

**CONNECTION IS RETENTION:**

# Lessons from Leaders with Unusually High Nurse Retention

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#### NURSE RESPONDENT

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Covid did not create the nursing crisis. Prior to Covid many hospitals routinely struggled with annual turnover rates of 20-30% and dozens of unfilled positions. But Covid certainly poured gas on an already hot fire. And no one experienced those ravages more intensely than frontline nurse managers. This marathon crisis has resulted in untenable stress levels for nurses and managers, compromised quality of care, and unprecedented levels of nurse attrition.

In many organizations, these three organizational pathologies have created a self-reinforcing negative cycle—every increase in turnover drives higher stress, which inhibits nurses’ ability to deliver the highest quality care, which provokes more turnover, which reduces staffing levels, leads to more stress, and on and on. Overlay this with an escalating wage arms race between hospitals desperate to maintain staffing levels and the temptation to attrit for nurses becomes irresistible.

But not everywhere.

It turns out, as the present study shows, that some hospitals, some units, and some nurse managers have created a starkly different reality under the same conditions that have overwhelmed others. More on that later.

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## INADEQUATE SOLUTIONS

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Hospital leaders have attempted many tactics over the years to engage and retain nurses. These include scheduling flexibility, investments in development, improved onboarding, engagement surveys and innovations in compensation. Despite a tremendous focus on improving retention, results have been mixed at best.

One of the most time-consuming and common practices to improve retention is employee rounding. In many organizations, confidence in the efficacy of employee rounding is so deep that the practice has been “hard-wired” into leadership routines. In some settings, managers are required to use apps that prompt and measure their compliance and report rigorously on their findings and follow-up. With some nurse managers overseeing 50 to 100 nurses, this process can be exceedingly demanding. Employee rounding would all be worth it, however, if it substantially reduced turnover and improved patient care. But does it?



## THE STUDY

Between January and March 2023, Crucial Learning and the American Organization for Nursing Leadership (AONL) set out to study the following questions:

1. Are there hospitals, departments, and units that face comparable stresses to high turnover places but that have markedly lower turnover?
2. Do varying practices of nurse managers account for a substantial part of these differences?

In January 2023 we designed a survey to gather data on comparative turnover, nurse experience, and nurse manager practices in a large sample of US hospitals. The survey was administered between March 1 and April 1, 2023. The survey was offered to nurse managers and clinical staff at hundreds of US hospitals. In total, 1,559 nurse managers and 562 bedside nurses completed the survey. We combined insights from this study with similar research led by one of us (Joseph Grenny and the Crucial Learning team) conducted in 2022 in partnership with HCA Healthcare, a system with more than 2,000 service sites and close to 200 hospitals in the US and the UK. There, we examined predictors of turnover across close to 100,000 nurses.

In response to our first question, we found that there were, in fact, substantial variations in retention across similar sized units and hospitals that faced similar market conditions. It was not uncommon, for example, to find a unit or hospital that had 60-70% lower nursing turnover in the same—or an equally competitive—labor market.

But the real insight came in exploring the second question. We examined whether differences in nurse manager practices and the experience they create for nurses under their leadership explained any of these striking differences in retention. And specifically, we explored whether more vigilant employee rounding boosted retention.

What we found was both enlightening and surprising.

## FINDINGS... AND SURPRISES

The first surprise was that employee rounding—a practice intended to connect clinical staff to their managers with regularity and purpose—had no effect on whether nurses were likely to quit their jobs within the next three years. In fact, employee rounding seemed so irrelevant that employees often didn't seem to know it had happened.

- 81% of managers in our study reported that they round regularly.
- And yet, only 36% of clinicians say their managers round regularly.

As we dug into this curious and concerning inconsistency, we concluded that the most likely explanation for the gap is not about rounding, it's that rounding is being done in a way that is meaningless to the real concerns of frontline nurses.





So, if rounding doesn't relate to retention, what does? One finding from these two studies was strong and clear. Nurse managers in the surprisingly high retention areas were preternaturally effective at creating connection by offering three things: care, growth, and help. Ultimately, nurses who reported that their nurse managers offered care, growth, and help were more than 80% more likely to intend to continue with their work indefinitely.

**CARE: I feel a sense of belonging and believe my manager cares about me as a person.**

- *“My nurse manager came in on her day off to provide snacks and certificates for Certified Nurses Day. She provided a nice gift to all the staff working that day. This was a thoughtful act that made me feel appreciated.”*
- *“I was invited to round with senior leaders which I appreciated. This made me feel part of the team. My supervisor is very supportive and will jump in to assist. I know she cares about my work life balance and will intervene when I am being spoken to in a negative fashion by senior administration.”*

**GROWTH: My manager takes an active interest in my personal and professional growth.**

- *“Our manager turns problems into mentoring. Health care aids had a big problem with a patient's current care plan. The manager listened to the HCAs, then called a meeting for later that day, inviting anyone who knew the patient to attend including the receptionist answering all the calls. The group came up with several good ideas which the manager explored with the patient and their family. Before the end of the day, the new care plan was created and signed off on by everyone.”*
- *“I had mentioned to Charlene that I wanted to grow in my career. She took initiative to put me in positions to learn new tech, open hearts, etc. Most recently she helped get me into a bachelor's program.”*

**HELP: My manager steps in to help when I need it.**

- *“I am the Nurse Residency Program Coordinator. My Chief Nursing Officer requested to be copied on all communication regarding the Nurse Residency Program progress. She consistently responds with support and encouragement. She also reached out to attend residency seminars to show her support of the new grad nurses, but this also made me feel supported and important within our organization.”*
- *“I couldn't tell you who the director was at my previous hospital. The managers stayed in their offices. Joe is always walking around and asking me how I'm doing. Last Friday, I had four patients and one was difficult to turn. Joe [jumped in without being asked]. I've never seen anything like it.”*

Another surprise came as we looked for relationships between consistent employee rounding and nurses' feelings of connection in these three crucial ways. One common argument for employee rounding is that frequent structured contact should help nurses know leadership cares about them, is there to help, and invests in their growth. But once again the study found no relationship between consistent reported rounding and perceptions of care, growth, and help.

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### Other related findings include:

- Nurses who planned to stay with their organization three or more years were far more likely to rate their manager highly on care, growth, and help:
  - **CARE: 3 times more likely**
  - **GROWTH: 2.5 times more likely**
  - **HELP: 2 times more likely**

And yet, their perceptions of rounding frequency were no different from those expecting to quit much sooner.

- When we studied departments with unusually high stress (due to inadequate staffing, high patient load, or challenging shift structure) the differences became even more substantial. For example, there's almost a 60% higher chance that a nurse intends to stay in her job despite being in a high-stress job if they score high on HELP.

Negative illustrations from respondents reinforce the need for the same three paths to connection. When nurses reported feeling disconnected, they often reported experiences that, for them, illustrated:

- **LACK OF CARING:** *"I was threatened in the workplace by a patient. My colleagues were instantly supportive and encouraged me to advocate for my own safety. My management, however, wasn't supportive."*
- **LACK OF INTEREST IN THEIR GROWTH:** *"I thrive from helping those around me and watching them grow. Sadly, I don't find joy in interactions with leadership."*
- **LACK OF HELP:** *"Our computer system went down for an extended period. I saw no leadership here that night or even the next morning to see how things went or to ask what they can do to help. Weeks went by and as a night shift nurse I did not see anyone from leadership."*



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## WHAT WORKS

As we reviewed hundreds of examples of nurse experiences that led to both *connection* and *disconnection*, a handful of manager best practices emerged.

### 1. Connection is about feeling not frequency.

No one reported feeling connected because of a certain frequency of interaction. What they did report was some meaningful moment—an interaction that showed presence, planning, personalization, or follow-up in a way that made it stand out.

- *"I was detailed to work the emergency room and Covid units for just under two years. A doctor wanted to show the team his appreciation and provided everyone a Covid health care coin. After a year of being stretched thin, you start to feel undervalued, and I know it took a lot of thought to custom make coins for the staff. It was a heartfelt thank you."*



## 2. Always Be Collecting Dots (ABCD).

Hospitality guru Danny Meyer creates unique moments of connection with his hundreds of thousands of daily guests by admonishing team members to always be collecting dots.

“Every time you interact with anyone, they generate dots of information about what’s going on in their life. Your job is to collect these and connect them in how you respond to customers to create a special experience for them.”

Great nurse managers do the same. They are always collecting and connecting dots with those they lead. A nurse might mention something about a son studying karate, a daughter struggling with infertility, a new motorcycle, or feelings of inadequacy working with a certain surgeon. These dots are leadership gold, if the manager records them, reflects on them, and uses them to inform ways they can show care, facilitate growth opportunities, and offer help.

- *“I had Covid over my birthday and had to work a week from home. My boss found out and stopped by the hospital and left a birthday bag of ice cream. I was shocked that she went out of her way to do something so personal for me.”*



## 3. Connection = Sacrifice.

Meaningful moments require sacrifice. People perceive you value them when you show you’re willing to sacrifice things they know are scarce to you: your time, money, ego, or other priorities. This doesn’t mean you have to spend a fortune or an eternity. You just have to use enough of these four scarce resources to show you value care, growth, and help.

- *“We have a new director who has worked hard to bring professional development classes to our organization and, despite budget pressure, has given us time to take them.”*

## 4. Don’t make promises you can’t keep. Keep the promises you make.

Nurses universally equate follow up with sincerity. If you make even the most modest care, growth, or help commitments, they backfire the moment you fail to follow up. When we make commitments to others, we create a sense of hope. Hope is an act of vulnerability. And nothing ruptures a relationship faster than violated vulnerability. Even the smallest broken promises damage perceptions of care, growth, and help far faster than equivalent promises kept. Better managers are crystal clear about commitments made and impeccable about keeping them. When, on rare occasions they break them, they quickly acknowledge the transgression and find ways to make amends—without waiting to be confronted.

- *“Our nurse manager is very supportive and follows up. That’s important. When you have a question or a problem—she gets back to you. Always.”*

We recognize that these recommendations might sound daunting to already overwhelmed nurse managers. They should not. The first two don’t require time, they simply require thought. In fact, the first, *Connection is about feeling not frequency*, suggests that time spent today in ritualistic employee rounding might be recovered and repurposed. Our study suggests that replacing any recovered time with the second two activities will yield dramatically different results in engagement and retention. These are things current managers are doing consistently and successfully in units just like yours.

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## CONCLUSION—AND A NOTE TO EXECUTIVES

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In summary, the study does not suggest that employee rounding is intrinsically useless. It appears, however that its current implementation in many places is. A primary reason this has happened is the natural result of flawed measurement.

Leaders in many organizations have chosen to measure activity rather than result. Nothing creates more organizational mischief than the tendency to measure the wrong thing. If you hold people accountable for sales rather than profitability, you tend to get sales and not profitability. If you measure a nonprofit by how many people it serves rather than how many lives it changes, you tend to get service but not change. If you measure rounding compliance rather than leadership connection, you'll get a lot of rounding but very little connection. And that's what our study suggests we're producing.

Measurement is an influence tool. Wise leaders measure their measures by the behavior they foster. If healthcare executives want employee rounding to accomplish something, they ought to measure the result they're after, not the activity they're hoping leads to it. The present study suggests that a first step to change might be to hold managers accountable for the degree to which those they lead experience care, growth, and help, and eliminating measures that promote little more than ritualistic compliance.

We began this paper with the soul cry of an ICU nurse in the trough of the Covid pandemic.

*“Working in the ICU through the pandemic was incredibly taxing on my mental, emotional, and physical health. In all, we lost over 300 patients. Not only did we have to see dead people, we had to watch as all of our efforts to save them failed. We saw and heard patients’ family members mourn and got the brunt of their anger when their loved one passed. I have contemplated every single day about quitting and doing something other than nursing. I have contemplated leaving and traveling to at least make much better money. I carry these things with me every day.”*

Our hope is that this study leads to far more nurses concluding such an agonizing story with the closing statement she shared with us:

*“The only reason I am staying here is because of the management that I work under. They have put so much of themselves into trying to make us feel supported. What they have been doing is not in their job description, yet they do it so that we know they have our backs and so that the patients don’t die.”*

**NURSE RESPONDENT**

# ABOUT THE AUTHORS

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**Joseph Grenny Co-founder of Crucial Learning Co-author of *Crucial Conversations* and *Crucial Influence***

is a four-time *New York Times* bestselling author, keynote speaker, and social scientist for business performance. His work has been translated into twenty-eight languages and has generated results for three hundred of the Fortune 500. He is the cofounder of Crucial Learning, an organization committed to teaching others how to effectively change human behavior.



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Robyn Begley is chief executive officer of the American Organization for Nursing Leadership (AONL) and chief nursing officer, senior vice president of workforce for the American Hospital Association (AHA). In her role at AONL, she leads a membership organization of more than 11,000 nurse leaders whose strategic focus is excellence in nursing leadership. She oversees a number of key initiatives involving workforce, quality and safety, and future care delivery models. In addition, she works collaboratively with the AHA to ensure the perspective and needs of nurse leaders are heard and addressed in public policy issues related to nursing and patient care.



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Beverly Hancock is the Senior Director for Leadership Development for AONL, leading a team of staff and expert faculty in developing AONL's leadership development programs and online learning for nurse leaders. She is part of the core team responsible for planning and executing the AONL Annual Conference and leads the annual AONL Professional Governance Leadership Conference. Her focus is on developing the leadership abilities of all nurses relevant to their positions and scope of influence to further the mission of AONL to transform nursing through expert and influential nursing leadership.



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