EXECUTIVE INSIGHTS

WORKFORCE MANAGEMENT


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## Innovative Initiatives to Support Recruitment and Retention

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# **WORKFORCE MANAGEMENT:** Innovative Initiatives to Support Recruitment and Retention

**Hospitals and health systems are grappling with complex staffing requirements, exacerbated by rising patient demands and financial constraints.** As burnout, high-cost labor and attrition challenge health care organizations everywhere, leaders retain nursing staff with fresh takes on training, professional development and productivity. In this executive dialogue, nurse leaders discussed health care's most pressing workforce management issues, and the role of adaptability, equity and innovation in maintaining a thriving workforce.

## KEY TAKEAWAYS

1. **Leadership development programs, flexible work arrangements, nurse recognition events, and a cultural focus on staff well-being** can help stabilize the nursing workforce and address burnout. Similarly, virtual training and telecommuting can help accommodate nurses' preference for flexible schedules.

2. Challenges in filling specific roles, such as med/surg positions, require proactive efforts. **Enhanced training, mentorship and career progression programs** can help new nurses gain confidence and interest in these specialties.

3. **Collaboration between nursing and other units** can streamline processes, encourage shared expertise, and improve communication. For example, nurses can work with IT to simplify documentation. Involving CNOs in technology decision-making can optimize resource allocation.

4. Tools such as **staff forecasting software and well-being scorecards** can help leaders to distribute resources and schedule labor fairly. Metrics like the Productivity Index help optimize labor costs, staffing efficiency, and improve retention.

5. When nurses feel heard and have a say in their work environment, they are more satisfied and likely to stay in their jobs. **Supporting professional growth, honoring their preferred work styles and addressing concerns like burnout** keep nurses engaged.

## PARTICIPANTS

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**MODERATOR** *(Terese Thrall, American Organization for Nurse Leadership):* **What are your organization's biggest challenges in relation to nursing workforce management?**

**JOAN HALPERN** *(NewYork-Presbyterian Hospital/Weill Cornell Medical Center):* We've successfully reduced post-pandemic turnover from over 20% to less than 12%. We hired mostly new graduates into those vacant positions. The new grads had limited clinical experience, which has posed opportunities for us in professional development and onboarding, ensuring that they have the needed competencies. Now our focus is on retaining both new and experienced nurses.

**SAMMIE MOSIER** *(HCA Healthcare):* Our headcount is back to pre-pandemic levels with strong retention. However, filling med/surg roles is challenging as new grads prefer specialties. Contract labor is highest in med/surg units. We need to make med/surg more appealing to new nurses by improving efficiency and workload.

**"We need to make med/surg more appealing to new nurses by improving efficiency and workload."**

— Sammie Mosier — HCA Healthcare

**LINDSEY KLEIN** *(QGenda):* I work with nursing executives and C-suite leaders who grapple with managing a shifting workforce and patient demographics. New grads say they want more control over their schedules; they want shorter shifts, more flexibility, they want to self-schedule. How do you balance that with fairness and equity? It's tough to find a middle ground when some nurses would work as much as you allow them, and others want more work/life balance.

**HALPERN:** We're noticing things as we work closely with our nursing professional development staff to enhance our training. We've added classes on important topics and updated orientation paperwork to emphasize key skills. Surprisingly, we're dedicating more time to basics like IV medication administration because some of the new graduates joining our organization have less clinical experience [compared to previous hires].

**MOSIER:** We heavily invested in simulation and virtual reality for education, and the new grads appreciate the safe practice environment. However, it takes about two years for nurses to become competent, especially in specialties. To support them, we have educators rounding on our new grads. Our new grad turnover has decreased because they can rely on these teachers for guidance, whether for clinical or emotional support.

**HALPERN:** We've added overnight nurse educators for night shift because most of our new graduates end up working the night shifts.

**SHEILA KEMPF** *(WellSpan Health – York Hospital):* At my former employer, we sped up orientation for travelers during COVID-19. Now, we're focusing on giving new grads more support in a residency program, encouraging them to form bonds with other new grads, develop friendships and progress at their own speed in clinical skills. In my current position, we had a terrific problem with turnover of new grads, as all hospitals experienced. We added shadowing opportunities in pharmacy, dietary and other departments, extended orientation, and added night educators and resource nurses for guidance. The resource nurses are available to new nurses when they encounter situations where patients are deteriorating or when they are uncertain about care. It used to be a luxury to have a resource nurse, but now we find they are actively involved in mentoring and training new nurses. Our new grad turnover has significantly decreased and [new grad] satisfaction with their orientation has increased. Additionally, we're creating opportunities for retiring nurses, like virtual nursing, to cater to different career stages.

**TIFFANY LOVE** *(Love Leadership Foundation):* I most recently served as the chief nursing officer at the University of Vermont Health Network Porter Medical Center in Middlebury. We reimagined nurse orientation with nurses, especially in specialty areas, focusing on individual skills. We introduced new nurses gradually in the emergency department and labor and delivery, to make sure they felt prepared to work independently.

**MODERATOR: How are you collaborating with other department executives for a data-driven workforce approach?**

**APRIL NOVOTNY** *(Lakeland Regional Health Medical Center):* We learned that some new graduates were not accepting jobs or were quitting because they didn't get the specialty positions they wanted, such as in the ICU or ED. To address the med/surg shortage, we developed a nurse fellowship after residency. If nurses are interested in one of those specialty areas, we say, "Start on med/surg, give us at least six months, and then we'll give you an individualized education plan." So, at that six-month mark, they meet with our nurse professional development team to begin training before transitioning to specialty areas. An unanticipated benefit of the program is that some of those nurses want to stay in med/surg.

**EMILY WARD** *(University of Iowa Hospitals and Clinics):* Our main challenge is in med/surg. We adjusted nurse compensation, but it's not just about money. Nursing handles extra tasks when other departments are short-staffed. We're working with a consultant to revise nursing care models and alleviate tasks performed by our inpatient teams.

**HALPERN:** Here, we conduct employee surveys and host listening sessions, and we meet with teams regularly. We want to identify and address concerns before employees consider leaving. I'm supportive of their professional growth within the organization, but our goal is to retain our talented staff.

**KEMPF:** We worked closely with IT, specifically clinical informatics, to simplify documentation processes. Staff nurse committees were actively involved, and this initiative will have a lasting effect.

**MODERATOR: Have you experienced silos, and if so, how did you break them down?**

**NOVOTNY:** Step one is admitting you have a problem. Our nurse executive committee began meeting with leaders from other departments because we noticed decisions made in isolation didn't work well. COVID-19 pushed us to break down silos and really made us more collaborative with our peers.

**"Our nurse executive committee began meeting with leaders from other departments because we noticed decisions made in isolation didn't work well."**

— April Novotony — Lakeland Regional Health

**HALPERN:** At NewYork-Presbyterian, we used to perceive finance and nursing as separate entities with distinct ways of thinking. To bridge this gap, we have a nurse within the finance department as the director of nursing finance. This nurse reports directly to the finance department while also maintaining a connection to the nursing department through a matrix structure. This arrangement has been absolutely integral within all our work, from budgeting to labor spend.

**KEMPF:** We did an interesting thing during Nurses Week. We designated one of the events as a "thank you"' to the entire hospital for supporting nursing. We sent invitations out to each department thanking them for supporting us. It generated so much positive collaboration.

**MODERATOR: What metrics help you evaluate and reduce your labor costs?**

**MOSIER:** We use a productivity index to measure staffing efficiency, including contract labor.

If you're driving efficiencies and improvement, you're able to impact contract labor. A lot of key performance indicators can be utilized to drive certain projects. When we talk about virtual nursing, we've got to have an ROI there. So, we work with our key partners to understand what the trade-off is, because we can't just keep adding cost into the health care structure and our support models. But how can we balance that, based on those key performance indicators? We are really focusing on driving down staffing cost and putting more folks at the bedside when we can.

**KEMPF:** I understand all the productivity measures that we've all been looking at, but I'm going to offer a word of caution. We're giving nurses resiliency training, but they're complaining about staffing. If you fix staffing, you probably fix some of the burnout and some of the work/life balance. When we try to maximize productivity, we need to make sure that it allows staff to provide good patient care and have positive work/life balance. Finance may recommend moving nurses around every four hours to be more productive. But there are side effects: report time is increased, and continuity of patient care may be compromised. Introducing new technology such as virtual nursing can help to increase productivity while providing safe patient care.

**KLEIN:** I think about metrics as leading and lagging indicators. Lagging are cost indicators. Three costs are related: The cost of travelers, the use of float, and the prevalence of overtime. So, it's like a balloon. You squeeze one side, the other expands. If you reduce travelers, you will more than likely increase float and increase overtime. So, it's just about understanding those complexities and their relation to one another.

In terms of some of the leading indicators, I think Sheila hit on something critical: staff happiness. While it's sometimes hard to measure, when you look at things like callouts and swapped shifts, someone's potentially not happy. That can be a great set of data that you use to then figure out if you have a retention issue coming in the near future. So, those macro finance numbers are important, but the leading indicators related to retention are just as critical.

**"If you fix staffing, you probably fix some of the burnout and some of the work/life balance."**

— Sheila Kempf— Wellspan Health – York Hospital

**NOVOTNY:** One of the things that helps with costs is converting travelers. Money is one thing, but as Sheila said, there is no substitute for a healthy work environment. So, to retain nurses, we need to make this a place where nurses want to practice. Little things like free massages are not super costly, but they build comradery and a sense of teamwork. When [travelers] are ready to "come home," as we call it, they are choosing to work for us.

**HALPERN:** We always talk about a healthy work environment and making sure that our nurses are engaged and satisfied. It's all about the culture, which our organization spends a great deal of time talking about. But also, nurses need opportunities to grow, to feel valued, to be heard. I think we're all familiar with the importance of robust professional governance. When nurses leave an organization, they tell you they did not feel valued. They did not feel heard.

**KEMPF:** Yes. We created a whole campaign to convert our travelers. Human Resources sent letters to each and every traveler and the managers talked to each one; staff identified whom

they wanted to stay and spoke with them. We've really put a focused personal touch on travelers, starting with the ones who've been there the longest. We show traveler nurses the placement and salary statistics so they can see the decline in opportunities. I advise them, "If you've found a place you like and a unit you like and a shift you like, grab it because it's not going to be there by next year."

**MODERATOR: I am interested in strategies that you've implemented to address burnout. Sheila talked efforts to make sure staff are not fatigued with their documentation. Any other examples?**

**NOVOTNY:** We're doing leadership development focusing on wellness. We received organizational support for a staff support chaplain, who rounds on our nurses. That's been extremely helpful. We also trained the trainers. Our teams told us that they leaned on their peers more so than they would on somebody from the outside. We did some emotional first-aid training to help nurses recognize when their peers are getting burned out and how to help them access our resources.

**LOVE:** We reduced department leader workload burdens to help them spend more time at the bedside with their staff, and worked with our innovation team to reduce their time working with reports and data. We also provided scorecards to each unit, so leaders can easily evaluate the health of their department and take specific actions.

We also gave charge nurses a mobile app where they can proactively manage shifts. They can see if a clinician is falling behind or they haven't had lunch. It's a tool to diagnose what's happening on their shift, so that they're able to be proactive.

**"[Staff happiness is] sometimes hard to measure, [but] callouts and swapped shifts … can be a great set of data to figure out if you have a retention issue coming in the near future."**

— Lindsey Klein — QGenda

**HALPERN:** In January, we implemented some flexibility for nurse leaders. It was their choice to choose a four-day work week, or do a remote day, or more than one remote day. It's been valuable for leader retention and leader recruitment.

**KEMPF:** We ran a Kaizen event with the nurse leaders to identify the tasks they perform that they don't need to. Providing one secretary for a group of nurse managers also was extremely valuable, because secretaries can take care of a lot of documentation. Even simple changes can make a difference. We were releasing the six-week schedule on a Friday, so nurse leaders were bombarded all weekend by staff texting them or calling them for changes. By changing the release date to a Monday, it saved the nurse managers an entire weekend of aggravation.

**MODERATOR: How are you optimizing resources and reducing labor spending? You have talked about changing the travelers to employees. Are there other initiatives?**

**MOSIER:** We use a staff forecasting tool and then we open up open positions to our internal agency. HCA is really large, so we have our own agency internally; external resources are more expensive. We're able to be a proactive by plugging those open positions with our internal resources, which does reduce costs overall.

**KLEIN:** A central staffing agency is becoming a non-negotiable need because most organizations have vacant positions they can't fill. Typically, staffing is carved out under a separate department. So, how do we make sure we work in lockstep together, and that the process, especially long-term floats and single-day floats, is equitable? A manager calls the central staffing office.

How do you really know if one unit needs someone more urgently than another unit? Creating a data-driven approach to centralized staffing is becoming vitally important.

The CNO must be at the table when the organization is making decisions about the technology that nurses are going to be using every day. Nurse leaders need to vet whether that's really the right answer. Seeing nurses play more of a technology decision-making role is really exciting.

**MODERATOR: What is the most important thing to do to be able to manage your workforce?**

**NOVOTNY:** We have to lead differently. I told one of my leaders the other day, "We can't tell the entire nursing workforce they're doing it wrong. So, if they're telling us they want different shifts and different options, we need to listen and figure it out." Nurses are some of the most innovative people I've ever worked with, and I know we can figure it out. It's really about getting creative and thinking outside the box with how we staff, how we schedule and how we create an environment where they want to work.

**HALPERN:** Listening is key and culture is key. So, of course, there's the staffing piece, but also: Do they like their team members, do they feel supported by their leaders?

**"The way that we used to provide care is not how we're going to provide care in the future."**

— Emily Ward — University of Iowa Hospitals and Clinics

**WARD:** When I'm out at our shared governance meetings, I've really challenged our teams. I said, "I'm not hiding nurses in my office. The way that we used to provide care is not how we're going to provide care in the future." So, we really have to think differently about what is really required of an RN and find others who can provide the other services we need.

**KEMPF:** Exposing and educating nurse leaders on innovation techniques should be a core competency for management. How can they learn how to think out of the box? I joke with my leaders, "If it's not unethical, illegal, or immoral, try it." At worst, it fails. At best, everybody says, "This is the greatest thing we ever did." ●