Both Questions and Innovations Abound as Healthcare Services Increasingly Look To Gig Workers

Insights
1.03.20

As the gig economy surges, on-demand workers are popping up in wider variety of industries. Trends indicate that the proportion of the U.S. workforce engaging in some form of gig arrangement will continue to increase, rising from the over one-third who are already participating. It is therefore no wonder that one of the largest slices of the nation's economy – healthcare – is attracting more gig workers. In fact, this concept is not entirely new. Many healthcare employers have historically offered gig-like classifications and systems to help them retain a cadre of employed nurses and other professionals. Questions remain about the extent to which actual gig relationships can be effective in this vast industry.

While some gig arrangements seem to fit easily in healthcare settings, questions remain about how on-demand contract workers might ultimately fit into one enormous aspect of healthcare services: bedside nursing. Where gig workers effectively function as interchangeable or almost fungible providers, these questions are especially important.

Locum Tenens assignments, which are similar to gig engagements, have long been effective for hospitals and other healthcare entities that need the fill-in or supplemental services of a doctor, such as in an emergency room. Ambulance and other medical transportation services, as well as pharmacists, are other places were true gig workers seem to be fulfilling needs effectively. Physical and occupational therapy services can also be quite compatible with the gig economy. So too can specialized imaging services and other specialized disciplines.

Where ongoing relationships with patients and continuity of care are especially important, however, challenges are likely to emerge for those entities seeking to engage gig workers. In these service areas, it is less-than-optimal for patients to see several different care providers.

This is where the "pros and cons" of gig relationships in healthcare can pose special challenges. On the one hand, hospitals face constant pressure to meet the demands of recruiting and keeping good nurses. When a hospital is short of qualified nurses, incumbents must work more hours and cover more shifts, or fellow nurses must deal with short-staffing. Either scenario is bad. Studies show that these conditions lead to burnout, which ultimately influences some nurses to leave the profession, further exacerbating the underlying problem.

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On the other hand, even though nurses appreciate the flexibility and sense of control that a gig engagement provides, these relationships can result in a more sporadic or arm's length bond between a nurse and the hospital, and in a less regular schedule for the nurse.

This is significant because *nowhere* is continuity of care more important than in bedside nursing. Nurses, after all, consistently spend more time than anyone else with their patients. Shift after shift, day after day, nurses learn and live with a patient's condition and history. The presence of a familiar nurse not only reassures a patient, but that nurse is most likely to recognize subtle signs or changes in a patient's condition. In a gig relationship, unfortunately, less predictable scheduling can diminish continuity of care.

On top of that, hospitals cannot permit nurses to work in a specific department or specialty area without first verifying the nurse's knowledge and skills in that setting. Hospitals must also orient (i.e., familiarize) the nurse to each assigned setting. And workers who use the latest and greatest technology must be well-trained. These typical requirements take time and cost money, which may not be especially compatible with gig relationships.

For hospitals, using gig workers is very similar to using nurse staffing agencies, a practice that often carries negative connotations among physicians, nursing managers and staff. ("Agencies" employ the nurses and send them to hospitals to supplement staffing.) As an alternative to nursing agencies, most hospitals maintain their own *PRN* or "as needed" pool of nurses, whose flexibility parallels that of gig workers, but who are hospital employees. Interestingly, whether a nurse is a *PRN* employee or a gig worker, the best ones inevitably seem to settle into more regular, predictable schedules, even though that practice is contrary to the fundamental premise of either classification.

When it comes to engaging and retaining bedside nurses in various services, many hospitals are already inviting their employed nurses to make their own schedules by volunteering for open shifts, using online portals. This innovation closely mirrors a common feature of gig relationships.

In short, the gig economy might not be a great fit for bedside nursing because the features that make gig work attractive to individual nurses are not necessarily compatible with optimal patient care. Nursing care, after all, is the core service of an acute care hospital. Like using agency nurses, engaging gig nurses can also be more costly.

Nevertheless, hospitals and gig companies will probably continue searching for ways to make gig assignments more viable for bedside nursing. In the meantime, gig opportunities in other healthcare service areas seem to be increasingly emerging. Thus, one thing is certain in the healthcare industry: even more innovations and changes are on the horizon.

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