

## **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 2<sup>nd</sup> 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

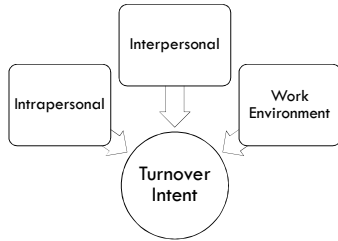
## Voluntary Intentional Turnover

- **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/>

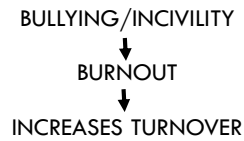
### Workplace Bullying

- 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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