

## Nurse Shortage? What Nurse Shortage?

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There are a number of hospitals around the country who do not suffer a nursing shortage at all, and their numbers are expected to grow rapidly as additional hospitals learn the lessons that will free them from this self imposed problem.

**Lesson 1:** *Suffering a nurse shortage is an expensive and unnecessary indulgence because fixing the problem is absurdly easy.*

The national nurse shortage we have heard and read so much about for the past decade is not nearly as extreme as we are lead to believe, although it is highly selective in terms of who is affected. Not all hospitals or healthcare organizations suffer equally. Those hospitals that have acted aggressively to

solve the problem suffer little or not at all, while those that continue to conduct business as usual have yet to overcome the problem, and will continue to face market forces that may eventually put them out of business.

**Lesson 2:** *Recognize that agencies and recruiting firms do a better job sourcing candidates than most hospital HR departments.*

**Lesson 3:** *Also recognize that there is nothing staffing agencies or recruiting firms know about staffing your hospital(s) that you cannot learn in just a few days, virtually eliminating the need for such assistance.*

Let me offer an example:

I am currently employed as the fulltime Employment Manager for the Alaska Native Tribal Health Consortium, owners of the Alaska Native Medical Center, a 150 bed trauma II hospital employing more than 425 Registered Nurses in Anchorage, Alaska. We are the only Trauma II and the only Magnet designated hospital in our state. I began my employment as a Consultant in November 2008, hired on a 90 day contract to assist the Human Resource department to identify and repair an assortment of staffing issues, including a breakdown of relations between

HR and nursing. The most pressing was a shortage of registered nurses that occasionally became so acute we were forced to divert patients to other hospitals because we could not staff enough RN's at critical times to provide clinical care. This simply could not be allowed to continue.

We recognized that we needed to act fast. We did the following things within the first three weeks.

1. We worked to re-establish trust with nursing.
2. We identified what agencies and recruiting firms do well, and we learned to do it for ourselves.
3. We developed an entirely new candidate "sourcing" model.
4. We purchased annual subscriptions to select on-line job boards.
5. We made the commitment not to use staffing agencies any longer and to hire our own travelers directly into our own travel program, converting many of them to direct hire at the end of their contracts... with no agency fee!
6. We went to work to source and hire full time Registered Nurses.

The solution was deceptively simple yet devilishly tricky to implement, requiring us to be willing

to see ourselves differently. We viewed ourselves through the eyes of a candidate, and then through the eyes of staffing agencies and recruiting firms. Once we learned to recognize about ourselves what has always been apparent to candidates, agencies and recruiting firms, we discovered that for a very long time we have actually played a leading role in creating our own misery. Once this was learned and accepted, we quickly set about fixing our nurse shortage problem.

Following these simple steps we solved our own self imposed nursing shortage. I refer to the shortage as self imposed because had we been doing these very simple things from the beginning we would not have experienced a nurse shortage at all.

The transition to full staffing happened so quickly that there was a sense of disbelief and suspicion, even among those who worked

hard to effect the change. We spent a great deal of time running the numbers over and over to confirm to ourselves and to others what we all knew; the shortage was over! It happened within 2-3 months. All FTE's were filled and even the most skeptical admit that the shortage has "mysteriously" ended. These same recruiting changes are equally effective in all other areas of hospital staffing, including imaging, physical therapy, lab, pharmacy, and physician staffing. The key to change is to be willing to change.

We currently have 428 RN's and we are fully staffed, within 97-98%, allowing 2-3% for normal attrition, in-house transfers, etc.. Within our system this includes all fulltime and part time positions. At this writing we have only 8 RN travelers, all of them working directly for us and not an agency. At this time three are committed to

direct hire at the end of their contracts.

**Lesson 4:** *The existing national nurse shortage is not nearly as severe as we have been lead to believe. Any hospital can solve their own self imposed nurse shortage, and after doing so will end up with a surplus of registered nurses and saved cash in the bank.*

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