

# Travel nursing demand reaches all-time high amidst nursing shortage and Delta surge

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Demand for travel nurses, who are temporary short-term nurses used to cover staffing demands, is at an all-time high across the US.

According to data from a health care staffing firm SimpliFi, there were over 30,000 available travel nurse positions nationwide in August, a 30 percent increase from the coronavirus' January surge. Today, data from various travel nurse agencies suggests the demand is significantly higher, with estimates ranging from 50,000 to 100,000 open positions nationally this fall.

While demand for travel nurses has spiked multiple times throughout the COVID-19 pandemic, the spread of the Delta variant has put an unprecedented strain on nurse staffing levels, causing hospitals to contract out to travel nurse agencies.

The recent worsening of the nurse staffing crisis is caused by both the influx of patients falling ill with the Delta variant as well as an increase in nurses leaving the profession, fed up with the unending stress, poor pay and terrible staffing ratios that make their jobs unsafe.

According to a September survey by the American Association of Critical-Care Nurses, two-thirds of ICU nurses have considered leaving the profession entirely. The staffing crisis is further exacerbated by an influx of previously canceled procedures, appointments and surgeries having been rescheduled for this summer and fall.

The COVID-19 pandemic has changed the function and mechanism of travel nursing. Before the pandemic, travel nurses made up about 3–4 percent of overall national nursing staff, but as of August 2021, travel nurses make up about 8–10 percent of hospital nursing staff.

Traveling nursing first began in an official capacity in 1978 with the advent of the first agency, TravCorps,

which was intended to meet seasonal demands in New Orleans brought by the Mardi Gras celebration. Throughout the 1980s, travel nursing was utilized as a tool to handle national nurse staffing problems. Today, travel nursing in the US has become a \$10 billion dollar industry.

While the surge in popularity of travel nursing has deepened the country's nursing shortage, it has been a boon for staffing agencies. One staffing agency, AMN Healthcare Services, reported a 41 percent increase in revenue from the same time last year, a trend to be found across the industry.

Until the COVID-19 pandemic, travel nurses filled temporary, localized staffing shortages or increased patient burdens, such as those caused by natural disasters, seasonal increases in tourist destinations or labor strikes.

In the early weeks of the pandemic, when the virus was significantly worse in localized areas such as New York, travel nursing functioned as before, with nurses shipped to the areas of most need and paid more if traveling from a farther distance. However, as the coronavirus saturated the globe and demand for travel nurses skyrocketed everywhere, hospitals were forced to sharply increase their incentives if they wanted to attract temporary workers.

The heavy utilization of travel nurses—at one time meant to be a stop-gap measure—is just another example of the irrational handling of the pandemic. The hiring of travel nurses is a band-aid amidst a devastating global nursing shortage and in some cases can be a catalyst for worsening health care, especially in rural and community hospitals. Travel nursing is also not immune to the global nursing shortage, and there is no guarantee that the increasing amount of open travel nurse positions can be filled.

Rural hospitals find themselves in a severe crisis as they are unable to compete with travel nurse salaries which are often double or quadruple the salaries found at rural hospitals.

A new survey of rural hospitals from the Chartis Group, which provided their preliminary results to Vox, reveals how deep the problem runs. The survey showed that 99 percent of rural hospitals surveyed said they were experiencing a staffing shortage, and 96 percent of them said they were having the most difficulty finding nurses. Rural hospitals were already operating on razor thin margins, with record numbers of hospitals closing in 2020 and now an additional 216 rural hospitals at high risk of closure as of Sept 2021.

In addition to hospital system funding, money for travel nurses can come from state and federal funding, where it can be canceled at the whim of politicians and the ruling class. For example, in September, Mississippi Governor Tate Reeves signed an order that would bring in 900 travel nurses for the price of \$10 million a week for an 8-week contract. When this contract ended on October 31st, the state immediately returned to previous staffing levels, spurring other nurses to leave the field or take travel nurse positions themselves, worsening the already devastating staffing crisis in Mississippi. In many cases, the same staffing agencies that filled the state-funded positions were the ones luring Mississippi nurses away from the state with high-paying contracts.

Hospitals also use travel nurse agencies to undercut the power of striking workers, forming special contracts to ensure profits continue rolling in. In the same breath, hospital CEOs tell workers there is no money to increase wages and hire more workers while signing contracts with travel nursing agencies.

Bill rates for travel nurses have increased significantly with the onset of the COVID-19 pandemic. The agency takes a cut of the bill rate, so hospitals are paying a much higher rate than the posted nurse salary. In December 2019, average weekly travel nurse wages were about \$1,600 according to data from a travel nurse recruiting company, Vivian Health. A year later, weekly pay average was more than \$3,500, with rates rising during surges. Rates for ICU nurses are often highest, as they are most in demand and the job requires specific training and skills. Current ICU travel nurse rates can be as high as \$6,000–8,000 per

week.

Hospital systems are willing to pay these rates, as the alternative would be to raise the pay and improve benefits for their staff nurses and attract new applicants.

Although highly paid, working as a travel nurse is difficult and can be dangerous to nurses and patients alike. There are no significant scientific studies on the safety of travel nursing, but evidence suggests that travel assignments present numerous safety issues.

While it depends on the agency and hospital, nurses can be provided with little to no orientation. At the same time, nurses are often entering units with high patient to nurse ratios and a lack of experienced staff, which presents additional safety risks. Some crisis travel nurse contracts can call for nurses to work four to six 12-hour shifts a week, wearing nurses down to a point where medication errors and other mistakes are more likely to occur.

While the extra hands provided by travel nurses are appreciated in hospitals that need the help, this method of fighting the pandemic does not stop the breakdown of the health care system, and only serves the lucrative travel nurse agencies and hospital systems while worsening the working conditions for health care workers.

But there is a growing movement of health care workers who are saying, “Enough is enough.” Most notably, over 32,000 Kaiser workers have set an open-ended strike date for November 15, demanding the institution of safe staffing ratios, wage increases, as well as the prevention of the two-tier wage and benefit system Kaiser is fighting to impose.

These striking nurses must take the fight into their own hands or be prepared for the betrayals by the unions. The commoditization of healthcare workers will only undermine further the construct of safe, humane care. More than their salaries, they are waging a struggle to protect their patients.



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