

You Can Never Go Back.... Or Can You?

Kelly Welton, BA, RRT-NPS

In a previous articant (that's a cross between an article and a rant. Or should it be called a 'ranticle'?) Anyway, I discussed the concept of about half the country's RTs and RNs taking one step right, so to speak, i.e., leaving one job to take another, which left a vacancy that then had to be filled, and so on. This got very expensive for hospitals, but the need was there thanks to Covid. And, RT's finally got some recognition. Now that the Omicron variant has been reduced to being a mere respiratory nuisance for most people, rather than discuss masks or the need for more boosters, let's talk about what's going on with RT contract work and the possibility of returning to one's 'home hospital.'

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Twenty-four said they would work PRN/registry and wait for a decent contract.

Eight said they would go back to school, while 14 said they would take a break over the summer. Two had no idea what they would do, and only ONE said they would return to their home hospital. Whaaaaat? Why?

The comments were telling. "Even without Covid bonuses, travel pay is better than regular hospital pay." "Administration never changes, so I'll travel until I find a place I really like." And many were warned by their home hospital that if they left to take a contract, they would not be welcomed back. A seasoned, experienced therapist who has already previously oriented to hospital X, and you won't hire them back? They just got two years of practicing their craft in a hospital where they might have learned a thing or two and become a more versatile, well-rounded RT, and you don't want them? Wow...

I interviewed one of the RTs who had left their job to take a Covid contract. This was a seasoned NICU RT who left a busy NICU to work in adult care.

Me: Were you unhappy at your home hospital?

Her: No, but the pay was terrible. Along came an opportunity to get ahead with bills, put some funds into retirement, and pay off my car. It made sense.

Me: You worked 36 hours at your home base hospital and 60+ hours in the adult ICU. Did it still work out for more money?

Her: Oh yes.

Me: If you wanted to return to your NICU, could you go back?

Her: It would be.....difficult. Not just for the pay cut, but.... It would be difficult to go back.

Me: In what way?

Her: I just feel like my current contract hospital values me more.

Me: That's.... horrible. Your first contract ended after 13 weeks, then what happened?

Her: My second 2nd contract was not covid related, just NICU, but the pay was still almost twice what I was earning at my home hospital.

Me: Are you worried about what you will do when Covid contracts are no longer?

Her: I'm still getting offers, 2 or 3 a week, not for Covid but for ICU and NICU, and the regular pay is still twice as much as home base. An additional lure of contract work is the \$1000 a week stipend paid if the traveler drives > 60 miles each way to work. Essentially, if Homebase offered me full-time, the pay would not be worth it. I would just wait and get another contract.

By the looks of things on Facebook, there are still contracts to be had. Lots of them. So, what prevents every RT everywhere from jumping ship again, since contract pays better every time, and contracts don't seem to be drying up even though Covid appears to be settling down? Several factors:

Many RTs who stayed at Homebase are married, have kids, or have other family obligations.

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Many of the vacant positions were filled by new grads since new grads generally don't work registry.

The sum of what has been created is this: RT managers can't hire straight away, as the pay is too low for experienced RTs.

Managers have to hire new grads to orient and train them. And, what education is in place for recent grads since RT Educator positions are still few and far between?

She is now the only traveler at her current hospital and got the job due to her NICU experience. The adult ICU had plenty of home staff.

I asked her if she had any predictions for the coming Fall season, and several salient points emerged: One, NICU is not seasonal work for RT compared to adults. A NICU may be slow but still needs an experienced RT there, no matter the level of NICU. And, it would be a good idea for RTs to learn NICU now and get higher pay and more opportunities and potential job security.

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Let's hope more RTs get trained this summer to work in specialty areas such as NICU. And pray that Fall 2022 is Covid-free.

Disclosures: The author is President of the Academy of Neonatal Care, A Delaware 501 C (3) not for profit corporation.

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