

Advancing Health in America

Recruiting and Retaining an International Health Care Workforce

Fisher-Titus Medical Center | Norwalk, Ohio

Workforce Development Case Study

Overview

Fisher-Titus Medical Center is an independent, 99-bed rural community health system in Norwalk, Ohio. The health system encompasses a Level 3 trauma center, Level 2 cardiac catheterization lab, and achieved primary stroke certification through the Accreditation Commission for Health Care, while also being home to a 69-bed skilled nursing facility, 40-unit assisted living facility, and home health center. Fisher-Titus also employs an ambulatory physician group that

provides primary and specialty care across 18 different sites. There are a number of outpatient ancillary services, including lab, imaging and radiology as well as robust adult and pediatric rehabilitation services. With such a wide range of care services being offered, maintaining a robust and qualified health care workforce is of

the most importance for Fisher-Titus leadership, even before the trials of the pandemic.

Impacts of COVID-19 on the Nursing Shortage

In 2018, Fisher-Titus began evaluating the potential use of international nursing candidates. As an independent community hospital surrounded by larger tertiary centers, their findings indicated that the nursing shortage was already impacting their workforce. Nursing needs intensified quickly with the pandemic, and the hospital expanded its medical-surgical bed capability and doubled the size of the ICU. Health systems and hospital facilities across the state were nearing maximum capacity. Fisher-Titus

pivoted to focus on how to maintain patient care within the community knowing that they may be unable to transfer patients to other facilities. Contract labor was not a good fit, and the hospital staff wanted nurses they could employ for the long term.

International Nurse Recruitment

After the nursing shortage evaluation was completed in 2018-2019, Fisher Titus identified PRS Global as a partner and began international recruitment. Because

Fisher-Titus wanted to ensure that the new nurses felt part of the staff and the greater rural community, they chose the direct hire option as opposed to the contract staff approach. Fisher-Titus also recognized that it was crucial to ensure the current nurses understood that this was not a replacement plan,

but rather a sustainability plan of which the current nursing team played an important role.

Leadership initially thought it would take a minimum of a year for the new nurses to arrive, but with complications that arose from the pandemic, both public health and immigration delays, that process extended to 18 months at times. Fisher-Titus knew it was critical to find the right individuals and the right onboarding structure, so they developed a comprehensive interview process with front-line leaders, front-line staff and a final interview with the chief nursing officer. Nursing candidates were chosen by skill and fit, and Fisher-Titus onboarded them with a shared support system they built to ensure mutual





success. This system included a community mentor program, peer mentor preceptor program, general onboarding, culture and diversity classes for existing staff, as well as new team-building events for when the candidates arrived.

Impacts

One of the biggest surprises was the positive impact that hiring international nurses had on the health system's culture. Nurses were coming out of the hardest years in their nursing careers following the pandemic; they were exhausted and battling burnout. The nurses that joined Fisher-Titus staff from the

Philippines were grateful to be at their facility, for the equipment, the work environment and the fact that there were other nurses working right beside them. It gave the tired nurses a little bit of energy to be around such positivity and to see the improvement in the care they were delivering.

Beyond the impact on the hospital, there were positive

benefits in the broader Norwalk community. Many of the international nurses traveled with spouses and families, and the spouses have been hired by businesses in the community that are providing just as much support as Fisher-Titus. In order to make the nurses and their families feel a sense of belonging, community mentors were selected, taking into consideration things such as key hobbies, church attendance, and families with similarly aged children to ensure the nurses and their families have support beyond working hours. The hours outside those 12hour shifts are filled with friendships and celebrations, and having community mentors and resources available made the experience for the international nurses that much better.

Lessons Learned and Future Outlook

It was critical to stay connected with the international nurses from the time they are hired through the date of arrival, which as mentioned earlier could take as

long as 18 months. Once there was an arrival date for those nurses, the next step was to work with human resources to ensure a seamless onboarding process. It was only one week from the date the nurse arrives to the date they began their employment. Fisher-Titus worked to complete as much of the pre-hire paperwork and preparation they could do in advance of arrival given this short timeframe. These individuals are leaving everything they knew, and helping them understand what to expect when they arrive is very important for a successful transition. They also worked closely with the community mentors and greater Norwalk community in order to obtain affordable rental housing for the new nurses and their families.

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Another challenge were the minor differences in general nursing practice between cultures. Although the hiring staff had discussions with the new international nurses, as did their partners with PRS Global, some of those differences were not identified until the nurses arrived. Fisher-Titus thus relied heavily on the preceptors and the clinical

education team to address those differences as the nurses joined the nursing staff. Since the first nurse arrived, the education programs have grown, and staff incorporated the challenges into the international nurses' monthly education so at the end of orientation they are a successful member of the Fisher-Titus nursing team.

One of the biggest challenges was getting clinical leaders comfortable with the fact that they were identifying individuals who would join the team 12-18 months from when the process began. Generally, hospitals recruit for a position that is open today and a skill set to meet that need. It was necessary to shift that mindset to one that clinical leaders are identifying the skill set needed for the team and the individual that fills that skill set, but they are not necessarily identifying someone for that specific position.

Ultimately, Fisher-Titus has incorporated the comprehensive programming to support the nurses



joining the workforce, the nurses supporting them and the community members who stepped forward in order to sustain the program and ensure the new nurses feel like a part of the Norwalk community. They sign a three-year commitment, and the goal is that the environment that they collectively build encourages the international nurses and their families to remain at Fisher-Titus and in Norwalk for many years to come.

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