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Ambulatory Healthcare Strategies

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- Describe the current staffing shortages by type of employee
  - Discuss the impact of the shortages on facilities
  - Identify suggestions for recruitment and retention of qualified employees
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- Polled ~25 industry colleagues
- Administrators, VPs of Operations, Recruiters, Consultants
- Sent out the same email to all
  - “I want to provide attendees with unique/unusual things that ASCs are doing to recruit/retain staff. Where are they searching for employees? Online, etc.? Are more centers using recruiters? I am asking my many friends in the industry for their ideas, as you all have a unique perspective”.
- Online blogs, ezines, websites, Google search
- Discussed on weekly AHS call
- My thanks go out to all these industry professionals

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All areas of healthcare have been affected

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Shortage of 200K to 450K Nurses Expected by 2025 Without Action<sub>1</sub>

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Perfect storm of pandemic and increasing patient demand

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Aging population will exceed the number of nurses in coming years

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Nurses are leaving the field in record numbers

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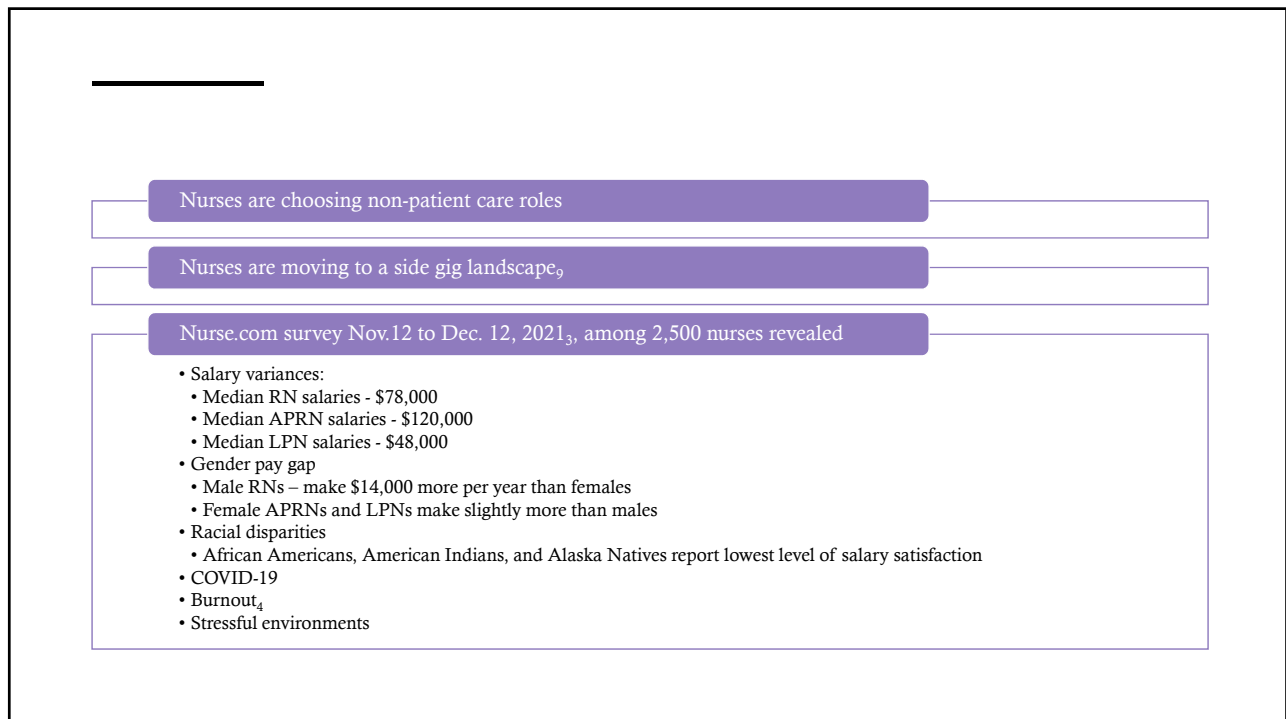
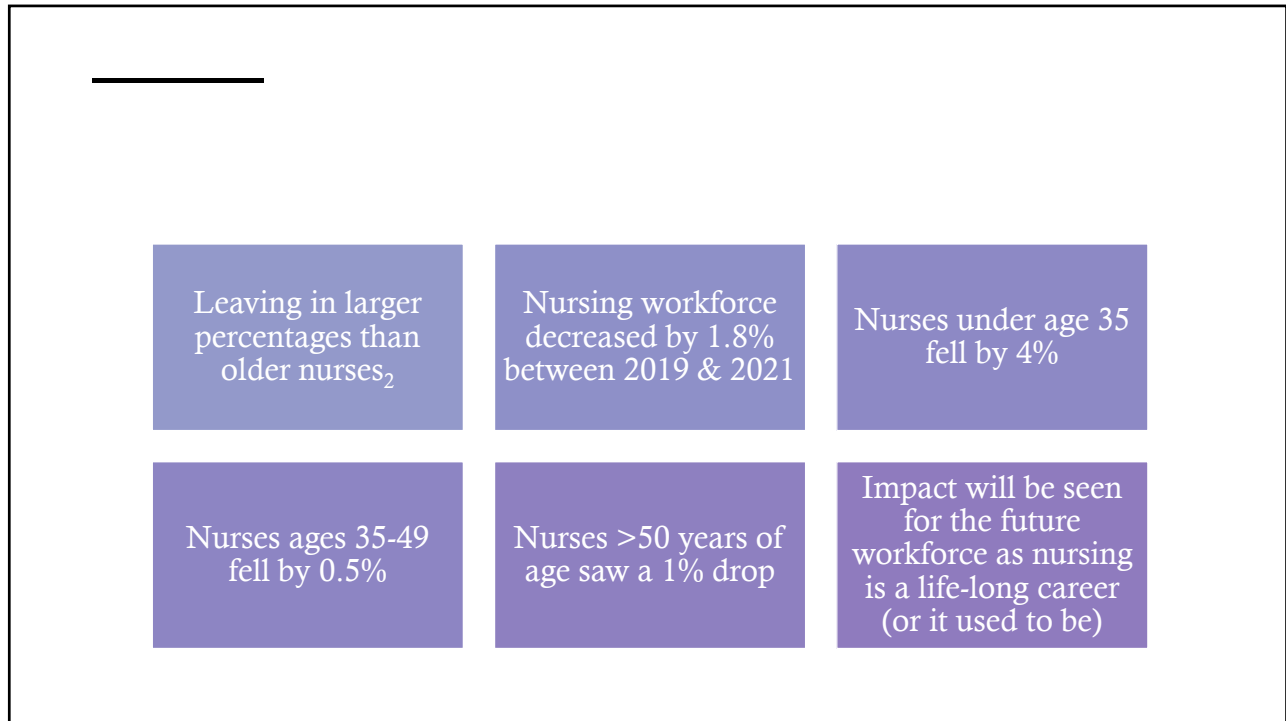
100,000 nurses left the profession since 2020; 600,000 intend to leave by 2027 according to National Council of State Boards of Nursing

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RNs reported that 15% intended to leave the industry altogether

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Country would have to more than double the number of new graduates entering and staying in the nursing workforce every year for the next three years to meet the demand for nurses



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Loyalty can no longer be assumed

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Nurse.com reported that 47% of respondents reported being open to new opportunities

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Less than 20% plan to stay in current position for more than 3 years

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30% plan to leave in the next 2-3 years

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Almost 30% stated that they were considering leaving the profession altogether

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Millennials, male nurses, acute care and long-term care nurses, and Black nurses were most actively looking to make a change<sub>3</sub>

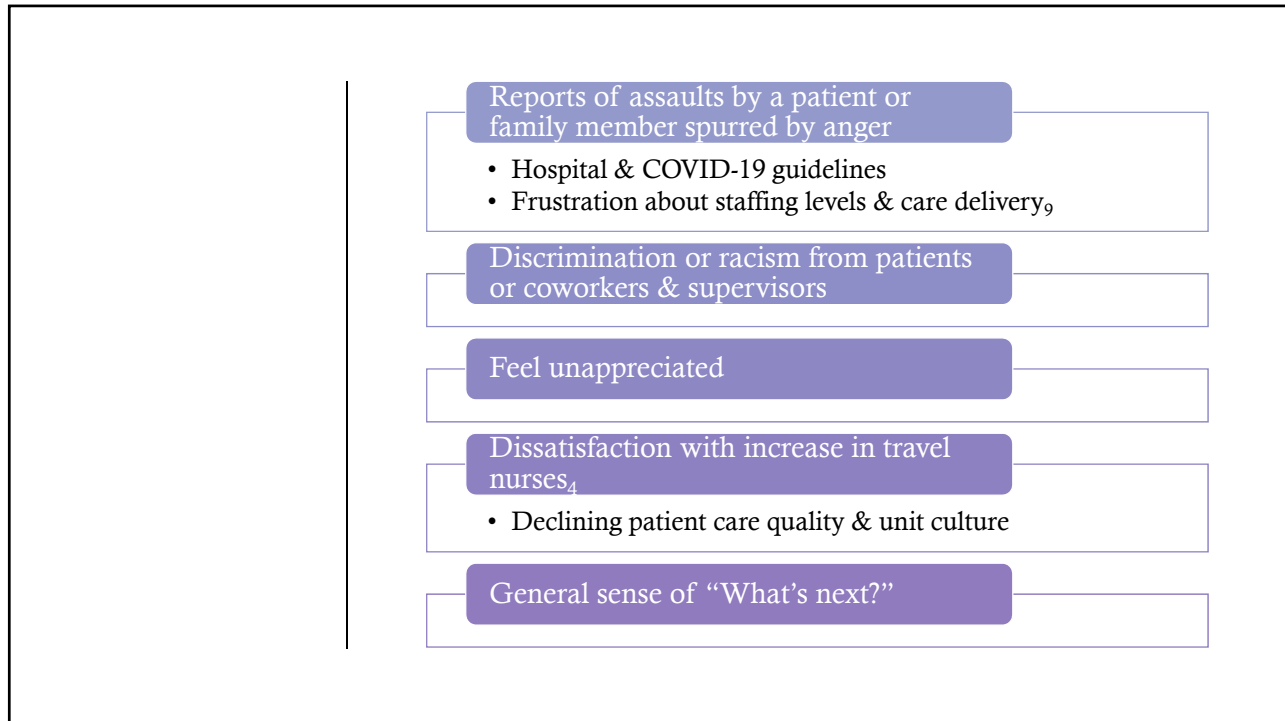
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Staff nurses left to become travel nurses for higher pay and flexible hours

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- Quiet quitting vs actually resigning
  - Described as “coasting”
  - Putting in less than required hours or just going through the motions
  - Boredom may/will ensue
  - Employees may interpret this as being OK, as it creates firmer work-life balance
  - Demoralizing to efficient employees who view quiet quitting as unfair

• *Some pros have a better idea for quiet quitters: Just quit;* Molly Gamble (Twitter); Aug. 25, 2022. Retrieved from Becker's Hospital Review online Aug. 25, 2022.

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- No category of staff is immune to shortages
  - RNs are most frequently mentioned, as reports of OR/PR closures appear in industry ezines & publications
  - Surgical techs are quickly emerging as key staff in short supply. Why?
    - Legislation in certain states requiring certification for surgical techs, i.e., Oregon, VA
    - Many techs certified after leaving surgical tech training; certifications lapsed due to CEU requirements; lack of increased pay
    - Many were trained on-the-job
    - Surgical techs increasingly demand higher salaries, some as much as the RNs
    - Shortage depends on states
  - Business Office Manager – lots of personal stories about hiring nightmares for this position
  - “Tightest leadership-labor market in 27 years<sub>5</sub> – Greg Zoch
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- [Idaho](#) (1991)
  - [Indiana](#) (2010)
  - [Massachusetts](#) (2012)
  - [Nevada](#) (2017)
  - [New Jersey](#) (2011)
  - [New York](#) (2018)
  - Connecticut (2023)
  - North Dakota (2019)
  - Arkansas (2017)
  - [Oregon](#) (2016)
  - [Pennsylvania](#) (2020)
  - [South Carolina](#) (2008)
  - [Tennessee](#) (2013)
  - [Texas](#) (2009)
  - [Virginia](#) (2021)
  - Colorado (2021)
  - Washington (2010)
  - Illinois (2013)

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- [https://www.ast.org/Public\\_Policy/Legislative\\_Overview/](https://www.ast.org/Public_Policy/Legislative_Overview/)
  - Association Of Surgical Technologists (2023)

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- Scheduling havoc – both surgery and staffing schedules
    - Possible cancellations
    - Possible room closures
  - No wiggle-room
  - Managers staff routinely
    - State & national meetings are seeing last-minute sign-ups as managers don't have staff to back them up
    - Webinars – people sign up, but they can't participate. Large increase of recorded webinars resulted.
    - Still have management roles to fulfill
    - Basically, doing two or more jobs
    - Leads to burnout
  - Financial impact – higher salaries, use of travelers, lost revenue from cancellations, in addition to impact from supply chain interruptions
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## Tips from your peers

- Form relationship with local schools, especially technical schools for techs and certified nursing assistants (CNAs)
- LinkedIn
- Indeed
- Call former applicants – keep qualified applications on file
- Staffing agency (costly but may be worth it)
- Current employee referrals; pay finder's fees
- Physician referrals, especially anesthesia providers
- Solicit names of staff at local/regional hospitals who work 12-hour shifts



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Chamber of Commerce

Invite potential candidates to shadow ASC/HOPD employees

“Old school” - local newspaper, advertise on radio

Put ads in nursing journals, recruit at conferences, use job search engines for nurses<sub>6</sub>

Build relationships with real estate agents

Facebook, social media

Offer 8, 9, 10-hour shifts; be creative

Consider 4-day workweek

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Hold an open house cocktail hour

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Place hiring banner on home page of center's website

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Focus advertising/marketing on "family" work environment;  
explain that small setting creates a sense of unity

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No call, week-ends, holidays

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Emphasize that employees have a voice

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Create a website that is only used for recruitment

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Video ads: 1 Pre-op and 1 PACU nurse that discuss the  
benefits of working at the facility; make it personal

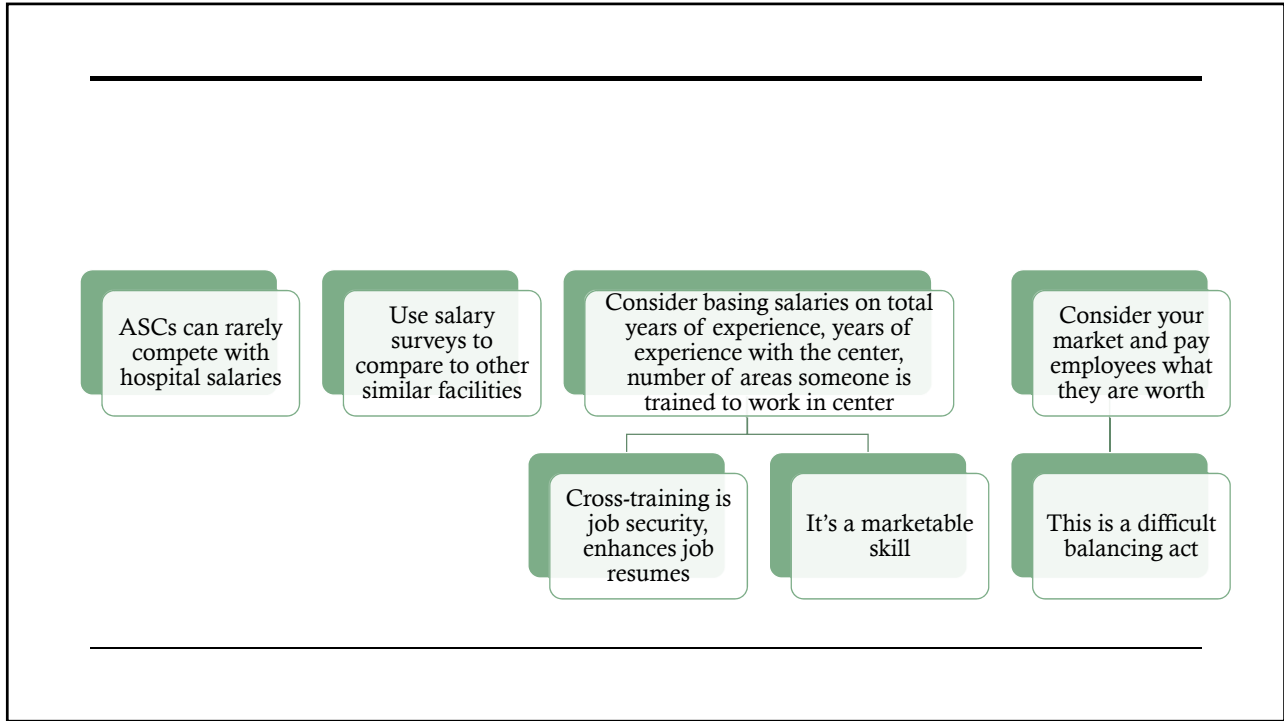
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Applicants are hard to find. They

- respond to center's ads, etc.;
- schedule interviews;
- don't show up;
- OR...
- accept jobs;
- don't show or they send an email late Friday that they aren't coming.
- Back to the drawing board








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Communicate	Communicate: be honest
Deal	Deal with rumors: "Rumor Has It"
Smile and greet	Smile and greet staff, physicians and anesthesia providers early in the morning
Help	If employee looks frazzled, let them get a cup of coffee; help them set up their room or work area
Supply	Supply break room with snacks that employees really like
Form	Form a morale committee and budget money for activities
Recognize	Recognize birthdays and anniversaries

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- ✕ Schedule a Whine and Dine
  - 📖 Create a book club. Let employees pick the books
  - 📖 Offer to cover costs for administrator training or other continuing education. Invest in the employees
  - 📖 Consider offering a periop training course (ex. AORN Periop 101)
  - 📖 Encourage career development
  - 📖 Try to release the staff schedule 6-8 weeks in advance. Allows for per diems to sign up to fill open slots
  - 📖 Buy gift cards to hand out in recognition of a good job
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Higher pay

Better support for work-life balance

More reasonable workload

Gen Z prioritized better colleague interactions

Challenge the digital natives to upgrade skills, increase tech aptitude

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- Ask questions: “What do you need to do your job? What is frustrating you? What is making you happy?”
    - Don't just ask; act on the replies
    - Is the employee happy in their current role?
  - Offer a retention bonus vs sign-on bonus. Employee has work experience in your center. If they are good, reward them.
  - Negatives of sign-on bonuses
    - Entices people looking for “up front” money
    - If employee doesn't work out, they've got the money
    - ASC is left trying to determine how to terminate the employee
  - Offer referral bonuses to current employees
  - At monthly staff meetings, schedule a surgeon to provide a 30” inservice
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- An administrator contracted with a hospital chaplain to provide employees access to a neutral party if they have issues or feel overwhelmed
    - They can meet her privately at the hospital or at the surgery center
    - Employees have stated that they appreciate this resource, even if they haven't used it
  - Deloitte survey in 2021 showed nearly 6:10 of millennials and Gen Z's did not tell managers about their stress or anxiety. If they took time off, they gave a reason other than mental health needs for the time off<sub>10</sub>



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- Critical to success of new employees
  - Hire med-surg nurses and cross-train
  - Consider hiring newly trained surgical techs and SPD techs
    - Skills are fresh, and ASCs are regulated with policies and procedures specific to ASCs
    - New RNs need extensive orientation and are more difficult to train
  - Pay the preceptors – they are basically doing 2 jobs, if not more
  - Customize the orientation to the new employee; do away with cookie-cutter orientation except for general training requirements
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- Before starting, ask each new employee:
    - How much time each day can you typically stay interested in learning activities?
    - How do you prefer training: reading, “live” training, webinars, online?
    - Customize the orientation based on responses
  - Use Day One for review of employment paperwork; don't forget the Employee Handbook
  - Develop orientation checklist: general orientation & job specific
  - Make sure an orientation checklist is started on Day One and maintained until completion
    - Employee and preceptor should keep it current
    - Fill in all the training and competency checks with dates
    - Sign off and date when complete
  - Don't rush the process

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- All mentors are not created equal.
    - Excellent nurses may be terrible teachers
    - Competent nurses may be excellent teachers
  - Mentors should do everything according to the rules, policies, etc. No short cuts
  - “OR nurses eat their young”. You don’t need this philosophy in your center if you want to keep new employees. Don’t tolerate this.
  - Train mentors to look for warning signs that the new employee may be unhappy; may not be a good fit; may be looking to move on.
  - Encourage mentors to maintain “active” communication.
  - Know when to let go & when to let the new employee go solo.
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- Do you have an employee who is not a good fit?
    - Disruptive; exhibits insubordination
    - Informal leader
    - Passive aggressive
    - Displays general incivility/insolence
    - Gossiper
    - Bullying
  - Toxic worker
    - Someone who "engages in behavior that is harmful to an organization, including either its property or people." Additionally, the study reports that "aside from hurting performance, such workers can generate enormous regulatory and legal fees and liabilities for a company." <sup>7</sup>
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- You may not know this is going on, but...your employees do...and they are watching how management handles this employee.
  - Are you afraid:
    - to discipline the employee?
    - to let them go?
    - that you may have to staff because you don't have someone to replace this person?
  - Trust me. You're better off letting them go. "A leopard cannot change its spots".  
(*Jeremiah 13:23 (King James Version)*)
  - They are not going to change.
  - Your staff will thank you in the long run.
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1. Correct employees in private
  2. Take care to give employees full credit for what they do
  3. Project a caring image
  4. Temper accountability with the opportunity for reasonable explanation
  5. Clearly define job duties and deadlines
  6. Speak to employees with respect
  7. Provide feedback and training for problems on the job
  8. Have clearly defined sanctions for misconduct
  9. Treat all employees fairly and equally
  10. Supervise without being oppressive or suspicious
  11. Encourage initiative and decision-making on the job
  12. Encourage employees to question and discuss job issues
  13. Create a complaint resolution procedure for employees
  14. Provide written employee materials for reference
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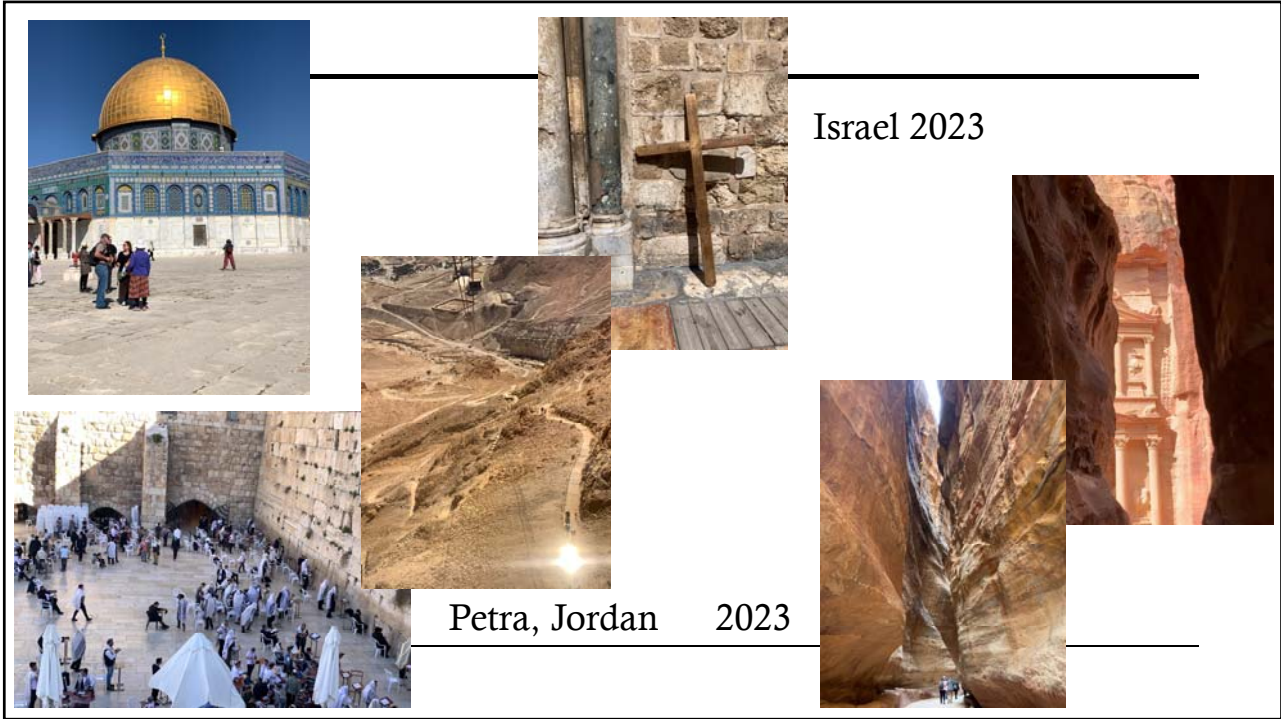


*Leading at a Higher Level* – Ken Blanchard; 2006

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- Include nurses in decision making and governance
  - Show more appreciation
  - Ensure staff are taking breaks – even if they don't want to
  - Communicate about future plans & the vision for the center
  - Do more wellness checks<sub>g</sub>
  - Be supportive when someone does want to leave. Leave the door open if they want to come back.
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- We haven't solved the issues today and we discussed lots of tips from your peers
  - Now, let's hear from you









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Ambulatory Healthcare Strategies

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For a free copy of my eBook: Admin 101; *What Every New ASC Administrator Needs to Know*, please write to me

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