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These Nurses Are Taking Their Show on the Road

By CONRAD DE AENLLE

AT a time many people feel lucky to have a steady job, thousands of nurses feel lucky not to have one. Known as traveling nurses, they have made a career and life out of working in staccato bursts — taking assignments of a few months each in different facilities across the country.

Traveling nurses often work full time, with little or no gap between jobs, but part-time work is also an option. Their assignments are usually arranged through an agency that acts as a combination employer and booking agent.

A typical agency puts nurses on its own payroll while they are on the job. Agencies pay nurses' salaries and often benefits including a portion of [health insurance](#), and they help arrange housing on the road.

The agencies maintain relationships with [hospitals](#) and clinics, which count on them to ensure that the nurses they send have the right credentials and have had drug tests and requisite health checks and inoculations.

Demand from hospitals and clinics is strong enough for many full-time traveling nurses to make as much money as, or more than, they would in a conventional job, while being able to choose where they work. That is especially true for highly specialized segments of the profession, like those for intensive care, [dialysis](#), emergency room and oncology.

"It's an attractive kind of career for a nurse who can do that moving around," said Marcia Faller, chief clinical officer at AMN Healthcare, a San Diego-based company that owns NursesRx, which employs 7,000 traveling nurses and other traveling health workers. When jobs end, she said, "they can extend their stay or move on to somewhere else."

There is a flip side to it. "Some people are not cut out for this," Ms. Faller said. "Jumping into a new job every three months can be kind of stressful."

But she noted that the 20,000 or so traveling nurses working today enjoy some fringe benefits that other nurses do not. They often can avoid the bureaucracy and office politics that are part of many jobs. And serial assignments offer a chance for career development.

"They get an opportunity to work in hospitals that they wouldn't otherwise get a chance to work in, like Johns Hopkins or Stanford, and build a résumé," Ms. Faller said. "They can get that experience and bring it back home."

Louis MacBeth, an intensive-care nurse who has been traveling since 2001, said he appreciated the chance

“to meet new people and experience different things in health care.” The star attraction is the opportunity to do so in various locations.

“The appeal is basically that you get the opportunity to see the country,” he said. After spending much of his life in western Pennsylvania, he said, “I decided I wanted to see what was out there, what the differences are in culture, scenery, history.”

The typical pattern in other lines of work is to start in a part-time or temporary position, then catch on full time. Many traveling nurses, including Mr. MacBeth, 38, acquire their peripatetic ways only after toiling for several years in one job. Once on the road, he did much of his exploring in places like California, Hawaii, Alaska and Arizona.

Sherry Stubbs, a dialysis nurse from Nebraska, has been to some of the same destinations, although she gave Alaska a miss when a chance to spend six months there arose. “I get choices,” she said. “It’s not like they say, ‘Sherry, you’re going here next.’” She has been working lately at a clinic in Northern California and has had two excursions to Hawaii and one to New York City.

Travelers tend to be younger than other nurses, Ms. Faller said. But some, like Ms. Stubbs, who has a son in college, begin traveling later in their careers, after their children are old enough to fend for themselves.

Traveling nurses may fill in for regular staffers who are on vacation or maternity leave, or help meet seasonal demand for health care in popular holiday destinations.

They were first hired about 30 years ago when “snowbirds would go south and need more health care,” Ms. Faller said. “Hospitals didn’t want to employ nurses all year round.” Since then, she said, the practice “has grown much broader.”

How much it will continue to grow during the recession is unclear. “It’s hard to say,” said Geoffrey Pridham, manager of nursing administrative services at Stanford Hospital and Clinics. “I’ve seen hospitals go from ‘Let’s get rid of all the travelers’ to ‘Let’s hire lots of travelers.’”

Mr. Pridham seems to lean toward Option B. Traveling nurses provide “the flexibility of having somebody for 13 or 26 weeks, then not having to worry about being overhired,” he said.

The hospital tries to be flexible with travelers, too, often giving them three-day workweeks with 12-hour shifts to allow them more time to enjoy their new surroundings.

As for more tangible benefits, it is hard to gauge how lucrative traveling nursing is, compared with the stationary kind. The straight hourly rate will almost certainly be higher, but part of the excess will be eaten by the costs of housing, airfare, rental cars and other necessities and comforts while on the road.

MR. MACBETH is happy with the money but expects to give up traveling one day for other reasons.

“I eventually want to settle down like most people, have a family and grow some roots, so I can see doing this for another couple of years,” he said. “The best part about it is I get to decide where I want to settle down” because he has experience and contacts around the country.

Ms. Stubbs, who already has a family and roots, expects to stay on the move and has no plans to start looking for a steady job.

“I love the traveling aspect,” she said. “I would not necessarily have a hard time staying with one unit or company, but being a traveling nurse gives me variety, and they pay me to be on vacation.”

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