

4 Tips to Outsmart the Nursing Workforce Shortage

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CNO EXCHANGE



Nurse leaders gathered at HealthLeaders CNO Exchange in Raleigh, North Carolina, last September to address critical issues. From left, Nat'e Guyton, VP of Patient Care Services and CNO at University of Maryland Medical Center in Baltimore; Tammy Daniel, SVP and CNO at Baptist Health-Jacksonville, Florida; Gail Schuetz, Assistant CNO, The University of Kansas Health System in Kansas City, Kansas, and Christina Monk, Nursing Practice Administrator, Carilion Clinic in Roanoke, Virginia.

The worst of the nurse workforce crunch may be over as health systems head into 2023. Reliance on agency nurses may be leveling off. Wages aren't exactly falling, but they also seem to have stabilized.

2023 still promises to be a year of extreme stress on the nursing workforce, with demand for skilled, experienced nurses far surpassing supply. The market may set the rates, and that is out of the control of the chief nurse executive.

But what CNEs can do is manage the culture, tap into unused internal resources, and lean into nurse education as a way to mitigate, and maybe even thrive.

For the best ideas, we turned to the members of the HealthLeaders CNO Exchange, who shared some of their strategies to outsmart the labor crunch that still lingers:

1. Install nurse educators when there is a gap in experienced nurses.

"We are seeing shortages of RNs and direct-care nurses in all specialties. In particular, we are seeing a shortage of experienced nurses," says LeighAnn Sidone, DNP, RN, CENP, vice president of nursing and chief nursing officer at Johns Hopkins Medicine's Suburban Hospital.

KEY TAKEAWAYS

- **Avoid knowledge gaps in your units: Hire a nurse educator to teach new nurses.**
- **Retaining nurses starts with good managers: Invest in your nurse leaders.**
- **Know what your nurses want to retain them. It's not always about money.**
- **Look inward: Create your own nurse resource pool.**

Sidone says the shortage of experienced nurses is creating an "experience gap" in the nursing ranks at Suburban Hospital. "We love our new graduate nurses, and we want to be prepared to support the additional time needed for training and support while they grow and gain confidence. In some cases, it is requiring more orientation time depending on the strength of their clinical experience in school. It requires us to think about wraparound support for new graduate nurses."

The experience gap has prompted Suburban Hospital to boost support for less experienced nurses on the night shift, she says. "We added a nurse educator on the night shift, so there is someone there to help provide support and answer questions for our new graduate nurses who are working at night. We also need to have more preceptors trained and ready to

mentor all these new graduate nurses. We are looking at how to build a sustainable and highly trained workforce so we don't feel the gap so acutely when nurses retire and take that knowledge with them."

Baptist Health is also grappling with the shortage of experienced nurses, says

Tammy Daniel, DNP, MA, RN, senior vice president and CNO at Jacksonville, Florida-based Baptist Health. "The main impact is on the assignments that you can give to people. If you have high-acuity patients on a particular unit, you must be careful about the assignments you give nurses because they are less experienced. It could impact patient safety and how patients are cared for and treated. So, you must be deliberate about the assignments you give less experienced nurses and provide adequate preceptors."

2. Know what your nurses want to retain them. It's not always money.

Suburban Hospital is focusing on the following retention strategies for the facility's nursing staff, Sidone says. "We have introduced loan repayment for student nurses who are coming in and have student loans. We have had to look at the market and see where we are in terms of salary. We also have a rich nursing governance culture here, where nurses can participate in decision-making and have autonomy and authority over their practice, which helps with retention."

Suburban Hospital is also offering flexible scheduling, she says. "With scheduling, you try to understand what a nurse needs to work and see whether you can match that with the work needs of the organization. In scheduling, we see whether nurses want to work 36 hours or 24 hours a week. Do they need to work just weekends, or just nights? You need to understand the nuances of each individual nurse."

The most effective retention strategy is investing in nursing leaders, Sidone says. "They are at the sharp end between the care and the staff. Nurses stay because they appreciate their managers—how they are treated, how managers work with their schedule, and how managers create a sense of family in the

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workplace. We have had strong engagement because of our nursing leaders and that has helped us to stabilize our nursing staff."

3. Create an internal traveling nurse program.

The staffing shortages have a significant impact on the bottom line, Sidone says. "We have had to use traveling nurses and staff incentive programs to ensure beds are kept open to service the community. A reliance on traveling nurses can cost an organization millions of dollars and is unsustainable."

To limit the cost of relying on traveling nurses, Baptist Health created an internal traveling nurse program. The program is called Baptist Peak, Daniel says. "You become a Baptist Health employee for 13 weeks. During the 13-week cycle, we put them through a variety of locations where they are competent to work. So, if they are a critical care nurse, they can go to one of our ICUs across the system, and the goal is for us to find a good fit for them, and that they would want to stay with us. Then we convert them to a permanent full-time status."

Baptist Peak offers competitive compensation at \$65 per hour, she says. "Fortunately, traveling rates have dropped down to about \$100 per hour, and when you are paying that much to an agency, the nurse takes home about \$65 an hour. So, it is comparable to what a nurse takes home if they join us at the Baptist Peak salary. To solve our financial problem, we created our own premium labor solution."

4. Bring the LPNs back.

Recruiting licensed practical nurses is another workforce strategy at Baptist Health, Daniel says. "In 2021, we started bringing LPNs back into acute care. At first, we hired 40 LPNs and put them through a transition program, where they spent 11 weeks learning to become acute-care nurses. Then they went to medical-surgical units. We have done that program three times—

bringing in 40 LPNs then putting them in med-surg units where they take a patient assignment with RN supervision."

She says the next ventures for LPNs will be creating a scrub nurse role for LPNs in ORs and having an LPN role for paramedics because there are not enough paramedics in Baptist Health's market.

Baptist Health also recruits nurses from the Philippines, Daniel says.

"Jacksonville University has an affiliation with a nursing school in the Philippines, which graduates about 500 bachelors-prepared nurses per year. From the middle of November to early January, we transition 50 nurses from this program in the Philippines to Jacksonville University on student visas. They spend 12 weeks in a transition to U.S. healthcare courses—they get master's level course work at Jacksonville

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University. Baptist will sponsor their work visa, and all 50 of the nurses will transition into RN positions in our hospitals."

Nurse staffing forecast

Both Sidone and Daniel expect the nursing shortage to persist in 2023.

"There are nurses coming out of schools but there are not enough faculty to teach them—there are not enough practicum sites, so we will continue to be challenged through 2023. Partnerships with schools and investments in externships will be critical to help

generate a pipeline and ensure graduates are transitioned into practice smoothly. Hospitals will need to continue to create innovative and flexible programs for nurses such as an internal traveling nurse programs or flexible scheduling. Virtual nursing and use of technology is another exciting model to support both new nurses and workload," Sidone says.

Daniel expects continued shortages, but she says there are bright spots. "I wish I could say it is going to get better. The economy is going to affect the job

market significantly. People may not retire because their financial situation does not allow them to retire; they could stay with us a little bit longer. We will continue to have shortages in specialty areas because I do not see those pipelines opening up in the short term. The desire to take travel assignments may reduce a little bit. People want security. They want to know that they have a role, that they have benefits, and that they have a set income. Hopefully, we will see a desire for more consistency and security in 2023, which could help to ease our shortages."

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CNO Exchange Poll: Inadequate Nursing Staff, Widespread Shortages, High Nurse Vacancy Rates

By Christopher Cheney and Michelle Messing

THREE POLL QUESTIONS AT THE CNO EXCHANGE GAUGED NURSING WORKFORCE SHORTAGES.

1

DO YOU CURRENTLY HAVE ADEQUATE NURSING STAFF TO CARE FOR YOUR PATIENTS?

CNO EXCHANGE PARTICIPANTS WHO ANSWERED "YES."

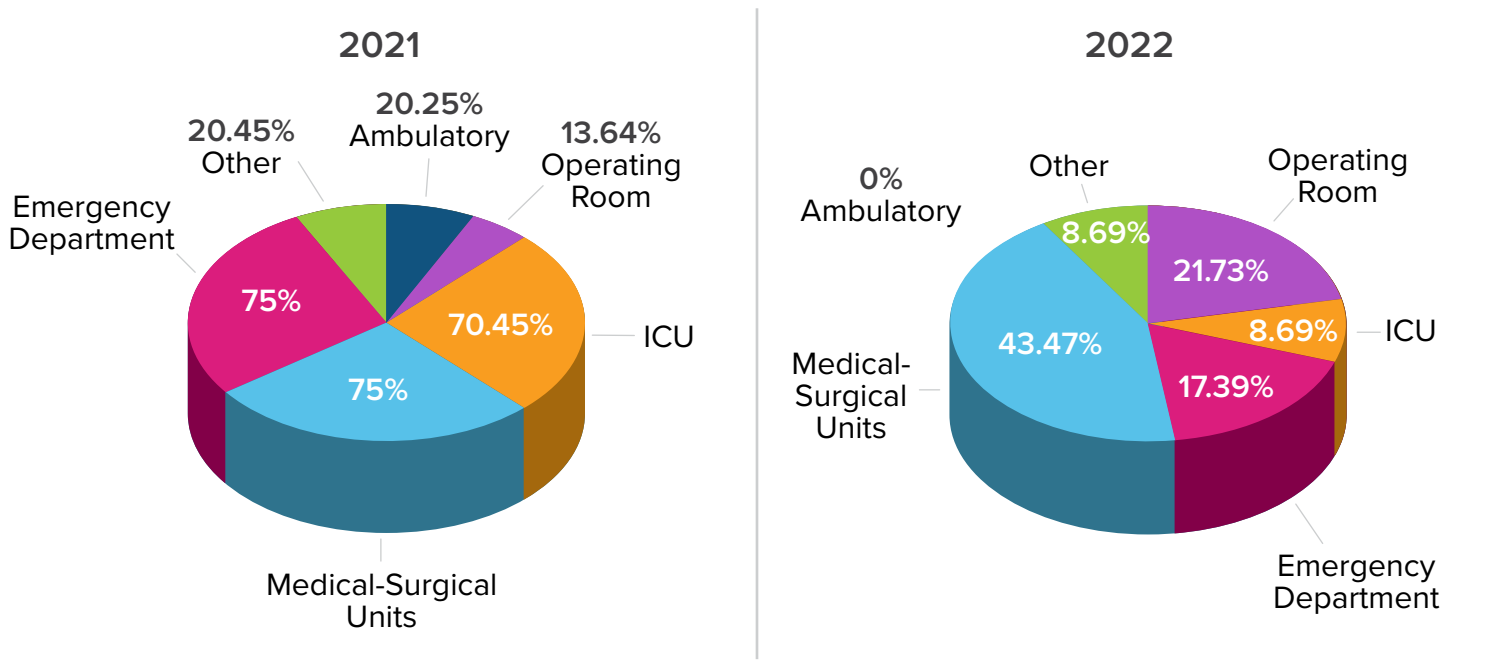


Poll results from the recent HealthLeaders Chief Nursing Officer Exchange provide insight on nurse workforce shortages nationwide.

The nation's nurse staffing crisis has been prolonged due to a variety of reasons, including retirements outpacing new hires, increased healthcare demand in select populations, and inadequate workforce support. Nurses are needed more than ever in hospitals, telehealth, home health, long-term care and rehabilitation, and outpatient care.

There are many obstacles blocking the nursing pipeline, and cracks are starting to show with short-term solutions, such as the sweeping utilization of costly travel nurses. According to a survey by AMN Healthcare, one of the nation's largest healthcare staffing agencies, 95% of healthcare facilities reported hiring nurse staff from contract labor firms. Although travel nurses help fill immediate care needs, they are often compensated up to 300% more than staff nurses, causing resentment, lowering morale, and harming retention, as well as creating financial instability at healthcare facilities.

2 WHERE IS YOUR ORGANIZATION CURRENTLY MOST SHORT OF NURSES?



3 WHAT IS YOUR CURRENT NURSE VACANCY RATE?

