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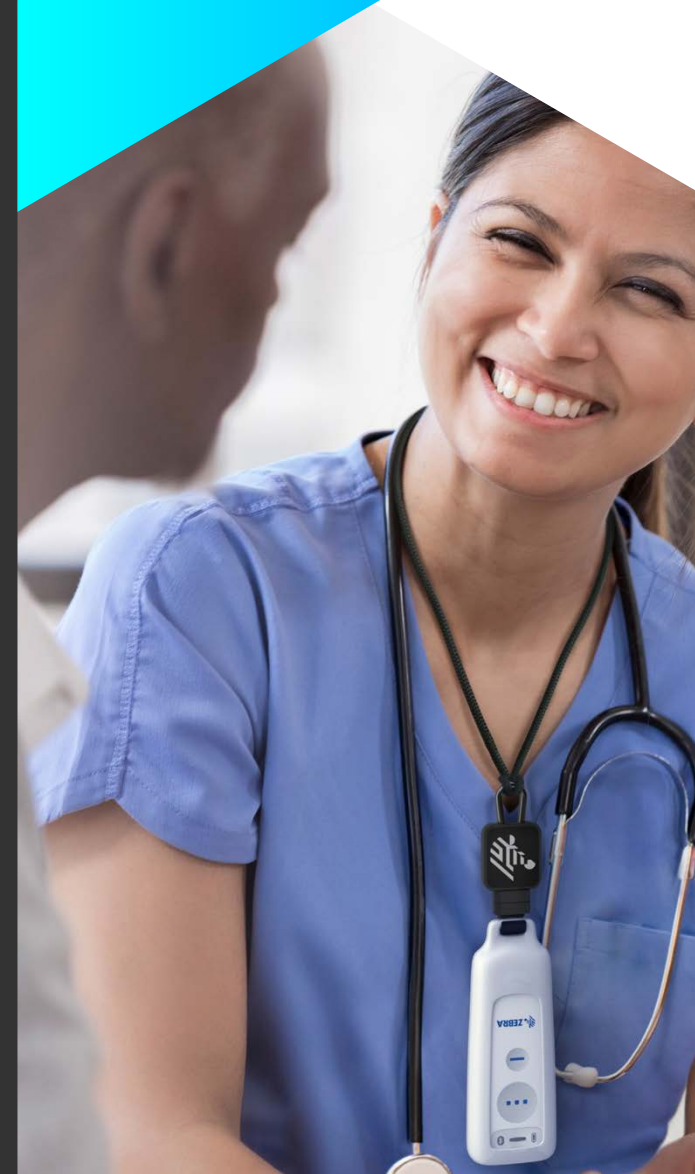
# Zebra's 2021 Workforce Management Healthcare Survey

## Nurse Scheduling Has Never Been More Critical – or Complex

Healthcare facilities are facing more pressures and demands than ever before, leaving little time for frontline nurses to spend on inefficient scheduling procedures and protocols. Nurses and nurse managers report that they need to spend their time where it matters most – with patients.

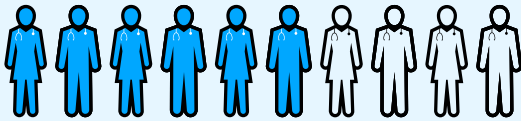
We know a reliable scheduling process is the key to streamlining workforce management and improving staff satisfaction. Scheduling the right nurse at the right time with the right skill set can ensure that patients receive the best possible care.

That's why Zebra invested in a recent **Workforce Management Healthcare Survey of more than 300 nurses and nurse managers**. Read on to learn what top 6 challenges in nurse scheduling the survey uncovered.



# Top 6 Disruptions in a Nurse Manager's Day

## 1 Manual workarounds



Nearly 60% of all nurse managers surveyed spend more than one day of their work week managing the schedule — that translates to “about 30 hours [a week]” for the regular schedule alone. Added to that workload is all the time spent managing manual workarounds, along with juggling staff requests for different shifts, vacations, weekends and holidays.

60%



Most respondents use some type of manual workaround to schedule staff, often in addition to **automated scheduling solutions**. Common workarounds noted by respondents include email, Excel, Word, or even pen and paper — a process one respondent described as “very tedious” and “very monotonous.”

## 2 Blind Spots

Every survey respondent noted that regardless of what scheduling system they use, there are gaps the system doesn't catch, such as lapses in certifications or licenses, specific floor or unit rules or seniority prioritization when it comes to vacation or holiday requests. These blind spots interfere with scheduling processes and take up a significant amount of a nurse manager's time, forcing them to rely on manual workarounds or Human Resources:

*“The system doesn't do any type of hard stops like that for us....I'm just going along scheduling [X] until I get a memo from HR saying I have to take her off the schedule because she's no longer compliant.”*

Blind spots directly affect an individual nurses' ability to self-schedule. Less than half of the nurses surveyed can change scheduling preferences on their own without the intervention of a manager, and only **54% can request shift swaps** through the automated system. Limited visibility means that some of a nurse's autonomy to swap shifts and request PTO is hindered.

42%

Only 42% of nurses can change scheduling preferences on their own without a manager's intervention

## 3 Equity

Nurse managers want to schedule their staff equitably, but that usually means they must manually balance shifts, overtime, vacations, weekends and holidays. And manual workarounds leave more margin for human error — which can translate to dissatisfied staff. Only **37% of nurses** say that scheduling is “**mostly fair**” and only **34% are “very satisfied”** with their scheduling processes. What's most shocking is that **almost 70% of nurse managers** say that unequitable distribution of overtime **negatively impacts nurse job satisfaction** — which in turn can impact patient care.



Only about **1/3 of nurses** say scheduling is “mostly fair” or that they are “very satisfied” with scheduling processes

*“I wish [the system] had a way to cross-check a rule to make sure that [staff] met their Friday requirements or Mondays and weekends.”*



69%

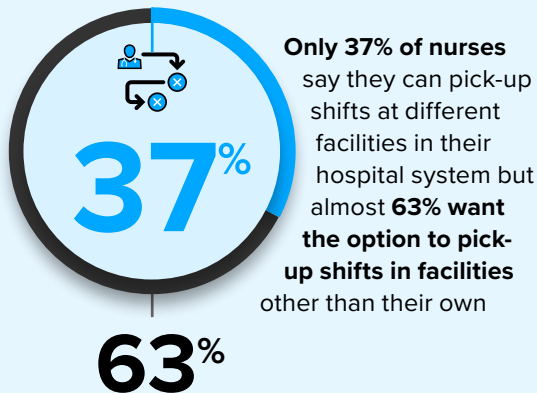
69% of managers say the unequitable distribution of overtime negatively impacts nurse job satisfaction



## 4 Siloed Systems

Nurses today are increasingly being asked to pick-up shifts in different units and departments across their hospital system. One nurse manager reported that “for the last month with COVID, I’ve had **40% of my staff working in other units.**”

The survey uncovered that scheduling systems are usually unit-specific with no visibility into other units or departments in the facility or hospital. These disparate systems cannot interact or integrate, forcing managers to patchwork with manual processes to fill in gaps when staffing shortages or overages arise, or to rely on a central scheduling office for float pool availability. Less than half of nurses report being able to pick up shifts at multiple facilities in a hospital system – even though almost two thirds want the option to do so.

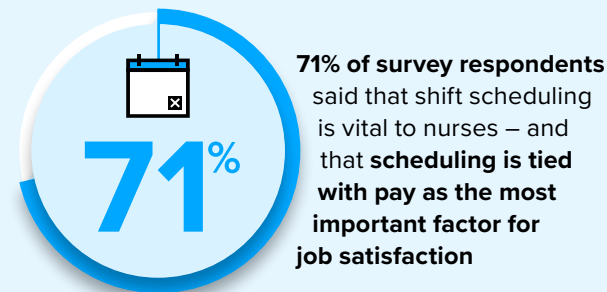


## 5 Turnover and Retention

Nurse managers’ report that the biggest obstacles in scheduling today are leaves of absence and unpredicted resignations. Turnover and burnout rates are at an all-time high due to labor shortages, particularly in specialty units. **75% of all nurse managers surveyed report staffing shortages**, and 62% are forced to rely on agency labor for at least 15% of all scheduled shifts. Agency labor is expensive and often results in declined patient care, but with hiring and orientation taking 2-3 months, many nurse managers are left with no choice.

*“It’s hard right now. You just can’t find anybody.”*

**3/4s of nurse managers** currently report nurse staffing shortages

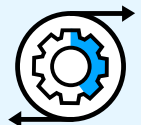


## 6 Flexibility

Schedule flexibility is essential for nurses – but scheduling processes are often rigid. Nurse managers’ report that “there’s no leniency in the program” because schedules are posted so far in advance and most automated systems can’t account for daily census data or patient acuity rates. Add to that union protocols and personal events or emergencies, and the schedule quickly becomes a dynamic puzzle for nurse managers to solve. Close to **4/5s of nurse managers cite manually adjusting schedules** to handle changes in patient acuity and employee availability. A little more than half the respondents say they can accommodate personal life events into schedule accommodations.

*“When you’re trying to [schedule] based on acuity, you have to rely on that subjective information coming from the nurse or the charge nurse on the floor, which is not always accurate.”*

**Only 46%** have automated systems that can account for patient acuity.



# There's a Better Way to Schedule Nurses

## The Award-Winning Workforce Scheduler Comes to Healthcare

Zebra has invested in solving scheduling challenges so nurses can get back to what matters most – patient care.

### Zebra Workforce Scheduler

The Future of Nurse Scheduling Starts Here



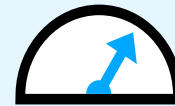
#### Reduces burnout

- Mobile-first platform for self-scheduling, visibility, flexibility and control over shifts and schedules
- Reduce admin time spent managing schedules and adjusting for changes in patient acuity, time off and more
- Evenly and equitably distribute shifts and grant time off whenever it is needed



#### Reduces Labor Cost

- A single solution to share labor across units, departments facilities and hospital systems
- Control costs by accurately forecasting staffing needs for fluctuating capacity and acuity
- Save money by scheduling nurses according to skillset the first time and receive automatic alerts when overtime thresholds are almost met



#### Configurable & Adaptable

- Adapt to labor models and scheduling rules to satisfy changing labor laws, union rules, hospital policies and unit-specific needs
- Anticipate and adapt schedule to census and acuity needs, workloads, traffic, employee preferences and more
- Address certification and penalty concerns before they become crises; automatically receive alerts of potential violations and lapses

Source: 2021 Workforce Management Healthcare Study, Zebra Technologies



Reach out to Jen Welch to learn more about Reflexis Workforce Scheduler:  
**919-631-5748**, [Jennifer.welch@zebra.com](mailto:Jennifer.welch@zebra.com), or [click here](#).



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