OUR TAKE

for U.S. health care providers

Building a Flexible Nursing Workforce

Solving nursing's biggest staffing challenges while building system citizens

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Organizations can no longer rely on the traditional staffing methods of years past. Covid-19 accelerated changes to the nursing workforce that require new staffing solutions. Nursing is headed toward a shortage, the experience-complexity gap is widening, and the needs of the nursing workforce are changing.

Building a more flexible nursing workforce has the potential to address all three of these challenges at once. We recommend implementing four strategies to do so.

Advisory Board

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The conventional wisdom

To meet productivity targets and care for patients, nurse leaders have taken the same approach to staffing for decades, primarily relying on benchmarks and ratios to determine the right unit-level staffing. At the same time, the popularity of 12-hour shifts in acute care, RN specialization, and primary nursing models grew. This traditional approach to staffing worked well enough across the last decade because provider organizations had the RN supply to meet patient demand and could keep premium labor costs low enough with well-established float pools. However, staffing became increasingly difficult in recent years due to changing patient needs and emerging workforce trends.

Emerging patient, workforce trends impacting nurse staffing

- Increasing vacancies caused by more RN turnover and burnout
- Fewer experienced RNs due to baby boomer retirements
- Increasing patient acuity

These staffing challenges were further exacerbated by Covid-19. Organizations didn't have enough nurses to meet demand and had to quickly redeploy staff across different locations to ensure coverage. Leaders also experimented with different staffing models that scaled the expertise of experienced, critical care nurses through team-based approaches. Unfortunately, this left non-Covid-19 units and care sites with fewer experienced nurses, worsening the already present experience-complexity gap.

This experimentation was necessary to respond to the pandemic and encouraged nurse leaders to think differently about what staffing could and should look like moving forward.

Source: Advisory Board interviews and analysis.

Our take

Organizations cannot return wholesale to the nurse staffing approaches used prior to Covid-19. In addition to exposing staffing shortfalls, Covid-19 accelerated changes to the nursing workforce that will make it more challenging to staff as organizations once did.

1. The surplus of nurses is disappearing—and trending toward a shortage.

Nurses are already leaving the profession due to the tremendous stress and burnout caused by working in a pandemic. We expect that trend to continue across the coming year, particularly among late-career nurses who choose to retire early. We also expect mid-career nurses to continue to leave (or not return to the workforce) due to evolving family obligations. The unknown here is the RN pipeline. In the short term, disruptions to clinical rotations and the NCLEX could slow down the transition from academia to practice. But we'll have to wait and see if overall enrollment numbers keep up with demand in the years to come. Bottom line: organizations should expect nurse shortages for the next few years.

2. The experience-complexity gap is quickly turning into a chasm.

Despite some work before the Covid-19 pandemic to close the experience-complexity gap, most nursing leaders found progress slower than they hoped. Now, organizations are losing experienced nurses at a faster rate than previously predicted. Additionally, Covid-19 itself has added a layer of complexity to the care environment that is challenging for any clinician, let alone a novice nurse.

Source: Advisory Board interviews and analysis.

OUR TAKE (CONT.)

3. The wants and needs of the nursing workforce are changing.

In the United States, 96% of professionals, including nurses, want more flexibility at work, and many industries are headed in that direction. But more importantly, many nurses need more flexibility. Amid the pandemic, parents struggled to cover childcare and other home obligations while working. While some organizations offered short-term solutions to meet this need, it was not enough. We are now seeing more nurses leave the profession or seek flexible roles outside of acute care that better accommodate personal lives. This trend will continue if organizations can't meet the growing needs of the workforce.

Provider organizations face more barriers to flexibility than other types of organizations due to 24-hour operations for many and the highly specialized workforce. **But staff demands along with the impact of Covid-19 on the workforce makes building a flexible nursing workforce an imperative for all provider organizations.** Having a flexible nursing workforce is the best strategy to help organizations staff with fewer FTEs and experienced nurses, while also actively retaining and attracting more nurses to the bedside role.

What is a flexible nursing workforce?

A "flexible nursing workforce" is more than a float pool. While traditional inpatient float pools are a vital resource, many organizations have maximized their impact over the last decade. A truly flexible nursing workforce must move beyond this—and include different RN roles, locations, hours, and responsibilities. However, a flexible nursing workforce does not mean all nursing FTEs must have flexibility. Specialization is still critical to provide safe patient care and is an engagement lever for many RNs. Rather, it's a balance.

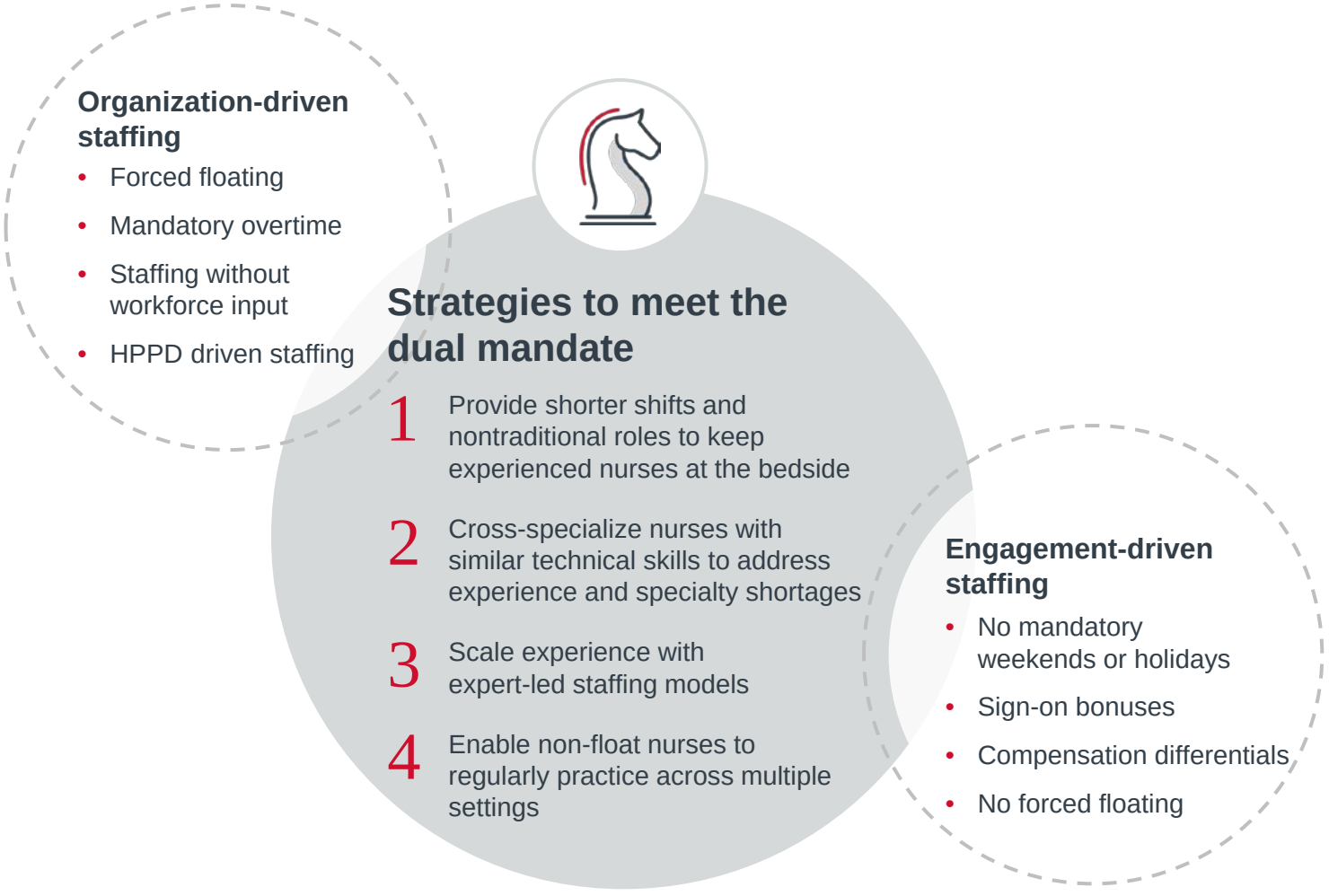
To do this work well, the strategies you implement must meet the individual needs of your organization and staff. Historically, staffing focused primarily on the needs of the organization. As the workforce changes, their needs and preferences need to be weighted equally. This dual mandate should serve as your north star for this work, only selecting mutually beneficial solutions.

Source: "96% of US Professionals say they need flexibility but only 47% have it," Harvard Business Review, https://hbr.org/2018/06/96-of-u-s-professionals-say-they-need-flexibility-but-only-47-have-it; Advisory Board interviews and analysis.

Four strategies to build a flexible nursing workforce

Building a flexible nursing workforce is a long-term ambition and an iterative process. To guide this work, we've outlined four strategies that meet the dual mandate by meeting the needs of staff and the organization. You do not need to implement every strategy. In the near term, start with strategies that are an easy win or where your organization already has momentum. Then build on this work over time to address your organization's most urgent staffing and workforce challenges.

Dual mandate for building a flexible nursing workforce



FOUR STRATEGIES TO BUILD A FLEXIBLE NURSING WORKFORCE (CONT.)

01

STRATEGY

Provide shorter shifts and nontraditional roles to keep experienced nurses at the bedside

02

STRATEGY

Cross-specialize nurses with similar technical skills to address experience and specialty shortages

03

STRATEGY

Scale experience with expert-led staffing models

04

STRATEGY

Enable non-float nurses to regularly practice across multiple settings

01 Provide shorter shifts and nontraditional roles to keep experienced nurses at the bedside

With an impending nursing shortage, organizations need to take every reasonable step to retain staff. Right now, experienced nurses are leaving because their roles or shifts conflict with their personal safety or home life. This trend, in combination with expected baby boomer retirements, will leave organizations with fewer experienced staff. Retaining these nurses, albeit in nontraditional ways, is necessary to provide safe patient care. Therefore, all organizations need to consider shorter shifts and roles that retain this subset of staff who can't otherwise continue to work.

This isn't a new strategy, as many organizations have developed enticing options to keep late-career nurses in practice longer. But as more late- and mid-career nurses leave, provider organizations must scale this strategy to all experienced RNs who need flexible work options.

The key to making this work is to first understand what shift lengths and types of roles staff need, and then create roles that fit and balance patient safety. To gather information on experienced staff needs, consider using existing channels such as shared governance meetings or surveys. Responses will vary across facilities, units, and individuals, so be expansive when gathering this information. Once you have this information, you can design roles within the confines of their needed hours that ensure top-of-license work without increasing patient handoffs. For example, create a short-shift float pool of nurses to work 4-, 6-, or 8-hour shifts, or design remote roles for more experienced nurses to oversee care virtually.

1. PROVIDE SHORTER SHIFTS AND NONTRADITIONAL ROLES TO KEEP EXPERIENCED NURSES AT THE BEDSIDE (CONT.)

Keep in mind, the majority of the workforce will still work 12-hour shifts. It's good for patients, and many nurses still prefer working longer hours across fewer days. Rather, supplement traditional shifts with shorter options for the subset of experienced nurses who need them. Our best estimate is less than 10% of nurses will need or want these nontraditional roles.

Who should implement this strategy?

All organizations should implement this strategy in the near term as an option for experienced RNs. Nurses across the country are struggling to balance work and family during the pandemic—this is the best option to keep or re-recruit them to the workforce.

02 Cross-specialize nurses with similar technical skills to address experience and specialty shortages

As more experienced nurses leave the workforce early, so will their deep technical expertise. Most organizations felt this challenge acutely with Covid-19—there were widespread shortages of nurses with necessary technical expertise, such as operating ventilators and proning patients. While Covid-19 surges were an outsized example of technical shortages, we expect it will be more difficult in the years to come to find enough experienced nurses with the right expertise to staff certain units. Without intervention, organizations should expect a tremendous increase in labor costs due to agency labor and chronic vacancies or dips in quality.

Rather than trying to recruit from the scare supply of experienced nurses, organizations need to cross-specialize already employed nurses with similar technical skills so they can be redeployed to other units and care sites when needed.

The most important part of this strategy is deciding which nurses to cross-specialize. Start by looking for synergies across units and care sites where at least 50% of the necessary technical skills align. For example, settings that require regular use of ventilators, telemetry devices, or radiation therapies. For some areas, there are straightforward synergies across inpatient and outpatient settings. For example, an organization we recently spoke with needed staff with expertise in chemotherapy and bone marrow transplants to fill vacancies in their outpatient bone marrow center. In response, they created split positions that redeployed interested nurses from their inpatient bone marrow transplant unit to the outpatient settings as needed.

2. CROSS-SPECIALIZE NURSES WITH SIMILAR TECHNICAL SKILLS (CONT.)

But don’t overlook the possibility for less obvious synergies. For example, sharing nurses across short-stay units, PACU, and the OR. OR nurses have seen success in PACU units due to their deep knowledge of patient’s post-surgery needs.

Over the long term, large or growing health systems will need to supplement this work by growing their pipeline of technical expertise. One of the best ways to do this is through targeted fellowships.

Who should implement this strategy?

This strategy is for those who struggle with specialty vacancies or expect to struggle in coming years. For larger vacancies, you must supplement this with additional work to create the right pipeline.

03 Scale experience with expert-led staffing models

Most organizations used team-based staffing models in response to Covid-19. This was for good reason; it helps to address experience and specialty shortages during crisis. Moving forward, organizations should be prepared to use team-based approaches more regularly with an experienced nurse leading the team.

A team-based approach can take many forms. But regardless of the skill mix, number, or types of roles on the team (including if you use other licensed or unlicensed staff), there are two guiding principles to keep in mind when implementing team-based care:

- **First, elevate experienced nurses to the head of the care team.** Ideally, this experienced nurse is proficient or expert according to Benner's stages of clinical competence. These nurses are best positioned to lead the care team, own coordination for all patients under their purview, and serve as a liaison with interdisciplinary colleagues. The rest of the care team should be created based on patient acuity, preferences, and what staff are available in your market.
- **Second, clearly define the other roles on the care team.** Each team member must have clear responsibilities down to the task level, if possible. Competent RNs are best suited to provide advanced patient care and support expert RNs with care planning, patient education, and discharge. Novice nurses who are still learning the ropes benefit from providing basic patient care and assessments. Beyond general competency-based roles, consider how to deploy LPNs or CNAs to complete specific tasks.

3. SCALE EXPERIENCE WITH EXPERT-LED STAFFING MODELS (CONT.)

Bottom line: the key to team-based care is delineating roles by expertise. This means getting comfortable with there being more than one RN job description—ensuring all levels of nurses are practicing at the top of their license. This does not mean roles have variable compensation or value. Rather, the staffing model maximizes the different skills and expertise of each nurse.

We implore nurse leaders to experiment with staffing models in the coming years. There is no silver bullet. If expert-led care teams are not the right fit, experiment which other staffing models to find the what's best for staff and patients.

Who should implement this strategy?

This strategy is difficult to execute and is not necessary for all organizations. It is a good option for organizations concerned about overall RN shortages, especially in inpatient specialty areas.

04 Enable non-float nurses to regularly practice across multiple settings

Most organizations rely on float pools as their main source of flexibility. This means only a small percentage of the workforce has flexibility built into their role. Organizations' biggest opportunity to meet changing staff needs and address staffing demands is to extend the principles of the RN float pool to the entire workforce—moving from flexibility for a few to flexibility for all.

That said, flexibility for all doesn't mean every role in the organization must be flexible in some way. It means nurses have the opportunity to work in a more flexible role if they need or want it. And nurse leaders can move staff to meet demand without "redeploying" nurses from their home unit. In addition, float pools will continue to serve an important role as a safety net for unanticipated changes in supply and demand, and organizations should continue to refine them as system needs evolve. If you need guidance on how to do this, read our take on float pools.

There are many ways to move non-float RNs across settings, including: blended roles, system-wide scheduling, or rotating staff across sites of care. The key to this broader flexibility is enabling non-float RNs to regularly practice across multiple settings.

To enable this, flexible roles must work within the organization's current structures and processes. Below are some of the questions to consider when deciding which flexible roles to pilot. The goal is to answer a resounding yes.

4. ENABLE NON-FLOAT RNS TO REGULARLY PRACTICE ACROSS MULTIPLE SETTINGS (CONT.)

- **Where do you have the most momentum from Covid-19?** Most organizations generated momentum here during the pandemic, deploying non-float RNs across a variety of locations to respond to surges. Consider where you have seen early successes and continue this work.
- **Do you have access to real-time visibility into staffing and demand?** This is easiest when enabled by technology. At a minimum, identify how units can easily communicate changes in staffing and patient demand to deploy RNs across settings when needed. If you lack this capability now, that doesn't mean you can't execute this strategy. Rather, begin to work on this now to enable visibility in the future.
- **How will flexible roles impact managers' scheduling practices?** If the new roles make scheduling harder, there needs to be a clear benefit for the manager (beyond organization-wide benefit). Consider how any tactics you pursue will impact scheduling and seamlessly incorporate that into manager processes. In the long term, make appropriate investments into enterprise-wide scheduling technologies that will improve manager workloads and enable seamless scheduling across locations.
- **Do you have process standardization across the organization?** To move staff across units or sites requires a baseline level of process standardization. If not, staff will struggle with everything from following protocols to finding supplies.
- **Have you created supports that allow nurses to safely practice in other settings?** If staff feel unsafe practicing outside their home unit, even the best designed flexible role will fail. Flexible roles need to be accompanied by appropriate cross-training and support, be that peer mentors, unit information packets, or clarification of baseline expectations of the core nursing competencies across settings.

4. ENABLE NON-FLOAT RNS TO REGULARLY PRACTICE ACROSS MULTIPLE SETTINGS (CONT.)

In addition to enabling flexibility, think about cadence. This isn't about fulfilling a once-a-month quota, but rather about moving around at a regular cadence to give nurses consistent exposure to other parts of the organization.

This strategy is ambitious and will take years. Organizations will iterate and progress over time. In the short term, early success and learning will help you respond to fluctuations in demand and staff using less agency labor. Meanwhile, you are building the blocks to create a nursing enterprise comprised of system-citizens.

Who should implement this strategy?

At a minimum, all organizations should start laying the foundation for this strategy so it can be implemented later. Even if you have the supply you need at this moment, you may not in the future. This strategy gives you a contingency plan for unanticipated changes. Additionally, giving RNs a more bird's-eye view into the system is necessary to create staff who are system-citizens.

Parting thoughts

During the pandemic, nurses were remarkably willing to flex where, when, and how they work. They became members of a system-wide workforce, abandoning their unit- or location-based identifies. Leaders must take advantage of this temporary shift in frontline nurses' perspective and use it to reinforce nurses' identity as system citizens first, and members of their unit or care site second.

We urge nursing leaders to define short-, mid-, and long-term plans to build system citizens. This will expand the possibility of what RN flexibility can look like in 5, 10, or 20+ years. We are at the early stages of creating RN staffing of the future, and much of this success will depend on nurses' identifying as an employee of their system, not a specific unit.

For additional support, please contact nec@advisory.com with questions.

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