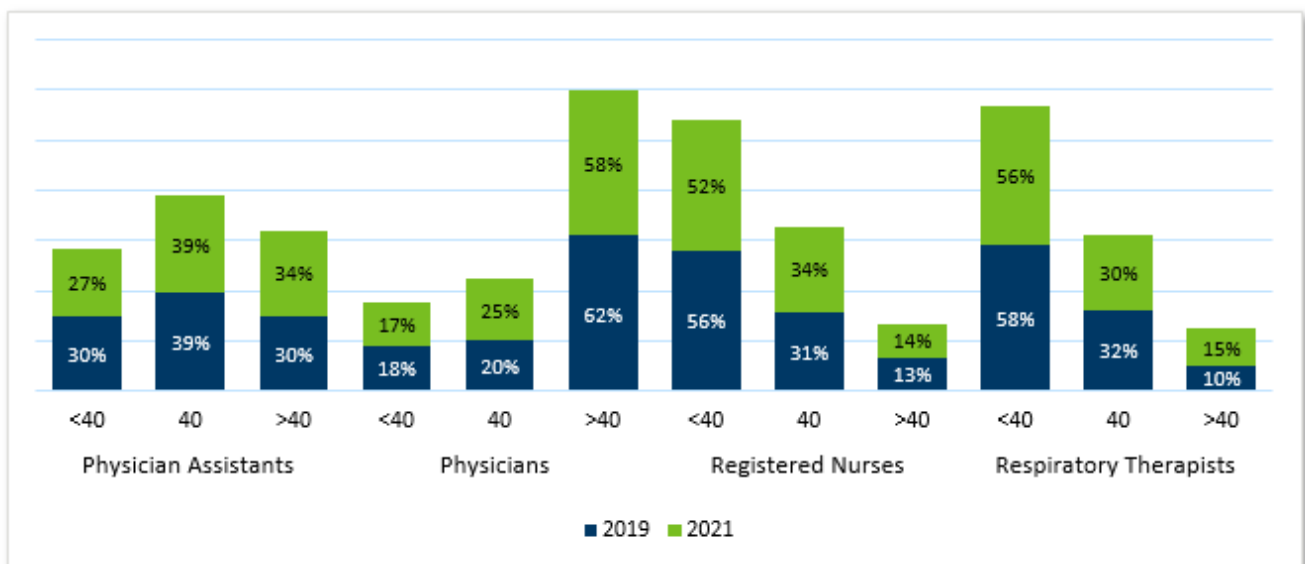
Figure 4: Share of planned exits that are due to burnout or job dissatisfaction



Many frontline health care providers are working more (not fewer) hours

Another potential concern is whether large numbers of health care providers are choosing to cut back their work hours as the result of burnout or fatigue. Figure 5 shows the work hours of the four provider types that are among the most likely to be caring for COVID patients: physician assistants, physicians, registered nurses, and respiratory therapists. Specifically, we are looking to see whether there has been an aggregate shift toward working fewer hours in 2021 compared to 2019. As we can see, changes in hours worked vary by profession type, and but are generally modest. Physician assistants, registered nurses, and respiratory therapists—many of whom work in acute care on the front lines of the pandemic—were actually likely to be working *more* hours in 2021 compared to 2019. Physicians, on the other hand, tended to be working fewer hours.

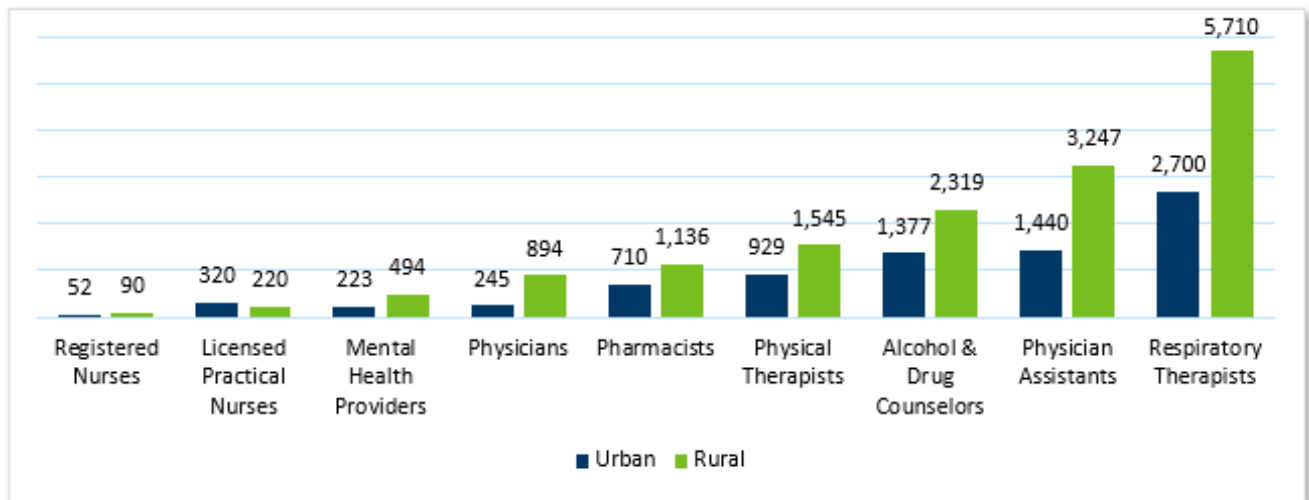
Figure 5. Weekly hours worked in select health care occupations, 2019 and 2021



Rural areas, already in shortage, are at an even higher risk of workforce losses

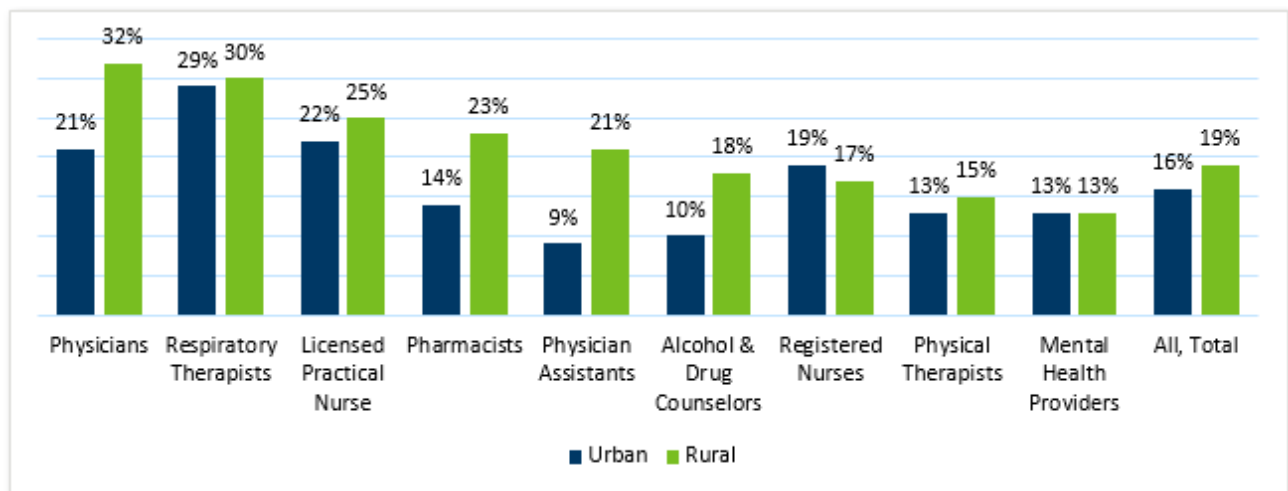
As concerning as the workforce losses are for the state as a whole, it is important to take special notice of our rural communities. Figure 6 sets the stage here by showing the population to provider ratio (that is, the number of people to every one provider) for select licensed professions in urban compared to rural areas. As we can see, with only one exception (Licensed Practical Nurses) rural areas regularly have more than twice the number of people for every one provider. Even before COVID hit, we saw a variety of serious patient- and system-level effects as the direct result of these shortages: long wait times to see providers; long travel distances to access care (particularly specialty care); a shortage of beds; and hospital and clinic service line closings.

Figure 6: Population to Provider Ratio in Urban versus Rural Areas of Minnesota, 2021



COVID has not improved this situation. As shown in Figure 7 below, rural providers are all more likely to report that they plan to leave their profession within the next five years. Indeed, if the self-reports are correct, Minnesota could lose nearly one-third of its rural physicians and one-fifth of its rural physician assistants, leaving gaps in care that would be extremely challenging to fill.

Figure 7: Share of providers in urban versus rural areas who plan to leave their profession within five years, 2021



Conclusion: There isn't a magic bullet

The data presented here paint a fairly alarming picture. With populations growing and baby boomers aging, health care services are needed more than ever. Workers are already in scarce supply, and the next five years very likely will usher in a wave of retirements and premature exits that cannot be fully replaced by the current level of new entrants into the workforce. We are right to search for a fix. However, very likely there isn't a single fix. This multifaceted issue needs a multisectoral solution that involves all aspects of workforce development, recruitment, and retention.

Our first charge must be to stop the leaks; health care employers have to focus on retention. Given the cost and the length of training required for many of these positions, we cannot rely exclusively on training new providers to address the immediate problem. Health care workers need more than appreciation; employers must do more to address burnout. Jobs should be as safe, flexible, lucrative, and family-friendly as possible.

Second, we have to continue to grow the supply chain; health professional education programs need to expand education and clinical training opportunities—particularly in rural and small town areas of the state so their graduates are rural practice-ready.

Third, workforce recruitment and retention efforts need to reach across all levels of the workforce—focusing solely on the nursing or physician shortage will have impact, but alone will not solve the health care workforce crisis. The stress and shortages that have created the current crisis affect all aspects of the workforce. Targeted solutions are needed for other critical members of the health care team, such as physician assistants and respiratory therapists, who are also exhibiting high levels of burnout and planning early exits.

Finally, the state must engage all sectors and policy levers at its disposal to grow and nurture the health care workforce pipeline. Loan forgiveness for health care providers, scholarships, stipends and career exploration initiatives for new and dislocated workers, and programs aimed at increasing the diversity of the workforce are all good places to start.

ENDNOTES

ⁱ See, for example, [“The health care workforce is crumbling”](#); [“We’re heartbroken, we’re overwhelmed: health care workers publish plea”](#); [“Coronavirus briefing: A burnout crisis”](#).

ⁱⁱ There are also significant shortages among unlicensed health care providers; for example, certified nursing assistants and personal care assistants. This article focuses specifically on licensed professions, for which MDH has a legislative mandate to collect and analyze data.

ⁱⁱⁱ This number includes oral health (dentists; dental hygienists; dental assistants; and dental therapists); mental health (licensed professional counselors; licensed professional clinical counselors; psychologists; marriage and family therapists; all licensed social workers; and licensed alcohol and drug counselors); physicians; physician assistants; registered nurses; licensed practical nurses; respiratory therapists; physical therapists; physical therapy assistants; pharmacists; and pharmacy technicians. It is important to note that not everyone who holds an active license is employed in their respective profession and this is only one aggregate measure of the potential health care labor force.

^{iv} MDH collects data on licensed health care providers via a legislatively mandated survey administered at the time of license renewal. For details on the survey, visit: <https://www.health.state.mn.us/data/workforce/method.html>.

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