EXECUTIVE INSIGHTS

WORKFORCE MANAGEMENT

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Redefining Workforce Stability for the Future

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As the health care workforce evolves, hospitals must adapt to retain talent, control labor costs and ensure high-quality patient care. Overreliance on expensive travel nurses has created financial strain and operational challenges, while nurses increasingly seek greater flexibility in their schedules. On-demand workforce technology enables hospitals to align shift coverage with real-time needs, reducing dependency on travel nurses while maintaining care continuity. In this executive dialogue, nurse leaders explore innovative workforce strategies to improve staffing efficiency, enhance nurse satisfaction and optimize labor costs without compromising quality.

KEY TAKEAWAYS

1. **Nurses increasingly prioritize work-life balance and seek flexible schedules** including part-time, short shifts and remote or hybrid roles.
2. Centralized staffing **supports consistent staffing standards** through efficient resource allocation, reducing manager workload and facilitating better coverage across the organization.
3. Automated staffing technology **reduces the administrative burden for nurse managers** and improves shift coverage while also ensuring the appropriate skill mix is in place.
4. On-demand staffing plays a key role in **obtaining workforce stability** by addressing immediate staffing challenges and supporting long-term workforce transformation.
5. Use of on-demand nurses can be a **powerful recruitment tool** for hospitals and health systems by offering flexibility, exposure and a low-commitment entry point to the organization.

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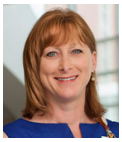

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MODERATOR *(Terese Thrall, American Organization for Nursing Leadership)*: **How has your organization adjusted its approach to workforce management to provide greater scheduling flexibility while maintaining quality of care and shift coverage?**

JENNIFER GARNICA *(SSM Health St. Louis University Hospital)*: Prior to the pandemic, many organizations followed the 80/20 model with shifts comprised of 80% core nurses and 20% contingent nurses. During the pandemic, it became obvious that nurses have many options outside of a traditional 12-hour hospital shift. We have to transition because the health care landscape looks very different today. Many nurses are not interested in full-time positions. They have a different mindset around work-life balance. We use on-demand nurses to fill some of our current needs and it's helped us cut back on external agency use.

"Many nurses are not interested in full-time positions. They have a different mindset around work-life balance."

— Jennifer Garnica — SSM Health St. Louis University Hospital

KARIN SKEEN *(UVA Health)*: We've done a number of things to change from the 80/20 split. We started a weekend program. Nurses must commit to working 48 weekends over a 12-month period. They receive premium pay and a lodging allowance if they travel beyond a certain distance. This gives flexibility to the nurses who don't want to work on weekends. We also have a tiered incentive program and internal traveler program to help fill our needs.

ELIZABETH LARKINS *(Piedmont Macon)*: We changed our mindset from 80/20 to owner versus renter. Our nurses can be owners in our employment model at any level of employment. They can choose to work one shift every three weeks if their commitment to the organization is sincere. They must continue to participate in our committees at some level and stay up-to-day with our policies and procedures. We expect our nurses to do something beyond showing up at work to get paid. If they demonstrate a level of commitment, they become owners. We value that; it helps build loyalty.

GENA HODAPP *(SSM Health St. Mary's Hospital)*: To keep care quality consistent, we adjusted how we onboard internal and external travelers and on-demand clinicians. We streamlined our processes around our quality metrics so no matter who steps into that role for the day, the hospital staff can give them quick instructions on what happens on that unit. We can't have 12 different ways of doing things across units.

SKEEN: One big mind shift we had was recognizing that some jobs can be done remotely or through a hybrid work schedule. We have care coordinators in the ambulatory space that come into the clinic part-time but also work from home a couple of days a week. That has worked really well for some people.

MARIA RAINES *(M Health Fairview)*: We calculate predicted turnover into our hiring goals. We know that some areas have greater turnover than others. Our intensive care units (ICUs), for example, are feeders to graduate schools and certified registered nurse anesthetist programs. By having a better sense of our hiring needs, we can eliminate costly overtime. We have also renewed our focus on our international nursing hire program. Our goal is to convert our international nurses into full-time employees.

MODERATOR: Did any of you have to manage up to convince others in the C-suite?

SHANON FUCIK *(MU Health Care)*: We completely restructured our acute care nursing leadership formation. As part of that assessment process, we looked at how our nurse leaders spent their

time, from the chief nursing officer all the way to our front-line clinical supervisors. We found that our clinical supervisors were spending about 50% of their time on staffing and scheduling activities. The managers and directors also reported a considerable amount of their time to staffing and scheduling tasks. I loosely calculated that it amounted to about $3.2 million a year. That statistic aided in the necessary buy-in from my colleagues in the C-suite.

We then approached our supervisors and acknowledged their need for greater work-life balance and showed them how much time they spent on staffing. As a result of this effort, we're creating a centralized staffing and scheduling office. We now approach staffing as a system instead of each individual unit. In addition, we transferred full-time equivalents (FTEs) from our units to grow our float pool to gain efficiency.

"We found that our clinical supervisors were spending about 50% of their time on staffing and scheduling activities."

— Shannon Fucik — MU Health Care

CLAUDIA AIME *(Oregon Health & Science University Hospital)*: We're also moving towards centralized staffing on the acute care side. We've struggled to fully staff some units, particularly on weekends. Across units, we could be down 25 nurses for weekend shifts. By taking a centralized approach, we are able to have the right skill mix. We have the right team members available to fill the needed shifts that are essential to not only providing appropriate care for our patients but also eliminating excessive costs due to overtime.

MODERATOR: What other initiatives have allowed you to decrease your reliance on travel nurses?

RAMONITA JIMENEZ *(Hackensack University Medical Center)*: We have focused on supporting our novice workforce, as approximately 60% of the nursing staff in some units are novice nurses. While flexible staffing is important, we are also exploring ways to better support bedside nurses. To address this, we created assistant nurse manager positions that cover off-shifts, including weekends and holidays, ensuring that experienced nurses are available to assist novice staff. This initiative has been very successful, but it required effective communication to gain support. We presented statistics to the finance team regarding the high percentage of novice nurses in our specialty units. Additionally, we shared data on turnover costs, team member engagement and quality metrics. This comprehensive information provided a clear view of the situation in our units and highlighted the necessity of supporting nurses across the entire facility, rather than focusing on just one area.

RAINES: We have also looked at the support we provide our novice nurses. We just recently overhauled our nurse residency program and have seen great improvement in our nurse turnover. We evaluated both cost avoidance and the impact on care delivery when presenting to our leadership. We have optimized our nurse residency program in the rest of our hospitals and have seen a 6% to 8% decrease in our nurse turnover compared to the original program.

DEBBI HONEY *(Covenant Health)*: We are working on implementing more flexible shifts. I remember in the 1990s, I had an operating room nurse ask if she could have a 9:00 a.m. to 2:00 p.m. shift. The director objected, but I pointed out that she wanted to take her kids to and from school. I suggested this nurse could fill breaks, provide lunch relief and prep for afternoon cases. This worked out and today she is still with us and takes her grandchildren to school and picks them up.

We recently implemented flexible shifts in a couple of our critical care units. We have a group of nurses who work from 6 a.m. to 10 a.m. to get patients transferred to other units. Many nurses don't want to work full time. We've had many nurses resign because they don't want to work 12-hour shifts who have now come back to work some of these shorter shifts. That adds a lot of value.

FUCIK: We are creating blended roles to help retain our mid-career nurses. For example, we have a pediatric ICU (PICU) nurse who works shifts in the emergency department and shifts in the PICU for variety in her schedule. We have many nurses working on similar schedules. It provides them with a break from the more demanding positions. It is hard right now to attract new graduates to our medical-surgical areas. The blended roles make it easier for nurses to move around the organization. Additionally, we provide our experienced nurses with opportunities to become clinical instructors, giving them variety while maintaining their bedside shifts. This helps nurses grow professionally at the bedside by being a clinical instructor supporting our nursing schools.

LARKINS: Piedmont has a great partnership with our local nursing schools that allows nurses to work shifts as a nurse and then work different shifts as a clinical instructor. It's a seamless process for the employee; we pay them and are reimbursed by the nursing school. This model has dramatically improved recruitment for the nursing schools to fill clinical instructor positions, and it's been a benefit for us because we want those students to fill our shifts. If we can get enough students to rotate in our medical-surgical units, they may decide to stay and work for us.

"While flexible staffing is important, we are also exploring ways to better support bedside nurses."

— Ramonita Jimenez — Hackensack University Medical Center

TEAL RILEY *(Houston Methodist)*: We have leveraged a virtual nursing program to help with retention. The nurses we recruit are excited to see what our virtual nurses can do. Our virtual nurses process admissions and discharges. They can serve as a second nurse for verifications. This program makes the job easier for bedside nurses. When it launched last year, it became a significant game-changer.

MODERATOR: How do you see workforce technology playing a role in optimizing shift coverage and improving staff retention?

SKEEN: We still rely on a manual process to ensure shifts are competency-based. It's critical that staff skills match their work. It creates a safer, more comfortable environment. Nurses won't be burdened by having to help nurses who aren't prepared. We are exploring workforce technology, and I believe technology will be helpful in matching skills to the work and help us move people around efficiently to fill needed shifts.

GARNICA: We have made significant efforts to automate scheduling through a platform that automatically populates shifts based on clinical needs. This has greatly reduced the workload for our front-line managers who no longer have to spend time ensuring we have the right skill mix. The technology has been a game changer, especially with its self-service capabilities that give nurses greater ownership over their schedules.

MODERATOR: For those of you using on-demand staffing, have any become full-time employees?

GARNICA: At last count we have nearly 300 nurses who started with us as on-demand nurses and then converted to employed staff.

J.J. EWING (SHIFTMED): On-demand staffing can be a pipeline for permanent recruitment. We find that about 13% of our staff convert to full time at a health care organization where they take shifts. Of course they're local, so it's a compelling option for the clinical staff. In addition, leveraging our open shift release technology, ShiftMed Flex, optimizes internal float pools using our white labeled app to double internal capture of shifts before going to external labor. The ease and automation of our intelligent routing takes the burden off managers who spend less time on scheduling. Through leveraging an on-demand solution, we were able to significantly reduce our traveler utilization at ShiftMed's clients in just 12 months.

"I believe technology will be helpful in matching skills to the work and help us move people around efficiently to fill needed shifts."

— Karin Skeen — UVA Health

GARNICA: I think of on-demand nurses as a regional float pool for us. They are local nurses who can pick up shifts at any of our hospitals. We populate shifts through our staffing software. They can select any available shift they are qualified to work.

Many on-demand nurses work full-time hours, while some work only occasionally. We currently are using about 140 FTEs in on-demand nurses. The on-demand option not only supports our staffing needs, but it also serves as a job pipeline. That was something we did not think about in the beginning but ended up being a huge benefit to us.

MODERATOR: How do you convert on-demand nurses to full-time roles? How do you convince them to join your team?

HODAPP: We have two very large health systems in close proximity to us. We have nurses who worked for one or both of those systems in the past who came to work for us as on-demand nurses. Once we get them in the door, we're able to show them what we're all about. And for many of them, especially at the start, we were able to recruit them even if it is just on a temporary basis. It's a cost-effective way to recruit nursing staff; it's cheaper than throwing a recruitment event. Even if they don't end up working for us full time, we establish ongoing relationships. Our nurse managers can reach out to nurses that are familiar with our organization to fill needed shifts. It's become a successful way to fill our staffing needs.

JENNIE SIERRA *(Children's Hospital of Orange County)*: We have a pretty good traveler-to-staff conversion rate because we have a strong workforce culture. We have a supportive group of leaders, managers and directors and it goes a long way. I recently rounded on a night shift and met a new traveler. When I introduced myself, she was shocked. She had never have seen executive senior leadership rounding on the area at night. I asked how we can help make her shift better. She was really impressed. It's important to have that visibility with your staff. It speaks to the culture of the organization.

Another important factor is identifying key issues and ensuring that your organization has committees working on resolving workforce challenges. Currently, we're focused on psychological safety and preventing workplace violence. Our employees know that we have committees and programs to make the workplace safer for them and our patients. When travelers see how committed we are to improving our environment, they may seek full-time roles.

FUCIK: We treat temporary employees the same as our permanent staff. I just had a temporary operating room staff member reach out to me because he was recognized as employee of the month. He was very proud, and it was gratifying to see how he felt valued and engaged.

MODERATOR: **What advice do you have for others who want to implement workforce technology to cover their shifts?**

RAINES: Technology is only as good as the end user. Staff need to understand why we are using the technology. And it needs to be reassessed over time. Is it doing what we intended? Is it meeting our needs? To be successful, it really requires continuous reassessment and tweaking to get the most from it. This includes getting feedback from the end users.

> **"On-demand staffing can be a pipeline for permanent recruitment."**
>
> — J.J. Ewing — ShiftMed

HODAPP: Any transition with technology comes with a feeling of a loss of control for managers, including the implementation of scheduling software. It's important to leave space for that. There will be push-back, there will be emotions. We have to help them through it and show them how they will benefit.

GARNICA: As an executive, we make decisions that we think are great for the organization, but we are not the ones who are directly impacted by our choices. We need to engage our staff, get their buy-in. At times, we may have to select a different product than we intended to based on their feedback. It makes a difference. Our staff are smart people. They are intuitive and innovative, and we need to trust them. ●

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