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Management and Leadership

The Staffing Shortage Pandemic

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The coronavirus disease 2019 (COVID-19) pandemic has led to an understaffed pandemic. The recent surge of COVID-19 and the highly transmissible omicron variant increased positive patient exposures and mandatory quarantines. To complicate matters, topics such as pandemic fatigue, 'The Great Resignation', and the aging population of baby boomers eligible for retirement are contributing to the nursing shortage. Healthcare systems, human resources departments, and nursing leadership are facing many struggles in recruiting and retaining staff to maintain patient safety and reduce nurse turnover. There are temporary solutions to ameliorate these issues. However, leaders need to subscribe to strategic planning and innovative ideas to resolve this staffing crisis.

Staffing challenges are spreading throughout every state in the healthcare system, not to mention other critical industries such as hospitality, restaurants, retail, and other businesses. The US hospitals are experiencing critical staffing shortages that are among the tri-state areas, with New York at 1.49%, Connecticut at 2.63%, and New Jersey at 9.57%. Worse areas are Vermont at 64.71%, South Carolina at 25.29%, Wisconsin at 23.65%, and Washington at 11.65%. Hospitals are reporting these critical staffing shortages based on the hospital's operational needs and guidelines for staff nurse-topatient ratios (Becker's Hospital review, 2022).

Short-term solutions

Currently, healthcare administration and nursing leaders are succumbing to temporary measures to stay above water. These short-lived options are impacting the healthcare systems' bottom line and return on investment. To put it bluntly, it is 'hemorrhaging money'. Therefore, healthcare systems are taking immediate actions to address nurses staffing issues and using contingent workforce solutions to recruit candidates in a short period of time. Companies, such as vendor management services, create partnerships with nursing staff nurse placement agencies, called 'suppliers', and bridge the gap between the suppliers and the healthcare system (The People and Processes, 2020). There are also vendorneutral companies such as managed service providers (MSP). MSP is a healthcare staffing company that becomes a 'single sourcing provider' of healthcare staff for the hospital (Schmidt, 2020).

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Sourcing is the process of vetting, selecting, and managing vendors or suppliers to provide a service to run businesses' day-to-day operations (What is the Difference, 2021).

The implementation of nursing staff placement agencies or travel nurses is not sustainable and negatively impacts the economy of healthcare systems. Although there is a compensation gap between the hospital-employed nurses and travel nurses, it is not realistic for hospitals to provide the same hourly rates to staff nurses as it would cripple the operating margin (Carbajal, Plescia, & Gooch, 2022, p. 1). Nonemployed hospital staff such as per diem agency nurses and travel nurses is a cost-effective staffing strategy solely for periods when patient census fluctuates and census is high (Carbajal, Plescia, & Gooch, 2022, p. 1). Unfortunately, the COVID-19 pandemic has created census volumes higher than normal, driving the demand for travel staff rates to also be higher than normal (Carbajal, Plescia, & Gooch, 2022, p. 1). This form of 'price gouging' to meet the high demands is contributing to higher rates.

Healthcare finance departments resort to traditional compensation packages by offering retention bonuses to permanent nursing staff and other allied healthcare professionals. In addition, they are offering overtime rates and incentive hourly payments for healthcare professionals who are deployed to areas that are considered high-risk such as COVID-19 units.

Long-term solutions

During these rapidly evolving times, leaders need to explore a different perspective within their organizations. Healthcare systems are introducing their own internal travel agency programs. Large multihospital systems are aiming to combat the nursing shortage, recruit back their staff nurses, and simultaneously reduce competition rates from external travel agencies (Carbajal, Plescia, & Gooch, 2022, p. 1).

The recruitment of international nurses from overseas is another option for healthcare systems. Healthcare systems must navigate through a few key steps to meet legal criteria. Nurses that are recruited from Mexico and Canada may work in the United States with a special TN visa, an RN license from their country, and pass the NCLEX and state licensure requirements. Another pathway is where nurses who qualify for an H-1B temporary work visa and then apply for a green card. These specialized nurses work in critical care, emergency rooms, and cardiology units (Gaines, 2022).

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Last, nursing leadership can retain staff by creating flexible staffing schedules to include staffing preferences. Nurses are seeking a work-life balance and flexible staffing schedules, such as 8-hour shifts or 10-hour shifts that may be preferable than the traditional 12-hour shifts. In addition, leaders can develop crosstraining programs for other nursing units and nurses would gain familiarity with other areas over time (Virkstis, K, Herleth, A., Langr, M., Rewers, L., & Fennell, E, 2021).

In conclusion, healthcare systems have an obligation to continue to thrive and develop sustainable solutions. By creating a unique outlook, nurse leaders can seek alternative staffing models and make ongoing adjustments to appeal to all nurses.

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