

**EXECUTIVE INSIGHTS**

**WORKFORCE MANAGEMENT**



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Flexible Workforces: Unleashing the Potential of On-Demand Nursing

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**Appropriate nurse staffing is essential across care settings, with unfilled shifts contributing to nurse burnout and adverse outcomes.** High nurse turnover, combined with the high cost of travel nurses, is creating an unsustainable cycle: short staffing leads to even greater turnover and higher labor costs for provider organizations. In this executive dialogue, nurse leaders explore ways to optimize staffing levels and convert temporary workers into permanent staff, enhancing patient care outcomes and fostering a more resilient, agile workforce. ●

### KEY TAKEAWAYS

- 1 Unfilled shifts remain a significant challenge** for many hospitals and health systems and negatively impact morale and organizational culture.
- 2 Financial incentives are not sufficient** to reduce turnover brought on by the stress of unfilled shifts. Nurses need to feel supported in their roles and have opportunities to work when and how they choose.
- 3 Health care organizations must embrace the gig economy** to create a flexible work environment that meets the needs of today nursing workforce.
- 4 Adaptability is essential** to overcome challenges associated with a gig workforce. **Leaders must consider changes to the orientation process and embrace technology** to quickly onboard shift workers.
- 5 Leadership effectiveness is essential to building and supporting a flexible workforce.** Nurse leaders must be prepared to implement new models of care and seek innovative solutions to current and future workforce challenges.

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**MODERATOR** (*Terese Thrall, American Organization for Nursing Leadership*): **What challenges has your organization experienced with unfilled shifts? Is it impacting morale?**

**HOLLY MULLER** (*Presbyterian Healthcare Services*): Tackling the issue of unfilled shifts is an absolute priority. We have to consider the impact of unfilled shifts on our care team. On-demand nursing is one solution we are using to address these gaps. After the pandemic, we relied on contract labor but have since transitioned away from that as our primary option by adopting gig workforce on-demand options. Currently, we are filling about 200 nurse and tech shifts a week to staff our hospitals. It's an innovative option that gives nurses flexibility to work partial or full shifts according to their needs and also allows them to stay local and have an attractive pay rate.

**WENDI HULETT** (*Lincoln County Medical Center/Plains Regional Medical Center*): I'm CNE of a critical access hospital and a 100-bed acute care hospital that functions more like a 45-bed hospital. Unfilled shifts absolutely affect morale. Sometimes our nurses feel like they aren't a high priority because we aren't always able to fill shifts. We've tried many different things, including increasing pay, but those things tend to fail. Money is never the answer. Nurses may think money is the answer initially but, in the end, no amount of money will give people back their time from their families and alleviate the stress and the burnout they feel. It's a short-term solution.

**KURT KLESS** (*The University of Toledo Medical Center*): We are struggling with this in the same way other organizations across the country are struggling. It absolutely has an impact on morale. We have tried increasing bonuses and increasing differentials to fill shifts but that only goes so far. In

2021, when we were coming out of the pandemic, our hospital had a turnover rate of over 33% and we had more than 50 agency nurses at our 300-bed facility. Today our turnover rate is 15% and we haven't had any agency nurses in our building for over six months. We've done exceptionally well and that's because we moved away from differentials and focused on our culture. We remain competitive in our market in terms of pay, but we are focusing on building a culture that is emotionally and physically safe for our nurses and conducive to care for patients.

**"We have to consider the impact of unfilled shifts on our care team."**

— Holly Muller —  
Presbyterian Healthcare  
Services

Choice is another crucial factor. We've found options for nurses to take on contingent per diem nursing roles to change specialties, to dabble in different areas of nursing without leaving the institution. And we've found ways to bring nurses in, cutting the agency out of the equation. We bring people on board to let them test the waters and see that our culture is different, and they often stay.

We still have unfilled shifts, however, and it sounds like there's a potential solution here with on-demand nursing. Nurses don't stay for years in the same role anymore like what we used to see in our market. They want to be able to pick up shifts here and there. But how do we manage that while staying in compliance and delivering high-quality care? We are a state-run institution, so the rules we have to follow are pretty stringent in terms of how we can bring people into the organization. The biggest area of opportunity is the gig economy. How can we double down on that and let people have access to our facility?

**ADAM MEIER** (*The University of Kansas Health System*): The health care field overall is seeing an increase in nurses who want flexibility and to work in a gig economy. As leaders, we are trying to fig-

ure out how to leverage technology to proactively plan shifts. What will the next six weeks look like based upon last year's numbers and how can we proactively open up shifts for staff to opt in? As leaders, we know that working in this type of economy is a reality for nursing. One area of focus must be leveraging AI or technology to make that happen.

**MEAGHAN SMITH** (*Speare Memorial Hospital*): I'm at a 25-bed critical access hospital in the middle of New Hampshire. Our biggest issue from a recruitment standpoint is our location and our ability to pay competitive rates as it compares to the two hospitals that are nearest to us.

Since I've taken on the CNO role, we've reduced our travelers. We use an internal model allowing nurses to take on 13-week contracts for which we pay a premium rate. They don't receive any shift differentials and they don't receive benefits. We have different rates for different units, such as med-surg versus ICU. Nurses can work up to 26 weeks in a calendar year and that's been successful. It's also given people an opportunity to experience the organization without making a commitment to ensure we are the right fit organizationally and related to our location in the state.

**MULLER**: We must address the wants and needs of what is becoming the majority of the workforce. Fortunately, technology enables us to provide flexible options with immediate rewards. Gig nurses are paid the same day as their shift worked. Several nurses do go on to take positions at the organizations where they are placed. Once they get to know the culture of an organization, we see nurses pursue more permanent roles.

**LARRY ADAMS** (*ShiftMed*): It's not all about wages. At ShiftMed, we have over 450,000 health care professionals who have downloaded our app and are working through the app on a weekly basis. In our surveys, pay is always number one. However, it's the non-wage incentives that really attract our nurses. In the larger metropolitan areas, we offer Uber rides. Nurses can schedule an Uber ride through the app when they pick up a shift. We can't do that in the rural areas where Uber is not available, but we do offer same day pay, which is attractive.

**"We haven't had any agency nurses in our building for over six months ... and that's because we moved away from [pay] differentials and focused on our culture."**

— Kurt Kless —  
The University of Toledo  
Medical Center

**SMITH**: One of the barriers for us is the onboarding process and meeting our requirements for vaccines and certifications. That isn't standardized across all organizations. Also, when temporary workers are on a shift, we want them to know what to do in case of fire, etc. We are very rigid in our orientation processes and in our requirements from an employee health and safety standpoint. Our onboarding requirements can lead to significant delays and that creates challenges as it relates to meeting our immediate needs. With that said, this problem is almost all self-induced.

**ADAMS**: When we partner with an organization, we take on all of the credentialing. It's part of the contract, and we only place individuals who meet an organization's requirements. Our customers have immediate access to the credential files through our cloud-based platform to ensure our placements align with their needs. We are seeing some organizations adjust their orientation process to onboard ShiftMed nurses. As Meaghan said, it's particularly important to ensure all nurses are familiar with your organization, including safety plans.

**MULLER:** We've tried various orientation processes. In the past, employees would have a full week of orientation. We are now optimizing technology to deliver the content and have reduced orientation time to a half day.

**KLESS:** Onboarding and compliance are the biggest barriers to shift work for us. In hearing the solution that you have, what kind of experience have you had in a union environment?

**ADAMS:** In our system, we use intelligent routing to build in algorithms that match an organization's collective bargaining agreement. Our definition of a gig economy worker is one that is needed in 24 to 72 hours. But in a union environment, the organization will often post shifts and give their nurses a week to pick up open shifts. Any unclaimed shifts are then passed on to us, often six weeks in advance.

**MULLER:** Our use of gig shift workers has been a major game changer for us. We've reduced our national contract labor usage 51%, as compared to 2023 and are stabilizing our workforce. And, each week, our usage goes down. This has sent a message to nurses throughout New Mexico that they should come and check us out. It's led to some successful recruitment opportunities as well.

**THERESE HUDSON-JINKS** (*Tufts Medical Center*): We are in a similar situation. On the inpatient side, we're almost done transitioning out of contract labor. It's been a huge but necessary challenge because it wasn't sustainable financially. To avoid resorting to contract staff again in the future, we're working on having a sustainable plan going forward.

In Boston, the rates of pay for RNs are quite high. Any nurse in Boston that's employed right now can pick up a shift and make premium wages, such as time and a half or double time. So how would we create these gig shifts? The Uber ride and same-day pay are also great ideas.

**MULLER:** We've experienced similar challenges and are partnering with ShiftMed to set the rates. Like Therese, we've dealt with elevated pay rates from national travel agencies and core staff rates with bonuses and differentials to incentivize our nurses. In our partnership with ShiftMed, we've been able to set rates between what our core staff are earning and what we were paying the national agencies.

**ADAMS:** What can organizations do if nurses can go down the street to another organization and make more money? Organizations have to sell health care professionals on their culture and demonstrate why they are the best place to work.

**MULLER:** That's critical. We've seen a dramatic reduction in RN turnover. Culture is our differentiator if we want to become an exceptional organization. Organizations will need to use all the levers for building a sustainable workforce, whether it's through im-

plementing an automated platform, decreasing national contract labor, developing workforce nursing pipelines, and utilizing nurse residencies and strengthening alliances with academic medical centers.

All of these things collectively improve nurse retention. Our nine hospitals had nurse turnover rates between 20% and 35% just over a year and a half ago. Now, eight out of our nine hospitals are

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— Therese Hudson-Jinks —  
Tufts Medical Center

consistently under 15%, and we've been as low as 9% at some of our hospitals. All of these actions combined are contributing to a better culture, with nurses wanting to stay and nurses from ShiftMed wanting to become permanent employees.

**MODERATOR:** How do you promote your organization's culture to gig workers?

**MEIER:** It's foundational. As leaders, we need to ensure gig workers have the tools they need to do their jobs from the start. We need to create quick starts to welcome them to the unit, identifying standard elements and highlighting essential tools and resources.

**KLESS:** The introduction is key. We have a good percentage of gig workers that try us out and stay. We're creating an environment that makes them want to stay. It's just a matter of getting them in the door. We're very present in our community. We hold numerous hiring and community engagement events to share with folks what we do and what makes us special. The first couple of weeks are critical, and we make every effort to make sure that experience goes well for the new worker.

**MODERATOR:** Have you found that nurses are less willing to travel now that the pandemic is further behind us?

**MULLER:** Having hundreds of contingent workers was never a sustainable model. Nationally, rates were going down, which signaled that it wasn't a sustainable model for health care organizations. Again, at the end of the day, it goes back to culture. Even if we all thought we had a strong culture before the pandemic, we've had to reinvest

in what it means to create healthy work environments and to develop and support our leaders, invest in our staff and to be more open-minded about the way we approach work. And of course, technology has been a major driver and source of innovation and transformation

**ADAMS:** Many of the travelers were younger nurses wanting to take advantage of the financial benefits, but they've also missed out on their personal life back in their communities. ShiftMed employs only local, W2 health care professionals, which allows nurses to have a sense of belonging within their communities. Travelers don't have access to career ladders. They can't become a charge nurse, a director or CNO. They are missing out on all of those aspects of their careers as well.

**MODERATOR:** What's the most important thing nurse leaders can do to prepare for the next pandemic or the next situation where staff is at a premium?

**MULLER:** Leadership effectiveness matters, and our leaders went through a great deal of stress and strain during the pandemic. Scope and span of control became even more challenging. We continue to invest in our formal and informal leaders to make sure

they have everything they need, including appropriate spans of control and scope, in addition to ongoing support and education.

That's especially important now because of the shift in the workforce. We have many novice staff and novice leaders. Before the pandemic, we had a balance of seasoned, experienced staff and newer nurses. Today, our novice nurses need a lot of support. Leadership effectiveness is critical. We must support our nurses and build a delivery

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— Adam Meier—  
The University of Kansas  
Health System

system and work environment that supports the entire patient delivery process and the care team.

**HUDSON-JINKS:** I completely agree about investing in leaders and creating a healthy work environment. To prepare for a future epidemic or fiscal crisis, it's important to have established deep roots in a building healthy work environment. A key component of that is appropriate staffing. It's important for us to have our team and our leaders prepared and confident about whatever they may face.

We need to remain aware of how nurses' needs change over time. What's important in your 20s is different in your 30s. By remaining flexible, we will help keep clinicians at the bedside caring for patients, even if they've got a busy family life or sick parents at home. We have something for every nurse. We will find a way for nurses to come to work for us at every point in their career.

**MULLER:** Our nurse leaders have expressed concerns over the transactional nature of their relationship with their teams. I acknowledge that the

**“We need to challenge leaders to think differently and continuously improve.”**

— Larry Adams —  
ShiftMed

gig concept can feel transactional. It feels like we're losing something in the process, but I've also watched it have a positive effect on the organization, patient care delivery, and nurse retention. When we recruit someone, it's because they connect to our culture, and identify that this is where they want to be.

**MEIER:** When we think about preparing for that next big event, it's incumbent upon leaders and organizations to be thinking about innovative care models. During the pandemic, we had to shift care delivery and utilize LPNs, associates and diploma-prepared RNs in different ways. That was a very steep learning curve there for some of our leaders. As chief nurses, it's vitally important for us to get our leaders and our managers prepared to shift into different models of nursing and to become extremely comfortable with that.

**ADAMS:** We need to challenge leaders to think differently and continuously improve. If you don't have a playbook, build a playbook. The pandemic caught everybody off guard. Organizations should always keep flexibility on the table. ●







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