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Rural hospitals are struggling with staffing shortages as more of their nurses leave for better-paying travel nurse roles—but some experts warn that hospitals' reliance on travel nurses may be a "double-edged sword."

Webinar: Retain experienced nurses by meeting their workforce needs

The nursing shortage particularly strains rural hospitals

Hospitals around the country have seen a shortage of health care workers, particularly nurses, as Covid-19 case rates and hospitalizations continue to rise. Earlier this month, the **American Nurses Association** (ANA) sent a letter to **HHS** Secretary Xavier Becerra asking him to declare the current nursing shortage a national crisis and work to address it.

However, while hospitals nationwide are struggling with the current staff shortage, rural hospitals have been hit the hardest.

Around 60 million Americans who live in rural areas rely on small, local hospitals for medical care, and the pandemic has further exacerbated the staffing shortages these hospitals have long struggled with, NBC News reports.

"If you lose one or two nurses, that makes a difference," said Audrey Snyder, president of the advocacy group **Rural Nurse Organization** and a faculty member at the **University**

of **North Carolina Greensboro School of Nursing**. "These hospitals are small hospitals and they don't have a large nurse workforce."

According to the **Cecil G. Sheps Center for Health Services Research**, a record number of rural hospitals closed last year after continuous low patient volume and high numbers of uninsured patients and patients with government-funded insurance plans. And Brock Slabach, COO of the **National Rural Health Association**, said another 216 rural hospitals are at high risk of closure.

"The rural hospital workforce has always been a challenge," Slabach said. "What Covid was uniquely suited to do was take advantage of every fracture and widen it significantly and make it even harder to cope with demands being placed on them."

Many staff nurses leave for travel jobs

A recent surge in demand for travel nurses has made long-running staffing shortages at rural hospitals even worse, NBC News reports.

Aya Healthcare, a medical staffing firm, said demand for travel nurses has increased 284% from the same time last year. And Kathy Kohnke, SVP of client relations at **Fastaff Travel Nursing**, said there are now more than 40,000 positions for travel nurses available on any given day. According to *Modern Healthcare*, 90% of hospital executives hired travel nurses to bolster their teams during the pandemic, compared with less than 60% in 2019.

In particular, many rural nurses are leaving for travel nurse positions that can pay up to 10 times more than their current salaries, NBC News reports.

According to data from the hiring website **ZipRecruiter**, nurses at rural hospitals are paid an average of \$70,000 a year, or just over \$1,200 a week. However, some staffing agencies, such as **Nomad Health** and **White Grove Placement**, are offering travel nurse positions that pay over \$5,000 a week. And the health care hiring site **Vivian** has listed several travel nurse assignments that pay up to \$9,562 a week.

Compared with rural hospitals, larger, better-funded health systems can pay travel nurses these higher rates, often in addition to a stipend for housing and travel expenses, *Modern Healthcare* reports.

"The travel nursing situation has essentially created a bidding war between hospitals," Phillip Coule, VP and CMO at **Augusta University Health System**, said. "A nurse can leave a facility, go on a 'travel contract' for a facility across the street, and earn more than double what they were making, while still living at home."

Separately, Susan Salka, CEO of the staffing company **AMN Healthcare**, said, "The delta virus is causing even more competition for scarce talent, and our clients are citing problems not only with permanent hiring but also with retention."

Salka added that demand is not exclusively due to surges in Covid-19 patients—it has been complicated by "leaves of absence, clinician fatigue, rising patient volumes and operating room backlog," which is "unlikely to change anytime soon," she said.

Relying on travel nurses may be a 'double-edged sword'

According to *Modern Healthcare*, this increased reliance on travel nurses may also lead to problems among hospitals' regular nursing staff.

"The good part of travel nursing is that when there's a natural disaster or there are very irregular levels of demand, hospitals can use travel nurses to sort of patch up the gaps," Patricia Pittman, a professor of health policy and management at the **School of Public Health at George Washington University**, said. "The bad side of travel nursing is that it becomes an excuse to not invest in your regular nursing staff. It's a double-edged sword."

According to Pittman, many staff nurses are being driven away due to frustrations stemming from working conditions and staff shortages, along with pay disparities between staff and travel nurses.

Kelly Rivera-Craine, a business agent for **Teamster Local 332** and an RN at **Ascension Genesys Hospital** in Michigan, said offering bonuses to travel nurses but not staff members—who have remained loyal to their employers throughout the pandemic and amid staffing shortages— is a "slap in the face."

Rivera-Craine also said travel nurses may disrupt clinical care and workflow at hospitals since they typically don't receive as much training as their staff counterparts and don't stay at hospitals long enough to build relationships with patients.

Separately, Coule agreed with Rivera-Craine's assessment, saying, "When you go substituting team members, it certainly has the potential of impacting the quality of care... The potential for error, for communication issues will most likely go up."

And according to Matt Calzia, a nurse practice consultant with the **Oregon Nurses Association**, the reliance on travel nurses is only worsening the already existent staffing shortages in rural and underserved areas, most of which have fewer resources and are home to marginalized communities with poor access to care.

"You're perpetuating the disparities within the healthcare system overall," Calzia said.

"We are taking nurses from areas that really need nurses, but don't pay as well, and moving them into areas that might pay better, who also really need nurses."

According to Pittman, as hiring travel nurses becomes more unaffordable for some hospitals, many are now realizing it was a mistake to furlough nurses early in the pandemic instead of investing in them as crucial workers.

"The silver lining of this crisis is that it is forcing nurse leaders and hospital leaders to take the nurse staffing situation much more seriously," Pittman said. (Miranda, [NBC News](#), 9/15; Masson, *Becker's Hospital Review*, 9/16; Devereaux, *Modern Healthcare*, 9/16)

Advisory Board's take

There's a bidding war for nurses—how do organizations compete? See our 3 takeaways.



By [Monica Westhead](#), *Managing Director*

These articles highlight an unfortunate hard truth: the nursing workforce is not immune to the labor shortages and economic forces affecting nearly every industry in the wake of the pandemic. With demand for direct patient care jobs increasingly outpacing supply, the competition for nurses is fierce. Lucrative travel opportunities are exacerbating existing staffing shortages and impacting care quality. Here are three takeaways for health care organizations thinking about the boom in travel nursing:

1. Short-term reliance on premium labor is necessary.

Even though premium labor is costly, short-term reliance on premium labor to fill vacancies is necessary to maintain safe staffing and ensure the stability of the practice environment. However, be thoughtful about how you incorporate travel nurses into your workforce. Constantly communicate the necessity of agency labor to full-time staff—travel nurses are there to reduce their workload and serve as a temporary fix. Emphasize that your organization aims to convert agency labor to full-time staff.

2. Expect staff to pursue travel contracts but make it easy for them to return.

Financial incentives to join staffing agencies have significantly increased during the pandemic—expect some of your staff to take advantage of this opportunity. Consider allowing staff to leave for a travel contract but maintain their employment status and return to your organization when their contract ends. Establish a program to ensure returning travelers and other nurses at your organization can work together effectively in a positive practice environment.

3. Allow staff to scratch their travel itch through opportunities to flex internally.

Nurses are asking for flexibility to alter their schedules, and sometimes, location, to better meet their individual needs. To meet nurses' needs and compete with agency labor, some health systems are creating internal travel agencies to flex staff across regions. If your system has sufficient scale, consider developing an in-house travel staffing resource pool that competes with traditional agencies on compensation. Offering this type of flexibility helps reduce your reliance on contract labor, helps retain staff interested in travel opportunities, and ensures nurses working in your health system are familiar with system protocols and culture.

While a reliance on travel nurses will help keep your hospitals running today, this band-aid solution is unsustainable and will not stabilize your nursing workforce in the long-term. To learn more about how nurse executives are preparing for future staffing instability, register here for our 2021 Virtual National Meeting, Hard Truths for CNOs: The Current & Future State of the Nursing Workforce, on November 2 at 1 pm EST.