# The Next Horizon:
Creating Healthy Work Environments for Leaders

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Let's Discuss

Significance

Current state

Supporting data

Solutions!
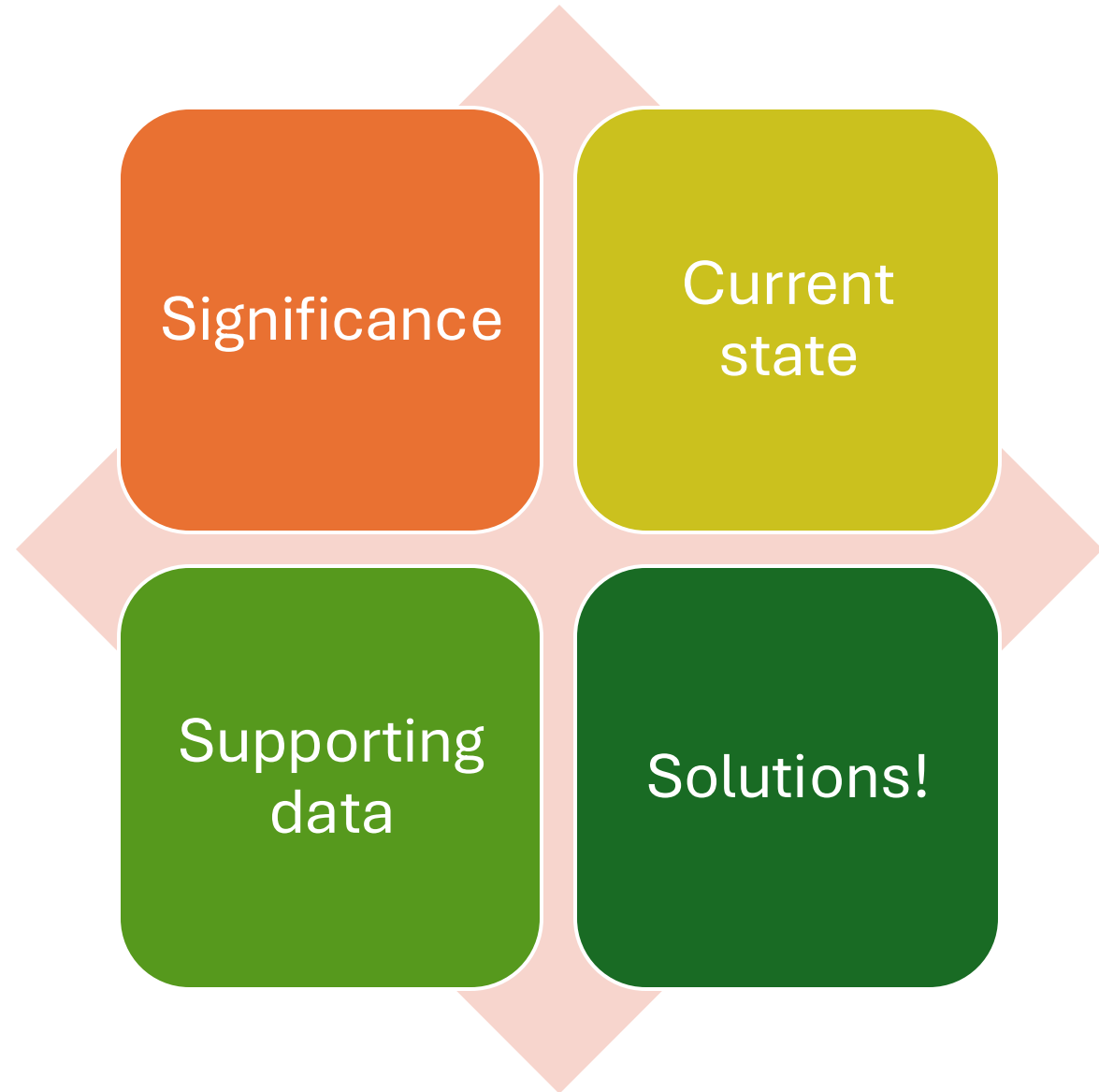
"Frontline leaders are one of the most powerful assets health systems have to navigate changing workforce dynamics successfully and stabilize their frontlines"

Source: *Connection at Healthcare's Frontline: Unlocking the Power of Personalized Engagement, 2024* [White paper]. Laudio.

What Nurse Leaders Provide: Personalized Engagement

Authentic relationship-building

Meaningful recognition

Individualized support and coaching

Tailored communication frequency and channels

Ongoing personal and professional development

Source: _Connection at Healthcare's Frontline: Unlocking the Power of Personalized Engagement_, 2024 [White paper]. Laudio.

Press Ganey NDNQI Data: AONL 2024

Clinical RNs **working for high-performing managers** report **better practice environments** across settings.
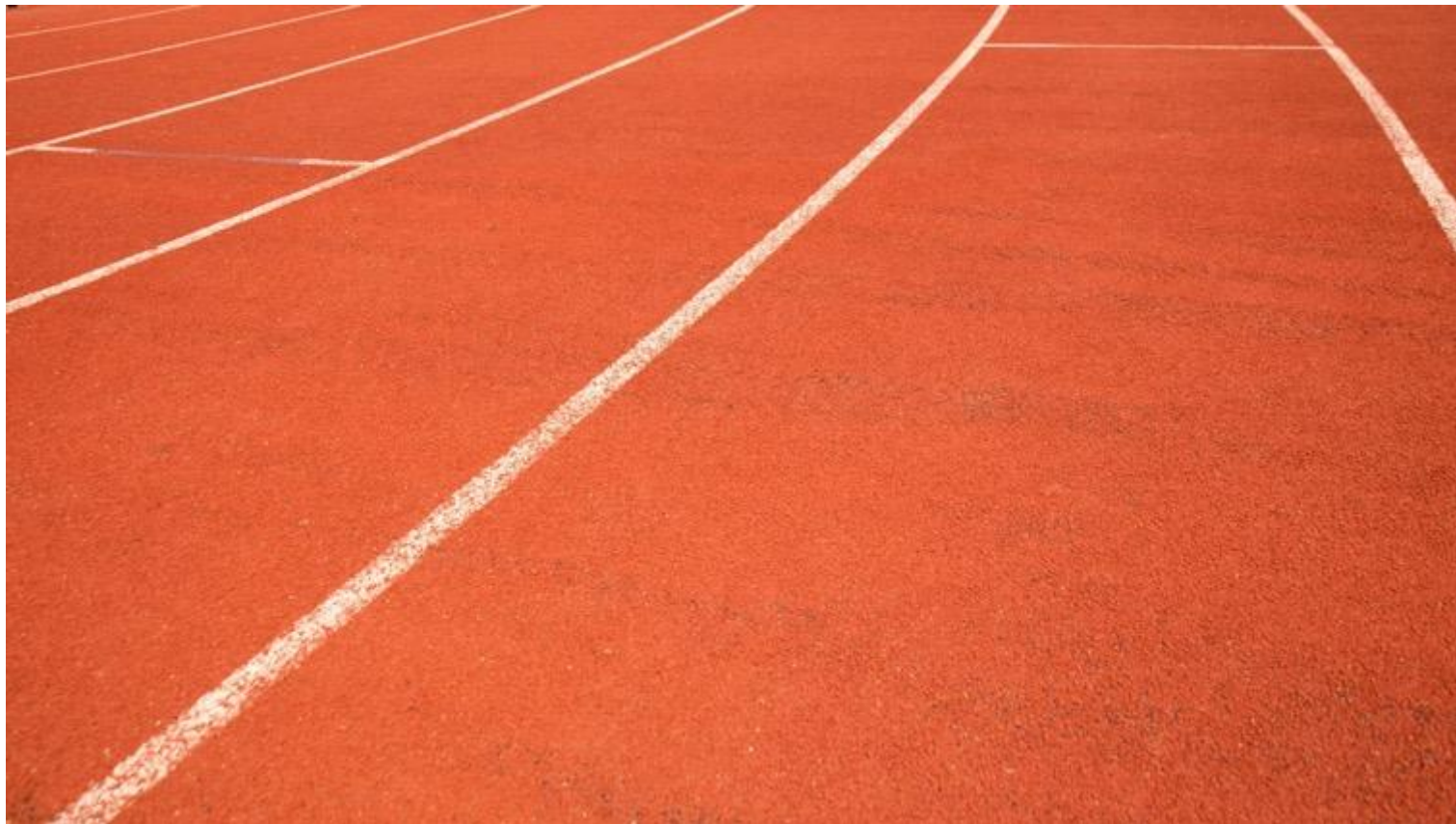
- Higher intention to stay
- Higher RN-assessed quality of care
- Lower missed nursing care
- Fewer patient falls
- Higher % of certified RNs

Challenges

N=186

How often do you experience burnout in your role?

Always	2%
Often	16%
Sometimes	54%
Rarely	24%
Never	4%

Key Findings

Following are selected key findings from the 2024 Survey of Nurse Leaders:

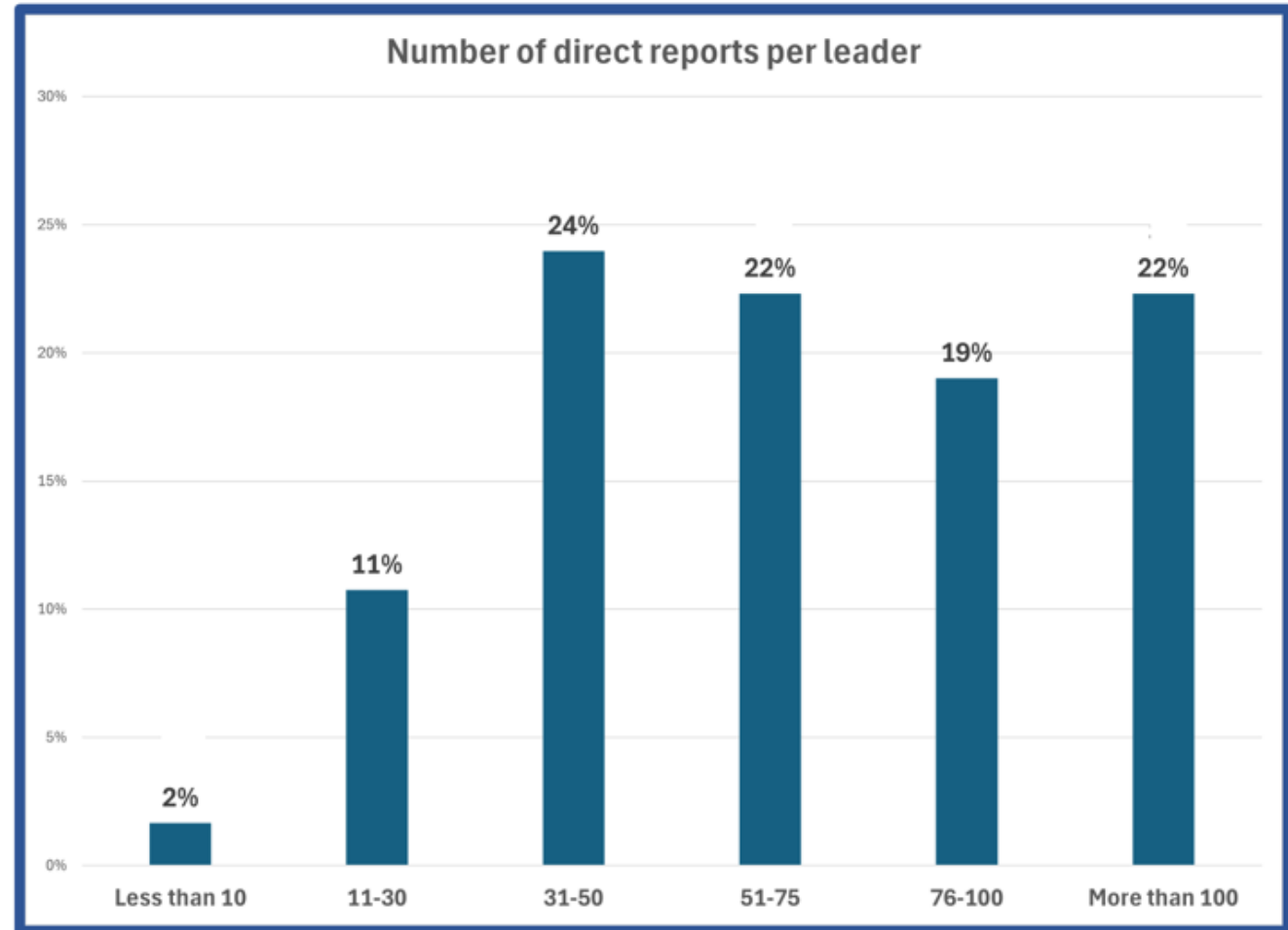The top three challenges facing hospital nurse leaders are workforce related and include:

1 **Nurse recruitment and retention**

2 **Staff burnout**

3 **Labor shortages**

Span of Control Majority:

>50 direct reports

Number of Direct Reports

Number of direct reports per leader

- Less than 10: 2%
- 11-30: 11%
- 31-50: 24%
- 51-75: 22%
- 76-100: 19%
- More than 100: 22%

Nursing Management – State of Nurse Leader Wellness May 2023 N=567

- 72.8% work more than 40 hours per week.
- Increase in number of direct reports since 2020.
- 34% did not feel a sense of belonging at work.
- 49% felt COVID-19 negatively impacted their wellbeing.
- Staffing was the top stressor for leaders.
- Hearing compliments about the team and coaching/mentoring others were top sources of joy.

Raso R. (2023). The State of Nurse Leader Wellness: Results of the third Nursing Management Wellness Study. *Nursing Management*. 54(5) 26-33.

Quote From Disenchanted Nurse Manager

"I don't want to babysit other [licensed professional] nurses anymore and be responsible for everything they do, 24/7."
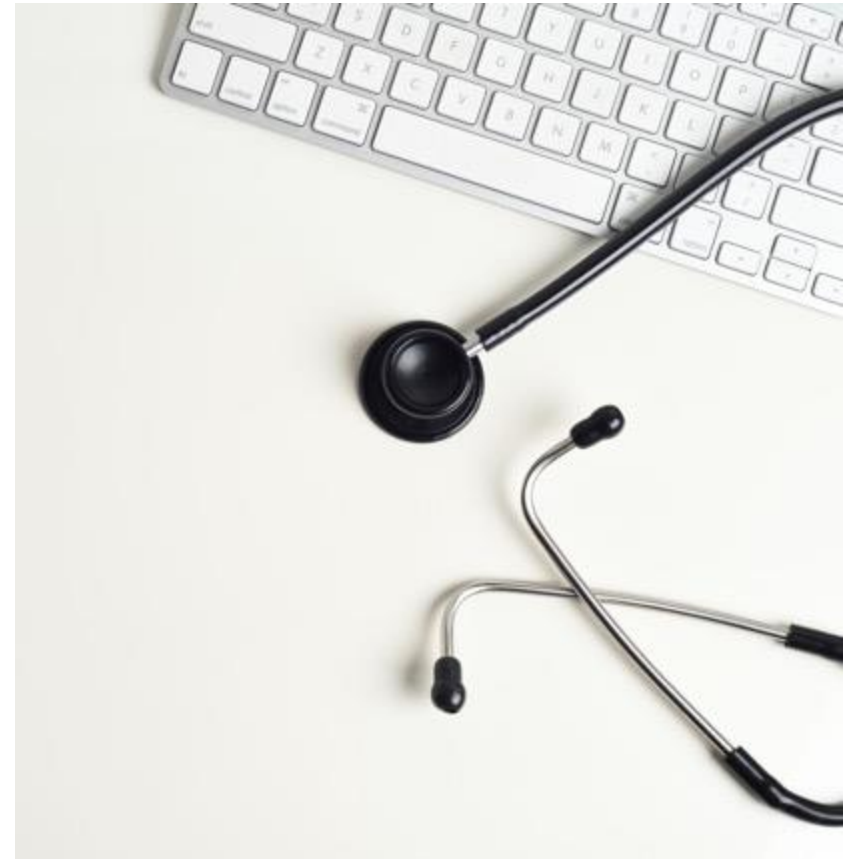
Key Drivers of Nurse Manager Success Highest Performers Versus Low Performers

- Role Preparation
- Nurse Manager Experience
- Job Design & Span of Control
- The Nurse Manager Work Environment

Schlozhauer AE, Cramer E, Grandfield EM & Warshawsky N.(2023). Individual and Organizational Success Factors Associated with Nurse Manager Success. *JONA*. 53(7/8). 392-398.

Solutions

Support Systems

Assistant nurse managers

Admin assistance

Centralized functions, e.g., staffing, payroll, credentialing

Educator/CNS

Charge nurses without patient assignments

Evening/Night/Weekend/Holiday support (reduce burden of 24/7)

Flex Scheduling

| 4-Day Workweek | Remote Day(s) | Flexible Workhours |

Evaluate Span of Control: It's Not Just FTE's

AONL | American Organization for Nursing Leadership™

Workforce Committee 2024
Span of Control Subcommittee

SPAN OF CONTROL ASSESSMENT TOOL

Directions: Consider the manager's scope of accountability and check the most appropriate score for each of the factors. Lower scores may indicate that the manager's span of control is appropriate, or they could expand responsibilities. The higher the score, the greater the need to evaluate the span of control and consider adjusting factors to right-size. High scores should be considered as part of an evaluation of the unit's overall effectiveness.

Unit type: _____   Hours of operation:

Unit # beds: _____   _____ 24/7 operation

FTEs: _____   or _____ M-F days

Headcount: _____   or _____ other (please specify): _____

FACTORS FOR EVALUATING SPAN OF CONTROL	1	2	3	4	5	TOTAL
Complexity of unit	Low Complexity				High complexity	
The size and complexity of the health care setting or unit (patient acuity, case complexity, scope of services provided)						
Hours	Weekdays		Extended hours		24/7	
The size and complexity of the health care setting						

Recognition

DAISY Nurse Leader Award nomination for Heather Woods

"She has taught us, fought for us, stood side by side with us and cried with us. She is constantly looking at ways to improve not only our unit, but provide support for us as nurses and as people."

DAISY Nurse Leader Award nomination for Adonis Bronto

"Don follows the true epitome of 'servant leadership.' He always looks for ways to improve residents' care and employee morale. He is an inspiring leader and a true rising star!"

Pathway to Excellence®: The New Standard!

"The organization uses support strategies to address the well-being needs of senior nursing leaders and nurse managers."

Tech-Enabled Workload Reduction

PUSHing	PUSHing reports
Using	Using predictive analytics
Automating	Automating manual processes
Adding	Adding communication methodologies for staff engagement

Gig Nursing

EDITORIAL

Gig nursing: Trends, technology, and the future of staffing?

By Rosanne Raso, DNP, RN, NEA-BC, FAAN, FAONL, Editor-in-Chief

I hope you've listened to Rose Sherman's keynote presentation on gig nursing at the *Nursing Management* Recruitment & Retention conference in March—the audience was riveted. What does gig nursing mean for the future of staffing? Are the days of nurses wanting a full-time job scheduled by an employer a thing of the past? Maybe not totally, but there are clear indications that the current workforce wants more flexibility and work-life balance and shorter tenures as they explore new work adventures.

Rose told us, "There is no going back": wise words as those of us

Those of us waiting to "return to normal" have realized it's not happening.

apps hit the "trough" and how that could potentially negatively affect nurses. We certainly don't need any more disruption than we have already.

Besides the gig tech component, myriad other options could and should be part of the conversation: weekend schedules, varying shift lengths, benefits choices, self-scheduling, and so on. In the "BC" (before COVID) days, we might terminate nurses who wanted part-time hours or asked for a transfer "too soon" after onboarding; now saving nurses from leaving the system is the current mantra. Shorter unit tenures do allow for active growth and de-

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Betty Jo Rocchio · Following ···
Senior Vice President & Chief Nurse Execut…
1mo · 🌐

We're innovating #nursing and the health care industry is taking note! Thanks to **Healthcare IT News** for the opportunity to share **Mercy**'s technology platform story. Works #nurse #nurses #nursesonlinkedin

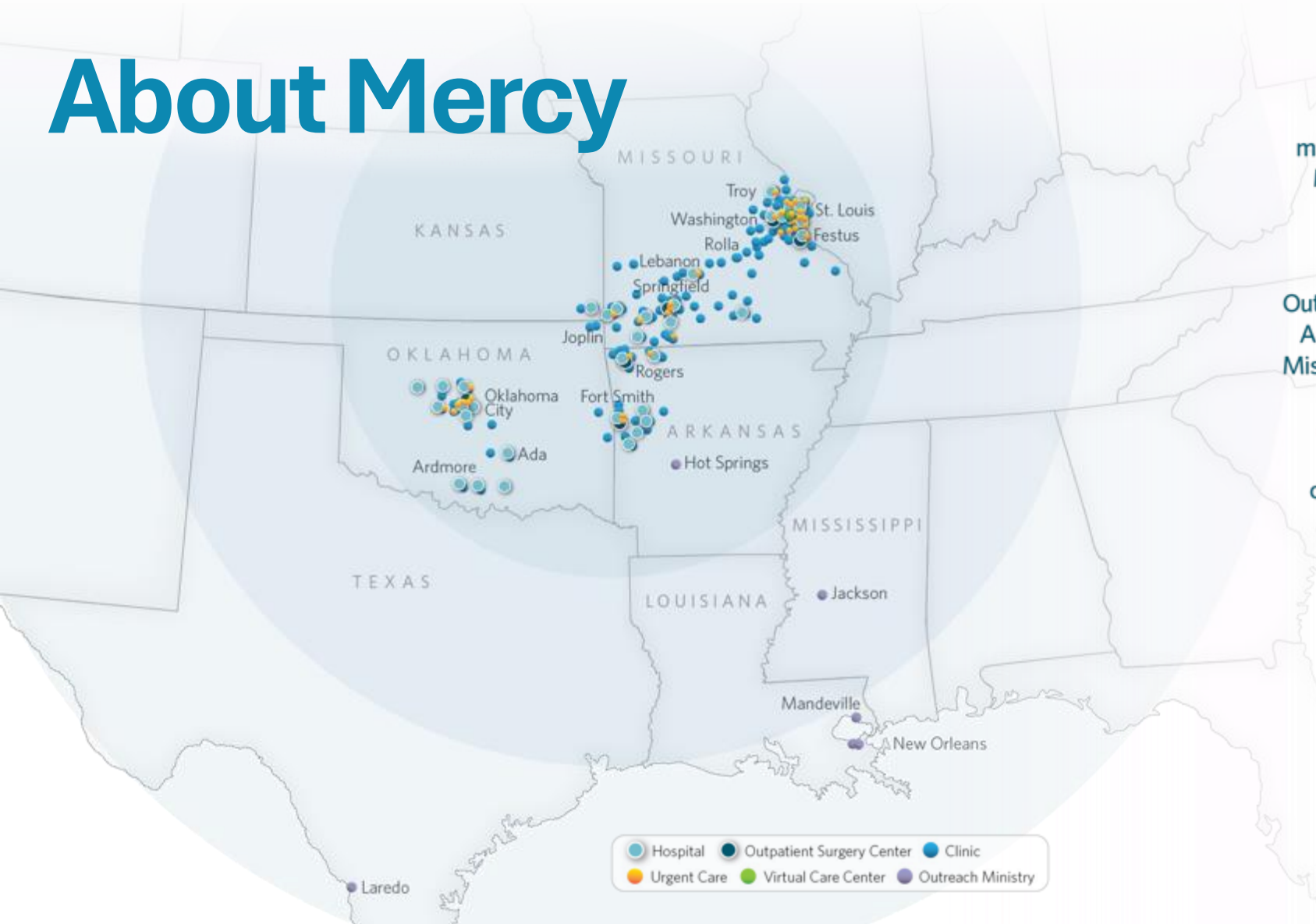**Mercy saves $30 million in 2023 with AI-powered nursing workforce management tech**

healthcareitnews.com

The Mercy "Bottom Line Playbook" to Decreasing Premium Labor Spend while Increasing Access to Care.

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Your life is our life's work

About Mercy

Headquartered in St. Louis with a multi-state footprint, Mercy is one of the 25 largest health systems in the US.

Outreach ministries in Arkansas, Louisiana, Mississippi and Texas.

Mercy's IT division and Mercy Virtual commercially serve patients from coast to coast.

1827 founded

44 hospitals

969 physician practices & outpatient facilities

4,300 integrated providers[1]

44,000 co-workers

$8 billion revenue

2.8 million annual lives touched

Mercy

Map labels: MISSOURI, KANSAS, OKLAHOMA, ARKANSAS, MISSISSIPPI, LOUISIANA, TEXAS

Troy, Washington, St. Louis, Festus, Rolla, Lebanon, Springfield, Joplin, Rogers, Fort Smith, Oklahoma City, Ardmore, Ada, Hot Springs, Jackson, Mandeville, New Orleans, Laredo

Legend: Hospital · Outpatient Surgery Center · Clinic · Urgent Care · Virtual Care Center · Outreach Ministry

Watson Health 15 TOP HEALTH SYSTEMS 2016, 2017, 2018, 2019

NATIONALLY RECOGNIZED A LEAPFROG HOSPITAL SAFETY GRADE

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES Five-Star Quality Rated

- Lower Cost of Care
- Shorter ER Wait Times
- Shorter Length of Stay
- Reduced Readmissions
- Fewer Complications
- Lower Mortality Rates
- Fewer Hospital-Acquired Conditions
- Higher Patient Satisfaction

The Primary Question

In an adult inpatient hospital unit, how does the implementation of a multi-generational workforce redesign (compared to a traditional model) affect fill rates?
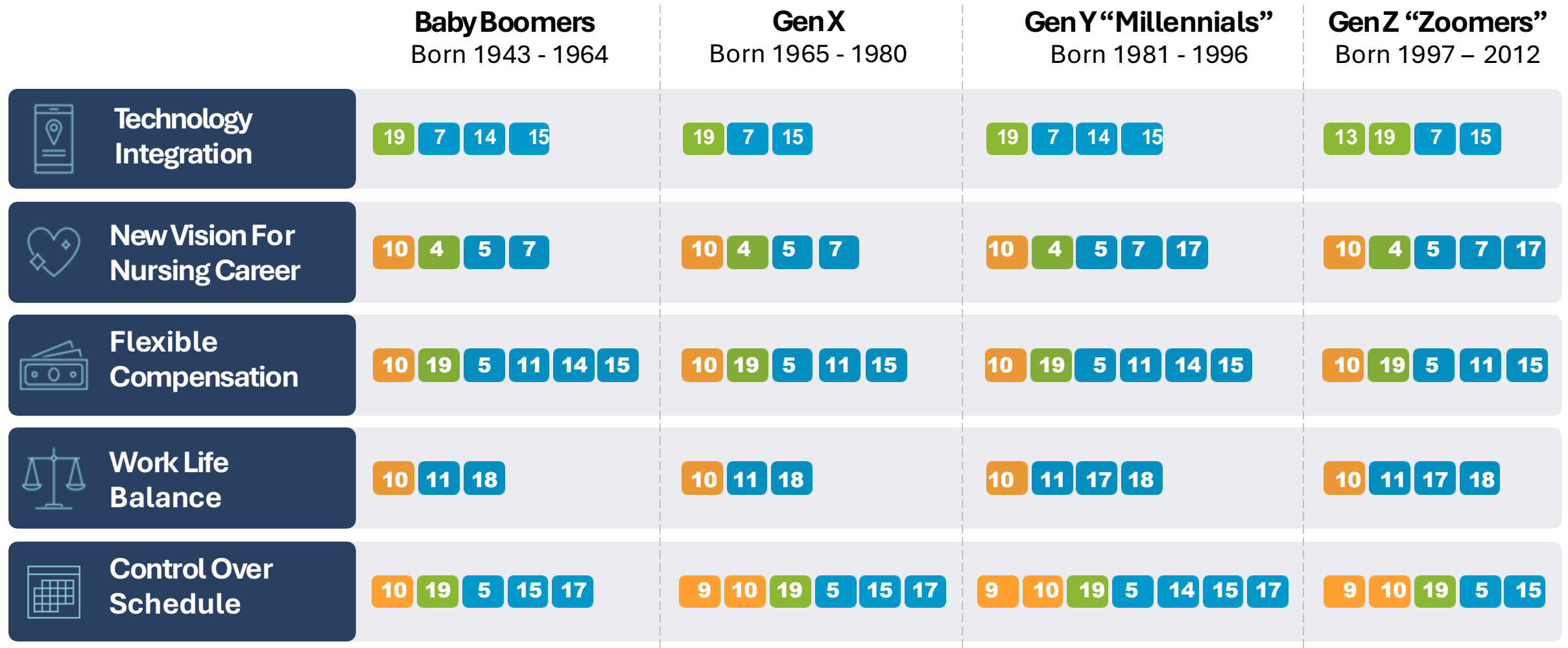
P —adult inpatient

I —implementation of a multi-generational workforce design

C —traditional design

O —adult inpatient

T —implementation of a multi-generational workforce design

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Emerging Themes: Top 5 Needs by Workforce Generation

	Baby Boomers Born 1943 - 1964	Gen X Born 1965 - 1980	Gen Y "Millennials" Born 1981 - 1996	Gen Z "Zoomers" Born 1997 – 2012
Technology Integration	19 7 14 15	19 7 15	19 7 14 15	13 19 7 15
New Vision For Nursing Career	10 4 5 7	10 4 5 7	10 4 5 7 17	10 4 5 7 17
Flexible Compensation	10 19 5 11 14 15	10 19 5 11 15	10 19 5 11 14 15	10 19 5 11 15
Work Life Balance	10 11 18	10 11 18	10 11 17 18	10 11 17 18
Control Over Schedule	10 19 5 15 17	9 10 19 5 15 17	9 10 19 5 14 15 17	9 10 19 5 15

KEY: 1-Auerbach (2017). 2-Buerhaus (2021), 3-Buerhaus et al. (2022) 4-Cartwright-Stroupe (2021), 5-Gaffney (2022), 6-Gorbenko, Fraze & Lewis (2016), 7-Lovejoy et al (2021), 8-MacPhee (2020), 9-McClain, Palakas, Christian & Arnold (2022), 10-Petriglieri (2019), 11-Prestia (2019), 12-Reinhardt, Leon, Amatya (2020),   13-Schmitt (2019), 14-Schuetz & Larson (2019) 15-Scott & Kezar (2021), 16-Sherman (2021), 17-Sherman (2022), 18-Weston (2022), 19-Wong, Kost, Fieseler (2021)
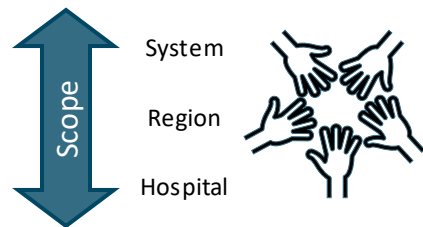
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A Bold, New Vision:
Redesigning the Staffing Model

1   Maximize flexibility to improve fill rate and satisfaction

2   Choice: options and control in schedule & compensation

3   Access for multiple workforce layers and generations

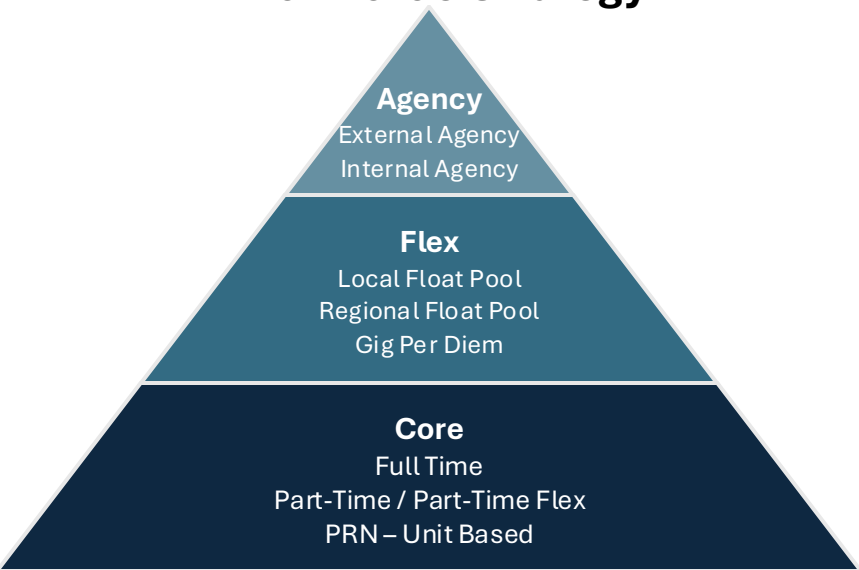**4**   Scalable, on demand technology integration with automation & AI
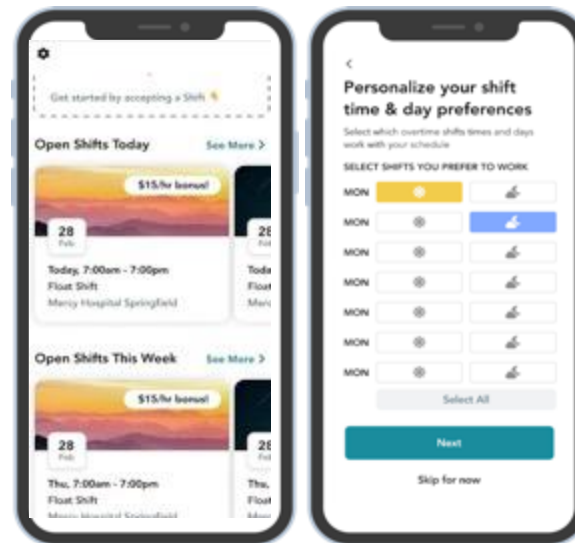
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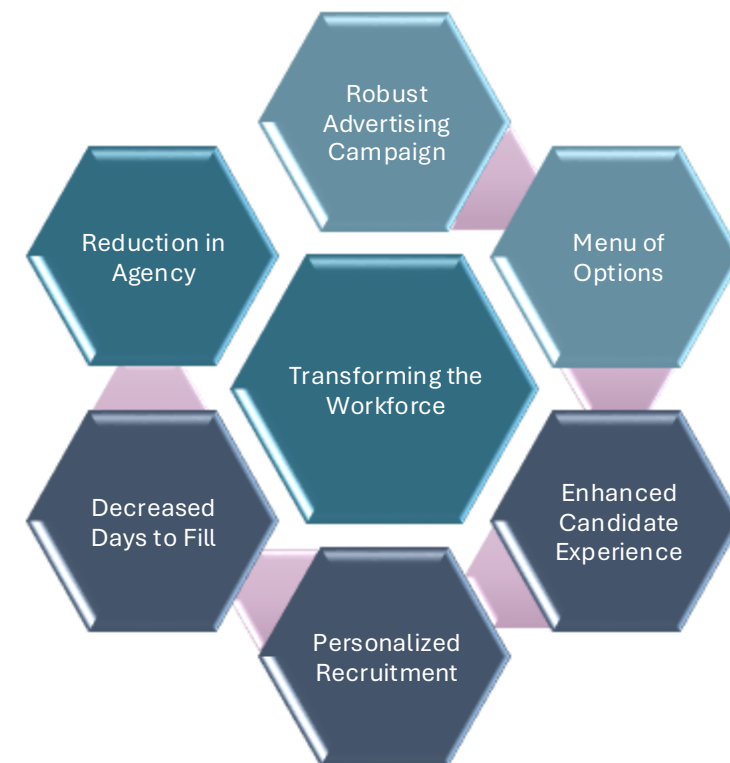# Mercy Strategies: Success to Date (FY23)

⊕ Centralized Workforce/ Operations Team

Scope: System, Region, Hospital

⊕ Operationalized the Workforce Strategy

Agency
External Agency
Internal Agency

Flex
Local Float Pool
Regional Float Pool
Gig Per Diem

Core
Full Time
Part-Time / Part-Time Flex
PRN – Unit Based

⊕ Enabling Adaptive Technologies to Improve Fill Rate and Manage Incentive Rates

UKG → MWOD → UKG

⊕ Recruitment and Retention Strategies

- Robust Advertising Campaign
- Menu of Options
- Reduction in Agency
- Transforming the Workforce
- Enhanced Candidate Experience
- Decreased Days to Fill
- Personalized Recruitment

Who Are Our "Gig" Co-Workers?

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internal clinicians

0.00 FTE
commitment

Flat rate
+ $$$

MIN required
1 shift / 30 days

MAX workload
≤32 hrs / week

3800
Applicants

1933
Hired

92%
Active

38%
Rehires

33%
New

29%
Transfers

Time Period: January 1, 2022 – October 15, 2023

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Unlocking Flexibility, Impact to Our Staffing Mix

WORKFORCE LAYER · SHIFT / HRS OPTIONS · LOCATION OPTIONS

Core

Flex

+Gig

NEW PROGRAM

STAFF MIX BEFORE

25%	
8%	
67%	

TODAY'S MODEL

8%	HC: 802 Prod Hrs: 42,345
23%	HC: 2,161 Prod Hrs: 31,061
69%	HC: 6,513 Prod Hrs: 217,928

■ Core Staff   ■ Flex Staff   ■ Agency
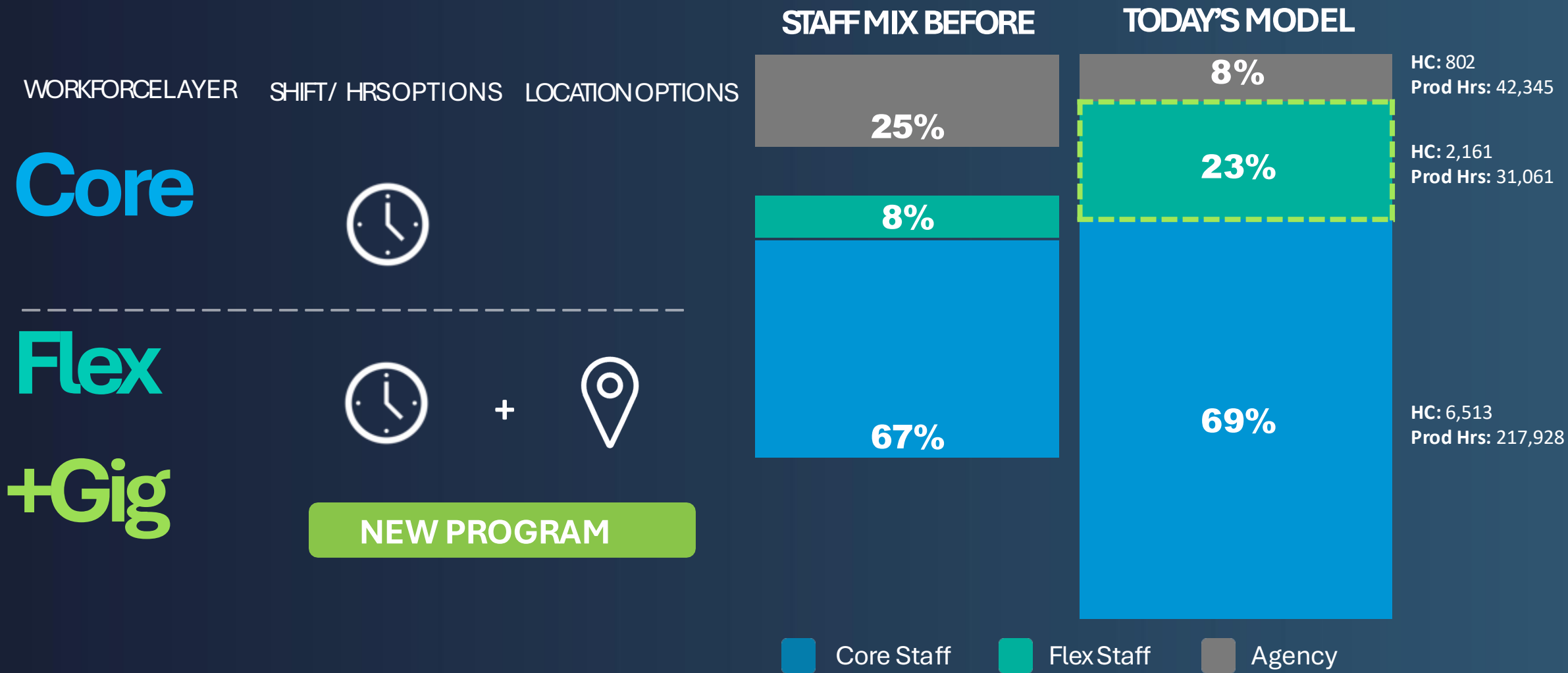
*Includes International Agency

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Demonstrated Outcomes to Date

- ☑ **Higher Fill Rate**
- ☑ **Greater Efficiency**
- ☑ **Capacity Gains**
- ☑ **Reduced Labor Dependency**
- ☑ **Lower Total Cost to Deliver Care**
- ☑ **Lower Turnover**

2 in 3 clinicians participating

105k+ shifts claimed

21% of all shifts picked up by Gig coworkers

86% fill rate *up from 83%*

212.5k shift duration hours

= 102 equivalent FTEs saved

20% fewer hours spent on staffing & scheduling tasks

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Demonstrated Outcomes to Date
FY23 & FY24 Results

- ☑ **Higher Fill Rate**
- ☑ **Greater Efficiency**
- ☑ **Capacity Gains**
- ☑ **Reduced Labor Dependency**
- ☑ **Lower Total Cost to Deliver Care**
- ☑ **Lower Turnover**

$52M
Lower premium labor spend

TOTAL COST TO DELIVER CARE
▼ 13%

AGENCY SPEND (HIGHEST COSTS)
▼ 62%

Total Headcount
▲ 6% NURSES
▲ 3.5% ALL BEDSIDE FTES

Turnover
▼ 8%

First Year's
▼ 9%

VACANCY RATE
▼ 10%

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Recent Publication

ORIGINAL ARTICLES

The Postpandemic Nursing Workforce
Increasing Fill Rates and Reducing Workload Through a Generational Design of Workforce Layers

Rocchio, Betty Jo DNP, RN, CRNA, CENP, EBP-C; Seys, Jill D. DNP, RN, NEA-BC; Williams, Denise L. MHCOE, RN, CENP, CPHQ, CPPS; Vancil, Barbara J. DNP, RN, CNE, CCRN-K; McNett, Molly M. PhD, RN, CNRN, FNCS, FAAN

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BUY   ┃┃ Metrics

Abstract
Inequities between nursing workforce supply and demand continue to challenge nurse executives in creating the vision for a postpandemic nursing workforce. Health system's workforce redesign strategies must prioritize the changing needs of the multigenerational workforce to maximize the available supply of nurses willing to remain in the workforce. A test of a newly designed flexible workforce framework, aimed to meet the needs of the multigenerational workforce, resulted in increased fill rates and decreased costs of labor.

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