

A person is walking away from the camera down a brightly lit hallway with a polished floor that reflects the overhead lights. The person is wearing dark clothing and sneakers. A semi-transparent dark grey rectangular box is overlaid on the upper half of the image, containing the title text in white.

# **On the Move: Travel Nursing and the Reconfiguration of Professionalism**

LaTonya Trotter, MPH, PhD  
Associate Professor  
University of Washington  
Department of Bioethics and Humanities

# Travel Nursing in the News

As covid persists, nurses are leaving staff jobs — and tripling their salaries as travelers

Staffing agencies 'exploiting' nurse shortage, hospital lobby says in letter urging White House to investigate

**THE HOTTEST JOB DURING A PANDEMIC? TRAVEL NURSE**

**'An insane amount of money':**

**Florida's demand for travel nurses raises concerns of price gouging**

# A Challenge to Professionalism

- ⇒ Travel nursing had long existed at the profession's margins
- ⇒ The pandemic moved it from the margins to the center
- ⇒ Nursing professionalism & expertise were grounded in relationships predicated on continuity & local knowledge
- ⇒ Travel nursing challenges a professionalism tied to tenure

# The Analytic Value of Travel Nursing

One case among many...

- ⇒ Of the impact of new pressures and labor arrangements
- ⇒ Of the introduction of “gig logics” into nursing work
- ⇒ Of the dynamics of the “negotiated order” in US healthcare

# Data and Methods

- ⇒ Recruitment: RNs with  $\geq 1$  travel contract in previous 5 yrs
- ⇒ Semi-structured interviews via Zoom (45-60 minutes)
- ⇒ April - September of 2023 we completed 15 interviews
- ⇒ Inductive thematic analysis - 2 coders; group discussion



# Sample Description of 15 RNs

Gender	14 female · 1 male
Race/Ethnicity	12 white · 2 Black · 1 Asian
Age, mean	38 years (26 - 55)
RN Career, mean	16 years (3 - 25)
Travel Experience, mean	2.5 years (1 - 5)

# More than 'Just' the Money

⇒ The money *did* matter

*The money was just so unbelievable during the peak pandemic time that a lot of nurses left to grab some of that money (travel nurse, 1 year)*

⇒ The money had to matter to offset hidden costs

*It's pretty expensive to live in furnished housing...and set up a life every few months (travel nurse, 2 years)*

# Protection to enable “Core” RN Work

- ⇒ Protection from the emotional work of “politics” & “drama”  
*I loved being able to just stay above the fray of the politics of a place and just come in (travel nurse, 5 years)*
- ⇒ Redefining nursing work as *only* bedside nursing  
*You’re not on the hospital or unit councils, you’re not being asked to precept...or do any of these higher value roles that help the unit in the long run (travel nurse, 2 years)*



# Protection Against Burnout

- ⇒ Time off as a form of protection  
*[In between contracts] I just do whatever I want: not work, travel, go home and see family, [or] do nothing—sit on the beach (travel nurse, 2 years)*
- ⇒ Full-time position with benefits provided **less** protection  
*[As a staff nurse] I had 310 hours of unused vacation time...you were so frequently denied vacation (travel nurse, 1.5 years)*

# Expertise through Mobility

⇒ Breadth of experience trumps tenure

*Not that it's wrong, but if you stay in one place for your entire career, it can be a very narrow mindset and perspective (travel nurse, 5 years)*

⇒ Adaptation versus organizational knowledge as skill

*[Traveling fostered] independence and confidence & just being able to adapt...[traveling] is the best thing that I could have ever done for my career (travel nurse, 5 years)*

# A Changed View of Commitment

- ⇒ Questioning the value of commitment to their employer  
*I am still so proud of the nursing role...I just don't want to feel like I'm contributing to something that makes me unhappy like watching patients suffer while hospital executives [enjoy] record profits" (travel nurse, 2 years)*
- ⇒ Freedom from emotional investment  
*I don't care like I used to when I was a full-time employee; it's really freeing (travel nurse, 3 years)*

# Conclusions and Implications

- ⇒ Reconfiguration rather than rejection of professionalism
  - ⇒ Narrowed conceptions of nursing practice
  - ⇒ From continuity as a virtue to flexibility as a necessity
- ⇒ Professionalism as an individual strategy of protection
  - ⇒ Autonomy reframed as control over time
  - ⇒ Detachment instead of relationship to maintain integrity



# Acknowledgements

[UW Center for Health Workforce Studies](#)

Health Resources and Services Administration Center Grant

PI: Bianca K. Frogner, PhD

Paula M. Kett, PhD, MPH, RN

Susan M. Skillman, MA



[Forthcoming Article](#) SSM-Qualitative Research in Health



# The Fine Print

This study was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$460,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

<https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding>

A person is walking away from the camera down a long, brightly lit warehouse aisle. The floor is highly reflective, showing clear reflections of the person and the surrounding environment. To the left, there are tall wooden shelving units filled with cardboard boxes. To the right, a white wall runs along the aisle. The person is wearing a dark long-sleeved shirt, dark trousers, and white sneakers with black accents. A semi-transparent dark grey rectangular box is centered over the lower half of the image, containing the text "Thank you" in a white, bold, sans-serif font.

**Thank you**