

NURSE RECRUITMENT AND RETENTION

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

Multi-faceted Communication Aids in Retention

Melanie Heuston, RN, director of nurse recruiting at the University of Pittsburgh Medical Center (UPMC), says effective communication in many different forms is used to build commitment and increase retention among nurses.

UPMC, one of the largest, nonprofit integrated healthcare systems in the U.S. (20 hospitals with a total staff of 35,000, including 6,600 nurses) and the largest employer in western Pennsylvania, instituted a “professional practice council” model at one of the UPMC hospitals before they were a system. The council members are selected by their colleagues and managers, and they represent the voices of their peers.

Professional Practice Councils

The councils started out as unit-based work teams, not necessarily to promote an excellent communication model. “Effective communication came out of it,” says Heuston. Then, those unit-based councils bred hospital-based councils which one nurse from every unit attends and which are think tanks for resolving professional, practice issues. “I now co-chair a council with the senior-vice president of nursing with nurses from each of our 20 hospitals. It serves as an advisory council for strategic decisions affecting nursing across the system. For example, we’ve covered such topics as benefit and computer access changes, any issues or rumors, pulling guidelines for staff, and advertisement and recruiting campaigns. Recently, the subject of how we should compensate preceptors came up at the unit level, went on to the hospital level, and now it’s with us,” says Heuston.

Heuston adds that small issues that bubble up from the unit councils or even from an individual receive as much, or more attention, as the bigger, organizational issues. For example, with the preceptor issues, they had hired 350 new grads, and the preceptors were working hard to get the new nurses trained as well as maintaining their workload. “Now we’re looking at an enhanced program for selecting

preceptors, compensating them upon successfully completing an orientation, and they’re the ones drafting the guidelines,” says Heuston. And, does upper management value the council meetings? “These council meetings are never cancelled,” asserts Heuston.

Use Various Forms of Media

But communication also must come from the top, and UPMC believes that it must be “up and down” to be truly effective. A monthly newsletter, *UPMC Nursing Today*, is sent to every nurse’s home. The senior-vice president writes an address, a “state of the union,” and tries to cover hot issues and energize nurses. Clinical, research, and pharmaceutical updates are included, and different hospitals are featured. Heuston drafts the story lines and she doesn’t steer clear of sensitive subjects like mandated staffing ratios. She finds the people who can fill in the details, and the PR staff writes and produces it. “Our feedback through attachments that we include annually is

What's Inside

| | |
|--|----|
| CEO Spotlight..... | 3 |
| • System-Wide Leadership= 183 Hired Nurses in 121 Days | |
| Manager Converts Travel Nurses to Full-TimeStaff..... | 4 |
| Night-Resource Nurses Ease Transition for New Hires | 6 |
| A Night-Resource Nurses Reports: Deb Kinsey, RN..... | 7 |
| Recruitment Initiative..... | 8 |
| • Kindred Hospital: Successful Recruitment Mailers Hospital Feels “Magnet” Designation Pays Off | 8 |
| Six Steps to Smooth Approval as “Magnet”..... | 9 |
| Reader Questions..... | 10 |
| • “PDM” Yields Job Satisfaction | |
| • New Orientation Process | |
| • Achieving Positive Work Culture | |

that nurses love receiving the publication at home and enjoy reading it," says Heuston.

To enhance nurse-to-nurse communication, UPMC recently introduced a phone system in one hospital called "voice care," through which they can report to one another. This system will soon be rolled out throughout the network. UPMC nurses learned of this through the newsletter, so they will be familiar with it when it arrives at their hospital.

Electronic communication for busy nurses may or may not be practical, depending on the environment. UPMC has an intranet, and a nursing Web site, www.upmcnursing.com, that functions as a recruiting tool. "Our goal is to make it more interactive, and to have more information on line," says Heuston. However, she cautions against becoming an "e-mail manager." "At our bigger hospitals and academic centers, all the nurses have e-mail and they have to read it, but nothing can replace face-to-face communication," she says.

Formal surveys can reveal the nuances of work and working relationships. While seeking magnet status for some of their hospitals, UPMC recently sent a survey developed by the American Nursing Credentialing Center to 5,000 nurses. The results will help determine which hospitals are ready to pursue magnet status, and UPMC will use the 2,600 responses to develop work plans on the hospital and unit levels.

Create Effective Focus Groups

Focus groups, when done well, can yield important information. Nurses feel privileged to be asked and generally have nothing to lose. Pull the panel members together in one room and bring up a question like: What are

barriers to your work or what would help you be a better nurse? Go around the room and collect responses on a white board. Explain that each nurse has five "votes," and he or she can cast a vote for five different issues, or vote twice or three times or more for any one issue, depending on its importance. Classify the top five as system, hospital, or unit issues, and then hold managers accountable for resolving them.

Factor in Cost

What is the return on investment for all this work? According to Heuston, the newsletter, which costs approximately \$15,000 a year for paper and mailing, but not labor, is a bargain. The yield of other programs is hard to quantify, but UPMC's top management has made a commitment to communicating as well as they can at whatever cost. And Heuston comes back to the councils as something that differentiates UPMC. She says, "It is fairly common to have a mechanism to communicate new programs or organizational changes, but to listen regularly to the staff nurses, without fail, in a forum that is just for them, is the key to success. Usually nurses can identify the solution to an issue; you just need to give them a voice."

Talk to Your Nurses, UPMC Style

- Invite 800 nurses to an off-site conference during nursing week each year.
- Communicate any major change many times and in many ways. Don't rely on people just "picking it up."
- Don't minimize the amount of talking that needs to happen.

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Nurse Recruitment and Retention (ISSN and USPS numbers applied for) is published monthly by The Staffing Institute, a unit of PubWorld, Inc. Copyright ©2004 PubWorld, Inc. All rights reserved. Photocopying or reprinting without written permission is prohibited. Postmaster: Send address changes to *Nurse Recruitment and Retention*, 851 5th Ave. N., Suite 304, Naples, FL 34102-5582. Customer service: (800) 645-1338 E-mail: publisher@rnrecruitment.org Rates: USA: 1 yr. \$299; 2 yrs. \$559 (save \$35); 3 yrs. \$845 (save \$52) Bulk prices available upon request. Credit cards accepted: Visa, MasterCard, American Express, Discover

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- Conduct focus groups with all newly hired nurses after about 3 weeks to find out how the hiring process and orientation went.
- Don't assume the informal networks are effective. Some news warrants formal communication status.
- After an issue is resolved, make sure to cycle back and let nurses know what happened, even if it's as simple as telling them that you have ordered additional suction canisters. ■

CEO SPOTLIGHT

Agency Fees Cut by \$\$\$Millions!

System-Wide Leadership= 183 Hired Nurses in 121 Days

Grady Health System (GHS) in Atlanta is the largest public health system in the southeast. It has over 1,000 beds, 1,291 registered nurses, serves a population of about 1.3 million patients, and has a total operating budget of nearly \$600 million annually.

When **Andrew Agwunobi, MD**, became CEO of GHS in June 2003, he brought with him certain values that helped make his goals possible. "I brought an acknowledgment that, in a hospital setting, there is not a group of staff that is more important than the nurses, and an emphasis on hiring one nurse at a time," he says. In his short tenure, the system has:

- Added a senior nurse recruiter for a total of three and implemented
 1. Quarterly open-house hire days, inviting nurses from surrounding states.
 2. Great Grady "pickup" campaign, with the goal of hiring as employees, agency nurses working temporarily in the facility.
 3. Aggressive hiring initiatives, i.e. review all Web site applicants daily; screen, interview, and offer positions contingent on meeting HR hiring requirements to all walk-in applicants; speed up process for pre-hire screening; and attend all Georgia nursing schools' job fairs as well as select national, state, and local conventions and events.
 4. Obtained a Federal grant for \$776,000 over three years from the Department of Health and Human Services to establish the Grady Nursing Education Center of Excellence.

5. Reorganized the nurse staffing department by hiring and decentralizing department-based staffing specialists, and provided support for credentialing supplemental staff and managing their performance issues.

6. Partnered with agency nurse vendors, offering a mid-year contract change with lower competitive hourly rates, after surveying regional vendors (for example, they went from \$48 to \$44 per hour for med-surg nurses), and limited the term of agency-nurse assignments to one year.

7. Evaluated and continued strategic staffing initiatives, including:

- Employment bonus (\$3,000)
- Relocation bonus (up to \$2,000)
- Referral bonus (\$1,000)
- Certification bonus (\$1,000 per certification per year)
- Weekend bonus (up to \$4,500 for working 12 of 13 weeks)
- Tuition reimbursement
- Adjusted competitive salaries
- Preceptor bonus (\$1.50 per hour while assisting new employees)
- Options for non-benefit RN positions:
 1. Senior registered nurse without benefits
 2. Staff nurse without benefits
 3. Per diem pool

Recruiting Successes

From August to November 2003, GHS hired 183 new nurses with only 19 exiting the system.

The initial hiring success has Agwunobi and his management team confident of a turnaround. The RN vacancy rate was 42.8 percent in 2001, 41.4 percent in 2002, and 39 percent in early 2003. The projected vacancy rate is less than 20 percent for 2004. Agency labor cost was \$30 million per year, but GHS expects to spend only \$6 million in 2004. Agency nurses made up more than 40 percent of GHS's staff nurses in 2002, but as of November 2003, only 13 percent of licensed RNs and LPNs. As a result, savings of nursing expenditures is estimated in the millions of dollars.

Hands-on Leader Enhances Retention

Agwunobi demonstrated his belief in the importance of the nursing staff by making an immediate organizational change. "One of the first things I did was move the chief nursing officer position into line with the other senior vice

president spots that report directly to me, so nursing would have a say in how the institution is run at the highest level,” he says. “I brought in the third nurse recruiter so there would always be someone in the hospital to meet potential nurses, engage them, and immediately express an interest in them as people.”

To maximize retention, Agwunobi has created an environment in which leadership values employees’ input. He says, “When I first came in, I asked 250 department heads for input and I also gave out my e-mail address at employee forums. I asked them to tell me how they were doing and what was not working. I got about 500 messages, and I went through each one. I have also expanded the patient-satisfaction survey that was in place to include a formal structured employee-satisfaction survey, and we are currently in the vendor selection process for it. I also keep my door open to employees. I’ve told our chief nursing officer that if a new nurse wants to meet with me, I will make time to welcome that person. And several times, large groups of nurses have come to my office to talk about some issue. I am available partly to solve the problems and partly to say that the top levels of the organization value their input.”

Although he and his team have accomplished much in just a few months, Agwunobi insists GHS is still a work in progress, and his commitment to his values is not fleeting. Recently, he attended a nurse-recruitment fair. He says, “I was the only CEO there. But I wanted to stand at the stall and shake the nurses’ hands myself and say ‘When you come and join our hospital, you’re joining a family and that we appreciate you.’ I believe you should try to capture heart and mind as well as wallet.” ■

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.

Manager Converts Travel Nurses to Full-Time Staff

“Travel nurses” who come to your facility thinking only of a short-term engagement, can, in many cases, be converted into regular employees on your own staff.

Paula Pinyan House, RN, MBA, CCRN, clinical manager for the cardiology intensive care units at Piedmont Hospital in Atlanta, has done just that in converting nine contracted travel nurses to full-time staff during 2003. At Piedmont, a “traveler” or “contracted travel nurse” is someone who has signed a 13-week contract.

As in most healthcare facilities, Piedmont, a private, acute-care tertiary facility with over 1,200 nurses, has its share of traveling nurses. There was no point when House formally began trying to convert them to permanent employees. She says, “I just observed that I had a lot of travelers, and the numbers were growing. Having an abundance of these nurses is not good for the staff’s morale or for the consistency of care. But, in our ‘travelers’ group, we had some really great nurses, and I wanted to have them on staff, so I went after them.”

Informal Process Works Best

House feels that she has been successful because she is highly visible on the floor, and approaches her potential candidates thoughtfully. She gets in a half-hour before the morning shift starts and has a chance to observe the nurses ending their night shift. “I try to check in with everyone as I move through the unit making rounds, but if I have a particular traveler I would like to bring on, I tell her that I have had great feedback on her work. I indicate that I would love to have her stay on with us permanently,” she says. She realizes that she cannot match the travelers’ salaries, so she talks to them to determine what she can do to entice them to become part of the full-time staff.

How to Attract the Traveler

To consider converting, the traveler has to have the mindset to do so. The best candidates are nurses who are

somewhat ready to settle down. “Always being the ‘new kid on the block’ gets old,” says House, “and it is appealing at some point to find a home.”

To appeal to an outsider, you have to have a “great hospital,” says House. The unit has to be a welcoming place to work as well, with reasonable ratios, educational opportunities, fair managers, etc. Travelers will already know these things, says House. “If I tell them that I am fair and consistent, but they see me play favorites, I won’t have any credibility,” she adds.

Travelers also have to know that their positions are going to be eliminated, and you are going to replace them if they do not come on board. To make this work, you must actually have permanent people coming on. Piedmont recently initiated two successful recruiting campaigns, and the traveling nurses knew about this. So when House approached them and said if they did not convert, that they would not be staying on, they knew she meant it. On the other hand, when House opened a PCU (progressive cardiac unit) in September 2002 with traveling nurses, there was no reason for her to talk to them about converting in October or November. This was evident because permanent nurses would not be available that quickly to replace them.

Perks of Converting

House has used the day shift “hook” to convince several of her recent converts to stay on. When she opened the PCU, for example, and staffed it with travelers, she was able to offer some a day shift and to hold the position for them until their 13-week contracts were up. And for those in the other units who were filling night shifts, House says, “The moment they commit to me, if they want me to, I will put them on the waiting list to go to days.” In doing this, she does not put them above any Piedmont staff, but is treating them like new hires.

Other intangibles at Piedmont helped to create an incentive for travelers to convert: “We have a high standard of care. It is not just ratios, but we require a lot more knowledge, and we provide many educational opportunities. Our full-time educator is available day and night, and that’s the one requirement I made when I hired him,” says House.

\$600,000 Savings Estimated

In comparing her costs for travelers from the first six months of 2003 with the second, House saved half a million dollars. But, she says, that only represents part of the savings because when traveling nurses convert, there are little or no recruiting or orientation costs. Based on the estimate that a new nurse is in orientation for two to three months at an estimated cost of \$12,000 each, hiring the nine new nurses saved another \$100,000. Other items that House cannot quantify, but that she is sure have an impact on the bottom line, are the increase in staff morale and more consistent patient care.

Final Words of Wisdom

- Think twice about how long you keep travelers on. “Just because they’re really good, don’t be lulled into thinking that the staff will not notice how long a person has been there. It creates an underlying tension,” says House. She suggests that you should be willing to let good traveling nurses go for the overall benefit of the unit.

- Tell good traveling nurses that you want to hire them.
- Try to figure out what is important to the nurse you’re targeting. You can ask them, but then you sometimes have to be creative in offering an attractive “deal” with just the right intangibles.

- Be flexible. House worked with and hired two travelers, who would have never applied for any of the posted jobs because they didn’t exactly fit their needs, by doing some creative scheduling.

- Examine the travelers working in other units for specialized training for your area. Nurses may have accepted a travel assignment in another area simply because it was the only one available when they were looking. House found a travel nurse working on the intermediate care unit who had experience in open-heart recovery. She stayed in touch with the nurse, and, when the nurse’s travel assignment ended, she joined the open-heart unit.

For House, converting travelers is an ongoing process and she hopes for continued success. ■

Night-Resource Nurses Ease Transition for New Hires

At Baystate Medical Center (BMC) in Springfield, Mass., once new nurses complete orientation and start working, they are fully prepared to practice independently. Right? Wrong! This is what **Timothy Teehan, RN**, director of nursing staff development, concluded from surveys, anecdotal information, and his personal observations. Teehan and his team have identified the need for a “night-resource nurse” role in management, and they have had four nurses who have filled the position since 2002. BMC, the largest medical center in western Massachusetts with over 1,000 nurses, is a division of Baystate Health System (BHS), which offers many inpatient and outpatient health services throughout the area. *NRR* spoke to Teehan as well as to **Deb Kinsey, RN**, one of the night-resource nurses, about the program.

Background

BMC formalized their preceptor role in 2001, and, although the program has been successful, new nurses on the night shift presented a challenge. Most new night nurses felt isolated, overwhelmed, and forgotten when it came to education.

The vice president of patient-care services approached the system’s board of trustees in 2001 to ask for money to support new graduates, and Teehan received \$1 million, to be used over three years, to support a number of initiatives, including adding the night-resource position. The position is staffed part-time with specially-trained nurses who work at night. When they are wearing the night-nurse resource “hat,” they do not carry a patient load. In some cases, BMC gives part-time nurses extra hours to take on the role, and, in other cases like Kinsey’s, managers free up the resource person a couple of days a week from her regular duties.

How to Do it Right

- Select a “familiar face,” a reliable presence with established credibility. Hiring from the inside is preferable, as an integral part of the job is guiding people through the nuances of practicing in a particular facility. The role must be built on credibility and trust.
- Clearly delineate the role so “everybody” knows what to expect: staff members, new graduates, managers,

directors, preceptors, and nursing-development staff. To make sure this happened and to establish the framework for success at BMC, Teehan attended managers’ meetings and, for her first month or so on the job, Kinsey made sure everyone on the floor knew her and was familiar with her role.

- Make education fluid for the night shift, but don’t forget them. When the night-resource nurse stops at the nurses’ station, she can conduct quick 10-15 minute mini-sessions. Topics may include cardiac dysrhythmias, and emergencies.
 - Let the new graduates determine how long they need the support of the resource in any situation.
 - Identify what skill sets are needed for the job of a night-resource nurse. If your candidate doesn’t have them, provide training. Teehan uses the following list: coaching, conflict resolution, being able to give feedback, clinical expertise, and knowing the system and how to access different supports. He also trains the night-resource nurses on how to be a consultant, and be able to identify, when someone asks for support, what that person is actually asking for. For example, he says, “We’ve identified sensitive issues that deal with the unit’s operation and culture, and the night-resource nurse has to feel her way through those situations and decide the appropriate action, even if it’s a little beyond her role. And managers need to know that sometimes we may tell them things that are not easy to swallow.”
 - Set up a system of supervision and support for this position, both on a regular basis and for whenever she may need help. Kinsey says that being able to access support at the top of the nursing organization with a simple e-mail has given her the confidence to do her job. “The fact that the organization funded my position is only part of it,” she says. “They support the people in the program, and this demonstrates their commitment to make it work.”

Benefits of Having a Night-Resource Nurse

The night-resource nurse:

- Supports the new graduates and nurses in a way their peers or preceptors, who are carrying a full shift, may not be able to do. One night-resource nurse recently got called to help another nurse who had been working nights for one full year to help her with her first pain medication injection.
 - Provides immediate access to information about the hospital, like policies and procedures, and where to look certain information up. The answers are looked up

together. Methods of accessing information changes all the time, and the night nurse makes a point of knowing where to get these answers and to show new nurses how to find the information on their own.

- Links new nurses to continuing education opportunities and information. In her role as this link, the RNs often ask her “What are you advertising tonight” when she comes to the unit.
- Provides a safe outlet for new nurses to share things they may not want to discuss with their manager or preceptor. Teehan says that the night nurses have been coached on handling confidential information.
- Does not carry a patient load, but helps with caring for the patient who is post emergency or is heading to the ICU, since many of the floors are not comfortable with critically-ill patients.
- Develops and supports the preceptors, some of whom are novices. Many problems with new grads and their preceptors can be attributed to the preceptor being inexperienced. In other situations, personality and teaching-learning styles may not match. The night-resource nurse is able to help work through conflicts or reassigns recent grads without making either party feel angry or like they’ve failed.
- Continues to organize a resource material library, hands outs, educational and training materials, etc.
- Demonstrates the organization’s commitment to helping new grads and other nurses to alleviate their pressures and assist with their duties and continuing education.

Measuring Success

Teehan says that BMC has tracked turnover in the last few years and analyzed why people leave. Most do so because they feel overwhelmed and not supported. The turnover numbers have decreased, however, with the implementation of this “night-resource nurse” role. There may be many other factors influencing this decrease, asserts Teehan, but this new position is “definitely” contributing to this trend. “I know we’ve ‘saved’ a number of nurses who would have otherwise left,” he says. BMC plans to add questions about this role into their surveys of new graduates recently hired.

“We also track the number of consultations with the night-resource nurses and break them down to those we initiate or the preceptor or new grad initiates. We track

how many we help out with and how many of those end up with a positive outcome,” Teehan says. The tracking is simple, and the night nurses keep a log of conversations and reports them back to their manager. Many preceptors initiate consultations when they are concerned that a new grad isn’t getting something they want or need. BMC hopes to see the number of consultations go up, and they are.

What would they do differently? The only thing Teehan regrets is that the night-nurse resource is currently not a regular, full-time position. “I would love to make this something that people know is funded, something permanent,” he says. He hopes that, since the program is still evolving, that there will be more money in the future for greater coverage. ■

A Night-Resource Nurse Reports: Deb Kinsey, RN

I work three nights a week for 12-hour shifts, and part of that time, I work as the assistant-nurse manager on a unit. On the three nights I work, I round on all my units, touching base with all orientees, preceptors, and the new nurses off orientation with whom I have developed relationships. Even the experienced staff asks questions or just run decisions by me. If the new grad is extremely busy, I will help her by tending to a patient, passing meds, hanging IVs or blood, or changing dressings. I wear scrubs, and that sends a signal that I am willing to help and stay with a new nurse all night if she needs me. If the preceptor has any issues we need to discuss, I try to speak with that person privately. Often times they have a tough time remembering how hard it is to be new, and what a difference these new grads have in their clinical experience compared to how it was for them when they were in school. I listen to nurses talk about their problems, how they’re coping, and their job-related stress. I frequently handle communication issues with staff members or managers. I provide code-cart reviews and code-blue workshops. I respond to STAT calls for my units and act as an extra pair of hands, or I guide a new person through her first emergency or code. ■

RECRUITMENT INITIATIVE

Kindred Hospital: Successful Recruitment Mailers

Receiving a postcard with a cute rubber duck picture on the front will attract anyone's attention, especially when it is captioned, "Who Says Change Can't Be Fun?" Eighteen-thousand such mailers went out to nurses in the Kansas City area and the response was exceptional.

"We received nine calls the first week and 20 over the next three," says **Mary Calhoun, CNO** for Kindred Hospital. It was the second time the facility had mailed postcards to a list that they were able to obtain from their local paper, the *Kansas City Star*. Because of the hospital's large advertising budget with the paper, the paper was more than happy to provide them the list of names accumulated through the special healthcare issues they published. The mailers covered seven different counties and the cost to the hospital was only \$1,200 for the list rental fee, a small set-up fee, printing and postage. A source told *NRR* that the newspaper gets the nurses' names and addresses from state-licensing records, which are public information.

How They Did

The first mailer, which was more of a trial, was a postcard with a picture of the hospital and their slogan, "Large Enough To Support You, Small Enough to Know You." Either it was the time of the year, last holiday season, or it just did not grab the attention of the reader, because the result was not as good as expected. However, Calhoun said they had planned on doing three mailers and were not going to let one poor showing stop their effort.

"We learned a lot with the first mailer and have incorporated some of those lessons with the others," says Calhoun. The CNO explained that mailings were a team effort between HR and marketing.

First, the cards must be attention getters. Marketing research shows that you have three seconds to catch someone's eye, so the mailing piece has to be "a grabber" — thus, the "duck" theme for the second mailer. The second lesson was not to place too much information on the card. This will entice the reader to call in so a one-on-one conversation can take place to answer questions and determine if the individual is qualified. The mailer asked questions like, "Looking for one-year experience, full or part-time, bonus?" and a map of the location.

"We have discovered that some prospects come in with certain ideas about what they expect to find. Once we talk to them they realize that many other opportunities that are available," says Calhoun.

"Our third mailer had the caption: "Trying to Break Free from Your Current Job?" and also got lots of attention. It included a free gift offer if the potential nurse candidate came in for a brief tour. The free gifts were nothing of major value, "just cute little things people enjoy," or everyone can use. One of the freebies was tickets for two to a local theater. This third mailer was even more successful than the "little duck" and plans are to continue this type of marketing.

Calhoun advises that all staff members need to be involved in the process so when there is a walk-in that prospect is greeted in a positive manner and the experience is pleasant. All department managers make an effort to be available for interviews and tours.

Recruiting nurse prospects for a quick tour garnered some good results. The mailings brought in 20 new hires, many prospects, and as Calhoun puts it, "everyone at Kindred is looking forward to the next mailing to see what it will look like." ■

Hospital Feels "Magnet" Designation Pays Off

Statistics show that facilities that have received the coveted "Magnet Award" issued by the American Nurses Credentialing Center (ANCC) demonstrate a lower than average turnover rate and an increased ability to recruit higher-quality staff. Attaining the award requires a considerable cost in financial and human resources; however, the benefits quickly outweigh the expenses.

"Since the announcement in July we have received many calls from nurses at competing hospitals wanting to join us," says **Linda Scholfield, RN, MBA**, vice president of patient care services and chair of the Department of Nursing at Abington Memorial Hospital in the greater Philadelphia area. This 508-bed, non-profit, teaching hospital employs approximately 1,500 RNs and LPNs. "We are the first, general-acute-care hospital in the area to achieve this designation and are proud of this accomplishment," admits Scholfield.

According to Scholfield, Abington has always set high standards for meeting the needs of their patients and their staff. This strong sense of pride led to applying for the elite "magnet" designation. Senior management organized a

strategic-planning committee — a Blue Ribbon Panel — to set out some goals for the hospital to strengthen nursing. An employee recruitment and retention subcommittee came up with the proposal to apply for the magnet program, because they felt that they needed to develop a strong edge over their sizeable competition in the area. They examined other hospitals with the designation and found that most had a low vacancy rate, close to 8 percent, and a turnover of less than 10 percent. Both statistics are well below the national average of an 18 percent vacancy and 22 percent turnover.

What Is Involved?

The magnet award program has stringent requirements, which have only been met by 95 hospitals in the U.S., and one in England. There are 14 criteria that must be met, including Quality of Care, Quality Improvements, Professional Models of Care, and Professional Development.

Scholfield states that these measurements were already a part of the culture of excellence that had been developed over the years at Abington, and she felt that meeting them and the other criteria would be achievable. Abington spent 14 months preparing for the application process. They submitted more than 3,000 pages with their application and spent hours on self-audits to make certain they would be ready for the ANCC surveyors when they arrived. Between the application fee, and other survey costs, Scholfield estimates that achieving the “magnet” designation cost them close to \$50,000.

Abington’s submission drew the answers from their current system and addressed questions (criteria) such as:

1. *Professional Development*: Is significant emphasis placed on in-service education, continuing education and career development? (Abington has a strong financial support program for continuing education and encourages their staff to take advantage of the programs.)

2. *Image of Nursing*: Is the work of nurses characterized as essential by other members of the healthcare team? (Abington surveys physicians regularly for “strength in team work” and how they look at the nurse’s importance in that team.)

“It seems like an expensive process, but so many benefits have emerged that it was money well spent,” comments **Barbara Wadsworth, RN, MSN, CNAA**, administrative nurse director and Magnet coordinator. According to Wadsworth one of the predominant improvement indicators is the number of applicants sending in resumes after Thanksgiving.

“The Holidays were always a weak time for recruitment...but not this year. We received over 30, strong

applications for the month of December,” she confides. Part of the benefit of putting so much documentation together was that it developed an overview of the organization. Scholfield deems that their documentation and how it was developed to read as one solid, well-written, piece of information helped smooth the way through the application process. “ANCC called us and said our application package was so complete that they had no questions,” Scholfield proudly relates.

Wadsworth found that the magnet application process required all employees to increase communication between departments — making everyone more involved in decision-making and increasing their knowledge of the other departments. She also views this aspect as a major improvement in job satisfaction.

“Our RN turnover is now 9.9%, less than half the national average,” she says. And, the hospital’s employee

Six Steps to Smooth Approval As “Magnet”

1. Seek approval from administration and department managers to pursue certification. Contact some of the existing magnet hospitals and ask for information about the benefits to make a strong argument for achieving magnet status.

2. Set timeline goals which are stringent, but accomplishable. Ask managers for input as to the timeline and how they expect to accomplish their tasks. It is important that you hold regularly-scheduled (mandatory, if necessary) meetings for updates.

3. Create a budget. Abington estimated their cost to be \$50,000 because of their large size. Make your budget fit the size of you facility.

4. Request a department review from each manager, describing their strengths and weaknesses. Make it clear that they need to discuss why they feel certain things are strengths and what they are doing about improving their weaknesses.

5. Set up an audit team, or hire someone from outside, to audit the departments. Make certain the audits — once a final audit review follow-up is completed by the managers — is analyzed by your committee and then make it part of the application package.

6. Work with marketing on your application documentation. Make it read like a true success story. Include your hospital’s philosophy, past awards and success stories, plus your discoveries of weaknesses during audits and how you corrected them. ■

survey has seen a 12% improvement in positive staff morale since the application process began.

Community Response

Naturally, when the hospital was awarded the certificate they put together a week-long celebration for the community and staff. Since the announcement, the institution has seen an increase in the number of applications for nursing positions and the experience level has improved considerably.

“It has always been difficult to recruit those with more than ten years experience, because they have accumulated so many benefits elsewhere,” reflects Wadsworth. Now, the hospital has seen a sizeable increase in those types of applicants. She adds that the comments from these nurses are consistent: “We want to work at a magnet facility.” Scholfield and Wadsworth also now see an increased sense of pride and accomplishment in all their staff, which has improved their overall efficiency, morale, retention, and recruiting ability.

Note: For a full list of all criteria see the December issue of NRR or contact the American Nurses Credentialing Center for more information at 1-800-284-2378 or check their Web site at: www.nursingworld.org/ancc. ■

READER QUESTIONS

“PDM” Yields Job Satisfaction

Question: *I was at a nursing seminar recently where Ruben McDaniel, MD and Ruth A. Anderson, MD discussed that the healthcare industry is a “Complex Adaptive System” which necessitates “PDM” for improved, job satisfaction. Can tell me what “PDM” refers to?*

Texas Subscriber

Answer: Your question piqued interest, so we contacted Dr. McDaniel, Chair for Healthcare Management at the University of Texas in Austin to find out what was presented. According to McDaniel, “PDM” stands for “Participation in Decision Making” which was part of a research project that he and Anderson recently

completed. The project, *Intensity of Registered Nurse Participation in Nursing Home Decision Making* was a study to examine patterns of RN involvement in decision activities and explore organizational mechanisms through which they are involved. The study concluded (in its simplest form) that PDM considerably increases efficiency in the workplace and the nurse’s job satisfaction

“Today’s healthcare industry is a complex adaptive system,” says McDaniel, who explains that it comes from the *Complexities Theory* taught at most universities, in that change can best occur “during the greatest flux in an organization.” (The theory is that there are three states in an organization: stability, instability, and chaos. It is during the chaos stage where there is the greatest opportunity, and least resistance for change.)

McDaniel’s study showed that nurses with the greatest amount of input in the day-to-day PDM improved the facility in almost every aspect of its operation. “What is really significant is that the study found that extending education for nurses beyond health assessment to include identification of organizational issues may increase the RNs’ ability to influence decision making. To have influence, RNs must first get administrators to pay attention, thus suggesting a need to include opportunities for nurses to practice such behaviors in their education experience,” says McDaniel.

According to McDaniel, the bottom line is this: PDM increases job satisfaction which decreases turnover. The article can be found at: <http://gerontologist.gerontologyjournals.org/cgi/content/abstract/38/1/90>.



New Orientation Process

Question: *We’ve been using the same orientation process for a number of years. We plan to revamp and wonder where we should begin.*

Colorado Subscriber

Answer: **Kimberley Finnerty RN, BSN**, a “new-hire support coordinator” at the University of Pittsburgh Medical Center (UPMC), one of the largest nonprofit integrated health care systems in the U.S., says the lessons learned at UPMC, as they’ve revamped their orientation program over the last several years, can be applied to any

organization. UPMC instituted a comprehensive-orientation program to provide support to new nurses who were taking on new responsibilities for which they did not quite feel prepared. And the nursing shortage played a part as well: “Nurses want more education and support and, somewhat in response to that, UPMC adopted the concept of the advance practice nurse (APN) role to reinstate the bedside-clinical support,” says Finnerty. She says once you have successfully recruited a nurse, an effective orientation process will ensure that you retain that person. “Optimally, it is a process that involves several steps and never ends. You should begin your orientation overhaul by asserting that you want to give your new nurses a reason to stay,” says Finnerty.

UPMC breaks down orientation into three steps:

1. HR orientation
2. Nursing orientation, and
3. Unit-based orientation.

HR orientation lasts for one day before the nursing orientation begins. **Susan Wesmiller, RN, MSN**, director of nursing education and research, reports that the entire system uses the *Performance Based Development System (PBDS)*, an assessment tool developed by Dorothy del Bueno, MD, to develop an individualized orientation for each recent graduate and experienced nurse. The assessment tool not only measures clinical knowledge, but critical thinking and communication skills. Nursing orientation continues for the rest of the first week (for med-surg units), and then the new nurses begin clinical orientation on the unit along with further formal classroom education as required. The new hire support (NHS) staff begins working with new hires as soon as they have completed their classroom training. For most nurses this is week three, after they have completed RN orientation and basic arrhythmia class. For critical care nurses it is a week later, after they have completed the appropriate course.

Once the nurses reach the unit, the NHS team and other support staff review the orientation education plan and tailor an individual plan to meet each nurse’s needs. “The goal is six weeks total classroom and clinical time, but the key to our success is tailoring each orientation to meet the individual’s needs, so there can be variations in orientation hours,” says Finnerty. The NHS team also offers a class for all new RN hires about three months after orientation, bringing together administration, APN and

employee-assistance plan speakers, skill stations for new skill refinement, and information on how to continue to grow professionally.

Tips for Redesigning An Orientation Program

- Identify people who “own” orientation and ensure they have organizational support. Determine what resources you have and what you’ll need to reach your goals.
- Don’t overkill. Design a program to start with “safe practitioners” who have achieved basic competencies working with their preceptors. Provide support and augment with additional education as needed.
- Seek the input of recent hires, staff nurses, and preceptors to determine the needs of orientees when they first arrive on their unit. Provide an evaluation tool or conduct focus groups to collect and respond to this valuable information. Currently, UPMC is asking nurses to describe their first days and, from that, they are finding ways to continually improve and refine the orientation process.
- Use guest speakers judiciously. UPMC recommends more hands-on training.
- Train managers and preceptors to act as retention agents, and ensure that they meet regularly with new hires during the orientation process.
- Examine existing orientation programs at other organizations. Learn from what is already in place.
- Back your nurses up with education and resources. Plan, support, and listen. Be sensitive to the new hire’s perception.

Note: For more information on PBDS, go to <http://www.pmsi-pbds.com/about2.html> or call the publisher, PMS, Inc. at 714-731-3414.



Achieving Positive Work Culture

Question: *What are some steps that our facility can take to create a positive work culture?*

North Carolina Subscriber

Answer: To create a culture that attracts and retains nurses, **Harry E. Chambers**, the author of several books, and president of two Atlanta-based consulting and training

