

The Rural Perspective: Wisconsin Hospitals Share Workforce Solutions

Jo Anne Preston

SUMMARY

The healthcare workforce crisis is daunting, and there are no quick fixes. However, intentional actions—taken one step at a time and skillfully led—can keep healthcare organizations moving forward to face the challenge. Six members of the Rural Wisconsin Health Cooperative, a 45-hospital collaborative network, are taking a strategic approach to meet the crisis head-on. This article shares their best ideas, along with supporting leadership tips, to address three questions:

1. How do you retain the employees you want to keep? They have options, and they are choosing the options that are best for them.
2. What can be done to enhance recruitment efforts and attract new employees? This is of particular importance with regard to frontline technical roles in competitive rural job markets.
3. What do innovative partnerships with those who prepare the healthcare workforce look like? Organizations need to build career ladders for today and into the future.

These rural hospital administrators share what is working, what shows promise, and lessons they have learned along the way.

Wisconsin folks have been known to brag. When I moved to the state in 1988, I found that trait a little off-putting. After 30 years, though, I now understand the pride, as evidenced in the reputation for high-quality

rural healthcare. Historically, Wisconsin has seen a low rural hospital closure rate, and one of the reasons for that is the local climate for collaboration. Member hospitals of the Rural Wisconsin Health Cooperative (RWHC), for example, can be 20 miles apart but still work together. They share best practices and resources with the belief that a rising tide lifts all boats.

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The author declares no conflicts of interest.

DOI: 10.1097/HAP.0000000000000138

But there's nothing like a pandemic to rock the waters and put everyone at risk. About 40 percent of US rural hospitals have been looking at possible closure recently, according to a report from the Center for Healthcare Quality and Payment Reform (2022), and it would be foolish to think that Wisconsin (or any state) is immune to this risk.

The workforce crisis is real in Wisconsin, like everywhere else, and the pandemic is further clouding the future. For example, the Wisconsin Council on Medical Education & Workforce (2021) projects that the state will be short almost 16,000 nurses by 2035. This is big trouble, even if the reality is only half as bad as the projection.

Where those future nurses will come from is another source of concern. The oldest part of Wisconsin's healthcare workforce is the faculty at the schools of nursing. Given a significant salary gap between faculty and comparably trained nurses who provide clinical care, the schools are finding it nearly impossible to replace retiring faculty, let alone expand their numbers. As a result, schools must turn away qualified student applicants.

Nurses represent a high percentage of the total workforce that is falling short, and yet they are just one segment of it. Rural maldistribution continues to be a challenge, as most healthcare professionals such as lab technicians, psychiatrists, and social workers tend to prefer to live and work in urban areas.

Meanwhile, people are re-evaluating work and life in the wake of the pandemic just as the population most likely to need care is growing. More rural Wisconsin counties are experiencing a natural decline in their younger populations. Between 2000 and 2010, 18 rural counties had more deaths than births, which was a rare phenomenon in prior decades. In each of those counties,

natural population loss continued through 2020, with 11 counties joining them to bring the total to 29 (Knapp 2021). While this translates to an overall lower population, the older population—with greater healthcare needs—grows in proportion to the younger population who would be the future workforce to care for them.

With a record-low unemployment rate of under 4 percent in the state (State of Wisconsin Department of Workforce Development n.d.), how can hospitals compete with local stores where there are no bedpans to clean? Never have creativity and innovation been more crucial. Healthcare providers who are surviving know that.

Retention

Efforts to ensure an adequate rural healthcare workforce must start with solutions to retain the workforce that is already in place. My survey of RWHC-member hospitals for this article captured the following successful retention tactics for healthcare leaders:

- **Increase and improve communications.** Messaging must be honest, transparent, to the point, and regular. Posting high-priority benchmarks and updates in places where people will see them is a good practice. In fact, communication is always critical—and during the pandemic, it has been more important than ever. Vaccine mandates have provided a teachable moment on the value of communication. In Wisconsin, no more than 4 percent of departures from the healthcare workforce could be attributed to mandatory vaccination (Wisconsin Office of Rural Health 2021). The mandate had the least impact on organizations whose leaders provided consistent messaging, exemplified good listening skills, and

offered compassionate understanding of differences of opinion while maintaining standards and expectations.

- **Increase the hourly minimum wage.** It is time to face the truth that some of the lowest-paying jobs in healthcare are ones that providers cannot function without. Fair compensation is a must, and in rural communities, \$15 is a good starting point. Market surveys of pay should be done sooner rather than later to bring compensation above normal adjustments. Pay is not the only thing, but fair pay does matter.
- **Offer bonuses for salaried managers who pick up staff shift.** Rural healthcare middle managers are stretched and are frequently promoted before they feel competent to lead. One trap they can fall into is “hiding” behind their old, more comfortable duties rather than tackling uncomfortable leadership responsibilities such as coaching and delegation. Paying these middle managers specifically to fulfill the duties of their former role can help them draw the distinction between their technical skills and leadership skills and serve as a coaching opportunity for you in encouraging their continued growth.
- **Provide employees with the total value of their benefits package.** People do not necessarily realize the financial contribution their employer is making to their health insurance, 401k, and other benefits. When they can see all of this information in black and white, their reactions to the higher hourly rate of a traveler may be more circumspect.
- **Promote leadership development.** Grow leaders from within the organization and help them succeed through skills-based education. Many resources are available—even low-budget, self-led sessions can work well. (E-mail jpreston@rwhc.com for a basic guide to do-it-yourself leadership development.)
- **Maintain (or reinstate) Health Professional Shortage Area status** so registered nurses and other caregivers in rural communities can be eligible for federal loan repayment.
- **Provide referral bonuses for employees whose recommendations result in successful hires.** While this tactic works well for recruitment, it doubles as a retention tactic because it shows that the culture you are leading is one that employees would encourage others to join. To that end, rounding with employees will answer the question, “What are we doing here that would make you want to (or not want to) refer your friends to work here?”
- **Do weekly leadership rounding.** This goes beyond simply popping into departments. Prepare meaningful communication and focused inquiry and follow through on what is heard.
- **Put senior leaders on the front line.** Before becoming CEO, were you a nurse? Taking a shift makes a powerful statement to the team about the commitment to doing whatever it takes.
- **Send thoughtful thank-you gifts to employees’ homes, along with personal notes.** Handwritten notes are powerful when done with genuine care and specificity for what is appreciated. A generic “great job!” can backfire, so take the time to highlight something unique about the individual employee after tapping direct managers for their input.
- **Host a Zen den.** Find dedicated space for staff to stop, take some breaths, and rejuvenate. Breathing is stunning in its simplicity and effectiveness

for well-being when done correctly: posture upright with shoulders relaxed and down. How long has it been since you took a couple of deep, intentional breaths? It matters that you do it and then lead with it.

- **Make space in the facility for exercise breaks.** The best healthcare facilities encourage and enable employees to maintain healthful practices, not just care for the sick.
- **Give bonuses to current staff, not just new hires, equitably across the organization.** Establishing a “perseverance fund” for employees who hang in there during tough times can support efforts to ease tension that results from working alongside higher-paid travelers.

Recruitment

With workforce stability initiatives in place, attention must turn to efforts to recruit new employees and up-skill current employees. The following practices for healthcare leaders have proved to be effective at RWHC-member hospitals:

- **Expedite the interview and selection process where possible.** If a hiring takes many weeks, candidates will go elsewhere. Invest in developing transparent processes and ready-to-go tools for efficient and effective hiring.
- **Allow new hires to use paid time off (PTO) immediately, and then increase their PTO at earlier intervals.** This recognizes changing realities in light of the pandemic’s effects on work–life dynamics (e.g., children’s school is in person, then it’s not, then it is...).
- **Cross-train to create desirable full-time positions.** Creative combinations of responsibilities (e.g., certified nursing assistants [CNAs] cross-trained as lab assistants) allow hospitals to recruit candidates who want full-time employment. Cross-training efforts must be approached in the right way with sufficient time for skill-building, mentoring, and matching the right amount of challenge to that sweet spot of the learner’s ability and interest.
- **Add benefits to frontline employees who cross-train.** This may include adding benefits to boost full-time equivalent calculations or bonuses for taking on high-need roles.
- **Continue to hire part-time employees.** Allowing those employees to grow by offering tuition support will prepare them to eventually fill higher-need positions (e.g., sponsoring a part-time massage therapist to get additional education to become a lab technician).
- **Advertise openings in regions where other hospitals have laid off staff or closed.** Such an act is merciful, not mercenary.
- **Develop a nurse-extender program with nursing schools.** One RWHC hospital has invited nursing students during their last semester to work in the medical surgical department to gain on-the-job experience and, in the process, help stretch RN care for more patients.
- **Promise tuition support.** In dire times, hospital education budgets are frequently and unfortunately the first to be cut—but now is not the time for that. Some RWHC members offer up to \$40,000 in tuition reimbursement for degree completion in needed areas.
- **Use social media to promote the organization as a great place to work.** Record and post video testimonials

from current staff representing all areas (not just clinical) and all demographics.

Innovative Partnerships

In addition to up-skilling current employees, RWHC members are working with partners to build career ladders and fill roles in innovative ways. Members recommend the following efforts based on their successful experiences:

- **Engage with schools to spur interest in healthcare careers.** This includes paying high school students for their education and training as entry-level medical assistants and CNAs. Creating a relationship with them at this point can make them want to work for you now or come back after they complete higher education.
 - **Build connections with technical colleges and universities.** Partnerships between RWHC members and colleges and universities have led to increased numbers of rural physicians through rural medical residencies and graduate medical educational offerings, the University of Wisconsin Academy of Rural Medicine program for rural medical practice, pharmacy rural residencies and training tracks, and more.
 - **Encourage purposeful play.** RWHC is developing a gaming app for high-schoolers in partnership with the Wisconsin Area Health Education Centers, the Wisconsin Department of Public Instruction, and programmers at Acme Nerd Games. The game will be evaluated by Basil Data to examine its effect on user awareness of and interest in pursuing rural health careers.
 - **Secure state money to grow-your-own lab techs, CNAs, and medical assistants.**
- Grant writers for hospitals in Wisconsin were able to help the state department of health services streamline its funding process to boost allied health-care and advanced practice nursing workforces.
- **Create job roles to assist caregivers.** New roles such as “communication navigator” and “runner” can provide essential support to help communicate with family members and do what-ever is needed for staff to work at the top of their licenses, especially during high-volume, high-demand shifts
 - **Stay connected with retirees.** Bringing back staff to provide much-needed help with testing and vaccinations has greatly eased the burden during peak pandemic times. Even if they do not want to return to the workforce full-time, many retirees are ready and willing to help during a crisis, which also reflects the value of establishing a strong relationship with employees now.
 - **Build your float pool.** As one creative tactic, when current staff depart, invite them to stay on at minimal FTE (e.g., at .1 or .15). Another idea is to connect with public health departments for resources for staffing vaccination clinics.
 - **For patient sitters and greeters, turn to retirees in your community.** There always have been, and always will be, people who want to help, and hospital leaders need to remember to ask.
 - **Work with other providers to challenge regulatory burden.** During the pandemic in Wisconsin, the National Guard was trained in 72 hours to work as qualified CNAs. Students training as CNAs typically must complete 120 hours over several weeks. Rule changes clearly are overdue.

- **Get involved in community and economic development.** Hospitals do not have to take the lead, but partnering with agencies to secure the housing, childcare, broadband, and welcoming environment that our workforce needs makes sense for the entire community. In this way, too, a rising tide lifts all boats.

Conclusion

In today's workforce environment, healthcare employees have options. Their leaders must take steps to retain the employees they want to keep. To fill crucial front-line technical roles, hospitals are competing for the new employees everyone wants. Those recruitment efforts must address healthcare's historical realities of low pay and high turnover. To ensure a sustainable future, healthcare leaders must build existing and new sources of necessary skill sets. That development takes time—at a time when plates are already full.

The challenges are particularly pronounced in rural areas. As RWHC members suggest, healthcare leaders need to continuously remind people that their hospitals are great places to work and are committed, trusted partners in their communities. With fair wages, rewarding opportunities, and fulfilling work, rural hospitals can make a

positive impact every day in the lives of their neighbors and loved ones.

Acknowledgments

The author thanks RWHC hospital administrators Kristie McCoic, Julie Bieber, Mary Beth White Jacobs, Andrea Jerrick, David Dobosenski, Lisa Schnedler, David Hartberg, and RWHC Executive Director Tim Size for their contributions to this article.

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