

NURSE RECRUITMENT AND RETENTION

The monthly advisory for nursing directors, nurse recruiters and human resource managers

'Tis the Season:

Recruit and Retain Seasonal Nurses

They call them “snowbirds” — seasonal visitors who seek warmer weather from October through April. As a result, the states that these people migrate to experience a strained capacity on local-area hospitals. *Nurse Recruitment and Retention* decided to analyze how facilities in three popular “snowbird” states cope with this problem.

Aching for Arizona

Tucson, Ariz. which has a general population of about 487,000, blossoms into approximately 750,000 from October through April. What causes significant logistical problems for the healthcare community is that the median age shifts from 32 during off season to 48.2 during the “snowbird” season. These seasonal visitors have an average of 62 which suggests a high use of healthcare facilities.

The Tucson Medical Center has had to work hard at making the shift from off-season to season and they offer three durations of seasonal contracts to registered nurses. The contracts are 13, 26, or 39 weeks. They call it, “Seasonal Sensation” which includes a travel allowance, 13-week completion bonuses of up to \$2,000, a monthly living expense allowance of up to \$500, 10 percent differential pay for evening hours (3 to 11), and a 17 percent differential for night shifts. Additionally, the Tucson Medical Center has per-diem, float-pool positions for RNs who are qualified to work in a variety of areas, based on staffing needs.

Seasonal employees are also eligible for TMC Federal Credit Union membership and a 25 percent employee discount in the cafeteria.

Coveting California

California experiences an even greater influx of part-time residents with a strong Canadian influence.

“The Eisenhower Medical Center has two very special programs for seasonal employees,” states **Diana Berchem, RN, BS**, nurse recruiter. The center is located in Rancho Mirage, 10 miles east of Palm Springs, Calif. and experiences an increase in population from 13,249 to over 35,000 during the season. “We offer the 8-4 and 6-6 plans. These are 8 months on and 4 months off, or 6 months on and 6 months off,” explains Berchem.

The uniqueness of these programs allows seasonal nurses to keep their benefits year around, she says. The facility has worked out a plan with their insurance carrier so these employees pay for their medical benefits during the off season and have the normal employee split during season (similar to a COBRA program). The advantage is that they never lose time in having to qualify for their healthcare benefits and are able to maintain the same insurance program year around. Additionally, these nurses keep their retirement benefits, which accrue based on time worked, and are eligible for a \$5,000 employee-referral program. Berchem explains that the seasonal employees are an excellent pool for recruiting nurses for the year-

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round staff and qualify for the \$5,000 bonus split between the referring and new employee.

Furthermore, the hospital's special-benefits programs, such as HealthQuest, are available to seasonal staff. The program offers free fitness classes, including yoga and tai-chi, as well as free mammograms and other services. "The use of the 8-4 or 6-6 programs is at the discretion of the department managers based on the needs of each unit," says Berchem. She also explains that the facility uses their in-house marketing department to advertise for these positions. The marketing, she says, includes areas in Canada which surveys have shown to have a high interest in this location.

Fleeing for Florida

Naples is a resort town in the southwestern tip of Florida that grows from a year round population of 273,000 to over 600,000 during season.

The Cleveland Clinic in Naples, a recently built, 76-bed hospital, has established a temporary nurses' hiring program from November 9th through April 25th in an effort to alleviate some of the overcrowding issues. The nurses work on a seasonal per diem of a higher than normal hourly rate, receive retirement benefits, and bonuses just like the permanent staff. At the end of their contract, these temporary staff members have the option of applying for a full-time position or terminating the contract.

"We do a nurses' recruitment mailing to licensed nurses in seven northern states," says **Vickie Arick**, a human resources associate at the clinic. Arick states that they get quite a few nurses who come to the area just for the season, including ones from Canada. (Remember that out-of-state nurses must meet state licensing formalities.)

Naples Community Hospital has a special section on their Web site: www.nchmd.org/humanresources/

humanresource3.htm that highlights "Seasonal Employment with NCH Healthcare System." Here is what they offer:

1. Housing — one and two-bedroom apartments.
2. Housing stipend — for employees who make Naples their second home.
3. Immediate eligibility for benefits — seasonal staff members are eligible to begin health and dental benefits the first day of the month following their date of hire.
4. Bonuses — Offered up to \$2,000 based on the beginning and ending dates of the seasonal agreement.

Set Up a Seasonal Nurses Program

Even though we have focused on seasonal visitors heading south, the same issues, problems, and resolutions apply to northern areas that see the same shifts in population, only in reverse. Here are five steps to help you capture these migratory nurses:

1. Study the demographics in your area. Complete a demographic study for the source of the seasonal visitor. The local Chamber of Commerce should be a great source as should your hospital-admitting records. Look for trends. Certain areas show a strong preference to certain areas. (For example, Naples attracts visitors from the mid-west, like Ohio and Illinois; Tucson is a favorite spot for Utah, Nebraska, and Mid-western Canada.)

2. Pay attention to walk-ins. When prospective nurses walk into your facility, make them a priority. Make sure that your information desk or front lobby area is aware of the importance of this visitor and has a procedure mapped out for how to treat this individual. Issue them a staff contact list as to who must be called and follow-up frequently to ensure that the hospital's "gatekeepers" know

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the procedure. Provide these candidates with guided tours from department heads, and if possible, introduce them to senior administrative officers. This will demonstrate the importance of their visit and possible future employment.

3. Work with your marketing department. Team up with marketing to create an advertising program that will seek out nursing professionals who may be seasonal visitors or who may be interested in seasonal positions. As for advertising, keep in mind that many small towns have low radio and television advertising rates that may yield some positive results. (For example, advertising rates in Lake Havasu City, Ariz. run from \$8 to \$25 per spot. Cable costs are within the same range.)

4. Develop a seasonal program. In developing this plan, make it a priority not to develop a program that will raise issues with your current employees. Offering too high of an incentive or bonus can work against you. Get the input of your current staff to determine what they consider fair and equitable. Their involvement in the decision-making process can avert inequality issues later on. The Tucson Medical Center Web site: http://www.tmcaz.com/Working/seasonal_m.html offers suggestions on how to develop such a seasonal program as does the Naples Community Hospitals' Healthcare System's Web site cited above.

5. Maximize your seasonal patient base as a recruiting tool. Frequently, these visitors will return home and boast about their seasonal home. Encourage such patients to inform nurses of your program. A newsletter for patients is a great tool to ensure your seasonal program gets good exposure. (Check with your compliance department to ensure that you are not violating HIPAA regulations.) ■

Share Your Recruitment Success Story and Receive a \$500 Reward

Do you have a successful recruitment effort that you would like to share with your peers? If so, we would love to hear from you! Just send us a roughly written summary; if it is selected, our editor will interview you to expand and polish it.

\$\$\$ 1st prize: \$500 \$\$\$

Generous runner-up and honorable mention awards too!

**Fax your stories to: 800-645-1394;
email to: publisher@rnrecruitment.org
mail to the address on the
back of this newsletter.**

If your submission is selected to become a story, we will send you a reward so be sure to include your contact information with your fax, email or envelope.

Men in White:

Tips for Luring that *Other Sex*

In the last three years, more than two million jobs have been lost in the manufacturing sector of this country's economy and many of those people are still looking for work. A high number of those who lost their jobs are highly-skilled and well educated men, who are now in need of a career change.

Working on oilrigs in Colorado while living in San Antonio, Texas put a tremendous strain on family life and stimulated a desire to change careers for **Douglas Wondra, RN**, who went into nursing. He now works in the NICU department of Christus Spohn Hospital.

"I found that there was a strong bias against men in nursing when I entered the field," says Wondra, who now speaks to high-school students and people who are interested in making a career move.

"I was a cable TV guy," admits **Andy Gann, RN**, who is now the manager of OR at Driscoll Children's Hospital in Corpus Christi, Texas. While Gann was less than satisfied in his former career; he explains that he now looks forward to meeting the duties of his job.

Attract "Career Changers"

Here are five ways that you can attract those fellows who might be in line for a career change:

1. Recruit employee spouses. Develop an in-house recruiting program that solicits current employees' spouses, family members, and friends. Your pool of existing employees is still one of the best recruiting tools. A good recruiting program — designed specifically for persons interested in making a career change — can be a successful endeavor. It can be especially effective when included in current, new employee incentives and your nurse's training-assistance programs. Your marketing department should also be able to assist in setting up an effective program. Consider running ads in your employee newsletter — if you have one — regarding career-change solicitation. Finally, don't forget to add material in employees' paycheck envelopes to highlight this recruiting effort.

2. Work with agencies specializing in career changes. Develop a program for recruiting with local and state agencies that specialize in career changes. Most states

have departments that work with outplacement programs from companies that are experiencing a decline in the workforce. Call those agencies' outplacement experts for information on how to get involved. Advise them that you want to focus on people from a highly-educated workforce.

3. Career-change day. Set up a career-change family day where you invite all family members to a seminar. Invite speakers who made career changes. The best solicitation is still a strong testimonial from someone they can relate to.

4. Develop ads that focus on career changes. Work with your marketing and public relations departments to develop newspaper, radio, and television ads that focus on career-change candidates. You may wish to imitate the type of ad designed by vocational schools that are interested in retraining and recruiting potential candidates.

5. Teach your staff how to recruit. Set up a training program for current employees on how to effectively recruit new employees. Instruct them in what to look for — signs that may indicate that someone is ready for a career change, and what parts of nursing are most likely to attract them.

Ask "Career Changers" to Help

Gann speaks regularly at recruiting sessions and even brings in students for job shadowing. He feels that this is the best way to "sell his career." Gann shares what he considers to be some of the more important selling points (to potential male candidates):

- Work environment offers responsibility, challenges, and respect.
- Autonomy — you are able to work on many different tasks independently.
- Use of High-tech equipment such as lasers, videos, and latest technology in monitoring equipment.
- Opportunities for advancement. (Gann feels his previous industry experience helped him become the manager of the department in only four years on the job.)
- Sense of reward — not just financially — but in making a difference in someone's life.

Encourage prospects to volunteer at their local hospital. Gann encouraged his son to volunteer, and increased his allowance so he would not have to seek a summer job while in high school. Now in college, his son has chosen the medical field.

Wondra uses many of the same rationales when he is invited to speak at recruiting functions and job fairs. He talks about the bias that still exists in being a nurse and because of that finds many male nurses specialize in specific fields, like Critical Care or ER. "I work in ICU," Wondra says, "sounds better to the younger-male population than, 'I'm a nurse.'"

Both Wondra and Gann believe that the industry needs to work towards changing this gender stereotype if they expect to fill current and future vacancies.

"I see some of these stereotypes changing and that is positive," says **Suzan Lement Stein**, Senior Human Resource Recruiter at Holy-Cross Hospital in Fort Lauderdale, Fla. Stein informs that the facility's number of male applicants is up considerably from what it was 10 years ago. She admits that while they cannot directly solicit for male nurses, per se, they make every effort to illustrate to male high-school students that the field of nursing is challenging with a great many rewards.

Male Marketing

Here are some suggestions on how to market for male nurses without raising the spectre of gender-discriminatory practices:

- Create a "Future Nurses Club" that promotes the benefits of nursing to male and female candidates. (See *Nurse Recruitment and Retention*, September 2003, pg 23; *Future Nurses Club: Back to the Future*.)
- Arrange for male nurses to speak to interested groups and ask them if they will be available for job-shadowing and mentoring programs.
- Feature an equal ratio of male to female nurses in your advertising and marketing materials. (Johnson & Johnson has a Web page: http://www.discovernursing.com/prod_brochures.asp, which provides brochures that feature male and female nurses on an equal basis.)
- Encourage your professional associations to work toward marketing the profession on a genderless basis. Interests of potential male nurses should be featured on an equal foundation as those that are of interest to female nurses. For example, highlight the fact that use of high-tech equipment may be part of the job. ■

Drop in Nurse Turnover Saves Hospital Big Money

What a difference two years can make. In 2001 Palomar Pomorado Health in Escondido, Calif. had an RN turnover rate of 19 percent. Now it's 10.2 percent. **Lorie Shoemaker, RN, MSN**, chief nurse executive at PPH terms it, "A definite success story."

"There's lots of competition in San Diego County... We had seen an increase in nursing turnover and that created morale issues. Everything was in a downward spiral," says Shoemaker, recalling the situation two years ago.

She acknowledges that some facilities might have tried to improve a bad turnover rate with in-house initiatives, but she stresses PPH's solution — hiring an outside consulting firm — helped them to quickly focus on its problems and formulate solutions.

"It was one of the many things that we did," she says of the decision to hire H*Works, a healthcare consulting offshoot of the Healthcare Advisory Board in Washington D.C. "Fees were substantial to engage the consulting firm," she acknowledges. But when it was realized that each one percent reduction in nursing turnover would save the facility approximately \$250,000 each year, the expenditure seemed warranted.

Starting the Process

Hiring the consulting company also allowed PPH to apply some of these recruitment and retention tips and use them to solve day-to-day problems. "H*Works worked with leadership and staff to bring to the table national best practices. We would tweak them to meet our needs," says Shoemaker.

The consultants began with an assessment to identify the issues contributing to the high-turnover problem. Then it did an in-depth survey of the facility's staff, working with a steering committee and three focus groups. One consisted of new grads ("on-boarding nurses"), another of nurses who had worked two to eight years at PPH, and a third of 10 to 15 year veterans.

H*Works talked to these groups to find the top drivers of dissatisfaction for nurses. "This put into place

the hot spots and the consulting company suggested how we might fix them," says Shoemaker.

What They Did

PPH concentrated on the following areas:

1. It hired an orientation coordinator to oversee and accelerate specialty orientation. This allowed new nurses to quickly step up to the next level in training and salary.
2. It identified and dealt with nursing stress factors. The facility, for example, fixed or replaced all the equipment nurses complained about. For instance, PPH had recently carpeted many areas, but nurses found this made their jobs harder when they had to move beds and IVs, so PPH removed the carpet and tiled the areas to make it easier on nurses' backs.
3. PPH beefed up the role of nurse managers and brought them into recruitment and retention. "People don't leave jobs; they leave managers," says Shoemaker. "Nurse managers became key retention officers. We took away some of their duties, redistributing them elsewhere. We made a full assessment of the nurse managers' skills and crafted a specific curriculum for education and training."

"The financial commitment was significant," acknowledges Shoemaker, but PPH weighs such dollars spent in retention against the \$33,000 H*Works estimates it costs the facility each time a nurse has to be replaced.

Follow-up

"Now on our own, we continue to involve our nurses in an annual survey of 15 questions — six which specifically pertain to the nurse managers. And we have adopted a program of perks and awards for preceptors" she says.

Two years after H*Works came on the scene, Shoemaker feels turnover is under control, and she now receives positive feedback on surveys from patients and doctors. ■

Survey Asks:

What Drives Commitment Among Nurses?

Nurse Recruitment and Retention spoke to **Erin Wilkins**, assistant vice president of Aon Consulting's Loyalty Institute in Miami about their 2003 Healthcare @Work study, and we discussed how the insights derived in the study can be applied by healthcare leaders in real-life strategies to help attract and retain nursing staff.

We asked Wilkins the following questions:

Q. What did you find in your study that attracted people to the nursing profession?

A. We discovered that most respondents said that they first imagined a career in healthcare while they were in high school, but 26% first thought about it in elementary and middle school. So if you're only talking to students in their senior year of high school, you may be too late. We also found that updating traditional perceptions among younger people is important to attracting more of them to the healthcare profession. So rather than using a traditional recruitment approach, you should emphasize education and image building. Partnering with local schools to create educational programs can help. For example:

- Take part in school-sponsored job fairs — send nurses who are willing to talk openly about their jobs and career paths.
- Offer to help with health and science classes — engaging curricula will introduce young people to nursing and attract future workers.
- Institute volunteer ad work/study programs — expand traditional programs to provide real-world experience.

Q. What did you discover in your study that differentiated healthcare workers from the U.S.-working population in general? (Workforce Commitment Index)

A. The healthcare field WCI score is about 9 points below the national average (U.S. is 99.7 percent). This is a major concern, since the healthcare field is in dire need of keeping professionals, especially nurses. If nurses feel they can leave the field to enjoy greater work experiences elsewhere, what's to keep them from leaving? In fact, nearly 40 percent of our respondents have thought about or made plans to do just that in the last few months. This serves as a call to action for healthcare leaders.

Q. What are the factors that create maximum commitment among America's healthcare workers?

A. Through statistical analysis, we identified the workplace practices that will have the greatest impact on commitment. As these practices, also known as "drivers," improve, commitment will also improve. Organizations should make sure that they are at least "meeting expectations" in these areas:

Safety/Security

- Ensuring job security
- Ability to minimize medical errors
- Creating of a job environment where you feel free from fear, intimidation and harassment

Affiliation

- Efforts to build a sense of spirit and pride
- Your opinion being heard by all levels of organization management
- The satisfaction you receive from the work you do every day

Growth

- The opportunities for personal growth provided by doing your job
- Your supervisor's ability to achieve results through effective-management style
- The ability to deliver quality patient care

About the Healthcare @Work study

Aon Consulting's Healthcare @Work study, conducted in collaboration with the American Society for Healthcare Human Resources Administration (ASHHRA) and the American Hospital Association (AHA), investigates the relationship between healthcare organizations and their workforce and identifies key issues related to the industry's labor shortage. The 2003 survey includes 3,784 U.S. healthcare employees from all areas of specialization through the Internet and phone interviews. Over 25 percent of respondents were nurses. The study measured "Workforce Commitment Index" (WCI) outcomes stemming from the responses to ten specific questions pertaining to productivity, pride retention, responsibility and trust. The study's main research objectives were to find:

1. How committed healthcare employees are to their organizations (WCI).
2. Employees' perceptions of organizational performance on the workplace practices that *create* workforce commitment.
3. Workplace practices that are the key drivers of commitment in the healthcare field.
4. How key healthcare constituents can drive change. ■

Work/Life Harmony

- The people with whom you work supporting your needs as a person and not just a co-worker

Q. What advice would you give a healthcare organization that commits to making system-wide changes to maximize commitment and retention among nurses?

A. Start by listening to your nurses and figuring out their needs and whether the organization is meeting them. Get a baseline of the current level of commitment and what drives commitment through focus groups or surveys. And, since this is a partnership, just because your nurses have articulated a list of 20 “improvement opportunities” does not mean that you have to “fix” them all. But, at least this will begin a dialogue that allows nurses to identify their needs. Subsequently, you will be able to respond to those needs through appropriate resource allocation and short and long-term change strategies.

Q. What kinds of collaborations seem to help with long-term positive nursing recruitment and retention outcomes?

A. It’s important to attract more people to nursing, so the constant moving and cycle of shortages will end. To survive, many of our clients have to compete with one another for market share, so they give sign-on bonuses and other short-term incentives. However, this may make the problem worse, because they are just shifting around the shortage from hospital to hospital. So in terms of collaboration, we recommend looking beyond your own facility to form mutually beneficial collaborations with other hospitals in your communities and to local and national governing bodies and associations.

For example, one of my clients banded together with other hospitals in the community to provide not only scholarship money for students but also to provide developmental training, “school to work” programs, LPN to RN programs, etc. They also formed partnerships with local community colleges to provide on-the-job education.

Q. What long-term and/or short-term strategies can you recommend to increase nurse commitment?

A. It all comes down to accountability and effective workplace partnerships. You can cultivate trust and commitment when senior leadership articulates the mission, vision, and values of the organization and forms policies and procedures to make sure those goals can be put into practice, and then middle managers reinforce the messages. Leaders have to be creative, based on an organization’s culture and input from employees. We found

it interesting, in measuring the top drivers of commitment, that, contrary to popular belief, none of those drivers were in the area of compensation and benefits. While rewards are obviously a fundamental piece of the employee/ employer relationship, what makes workers willing to give, to stay in an organization, and be prideful and productive, is those higher-level needs of feeling affiliated, supported by coworkers, and having growth opportunities.

Q. In nursing, where jobs are stressful, what can organizations do to provide support?

A. Among nurses, stress is a major factor. If you went to work every day and were not supported and didn’t get along with your boss and you’re working overtime, tying this back into the pay discussion, you may feel “you can’t pay me enough to do this job.” However, if leadership is making an effort to reduce the pressure, whether it is through stress-management workshops, flex time, or simply the support of coworkers, and then your nurses will not always be thinking about the dollar. Their workday will be that much more pleasant and satisfying. It boils down to a culture shift and a change to more meaningful work. ■

CEO SPOTLIGHT

Centegra Health System: Servant-Leadership Model Brings Benefits

Centegra Health Systems was ranked number one in the country in workforce commitment in Aon Consulting’s Healthcare @Work study. Centegra, the largest healthcare provider and employer in McHenry County, Ill., has over 3,000 employees and provides care to nearly 420,000 acute and ambulatory patients per year at over 26 sites.

Michael S. Eesley, FACHE, who took over as president and CEO less than two years ago, says that besides programmatic issues, the facility’s most important recent change is to make their workers the prime focal point and patient care their number one priority. Eesley says they have adopted a “servant-leadership” model: “We, the leadership, are here to serve the people who do the work,” he says. This attitude is present in every Centegra leader. “If it’s not, they’re not here,” he says. In fact, Eesley says that the highest recent rates of turnover are among the leadership group, because it was difficult to get the right people in place whose values were aligned with this model.

This change in values forced leaders to make tough choices among nurses as well: “We do not blink at releasing people at all levels who no longer fit in.” Eesley confides that his organization was releasing such nurses in the ICU when they were down five nurses. “Most organizations would not do this. Now we don’t have any nursing vacancies in ICU,” he says.

Because some people, due to ingrained behavior, may have trouble adapting to the new workplace model, they provide education on human dynamics to all workers. “If we’re going to create a higher level of professionalism in our organization, we need to educate and train individuals in the neighborhood of 40 to 60 hours a year,” says Eesley. Centegra commits \$850 per year in training dollars per associate (the American Society for Training and Development’s —ASTD— “best practice” is \$704), and the percent of payroll spent on learning opportunities is about 2.5 percent (the ASTD’s “best practice” is 2 percent).

Barbara Jo Johnson, MSN, senior vice president of human resources/organizational learning, says that the institution’s commitment to a learning environment contributes to its high scores among its nurses. “We offer clinical education and personal development skills that demonstrate our commitment to our nurses as individuals,” she says.

Johnson says that in the nursing organization, the following initiatives have been helpful in creating that commitment and increasing retention:

- **Team building around patient care.** “One of the greatest frustrations for nurses is that their facilities do not value their professionalism and their role in coordinating care,” says Johnson. Centegra trains managers and supervisors as well as teams to make sure that everyone is focused on patient care. “We provide expert support to facilitate team and individual growth,” she says.

- **Nurses in leadership positions.** Johnson says that the number of nurses in leadership positions at the facility is “atypical.” The directors of information services, human resources/organizational learning, learning strategies/community integration, as well as the site administrator are all nurses. “When we speak to high-school students, we can show a range of nursing careers in addition to clinical nursing,” says Johnson.

- **Alumni-nursing program.** When nurses express an interest in retiring, Centegra offers an “alumni-nurse” program. Instead of losing the skills, sophistication, and seasoned attitude toward patient care, older nurses are incorporated at the unit level. They have flexible hours and annual work schedules. According to Johnson, the program has added depth to the institution’s nursing services, and the new nurses value the “alumni” tremendously.

- **Attracting students to nursing.** Centegra works

with the local workforce investment board to create healthcare-career nights for freshman high-school students and their parents.

- **Support for nursing students.** The organization holds clinical luncheons for student nurses to help them select a future employer.

The Results

According to Eesley, these initiatives, among others, have created “drastic shifts” in almost every area:

- Patient satisfaction is up, as evidenced by the constant flow of “thank you” letters he receives. “Leadership, including myself, spends a tremendous amount of time thanking everyone involved, and making sure people feel appreciated as professionals.”

- Nursing vacancies were at 12 percent 18 months ago and now are at 2 percent and 4 percent at its two largest facilities, significantly below the national average.

- Centegra’s cost per unit is the lowest it has been in the last few years, and their volume has increased 17 percent.

- The facility is a “very aligned organization” around its values. They measure tangible “key indicators” such as quality, turnover, and financial margins. Leaders’ report cards include these indicators, and they are considered in their reviews.

Leadership at the facility is especially proud of the high, positive response to the question: Is Centegra giving you the same commitment that you give Centegra? “It sounds like an old-fashioned ideal, but it’s real,” Johnson says. ■

St. Marys’: The Power of Partnership

St. Marys’ Hospital Medical Center in Madison, Wis. has created a culture in which all workers feel valued. The facility’s model was cited by the American Hospital Association (AHA) in its 2002 report, “*In Our Hands: How Hospital Leaders Can Build a Thriving Workforce.*” Nurses are engaged in every facet of operations and have emerged as their organization’s unexpected business partners, says **Joan Ellis Beglinger, RN, MSN, MBA**, vice president, patient services.

In 1991, the St. Marys’ nursing organization began a deliberate process of transforming itself from a traditional hierarchy into a shared-governance model, one characterized by partnerships between managers and staff rather than the parent-child relationships in traditional hierarchies. In the model:

- Accountability for decision-making is located throughout the organization, rather than concentrated at the top.
- Those with the most expertise in a given area are vested with the decisions in that area.
- Members of the clinical staff assume accountability for defining clinical practice, managing and improving the quality of that practice, and ensuring the competence of the practitioners.
- Managers manage resources and create an environment that supports excellence in clinical practice.

Elements of Success

Besides changing the organizational structure to one of shared decision-making, St. Marys' leaders identified other elements as essential:

Broadly Sharing Information. St. Marys' creates a "big picture" for all employees, where clinicians are trained to help manage the hospital from a business point of view through the daily services they provide.

Keeping Patients the Number One Priority. The vice president of patient services spends one day each month in scrubs on a unit with nurses. This enables her to make first-hand assessments of what nurses are being asked to do and to stay in touch with changing demands for patient care.

Investing in the Skill Development of Management and Staff. St. Marys' trains all levels of employees in the shared decision-making model. Beglinger says, "Managers (including administrators) must learn how to abandon "command and control" behavior and how to facilitate a system of care, how to support staff development, and how to develop their own skills."

Budgeting the Necessary Resources. They believe that investing in nurses produces real business results. Time spent on shared governance activities plus conference time (16 hours per nursing organization employee) totals 2.6 percent of the total nursing budget. This education budget has grown consistently over the years, is managed by the clinical staff itself, and, says Beglinger, has paid "immeasurable dividends."

The Results

St. Marys' nurses view patient care as their responsibility, and they collaborate with management to ensure that end. In return, they are involved in all aspects of the medical center's decision making, from strategic-plan development to product selection and budget planning.

Some specific outcomes:

In a 2002 employee-satisfaction survey, St. Marys' nurses scored higher than the survey's "best practice" in overall job

satisfaction, belief in the organization's concern for patient care, and belief in its strategy and mission. The nursing department has responded to ever-growing demands for care without hiring agency nurses, mandating overtime, or paying "sign-on" bonuses or extra shift premiums. St. Marys' turnover rate for nurses is less than half the national average of 20%. The national vacancy rate for nurses, more than 10 percent nationally, is about 3 percent, and operating margins are far above national averages.

Is shared-governance the panacea to all nurse recruitment and retention woes? No, says Beglinger. "If you approach shared decision-making as a recruitment and retention strategy, you're guaranteed to fail. Success will come only if it is pursued because leaders see it as the best way to optimize the organization's performance." ■

SUCCESSFUL RECRUITMENT INITIATIVE

"Launch Into Nursing" Provides Win-Win Situation

It's an extern program with a new twist. Tuality Healthcare, a 167-bed, not-for-profit hospital in Hillsboro, Ore. combined forces with nearby Linfield Good Samaritan School of Nursing in Portland to develop a program called "Launch into Nursing."

The prize for taking part in the program is college scholarship money — \$8,000 in total — one half paid directly to Linfield by Tuality, and the remainder paid to the college once the new graduate RN is working for the facility.

"This program is unique in that it helps students financially while they are still in school. We are making a commitment to them, and they are making a commitment to us," says **Chris Kennedy, RN, BSN**, director of in-patient services at Tuality Hospital.

This is Linfield's fourth affiliation with facilities in such an extern program. "Linfield is a small, liberal arts college, and the financial burden is heavy. Such programs help by bringing in tuition income," says **Linda Snow, RN, BSN**, nursing programs administrator at Linfield.

Participating students begin the process by working as CNAs at Tuality during the summer between their junior and senior years. Junior-level nursing students in Oregon can obtain their CNA license by sending in an application and fee accompanied by a transcript that demonstrates that they have

taken the appropriate course work. They do not have to take a test. They are then placed in a float pool of CNAs, and this allows them to work in many departments of the hospital. They then sign a contract with Linfield that obligates them to work for Tuality for two years in return for the scholarship money. They return to Tuality to work in a department of their choice as their senior practicum.

It's Not Just About the Money

“We are interested in attracting people who are at home in our area, and who want to graduate and serve this community,” says **Steve Krautscheid**, employment coordinator at Tuality Healthcare.

Kennedy says, “First they want to find a place where they want to be, then money is a close second.”

Getting the Program Started

Nursing leaders in Oregon put together a coalition to brainstorm ways to deal with the nursing shortage, and programs like this were one of the ideas, says Kennedy.

To get the extern ball rolling, Krautscheid gave a presentation at the college to about 20 junior-nursing students. This included a handout explaining the program. Out of the 20, three applied and were accepted.

“When the three students arrived at Tuality to work as CNAs; they functioned well together,” Krautscheid says. They were from the same school and knew and supported each other.

Snow has gained experience with such programs because Linfield is involved with three other similar programs. She has focus groups with students involved in these other programs after they have finished their extern programs. The students meet with representatives from the institutions where they have served, to provide feedback.

Snow set up the program with Tuality and offers two tips:

- Manage expectations on both sides (school and facility). Make it clear to both groups what to expect from the program.

- Ensure that hospital staff is supportive. “They need to know that this student is not your usual CNA. She will be their peer in less than a year,” she says.

The Extern Advantage

“These students are already acculturated and experienced in this facility. This puts them way ahead of other new graduates that the hospital may hire,” says Snow.

One goal of the program was to accustom nursing students to work for Tuality. This previous experience will quickly allow them to “get up to speed,” Krautscheid says. ■

— Submitted By: Steve Krautscheid, Tuality Healthcare, Hillsboro, Ore.

READER QUESTIONS

Small Gifts Pay Off Big

Question: *I am seeking creative gift-giving ideas to reward my nurses with. Do you have any suggestions?*

New Jersey Subscriber

Answer: Approaching holidays offer the opportunity to do something special for your nurses. Most facility administrators make the season festive with holiday luncheons and dinners plus special food provided during shifts. Others have unique ways for providing staff with special rewards that raise spirits as well as morale.

Leakie Bell, assistant director of nurses at Emerald Ridge in Solon, Ohio once worked in a facility that allowed staff members to celebrate their anniversaries by picking a gift from a gift booklet. The value of the gift was based on length of service, but it always arrived beautifully wrapped. Bell gives this idea a new twist by preparing gift bags with popular fillings such as sanitizing hand gels and nail-clipping kits.

After the last holidays, Bell polled her staff to see what they would like to receive this year. “All my nurses wanted dressing scissors,” she says, adding that she would consider giving drug books, the runner-up gift, in the future.

Christine Stricklin, RN, regional health care specialist for New York State, Alterra Health Care Corporation, favors gifts which are personalized with names, such as small pens that nurses can wear around their necks or coffee mugs. Sometimes she also gives gift cards to Wal-Mart.

Jeanne Waller, manager of recruitment and retention for patient care services for the New England Medical Center in Boston likes to gift movie asses and gift certificates for nursing uniforms. She has also considered giving a service, such as providing free on-site oil changes during working hours or — as a reward for very special services — sending a cleaning service to clean a staff member’s house.

Kim Brodie, RN, MSM, AOCN, clinical administrator director of leukemia bio-immunotherapy at MD Anderson

Cancer Center in Houston says, "One year we treated everyone to breakfast at a hotel buffet nearby. They could go whenever they wanted because the buffet was open all day."

Diana Halfer, RN, MSN, administrator for clinical and organizational development at Children's Memorial Hospital in Chicago says that the December holidays are recognized when the hospital-volunteer association sponsors a luncheon. She favors small recognition gifts throughout the year, such as seasonal pins, tote bags, and wallets to carry hospital ID badges in.

Chris Kennedy, RN, BSN, director of in-patient services at Tuality Hospital in Hillsboro, Ore agrees. "It's the holidays all year round. Tuality has an *IVY* (I value you) program. It's a peer-to-peer reward program. If an employee values what another has done, he or she can send that person an *IVY* card. On the front is a picture of a quilt created square-by-square by each department, which now hangs in Tuality's front lobby. On the back the card says 'I value you because...' The giver fills out the reason and sends the card. The receiver tears a stub off the card and enters the stub in a monthly prize drawing."



Filling Part-Time Shifts in Small Hospitals

Question: *How can small hospitals solve the need to fill multiple part-time positions and provide coverage in all areas?*

Arizona Subscriber

Answer: According to **Joanne Vetsch**, human resources assistant at Good Samaritan Hospital Association in Rugby, N.D. which has over 100 beds, there is a solution.

"We have people who work in various departments. We train them for that," she says. Combining two, part-time positions can create a new position that is closer to full-time. This encourages loyalty among staff members and makes it unnecessary for them to take second jobs outside the facility. In some cases it makes former, part-time employees eligible for full-time benefits. When staff members have training in several areas, they also can fill in when unexpected staff shortages occur.

Additionally, Good Samaritan provides free, on-site, 80-hour training that prepares participants for state CNA testing. "That's a real benefit for anyone who's trying to find a profession," says Vetsch, who notes that many who undergo this training stay on at Good Samaritan. The free course is a recruiting draw too.



New Ruling Frees Nurses of Feeding

Question: *We are an 89-patient nursing home and I recently heard one of my colleagues state that CNAs no longer need to feed patients unless there is special need (i.e., a patient is required assistance with complex feeding problems such as movement, medication etc.). Apparently, we can hire feeding assistants. Was there a recent change made by CMS?*

Minnesota Subscriber

Answer: Yes, some relief has been provided under Medicare and Medicaid Programs: Requirements for Paid Feeding Assistants in Long Term Care Facilities. (42 CFR parts 483 and 488 [CMS -2131-F]) You can find the ruling at: <http://www.cms.hhs.gov/providerupdate/regs/cms2175cn.pfd>. In summary, the *Federal Register* reports, "This final rule permits long-term care facility to use paid feeding assistants to supplement the services of certified nurse aides under certain conditions."

These regulations became effective on Oct. 27, 2003 and the following conditions must be met:

1. States must approve training programs for feeding assistants using Federal requirements as minimum standards.
2. Feeding Assistants must successfully complete this training program.
3. The assistant must work under the supervision of a registered nurse or licensed practical nurse.

The intent of the legislation according to HHS Secretary Tommy Thompson is to "free nurses and nurse aides to help them focus on their residents' other health care needs and on those with complex feeding problems."

This change in policy not just frees up valuable time for your nurses, but also will increase the flexibility in rotation assignments. Or, even more importantly, experienced nurses will have extra hours to help train nurses assistants in meeting imminent staffing requirements.



Recruitment and PR Pair Up

Question: *We have a large PR department but have not worked with them in the past. What are some ways that we might work together?*

New Mexico Subscriber

