

Nurse Staffing & Recruitment

With Matthew Mawby

Episode 46

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Introduction (00:02):

Welcome to The Healthcare Leadership Experience Radio Show with your host, Lisa Miller. Lisa is an entrepreneur, inventor advisor and founder of VIE Healthcare Consulting, the leading healthcare advisory and analytics firm, helping hospitals accelerate their margin improvement goals.

Lisa loves to think differently and collaborates with leaders and their teams to solve challenges and to create new innovative approaches that impact the clinical and business side of healthcare.

Our show will bring you leaders and innovators within healthcare and across multiple industries. Be a part of the discussion that will give you a unique perspective, deep insights, and roadmaps to successfully help you navigate the clinical, financial, and operations of healthcare. Your show starts now.

Lisa Miller (00:49):

Hello. This is Lisa Miller and you're listening to The Healthcare Leadership Experience Radio Show on HealthcareNOW Radio. Today's guest is Matthew Mawby. He's the co-founder of StaffHealth.com. Matthew, welcome to the show.

Matthew Mawby (01:05):

Thank you for having me, Lisa. Appreciate it. Thank you.

Lisa Miller (01:09):

We're going to have a really interesting discussion on nurse staffing and

recruitment. A lot of hospitals are really challenged today with this problem with shortages and recruitment and they're looking at all different kinds of answers and it's really creating an enormous financial struggle for them to figure out how to compensate for the travelers and all these other solutions and even going internationally. It's a conversation that I almost have every other day with one of my hospitals. I was thrilled to be able to have you on the radio show because I want to learn about you, your background, your company, why you started the company, what are you doing differently. We'll have a whole discussion around your perspective on nursing recruitment and staffing and how you're helping hospitals tackle that challenge, so let's begin with your background.

Matthew Mawby (02:06):

Yeah, appreciate it. So I've been in the staffing industry for healthcare for about 12 years. We actually had started Staff Health before the pandemic because there was a nursing shortage way before the pandemic and it was challenging. There's low wages, so on and so forth.

Actually, my background is I graduated from University of Florida. I was in staffing pretty soon after that for 12 years. I actually went back to nursing school, saw everything, so I've seen both sides. I've seen the nurses, I'm in there, I've been doing clinical work, I've seen the staffing, and I'm on staffing side, so I get it, right? But there's a huge shortage now, especially since the pandemic went crazy. One of the biggest things is mental health and low paid wages. Those have been some extreme factors and retirement as well, I want to mention that, because the baby boomers, people are retiring, people are leaving the profession, and the nurses are struggling. It even goes down to the CNAs, the certified nursing assistants, because they assist the nurses, so the shortage with that throws off the whole program with the hospitals.

Matthew Mawby (03:06):

I guess I could start with the wages, right? I mean, the wages are they're low. People are fighting for higher wages. CNAs, they're getting paid the same as employees at Walmart and baristas at Starbucks, so we're losing healthcare workers to other professions. That adds to the struggle. We believe that the pandemic showed us those shortcomings and gave us an opportunity to tackle that. We here at Staff Health, we're a staffing firm, and we provide nurses to hospitals and especially long-term care facilities and we see this

every day. We see the struggle, we see the burnout, which is a huge thing, and people are really getting exhausted.

Lisa Miller (03:45):

So let me ask you a couple of questions before we go into some of your solutions. Certainly, having a frontline view, being a nurse and being able to pivot back and forth is really key. I think those individuals who start, or co-founders who start with something that they've seen and wanting to help, or that opportunity, so I think that's really valuable that you can speak from experience from a nursing perspective. Can you talk a little bit about the impact of burnout? Right, we hear burnout a lot. Is it burnout because of the hours? Is it burnout because of the workload? Is it burnout because there's not enough time off? What's the root cause? Because we hear this word over and over again. What's the root cause of burnout?

Matthew Mawby (04:31):

Yeah, that's a fantastic question, Lisa. I mean, the nurses are overworked because they're short-staffed. On the floor, right, as a nurse, and you don't have help and you have, let's say normal, normal will be maybe 10 to 15 patients, something like that. Now, they have 29 to 30, sometimes even 40 patients, with no help. I mean, it's mind-blowing how much work it is, and then they're short-staffed, and then the next shift, they don't show up, or maybe the relief doesn't show up, or they get COVID. That was a big thing is they're getting tested positive for COVID and they had no symptoms, so they're sent home, so now what? Now, they call us, a company like ours and we send in a nurse right away.

Matthew Mawby (05:11):

But to get back to your question, we did a survey that got picked up by about 400 news outlets. We did a survey for about 300 nurses. 82% of those said wages could help burnout. If they're paid more, they would probably work more, right? 62% of those individuals wanted to change careers and said, "Hey, I'm out of here," because they couldn't handle the pressure, they couldn't handle the long hours with the low pay, and 54% said it had a negative impact on their mental health. What does that really say, right?

Matthew Mawby (05:43):

One solution that we found is doing flexible scheduling, so we offer flexible

schedules so they can work around their daily needs. A lot of the nurses have families. If their child gets sick at school and they have to go home, then they have to stay home. Big factor because see it every day. One of the solutions to that is for us to have nurses on call where we can help them out immediately. That's been a huge help for them, but the mental health and having mental health resources we believe is a really valuable tool to help with burnout.

Lisa Miller (06:14):

Can we dig into that? Because the other topic that we hear in addition to burnout is mental health, right? Again, we hear, rightfully so, I think that we've always had challenges, thankfully, so we're talking about it more, and I think the talking about it will help in a number of ways because that's how the solutions come about. But where do you think the mental health challenges come? Is that primarily work-related? I'd love for you to speak about what you're doing as part of the solution with nurses, but do you feel like the mental health part is attributed to the workload, attributed to being a caretaker in a hospital, depending on the department could really be challenging, too? So what are you finding, Matthew, in terms of mental health and nursing?

Matthew Mawby (07:05):

Yeah. The mental health, you're right, is a big piece. From the perspective of the nurse, I think it's a factor of many things. I think it's being overworked, number one. And what I really want to point out, and to back up the nurses really, really good here is that nurses were heroes last year, literally. They were announced as heroes last year. This year, it's kind of not there. I think a majority feel that they're not valued as much as they should be, and I think that also goes with compensation, too. But we're offering mental health resources ourselves. We're pressing and hoping that healthcare systems will also offer maybe some group therapy or even someone to talk to, someone to address issues because it is at home, too, and you have pandemic. I hate to say this, but people are dying every day still from COVID, and they see that every single day, so it takes a toll after a while on mental health. I think compensation goes into that a lot. I really do.

Lisa Miller (08:03):

You bring up a really good point about compensation. I think that what adds

to the stress or to the burnout or to the frustration is the different pay rates could have a very loyal employee nurse. And then there's a traveler coming in, making significantly more. I can't even imagine what that must feel like being someone who's part of the fabric of the hospital and the health system and then having a traveler make more. I think that's got to be super frustrating, right?

Matthew Mawby (08:35):

Yeah. It's such a great point because you have two sides of the healthcare system. You have the healthcare systems who have huge budgets, right, and they can afford to pay a \$25,000 sign-on bonus for a travel nurse for a 13-week assignment, maybe even more, right? You're right, how does that feel with someone who's making barely the minimum wage for a nurse, right? Then someone comes in just making all this money, talking about it, chatting about it, and it's frustrating.

Matthew Mawby (09:04):

But the other side of that, Lisa, is the facilities that don't have that budget. What do they do? They're struggling. That's a huge percentage of that. What people don't talk about also is the administrators at these facilities, they're burned out, too. They have to control this whole facility. They have to make sure it's staffed properly, they have their higher-ups pressing that, they get fined by the state or the federal government if they're not staffed properly, so it has everybody in a scramble to get people in the door to work.

Lisa Miller (09:36):

You make a great point. I just want you to continue your thought, but I see that a lot actually is this CNO, CFO, just administration burnout as it relates to this, whether it's scrambling to get people from a compliance perspective to filling multimillion dollar gaps to fund that, you're right. Administrators are equally as burnt out, it's a great, great point.

Matthew Mawby (09:59):

Yeah, and they struggle, too. It's everyone. The administrators and the people that run the facility, I believe they don't get enough credit because it's difficult. They have to rely on recruiting, right? I mean, interviewing, that whole process takes time. That's the benefit from what we do is we already have that, right? We have nurses, we vet them, we credential them, they're

ready to go, and so we have a whole team of recruiters that do that, which is an advantage for us because the healthcare systems, I don't think that they invest that much in that piece, so you have directors of nurses, the DONs, you have the charge nurses spending time off the floor to just recruit new nurses to get interviews in the door. Can you imagine that pressure? I mean, it takes time to do all that. I personally give a huge shout out to the administrators in handling that because it's difficult for them.

Lisa Miller (10:50):

If you're just tuning in, you are listening to The Healthcare Leadership Experience Radio Show on HealthcareNOW Radio, and I'm Lisa Miller, your host. This show is sponsored by VIE Healthcare Consulting, the leading healthcare advisory and analytics firm helping hospitals accelerate their cost savings and margin improvement goals. We've been helping hospitals since 1999 and you can learn more about VIE Healthcare at Viehealthcare.com.

Lisa Miller (11:13):

What are you doing differently at staffhealth.com to help administrators and hospitals solve this challenge? I know that you're doing a few different things. I know you're focusing on mental health, but can you just go through those things that you see are really innovative and what you are doing differently?

Matthew Mawby (11:31):

Yeah, so we just implemented this more recently, but we have a great program that we actually innovated. It's kind of like an RPO, for recruitment process outsourcing, right? And we actually help administrators and help facilities get interviews in their door. So basically, we are doing that process, that process that takes so much time, which is marketing, which includes ads, job advertisements, that budgeting, right, for that, we handle that. We interview the people. We get to know your company, your culture at the facility. We interview those people. We vet them, credential them. We take that whole process for you and minimize it, right, because we're doing it all. Then we get candidates in your door to interview. It's up to you if you hire them, but we're taking that process, and we're doing that process for you.

Matthew Mawby (12:19):

It has been a huge relief for facilities because that legwork is tedious and it

takes time, so we actually do that whole process for them and it's been a great success with that. That's way different than just doing the per diem staffing and the PRN staffing way different. This is a kind of left field, right? This is helping the facilities get back on their feet. The pandemic crushed a lot of people, a lot of facilities with budgets, so we're doing that in a cost-effective way that's easy for the facility to handle, so it's been a great resource for these facilities.

Lisa Miller (12:52):

That's a true sign of a founder, right, looking for the pain and helping your customers and the hospitals, really helping them with a specific need. They don't have time. In the midst of all this, they have to normal, of course, doing business. We still have COVID, and now, to layer this on top of it, it's almost impossible. So I love RPO and taking that hardest part out of the equation for them. I love that you're almost accelerating their results, which is they've got to bring on the right people as quickly as possible, so you're helping them accelerate that. That's fantastic.

Matthew Mawby (13:30):

Absolutely.

Lisa Miller (13:30):

Can you talk a little bit more about the other things that you and I had an opportunity to talk for a couple of minutes, but you had mentioned things like same-day pay? Can you just go into, they might seem like smaller benefits, but I think all these things compounded in a combination really is a unique view on how you're trying to pay attention and target things like wages. Well, how could you do that, same-day pay? How could you do other things to target that things that you found in your survey?

Matthew Mawby (14:04):

Yeah, we listen to our nurses. That's huge for us. We're very passionate here on what and what we do and we're here to help everyone, the facilities, we're here to help the nurses, we're here to really bridge that gap. By listening to our nurses, we want to bring back that passion, that passion for the nursing industry that everyone used to have. We want to bring that back.

Matthew Mawby (14:24):

Part of that, and this also has been minimizes burnout and everything else, but we offer obviously the flexible scheduling. We have an app, right, and they can just go and pick up shifts, say, "Hey, you know what? I have my child on Friday, he's off school. Okay, I'm not going to work Friday," so they can do that. They can control their schedule with a click of a button, too. Then we promote career development, obviously, and we want to see everyone succeed. Then the same-day pay that we offer, everyone gets a pay card, a debit-type card, and we load that money up as soon as their shift's approved after they're done working. A lot of people live paycheck-to-paycheck and that really, it gives them control of their finances and the flexible schedules. Those two items have just been tremendous help for everyone.

Lisa Miller (15:06):

They're controlling their schedule, they're saying, you said, they can't work on a Friday, but something may come up and they can work all weekend and they pick up a couple of shifts and then they get paid right after each. I would think that's even a tremendous motivator, too, to say, "Listen, I may have a short-term need and I can infuse a couple of these days and I get paid right away." I mean, that's just pure genius and really innovation. I think more hospitals should be taking that approach. It's probably front end, maybe there's a little prep, but on the back end, it's probably not so difficult to do. You figured it out. My point is you figured it out and people have to come to you. But all in all, I mean, it's something that even if it takes a little more effort, you're listening to this 82% that says that wages would help the burnout.

Matthew Mawby (15:57):

Yeah, absolutely. We're still innovative. We're still looking for solutions. We're still working on tons of great projects that will help in this industry. Just like the flexible scheduling and all that, I mean, one thing we see as childcare is just a huge issue. We see that all the time, so that really helps out. You're right, being innovative and the same-day pay works. We use technology on our side. This is a huge tech industry right now with everybody, right? There's apps for everything. We use that and it really minimizes the clutter, it minimizes no call, no shows for work. There's a lot of things that it minimizes that helps out the facilities.

Lisa Miller (16:33):

Where do you want to see yourself and what you do in the next few years as you continue to evolve?

Matthew Mawby (16:39):

Yeah, we have obviously a lot of big projects, we're here to really bridge the gap from staffing healthcare facilities — there's a huge bottleneck effect that every healthcare administrator feels on a daily basis, and that is they have patients at the hospital that need to go to long-term care facilities, and they have no nurses at long-term care facilities, so they can't discharge the patient. That means that there's a bed not available because they can't be discharged, so we're working really hard to bridge that gap, make sure these facilities are fully staffed with the right patient care and really bring back that nursing passion that was there for so many years.

Lisa Miller (17:18):

As we wrap up, maybe two more questions. What's your feeling about how long this shortage will go? This have a longer impact than what we think? Then to follow, what are some of those solutions that hospitals can do? I've seen hospitals like Common Spirit provide scholarships for students who go in to go into nursing. I think hospitals and schools have to think a little differently. Do you see this trend increasing for a longer period of time? What do we also need to do as an industry to think differently about care?

Matthew Mawby (17:56):

Yeah, so to answer your question, I mean, we believe that it's going to be going for quite some time. There's a lot of new variants coming out of the COVID. That's tricky because no one knows what's going to happen, right? We have to be prepared. Part of that is the healthcare system. They did a great job with the telemedicine. Huge relief. I mean, they advanced that, I believe, from a year to 10 years. They took 10 years off that, right? Patients can be seen at home, so that was one step that they took, especially investing in the home healthcare, they also did that to get more home healthcare, so we can free up the hospitals for people who are really in need.

Matthew Mawby (18:30):

But we have to be prepared. The hospitals have to be prepared because who knows what's going to happen next? I believe that exactly what you said, I

mean, offering scholarships, getting people in school, I believe the passion needs to be there, and really getting people into school. I mean, you're starting schools what, three years, sometimes four years to get through that program, so you're talking 10 years to get the big, huge influx of new hires, new grads, but offering incentives, we have to, per se, beef up the nursing shortage, and we're looking at many ways to make it more passionate and really tackle that and get people excited to work again.

Lisa Miller (19:05):

I agree. I have my one philosophy, too, or one thing that I've been thinking about a lot, I've had my mom and my dad in hospitals a little bit through COVID and before COVID, and the one thing that I think would be very helpful to nursing, to burnouts at hospitals, is that family involvement. Before COVID, families who are involved are involved, you help the nurses. You're able to be a second set of eyes. Some family members stay overnight, or they have a personal aid, and then, of course, when COVID came, they had to lock that down completely. We had to do that. As we come out, yes, there's variants and there's things that we still have to be careful of, but I do feel like some of these restrictions around family, I think we have to be thoughtful about it because family involvement can support nursing and families shouldn't be seen as a nuisance or, "We got to get them out, bring COVID in." I think we've got to go back to the family can be helpful.

Lisa Miller (20:10):

I had an interesting conversation once with a nurse who said, "The reality is that the family members are helpful, the ones that are involved, they are helpful. They get to be a second set of eyes can help us. But some hospitals don't always want the family members there." But she was great. She was a floor leader. She's like, "I love having family members there because I know they're watching, they're caring, and that's initial support." You just wonder if we have to start thinking about that again as a way to support nurses, to say, you know what, do we get the families back involved?

Matthew Mawby (20:42):

Yeah, it's such a touchy subject. I have personal experience with that myself. I think majority of us, we care for the elderly, it's our parents, it's our families, our grandparents, and it's tough not to be able to see them. They know them

more than the nurses or doctors know them, right, so it's a huge factor to make patient care better, to lift up spirits. My fiancé's father unfortunately passed away. He was actually at a long-term care facility more recently. Luckily, we were able to go visit him one last time. We didn't know that was the last time, but we had to wait, and be vaccinated, and all that stuff, and luckily we were there, but it's sad sometimes. It's hard. I think most people have a story or two about their parents, grandparents being in a long-term care facility, and keeping their spirits up and having the right proper care and help guiding the nurses for certain things. I mean, that's important.

Lisa Miller (21:34):

Yeah, absolutely. I mean, I probably could write a book about the guiding or reminding and just, I'm recognizing, "Listen, I know you're busy. I can take a little bit of this workload off of you and I can help with my mom, my dad, or grandparents." But I think it's a really complex discussion and I think it's going to take a lot of infusion of innovation and testing and trialing and having more surveys, frankly. I think we should continue to grow that 300-nurse survey. What you found, I think it was just so insightful, those three points, Matt. I think we need to listen. Like you said, we listen to our nurses. I think we should have more conversations with nurses about what they want.

Matthew Mawby (22:13):

Yeah, you've nailed it right there. We have to listen to our nurses. I say that every day. It's easy to miss that, too. As an administrator, you're focused on so many different things, but from that one survey, 84% of them, which is almost all of them, said that the workload basically doubled since the pandemic. I mean, that's insane, right? With that, that's where the negative mental health comes in, the burnout, the, "Hey, should I switch careers?" I mean, it gets dicey.

Lisa Miller (22:40):

Yeah, and you wonder how much other things non-clinical things we could take off our nurses' plates, somebody coming there as a process engineer saying, "Okay, we just want our nurses focused on clinical work, and everything else, we can bring on other people that we don't have a shortage for." But again, I think it's going to take a different view. It might take a different way to solve the problem. It's not going to be just one way.

Lisa Miller (23:07):

You are doing that with your company. You're looking at it from a different perspective. I think more people have to start looking at it like, "Let's take the workload off." Maybe you could come up with some kind of offering to process-engineer some of your clients organizations, but I think you're doing a fantastic job, Matt.

Again, Matt is co-founder of staffhealth.com. I think he's got some really interesting and successful approaches to nurse recruiting and staffing. I certainly welcome you to reach out to Matt. We have information in our show notes on his website. Matt, do you have anything else to share before we leave, anything else on something that administrators, or something that you found helpful, or just a way to get a hold of you, too?

Matthew Mawby (23:53):

Yeah, if you're a nurse or an administrator that needs help, you can always go to StaffHealth.com. We can help you out. There's a link on there that will get us in contact with me or someone else on our team. We can definitely help out. But my last message is for the administrators and the people who lead these healthcare systems. I see you. We see you. It's hard. It's tough. We're here to help temporarily or even permanently, until you get back on your feet. We can provide those resources that will help you out because we want to help the administrators and we want help the nurses, so we're here for that — and we support nurses and administrators and leaders of the healthcare industry to really get this back on track and get these facilities staffed. I appreciate you having me, Lisa.

Lisa Miller (24:32):

This has been great, Matt. It's a great conversation. You've been listening to The Healthcare Leadership Experience on HealthcareNOW Radio. Please join us for future episodes and thank you today for being with us, Matt. Wish you all the best. Take care.

Matthew Mawby (24:47):

Thank you.

Outroduction (24:49):

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MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients. Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through front line insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



MEET MATT

"I have a passion for the healthcare industry that stems from growing up with a handicapped sibling and witnessing how nurses and other healthcare workers got my family through those difficult times. My personal experience, employment history, and education give me a deeper, more intimate eye into healthcare.

Today, my mission is to connect passionate and skilled healthcare workers with facilities that need great patient care. My intimate understanding from both sides grants me the skill to connect with healthcare workers and facilities alike on a deeper level."