



Debunking A Myth

Landmark Study Validates the Value
Of Temporary Nursing Staff

By Sherri Alms

Perception is everything. What clients think about a business defines that business in the marketplace. For staffing companies, how they are defined rests in part on their representatives—the temporary and contract employees who go to client workplaces every day.

If a temporary accountant adds a column wrong, it could be disaster for her staffing company. If a factory worker puts the wrong part on the wrong end, that could be the end of the relationship with the client. If an information technology specialist brings down a server, word could spread and the company's staff may no longer be called in.

If that isn't scary enough, imagine your whole work force dogged by a rumor—a persistent shadow that follows your

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Linda Aiken
University of Pennsylvania

temporary staff into their workplaces and hides in the meetings you have with potential clients.

Alarming Misperception

Health care staffing companies know all about that shadow. They have lived with it for years: the perception that temporary nurses provide lower quality of care than permanent nurses. In a hospital survey on patient safety by the Agency for Healthcare Quality and Research, 67% of staff surveyed agreed with the statement, “We use more agency and temporary staff than is best for patients.”

Unfortunately, says Marcia Faller, RN, of AMN Healthcare Inc., based in San Diego, that misperception is a common one among some of the nation’s hospital-based nursing leaders.

It alarmed David Savitsky, of ATC Healthcare Services, based in Lake Success, NY. “This perception could not be a good thing for the staffing industry. When I heard Dr. Linda Aiken [a nursing expert] at a conference a couple of years ago talking about it, I was very surprised and knew that it was bad for the industry.”

Linda Aiken, Ph.D., RN, FAAN, a noted authority on the nursing work force in the U.S. and abroad, was more curious than alarmed about this perception, which she had noted in the literature and through some of her own research (see sidebar on Aiken, page 3).

“It was common to see temporary nurses talked about as proxies for poor quality,” she says. But that perception did not square with what she was hearing from staffing companies. “I started talking to people in the industry about quality issues, the orientations they give to employees, and recruiting standards. I was impressed by how much investment was being made in these nurses.” This negative perception of temporary nurses deserved more objective research, she thought.

Savitsky and his peers on the ASA health care section policy council, which he currently chairs, could not have agreed more. “I brought up this negative perception at a council meeting. We decided to contact Dr. Aiken because of her reputation.” They wanted a study to determine exactly what Aiken was curious to find out more about: whether temporary nurses provide a lower quality of care and compromise patient safety.

In 2004, with the financial sponsorship of 19 staffing companies, in addition to ASA, the association asked Aiken and her team of researchers to examine the relationship between the use of temporary staff and patient outcomes (defined by a nursing journal as including mortality, morbidity, and disability as well as quality of life, length of stay, health status, and patient satisfaction).

That phase of Aiken’s research is now complete, and she recently published the results in an article in the *Journal of Nursing Administration (JONA)*, which goes to 6,000 nurse executives and their associates in hospitals and other health care settings.

Well-Prepared and Competent

Based on an analysis of two surveys, the 2000 National Sample Survey of Registered Nurses and a 1999 statewide survey of registered nurses (RNs) in Pennsylvania (see the sidebar on the analysis methodology, page 4), Aiken and her team concluded that the perception that temporary nurses cannot provide the quality of care that permanent staff nurses can may be unfounded. The analysis revealed that nurses employed by staffing companies are as well or better qualified than permanent nurses employed by hospitals, and that the

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higher use of temporary nurses does not lead to safety and quality problems for patients or nurses.

Aiken noted several striking findings in the data. She writes in the *JONA* article that supplemental nurses—defined in the study as temporary nurses employed by external companies, internal hospital per diem pools, and permanently employed nurses “floated” from their regular units—are more likely to be within 10 years of graduating, making them more likely to have the latest medical knowledge. Even more important, she explains, supplemental nurses were more likely to hold baccalaureate and higher degrees and were as experienced as permanent nurses.

“More than half reported that their temporary nursing position is secondary to principal employment as a hospital staff nurse,” she notes. Based on the analyses of both sets of data, Aiken describes supplemental nurses as well qualified. More important, temporary nurses compensate for staffing shortfalls in ways that appear to benefit the hospitals where they are placed.

Savitsky is not surprised. “The nurses we provide are a tremendous asset to hospitals that need to have adequate coverage for nursing care. They have experience, knowledge, and know-how, and contribute to the quality of care.”

Bob Livonius, of Nursefinders Inc., based in Arlington, TX, concurs. “Staffing companies like ours go through rigorous and painstaking processes to ensure that nurses meet quality standards and have the right experience.”

Aiken explains, “There is a lot of evidence that our registered nurse population is well-prepared and competent.” She adds that the U.S. has strong licensure requirements that guarantee safe practice by all licensed professional nurses, including those who work on temporary assignments.

Temporary nurses play an important role in hospitals, Aiken notes. “A high

Linda Aiken: Nursing Expert and Top Researcher

Recognized around the world as an expert on nursing, Linda Aiken, Ph.D., RN, is a fellow of the American Academy of Nursing (FAAN) and an honorary fellow of the Royal College of Nursing. In 2006, *Modern Healthcare* listed her as No. 20 on its list of the top 100 most powerful people in health care, and among its top 25 women in health care in 2005. She is an authority on the causes, consequences, and solutions for nurse shortages in the U.S. and around the world.

Her research has contributed to the recognition of the value of nursing and has illuminated the connection between nursing care and patient outcomes. The director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, she also leads the International Hospital Outcomes Consortium studying the impact of nursing on patient outcomes in eight countries. She directed the Nursing Quality Improvement Program in Russia and Armenia. Her research is frequently cited by the news media, and she is winner of three American Academy of Nursing Media Awards.

She is also the Claire M. Fagin Leadership Professor of Nursing and a professor of sociology at the University of Pennsylvania. She is a senior fellow at the Leonard Davis Institute for Health Economics and Research Associate in the Population Studies Center, and she co-directs the National Council on Physician and Nurse Supply.

Before coming to the University of Pennsylvania in 1988, she was vice president of the Robert Wood Johnson Foundation.

Aiken received her bachelor’s and master’s degrees in nursing from the University of Florida and her Ph.D. in sociology and demography from the University of Texas at Austin. She was a postdoctoral research fellow in medical sociology at the University of Wisconsin—Madison.

Aiken worked with three other researchers on this nurse staffing study. Ying Xue, Ph.D., RN, is an assistant professor at the University of Rochester School of Nursing in New York. Sean P. Clarke, Ph.D., RN, FAAN, is the associate director of the Center for Health Outcomes and Policy Research and a professor of nursing at the University of Pennsylvania. Douglas M. Sloane, Ph.D., is an adjunct full professor and research faculty member of the Center for Health Outcomes and Policy Research.

A Profile of Staffing Nurses

According to data from the 2000 National Sample Survey of Registered Nurses, one of the data sources used for the nurse staffing study, an estimated 49,819 hospital staff nurses were employed by staffing companies as either their primary or secondary positions across the nation, making up almost 6% of hospital staff nurses.

For 56% of those supplemental nurses, their employment with staffing companies was secondary to a principal job as a hospital staff nurse.

Supplemental nurses were more likely than permanent nurses to hold baccalaureate or higher degrees (46% versus 40%) and more likely to have received their education in the past 10 years (57% versus 48%).

While 20% of nurses working in permanent positions worked in intensive care units, 35% of nurses holding supplemental positions worked in those units.

Supplemental staff were decidedly less likely to be married (53% versus 72%), and men were more likely than women (13% versus 6%) to hold supplemental positions.

Analysis Methodology

The research team used two data sources for the nurse staffing study: the 2000 National Sample Survey of Registered Nurses and a 1999 statewide survey of registered nurses (RNs) in Pennsylvania.

The NSSRN is a national probability survey sample of registered nurses licensed in each state. In 2000, the response rate was 72%.

The research team, led by Linda Aiken, Ph.D., RN, FAAN, used the survey to estimate the numbers of nurses employed by staffing companies in hospital staff nurse roles and to determine if their qualifications differed from permanent staff nurses. Staff nurses employed by hospitals were compared with supplemental nurses employed by staffing companies external to the hospital. The final sample included 10,443 permanent hospital staff nurses and 695 hospital RNs working for staffing firms.

The second set of data involved a statewide survey of registered nurses in Pennsylvania in 1999. A random 50% sample of RNs residing and licensed in the state were mailed questionnaires. The response rate for this survey was 52%. The responses of 13,152 nurses working in 198 adult hospitals were analyzed. Respondents provided the names of their employing hospitals and answered questions about their practice environments, job satisfaction, and quality of care. They also provided information on how frequently certain adverse events occurred involving them, their patients, or both. The American Hospital Association and Pennsylvania Annual Hospital Questionnaire databases for 1999 provided information on hospital characteristics used as control variables in the analyses.

The data from this survey were analyzed to examine whether nurse outcomes (job satisfaction, burnout, and intention to leave their current job) and adverse events (e.g., medication errors, infections due to a patient's hospital stay, patient falls) differed in hospitals with varying proportions of nonpermanent nurses.

Aiken notes that there were some limitations to the research. While it was possible to identify nurses who worked in primary or secondary jobs for staffing firms in the NSSRN, it was not possible in the Pennsylvania survey to distinguish nonpermanent nurses employed by staffing companies from RN employees of the hospital who move or "float" to different units on a temporary basis.

She also notes that, in the Pennsylvania dataset, the proportions of nonpermanent nurses were derived from nurses' reports of all personnel assigned to their unit on their last shift. In the article in the *Journal of Nursing Administration*, she writes, "While subject to reporting biases, such data are the only ones available to our knowledge that allow for direct comparisons across hospitals on many, if not all, of the specific indicators of interest at the present time."

Study Sponsors

In addition to ASA, 19 health care staffing companies sponsored the nurse staffing study:

ADARA Healthcare Staffing Inc.

AMN Healthcare Inc.

AMR ProNurse

ATC Healthcare Services Inc.

CHG Healthcare / RN Network

Cross Country Staffing

Diversified Staffing Group

Favorite Healthcare Staffing Inc.

Interim HealthCare Inc.

Kahu Malama Nurses Inc.

Kelly Services Inc.

Maxim Healthcare Services Inc.

Medical Staffing Network Inc.

Nursefinders Inc.

Nurses Available Staffing Inc.

PrioriCare Staffing Solutions

Procure USA LLC

STAT Resources Inc.

TeamStaffRX

proportion of supplemental nurses work in critical care units, where the nursing shortage is great."

In fact, the results of the data analyses support previous findings that having more registered nurses in direct patient care improves quality, she writes in the *JONA* article. A prior study published in the *Association of Perioperative Registered Nurses Journal* found better perioperative (the time before, during, and after surgery) outcomes associated with the use of temporary nurses.

Based on Aiken's analysis of data from the Pennsylvania survey, there is no evidence that higher use of supplemental nurses caused safety and quality problems for nurses or their patients. In fact, the opposite appears to be true: Larger numbers of nonpermanent nurses are actually associated with lower levels of events that suggest quality problems.

Aiken writes, "These findings suggest that nonpermanent or supplemental nurses are mitigating or compensating for nurse staffing deficiencies and protecting quality of care when there may not be sufficient permanent staff."

Livonius explains that his firm has seen that finding at work. "The profile of the nurse who works for us is a nurse who has a lot of experience in multiple settings. They tend to bring best practices to whatever setting they work in. Our nurses want to focus on patient care and don't get distracted with politics or the bureaucracy of the hospital. They are professionals who are there strictly to deliver patient care at the bedside. And then must prove themselves every day to have the opportunity to continue working."

David McAnally, of Hire Dynamics Rx, based in Suwanee, GA, agrees, "These results show that temporary health care providers are well-trained, experienced, and focused." McAnally's firm provides contract and temporary pharmacists and pharmacy technicians.

McAnally, who chairs the ASA professional section policy council, goes on

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to say that he believes that temporary and contract workers often bring more to the job than permanent staff might. “More often, they are better able to handle difficult circumstances, such as high patient volume as well as shortage of staff. Because they have chosen contract staffing as a career option, they tend to be more adaptable. With experience working in various settings, they can handle a number of different settings. Because of that varied experience, they’re less likely to drop the ball when they walk into a setting that is less than ideal.”

The Real Culprit

What she didn’t understand, says Aiken, was why some studies had found an association between the substantial use of supplemental nurses and poorer patient outcomes. Through the analysis of the dataset in the Pennsylvania survey, a possible answer emerged. “We had detailed data about hospitals, including the quality of the nurse work environment. In some cases, we did find that hospitals with substantial use of temporary nurses were more likely to also have a higher frequency of adverse patient outcomes. But when we took into account the data that documented deficiencies in

the work environment, it’s clear that the poor patient outcomes were due to hospital deficiencies rather than the quality of care provided by supplemental nurses. In fact, having them probably helps blunt poor outcomes.”

In the Pennsylvania survey, permanent nurses in hospitals with higher proportions of nonpermanent nurses were more likely to say that they intended to leave their jobs within a year, even after controlling for staffing and resource adequacy. In the *JONA* article, Aiken speculates that this finding “may be related to local labor market conditions

(nurses who perceive more job opportunities are more willing to leave a position, all things being equal) as well as working conditions and other factors affecting retention in specific hospitals.” She adds that that weaker commitment may be a reflection of common underlying causes rather than negative impact from supplemental nurses.

The key, she writes in the *JONA* article, is that “more nonpermanent nurses work in hospitals where staffing and the adequacy of other resources are lower. This makes sense given that temporary nurses are brought in explicitly to compensate for shortfalls of permanent staff.”

“That poor work environment,” says Aiken, “is what creates hazards for patients, leading to poor patient outcomes. The literature has been building up, assuming there was some sort of causality between supplemental nursing staff and poor patient outcomes when it’s really the conditions in the work environment.”

Staffing Industry Implications

For staffing companies, Aiken’s study will help counter the perception that temporary nurses cannot do the job as well as permanent nurses, says Livonius. “The perception of hospital administrators is that using staffing companies is a

Section Specifics

ASA niche communities—called sections—support the needs of firms in five sectors: health care; industrial; placement and recruiting; professional; and technical, IT, and scientific.

Each section is led by a policy council that advises the ASA board of directors on sector-specific issues, coordinates the section’s activities, and designs programs and services to meet each sector’s unique business challenges. The nurse staffing study discussed in this article is just one example of the work of the health care section, which serves firms that place physicians, dentists, nurses, hygienists, medical technicians, therapists, home health aides, custodial care workers, and other health care personnel.

New resources are continually being developed and are available as a free benefit of your ASA membership. To join a section, visit the ASA Web site, americanstaffing.net. Click on Members, then Membership Sections, then the sections you are interested in.

Temporary Nurses Talk About Their Job Experiences

The reasons nurses decide to work in temporary positions are as varied as the nurses themselves. Consider the stories of Shawn Thomas, Misty Forest, and Samantha Swiontek.

Shawn Thomas: New Places, New Experiences

Thomas and his family have enjoyed the chance to live in several different locations in the three years since he became a travel nurse working for AMN Healthcare Inc. He spent three years working as a staff nurse, mainly in the operating room, at a hospital in Salt Lake City, where he was born and raised and where he and his wife were raising their family.

"I thought about going to medical school, but the idea of going to school for 12 years while also raising children didn't seem that great," Thomas explains. Instead, he got an associate's degree in nursing and became a registered nurse (RN), which enabled him to "get a job in the medical field and enjoy the job security nursing offers."

One winter, while on a family vacation to Disneyland, Thomas and his wife were reluctant to exchange the balmy 75-degree California weather for Salt Lake City's chilly 39 degrees. Soon after, Thomas talked with some travel nurses working at his hospital. "They told me many travel nurses are married with children," he says. His wife liked the idea, so they sold their house and went on assignment, spending a year each in Georgia, Hawaii, and now Southern California.

The travel nurses he knows, says Thomas, tend to have even more experience than he does, making them welcome at hospitals. "Travel nurses have worked at hospitals all over the country and have seen how things are done in multiple places. We pick up best practices from each place, know how to hit the ground running, and stay away from internal politics."

Misty Forest: Flexibility to Balance School and Work

For Forest, temporary nursing has provided a way to pay bills while taking classes for her master's degree in nursing. In 2003, she received a bachelor's degree in nursing and worked full-time in the intensive care unit at a hospital in Placentia, CA, until 2005.

"I'd probably still be there," she says, but the hospital discontinued its "weekend warrior" program, which enabled her to work two weekend days and get paid for three days.

When that program ended, she says, temporary nursing, which she does through First Class Nurses Inc., offered her the same flexibility to work weekends while going to school full-time during the week. In the course of her schoolwork, she completed a year-long internship for ATC Healthcare Services Inc. She graduated in August 2007, with honors and on the dean's list, as she did with her undergraduate degree.

She's enjoyed the challenge of temporary nursing as well as the flexibility. "I'm quick to assess and get to know the environment. And I'm now familiar with all kinds of environments so I get up to speed quickly." Forest plans a career in nursing administration and believes that being a temporary nurse has helped her to experience a number of organizational cultures and environments.

She has never questioned that she is at least as qualified as her colleagues. "I never have to request job time. I always have plenty of it. And I've been offered countless opportunities to take a staff nurse position."

Samantha Swiontek: As Good as It Gets

Swiontek says it's possible that one day she'll settle into a staff position, but she loves her travel nurse career. In fact, she explains, she worked as a staff nurse for only a year before signing on with AMN Healthcare Inc. "I met some travel nurses while working at a hospital in Chicago. When they told me all about the benefits, I thought it was too good to be true."

After some investigation, Swiontek decided travel nursing was indeed that great. For more than six years, she has taken 13-week assignments in San Diego, Los Angeles, the San Francisco area, and

Chicago, where she started her nursing career and which is near her home state of Wisconsin. "The first three years I would come to California in the winter and Chicago for the summer," she says.

Swiontek knew she wanted to work in the medical field, so she completed a bachelor's degree in biology, and then received a bachelor's degree in nursing. She was invited into a training program for labor and delivery nurses, which is the only area she's worked in during her career.

"It's almost always a happy place to be," she says. "For most people, the day they have a child is the most special day in their lives. I get to be part of that and ensure that my patients—babies and mothers—receive good care."

Travel nursing has always been a matter of choice for her, she says, noting that she's been offered staff positions and is often asked to extend her assignments.

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Hire Dynamics Rx

bad idea because the nurses aren’t as good and the cost is too high. We can use this study to show them that our nurses do provide quality care.” And that, he adds, may also help with the perception that the cost is too high.

“This is the validation our industry needs,” says Kathy Perry, of Favorite Healthcare Staffing Inc., based in Overland Park, KS. “Dr. Aiken is well-respected. This will help us counter the myth that temporary nurses would not be eligible for permanent full-time employ-

ment. This study validates that they are actually highly qualified and making a choice to work on a temporary basis.”

Faller also believes that the study finally provides confirmation for what she and other staffing company executives have known for many years—temporary nurses provide value to hospital staff and patients. “It allows us to continue the conversation about temporary and permanent staff nurses coming together with one goal—excellence in patient care. This is important information we should expect to share and to hear about often at conferences and in hospital boardrooms.”

Both Aiken and Savitsky note that with forecasts of a growing nursing shortage, the findings of her analyses are important not only to the staffing industry but to the health care industry. “In the next 20 years, there are signs that the shortage of nurses will be well beyond what it is today,” explains Savitsky. “As nursing administrators think about how to staff their facilities going forward, with an aging population and more and more nurses retiring, it should be reassuring for them to know that they can use medical staffing companies with confidence that the services provided will more than likely enhance the quality of care.”

McAnally believes that it will also prompt staffing firm clients to use temporary and contract employees on an ongoing basis rather than only in emergencies. “This gives legitimacy to the contract staff worker, who may very well have chosen temporary or contract work as a career option, not because they couldn’t take on a permanent position. More and more employers are considering temporary and contract staff as a staffing solution that they plan for in advance.”

He goes on to say that he will use this study as a recruiting tool. “This study is encouragement to consider temporary and contract work as a career option rather than part-time work or something

you do if you’re unemployed. I think this will change not only the perception of our clients but also our associates,” he explains.

Next on the Agenda

Aiken’s research is not yet complete. A second phase of the study will analyze the findings from a survey of registered nurses in California, Pennsylvania, and New Jersey. The study will look at a 35% sample of registered nurses in each state, their employing organizations, and patient outcomes in hospitals, home care, and long-term care settings. Aiken says that two major components not in the first phase were added to the second phase: a section devoted explicitly to nurses employed by traveling or per diem firms and questions directed at permanent staff nurses to elicit a better understanding of how they perceive the impact of supplemental nurses on quality of care and on their workloads.

Aiken expects to release the results of her analysis in early 2008. ■

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