



Five Hospital Workforce Transformations to Watch

Two years of chaos has triggered massive changes in the hospital workforce. From flexible scheduling to hybrid work models, provider organizations are making critical transformations to meet changing labor demands and create more agile workforces. Healthcare leaders weigh in on how they are adapting workforce strategies during the pandemic and beyond.

1

Building a reservoir of experienced nurses.

Developing and retaining an experienced nurse workforce is becoming more difficult for hospitals. As patient care has grown more complex (especially during the pandemic), new nurses face a steeper learning curve. At the same time, experienced nurses are leaving the profession in higher numbers. “It’s a phenomenon called the experience-complexity gap,” says Sarah Delgado, MSN, RN, ACNP, clinical practice specialist on the strategic advocacy team for the American Association of Critical-Care Nurses (AACN). “Newer nurses are replacing experienced nurses, and patient care is becoming a more complicated endeavor.”

What can hospitals do? “While educating more nurses is often proposed as a strategy to fill vacant positions in hospitals, it is not the answer to addressing the experience-complexity gap,” says Delgado. “Hospitals need to retain nurses to build their experience. This means understanding and addressing the factors that drive nurses to leave, such as unhealthy work environments. They must improve the health of the work unit and focus on other factors such as offering flexible shifts, providing opportunities for professional development, and recognizing expert nurses for the mentorship they provide.”

2

Fluid job roles.

The pandemic also amplified the need for flexible job roles and cross-training, with hospitals pivoting quickly during surges to reassign nurses to different roles and departments. When LAC+USC Medical Center, one of the busiest Level 1 trauma centers and the largest public teaching hospital run by the Los Angeles County Department of Health Services (DHS), halted elective procedures during the first wave to accommodate increasing COVID-19 cases, nurses were redeployed to areas they had worked in previously or, in some cases, were trained to work in areas of need, says Nancy Blake, PhD, RN, CCRN-K, chief nursing officer. “These nurses were from ambulatory care centers, the operating room, the GI lab, and administrative areas,” she says. “With a quick orientation and some retraining, staff became flexible and adjusted from their routine Monday-through-Friday hours to a 24/7 staffing model.” Blake adds that the Los Angeles County DHS created a database of nurses and their previous roles. “When we needed an ICU nurse, for example, we knew who was competent to work in the ICU,” she says. “We were able to redeploy nurses throughout the county to the closest county hospital that needed their expertise.”

John Mann, MD, president and COO of Novant Health Clemmons Medical Center, says his organization, a department of Novant Health Forsyth Medical Center, has

experienced similar struggles. With nurse-to-patient staffing ratios dropping from 8:1 to 5:1 during the pandemic's surges, the organization has had to reconfigure job roles. "We've had to get creative," he says. "We have asked nurses working in education, regulatory, and other hospital departments, who have not been at the bedside for years, to come help take care of patients on the floor." Additionally, the organization is tapping all nonclinical departments to help as runners. "Practically anyone can do that, whether it is to run to get supplies or food, or to help with transportation," says Mann.

3 **Flexible staffing models.**

Like their colleagues in other industries, healthcare workers have increasingly asked for more say in their schedules, including choosing when and how long they work. "The research tells us that we've been moving towards more of a gig economy with co-workers and employees wanting more flexibility with when they work, the length of their shift, and how they work," says Cynthia Bentzen-Mercer, PhD, executive VP and chief administrative officer at Mercy, which has 40,000 employees and 40 hospitals in Arkansas, Kansas, Missouri, and Oklahoma.

She says Mercy is responding by creating a more flexible staffing model that allows nurses more choices in shift lengths, including the option to work a four-hour nursing

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shift in addition to the traditional shift of 10–12 hours. "What we've seen through the pandemic is people need more flexibility," says Bentzen-Mercer. "We think this will accommodate those who are continuing their education or caring for children or elderly parents."

Bentzen-Mercer says Mercy is also pursuing an alumni staffing model that sources individuals who have retired from their clinical profession because of "the full-time inflexible demands that have historically been part of healthcare scheduling." The alumni model would allow retired nurses to work a schedule with reduced hours and more flexibility. "That brings a whole new segment of the population back into the workforce," she says, noting that it also opens up many opportunities for clinicians to work in the virtual care space.

Blake says LAC+USC Medical Center is also giving nurses more scheduling choices. "We are just implementing a staffing and scheduling system that allows staff to swap shifts and allows us to text open opportunities for shifts." She adds that the new technology system also supports self-scheduling.

4 **Hybrid work environments.**

The idea of a remote workforce was once considered culturally disruptive in healthcare. Now, many hospitals and health systems are creating modern work environments. Bentzen-Mercer says Mercy will move to a four-tier hybrid workforce model for its 4,000 nonclinical positions when offices open up following the pandemic. A portion of the staff whose work is not portable will work full-time on-site, while 30% of staff will work in a traditional office building and have the flexibility to work remotely as they need or desire. The other two tiers will be fully remote and remote-hybrid. The remote-hybrid group will have a hoteling option, which will allow them to reserve office space when they want to work in a collaborative setting, says Bentzen-Mercer. "That allows us to do more global recruitment in a very challenged labor environment," she says. The hybrid environment allows Mercy to recruit tough-to-fill positions in support roles outside Mercy's community footprint, adds Bentzen-Mercer.

5 **Prioritizing essential workers.**

The pandemic revealed the importance of the essential worker and gave a stronger voice to those who had historically been paid a low wage. "What we're learning as an economy is that essential workers are truly essential," says Bentzen-Mercer. "Health systems depend on traditional lower-wage care team positions like transport, environmental services, food service, and medical assistants." To that point, Mercy announced in August 2021 that it is increasing its starting wage for all employees and raising pay to \$15 an hour for more than 6,000 employees. Mercy will spend an additional \$18 million annually to meet this commitment. ■