

Nurse Retention: Strategies to Stop the Revolving Door

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There Are No Conflicts of Interest to Disclose

Learning Outcome

Participants will recognize the impact of nurse turnover and discuss strategies for nurses to help retain colleagues.

Factors Affecting Intentional Turnover

- How this nursing shortage is different
- 50% of new hires leave - Millennials
- Healthy workplace environments are crucial
 - Informal networks that deter bullying
 - Effective Leadership
 - Work-life balance

Why Important?

- Nurses are largest group of US Healthcare workforce
- Nursing is one of fastest growing occupations in US
- Bureau of Labor Statistics:
 - Predictions have improved from a shortage of 1.13 million (McMenamin, 2014) to 154,018 RNs by 2020 and 510,394 RNs by 2030 (Zhang, et al., 2017)
 - While hospital turnover rates have leveled off, nursing turnover continues to increase (NSI Nursing Solutions, Inc., 2016)

Why is Nurse Turnover a Problem?

- Increasing acuity of inpatients, millennials and nursing shortage
- Retirement glut of baby boomers
- Brain drain
- Affects patient outcomes

Why is Nurse Turnover a Problem?

- Replacement costs for nurses estimated to be between \$22,000 - \$140,000 (Lengerich, et al., 2017; Li & Jones 2013)
- Effects on patient care
- Staff morale
- Sigma Theta Tau - Nursing Shortage is great threat to future of world's Healthcare System

Nurse Turnover by Specialty

- Pediatrics is lowest (13.5% in 2014)
- Behavioral Health is highest (30.7% in 2014)
- Emergency room is 2nd highest
- Med-Surg is next and higher than critical care
- OR and ED most difficult to recruit
(NSI Nursing Solutions, Inc., 2016)

History

- Shortages cyclical since nursing began
- 1930's hospitals staffed by RNs
 - Nurses part of "room and board" expenses
 - Same model of nursing with little room for autonomy
 - Dissatisfaction & turnover rates were high through WW II
 - LPN programs developed – LPN served under supervision of RN

History

- 1950 – shortage is critical: units closed without enough nurses; new units prevented from opening
- US government helped fight previous shortages:
 - 1964 Title VIII of Public Health Service Act = Nurse Training Act
 - 2002 Nurse Reinvestment Act = Funded nursing students and retention strategies
 - 2009 Recovery and Reinvestment Act = Nursing Workforce Development Programs for retention (Lynaugh, 2008)
 - Title VIII funding decreased by 30% since 1971
 - Nursing Community request of \$244 million for FY 2018 (Lynaugh, 2008)

Three Root Causes of Previous Shortages

- Image of nursing
- Poor salaries and working conditions of nurses
- Low enrollments in schools of nursing (Egenes, 2012)

How Current Shortage Is Different

- Differences in patients:
 - Increase in elderly population with longer life expectancy
 - Increase in chronic illnesses
 - Hospitalized patients have high acuity (Egenes, 2012)

How Current Shortage is Different

- Differences in nurses:
 - Retirement of baby boomers
 - Competition with Travel & Agencies
 - Shortage of instructors and education resources (i.e. classrooms, clinical sites, etc.)
 - Millennials

How Current Shortage Is Different

- Recently recognized external factors
 - Employment Opportunities
 - Mobility
- Regional
 - South (16-18% turnover) & West (17% turnover) USA more affected (NSI Nursing Solutions, Inc., 2016)
 - Rural areas
 - Without local nursing schools
 - Struggle more financially (Zhang, et al., 2017)

Solutions Used in Past

- Create various non-licensed and/or non-professional care providers to perform traditional RN functions
- Use "sign-on bonuses" or other enticements
- Import nurses from foreign countries (Egenes, 2012)

So Retention Is Important

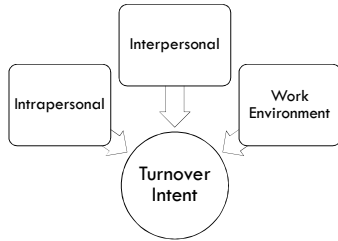
Voluntary Intentional Turnover

- **Attrition** is when employee leaves in normal course of life
- **Voluntary intentional turnover** = nurse decides to leave organization, usually perceives better opportunities elsewhere
- Low turnover rate is indicative of a healthy work environment where staff are satisfied with their jobs, feel appreciated, work as a team, can advance, etc.

Intentional Turnover

- Turnover Intentions:
 - Consistent among industrialized nations
 - About 11% of experienced nurses (> 5 yrs. experience)
 - **30 - 60% of 1st year newly hired nurses** (D'Ambra & Andrews, 2014)

Causes of Voluntary Intentional Turnover



Intrapersonal

- Tenure – longer in position less likely to leave (Nei et al., 2015)
- Work-family conflict – as increases more likely to leave
- Job strain - as increases more likely to leave
- Millennials change jobs more often

Intrapersonal

- Personal Health issues: mental fatigue, burnout, shift work
- Moral distress – feeling incapable of delivering care patients deserve
- Experience – highest turnover rates in new hires

(Hayward, et al., 2016)

Interpersonal

- Communication
- Relationships with colleagues, managers, physicians
- Bullying

Positive Organizational Environment

- Job characteristics
 - More challenging and complex work
 - Autonomy / perceived control
- Rewards (Nei et al., 2015)
- Job satisfaction
- Supportive and communicative leadership

Challenging Organizational Environment

- Excessive workloads, staffing shortages
- Management (Bugajski et al., 2017)
- Challenging schedules
- Other employment opportunities
- Low network centrality = number & strength of interconnections at work
- Job insecurity (Nei et al., 2015)

Strategies to Prevent Intentional Turnover: New Hires

- Pre-hire matching
- Require new grads to sign agreement to work after internship
- Support for new hires

Pre-Hire Matching

- Nurse Extern Programs
 - Opportunity to see if right fit
 - Evaluate if organization and specialty match
 - Personal experiences?

Pre-Hire Matching

- Testing
 - CHOA critical thinking assessment
 - Saved millions of dollars by identifying potentially non-successful nurses pre-hire
 - Based on HESI test questions
 - Test did not work well for NICU
 - Issues with test-retest reliability

Pre-Hire

- Other testing to see if personality matches organizational values
 - Validity?
 - Costly
- Require new grads to sign agreement to work years after internship -
? legally valid

Support for New Hires

- Appropriate orientation
 - Extensive residency programs for new grads
 - Preceptors
 - Mentorship beyond orientation (Jakubik, 2008)

Importance of Effective Orientation

- Novice nurses who judged orientation as good or adequate had
 - Higher job satisfaction
 - More professional commitment (Unruh & Zhang, 2013)
- Good orientation experiences:
 - Perceive less job difficulties (Unruh & Nooney, 2011)
 - Less likely to turn over (Unruh & Zhang, 2014)
 - Decreased turnover from 20% to 12% for new graduates (Halfer, et al., 2008)

New Graduate Transition

- Kramer first addressed in 1974
- Disparity between expectations and experience/preparation
- Transition Programs should include:
 - Skills development
 - Trained preceptors and mentors
 - Designated resource person
 - Opportunities for peer support
 - Formal support for at least first 6-9 months (Rush et al., 2013)
 - To prevent role ambiguity, stable work unit is best (Nei et al., 2015)

Special Focus on Millennials

- "Millennial" is a person reaching young adulthood around the year 2000
- Nurses younger than 35 years = 1/3 of nursing workforce
- Shaped by technological advances
- As engaged as other nurses
- With < 3 years tenure less loyal than others (Koppel, 2017a)

Special Focus on Millennials

- Early tenure millennials leave at higher rates (Strumwasser, 2015)
 - Engagement same as others (Li & Jones, 2013)
 - If retain Millennials > 3 yrs. – become more loyal
 - Managers need to focus on cultivating loyalty early in career
- Work Life Balance (Boamah, & Laschinger 2016)

Millennials Engaged But Not Loyal

- More opportunities now in healthcare
 - Non-traditional settings in out-patient areas
- Technology makes searching and applying for jobs easier
- Workplace culture change
 - Acceptable to change positions early in career

Managing Millennials

- Grew up with instant access to information
 - Immediate communication and response
 - Prefer frequent short meetings
- Prefer autonomy to hierarchy decision making
- Purpose over busywork

Orientation and Management of Millennials

- On-line individualized orientation benefits
- Short, frequent feedback and meetings
- Promote sense of accomplishment
 - End of orientation program: mentors to support as transition to independence/competency
 - Support when mastered orientation goals: promote continued professional growth (Koppel, et al., 2017 b)

Strategies to Retain Millennials

- Identify intent to leave early
 - Either interviews or written assessments to address what is needed to stay
 - Target those who left to re-hire
- (Koppel, et al 2017 b)

Strategies to Prevent Intentional Turnover: Interpersonal influences

- Social Support from supervisors, coworkers, peers, or senior nursing staff (Suzuki, Ito, et al., 2006)
- Detrimental effect of workplace **incivility** and **bullying** (Laschinger, et al., 2012)
- Workplace Incivility = Bullying = Lateral Or Horizontal Violence = Disruptive Behavior

Evans (2017) Reported Lack of Bullying Biggest Contributor to Intent to Stay

Workplace Bullying Institute (WBI) Definition

- **Repeated, health-harming mistreatment** of one or more persons (the targets) by one or more perpetrators
- Abusive conduct that is:
 - Threatening, humiliating, or intimidating
or
 - Work interference — sabotage — prevents work from getting done
or
 - Verbal abuse

<http://www.workplacebullying.org/individuals/problem/definition/>

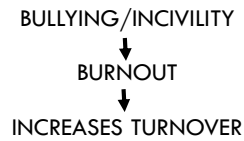
Workplace Bullying

- Nurse specific behaviors include
 - persistent rudeness
 - ignoring, ostracizing, humiliating, eye rolling
 - yelling, swearing, throwing things
 - spreading rumors
 - disturbing performance of a task

Detrimental Effects of Incivility/Bullying

- Threatens patient outcomes due to failure to effectively communicate
 - Increased adverse events
 - Increases medication errors
- Impacts staff ability to perform job since leads to
 - Psychological symptoms - depression, anxiety, and post-traumatic stress disorder
 - Physical symptoms such as palpitations, headache, chronic fatigue, and insomnia

(Boamah & Laschinger 2016; Laschinger, et al., 2012)



Scale of the Problem

- Workplace bullying is an epidemic
- Bullying on the job is 4 times more common than sexual harassment or racial discrimination
- 2012 Workplace Bullying Health Impact Survey of 516 bullied individuals found 71% sought treatment from a physician (Work Place Bullying Institute & Zogby International, 2007)
- Productivity loss due to incivility in nursing estimated to be 20% (Wei et al., 2018)

Is Bullying a Problem in Nursing?

- Estimated to occur in 19% - 86.5% of nurses
- Study of 659 nurses 85% experienced incivility and 37% instigated incivility toward other nurses (Wei et al., 2018)
- Increases burnout and turnover
- Nurses more frequently victims of bullying than respiratory or radiology department personnel
- Occurs most often in high stress units
- Bullying behaviors increase with length of employment (Evans, 2017)

Where Does Bullying Occur?

Clinical areas where bullying most occurs:

- Medical surgical care (23%)
- Critical care (18%)
- Emergency areas (12%)
- Operating room/post anesthesia care units (9%)
- Obstetric care (7%)
- Pediatrics (?)

(Vessey, et al., 2009)

Who Bullies Nurses?

- Co-workers most frequent - 53%
- Providers - 14.8%
- Supervisors - 13%
- Patients - 12.2%
- Administrators - 4.3% (Evans, 2017)
- Earlier study reports senior nurses (24%) and charge nurses (17%) bullied more often than nurse managers (14%) or physicians (8%) (Vessey et al., 2009)

Colleague To Colleague = Horizontal Bullying Strong Association with Turnover

(Blockstock et al., 2015; Longo, 2010)

Theories About Causes of Bullying Behaviors

- **Work Environment Hypothesis** - stress and frustration created by flawed work processes and other difficult job conditions promotes aggressive behaviors among colleagues (Hoel & Salin, 2003)
- **Oppressed Group Behavior Model**: members of oppressed groups tend to act out against each other (D'Ambra & Andrews, 2014)
- Powerlessness lowers self-esteem and triggers behaviors to boost self-esteem (Townsend, 2012)

Why Do Nurses Bully Each Other?

- Work Environment Model:
 1. Informal organizational alliances = social and hierarchical networks that support and protect bullying perpetrators
 2. Misuse of organizational processes/ procedures = ways that nurse bullying is enabled
 3. Organizational tolerance and reward of bullying = tendency for health organizations to condone or support bullying behaviors

Why Do Nurses Bully Each Other?

- Power and control on the part of the person who is bullying
- Other reasons:
 - Jealousy
 - Feelings of inadequacy
 - Fear of changes
 - Knows not performing to standards

How to Confront Disruptive Behaviors

- Confront ASAP
- Maintain respect & privacy, and safety
- Communication needs to be clear and focused
- Need to reach mutual agreement on what occurred
- Confronter needs to express how they felt during disruptive behavior
- Mutual agreement for resolution, specific behaviors desired in future and consequences if not met
- May need practice and support to develop skills and comfort (Longo, 2010)

Strategies to Stop Bullying

- Bullying tactics often go undocumented, unnoticed, or unaddressed
- First Step to correct is to recognize and acknowledge the problem
 - Are you a bully?
 - Have you witnessed bullying behaviors?
- Report observed disruptive behaviors
- Standards: Code of Conduct

Healthy Workplace Bill (HWB)

- *No federal law*
- *32 Legislatures [30 States, 2 Territories] have introduced the HWB*
- Bill S 1013:
 - Act addresses workplace bullying, mobbing, and harassment,
 - Makes abusive conduct legally actionable
 - Employers are vicariously liable if they fail to prevent or correct it
- Join Grassroots Campaign at: <http://healthyworkplacebill.org/>

Strategies to Stop Bullying

- Joint Commission requires organizations to establish codes of conduct and establish methods to manage uncivil behaviors (2008)
- Professional Organizations also encourage organizations to establish codes of conduct
- All recommend zero tolerance for workplace violence and incivility
- ANA (2015) recommends approaches to interventions

Key Points of ANA Position Statement

- **Effective Date:** July 22, 2015
 - *The nursing profession will not tolerate violence of any kind from any source;*
 - *Nurses and employers must collaborate to create a culture of respect;*
 - *The adoption of evidence-based strategies that prevent and mitigate incivility, bullying, and workplace violence; and promote health, safety, and wellness and optimal outcomes in health care;*
 - *The statement is relevant for all health care professionals and stakeholders, not exclusively to nurses.*
- <https://www.nursingworld.org/practice-policy/work-environment/violence-incivility-bullying/>

Codes of Conduct

- Describe specific behaviors not acceptable
- Includes instructions on how to report breaches in code
- Code of conduct must be universally enforced
- Protection for those reporting incivility should be included in Code of conduct

Interventions for The Bully

- Interventions geared towards behavior and not individual
 - Employee Assistance Programs
 - Anger management
 - Executive coaching and mentoring:
 - Cognitive Rehearsal
 - Behavioral technique used in cognitive behavioral therapies
 - Individuals rehearse how to respond and cope with specific situations (Kang, Kim & Yun, 2017)
 - Individualized counseling as needed

Healthy Workplace Environment

- Nurses perceive autonomy, control over work, healthy relationships and organizational support
- Significant factor in retention
- Negative correlation with nurse intent to leave, dissatisfaction and burnout
- Work Environment, staffing ratios significantly associated with patient outcomes: decreased mortality rates and failure to rescue, possible positive influence on medication rates
- Associated with fewer occupational injuries in nurses

(Wei et al., 2018)

Work Environment Influences

- Workplace stress is barrier to new graduate nurse transition (Nei, et al., 2015)
- Workload and staffing shortages big contributors to stress
- New nurses who perceived work environments as healthy or supportive had much better outcomes (Wei et al., 2018)

Leadership/Management

- Positive nurse leader relationships is strong predictor of turnover (Boamah & Laschinger 2016; Nei et al., 2015)
- Major contributor to healthy work environment, healthy work-life balance and preventing burnout
- Managers and unit nurse leaders need to create a positive work environment that fosters positive relationships, fairness, transparency and respect (Blackstock et al., 2015)

Millennials

- Want managers who are
 - Competent both clinically & as manager
 - Present on the unit
 - Engage with staff
 - Maintain environment that supports high quality patient care
- Results from Baptist Health Nurse Retention Questionnaire found values same for millennials as other age groups

(Bugajski et al., 2017)

Summary: Your Role to Stop Turnover

- Be a preceptor
- Be a mentor
- Be a leader
- Manage bullying behavior:
 - Self-awareness
 - Be aware in work environment
 - Report
- Maintain work-life balance and your health
- Report your intent to leave and share what would keep you

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