

Strategies for Retaining Talent in the Multidisciplinary Oncology Team

by Edwina Trout, PhD

No matter how large or small an organization, keeping talented employees is a daunting task. Despite incentives such as sign-on bonuses, creative scheduling of shifts, and workplace programs designed to increase productivity and satisfaction, today's employees are still dissatisfied. And when these employees are lured to other organizations that they may perceive as having "better" incentives, an unhealthy cycle is established. To break this cycle, cancer program leadership must determine what staff members want and how to keep them engaged.

Getting Started

Staff retention actually begins prior to the hiring process. In order to retain good staff, the right people must be hired. This process begins with the job description, which should define the expectations for that employee to succeed in his or her position.

Job description. Creating a good job description is not a difficult task if you first determine the attributes needed for the position, taking into account the experience, personality, and education of the successful candidate. Be as specific as possible and use this information as the basis for the job description. Accurately and narrowly describe the duties the employee will be expected to perform. Although time-consuming, effort spent developing the job description will save hours of frustration later on in the process.

The search process. Often cancer programs rush through the selection process because they need to fill positions quickly. But slowing down, taking adequate time to interview candidates, asking the right questions, and developing a "feel" for how the candidate might handle common situations allows a manager to select the person who has the best potential to stay with the team for the long term. Do not hire the first candidate interviewed unless you are certain that the individual is a perfect fit for your cancer team. Remember, desperation can lead to poor decisions so several different staff members in your cancer program should interview candidates and provide feedback about their findings.

Orientation. After you have chosen and hired the best candidate, take the time to individualize the orientation process for each new hire. For example, experienced staff may need to be oriented only to the cancer program



and its processes and culture. Less experienced staff may need to be oriented about the culture of the cancer program, as well as the specific job duties and responsibilities that come with their new position.

Preceptors and job coaches. Many people consider their first preceptor or job coach to be a life-long mentor. These individuals can influence a person throughout his or her professional life and are frequently called on for advice. Conversely, adversarial relationships between preceptors and employees may result in dissatisfaction and increased turnover.

Since preceptors play such a pivotal role in new employee satisfaction, cancer programs should create a specific job description outlining the specific skills and knowledge they are looking for in a successful preceptor and develop training material designed to enhance the knowledge and skills of the preceptor. In addition to selecting and orienting the preceptors, teach coaching skills, assess learning needs, and develop effective communication skills. Cancer program managers may choose to use an instructional design expert to create these programs and assist with ongoing monitoring and development of the preceptor. In the end, the investment you put into your preceptor program will likely increase staff satisfaction and overall staff retention.

Management. The management team must be trained to communicate effectively, resolve conflicts, and identify differing staff motivations. Research shows that many staff members do not resign from their "jobs," but actually resign from their "managers." So ensuring that your management team has the proper training and skills can often increase staff retention. Training should begin soon after the manager is hired or promoted and then periodically be reinforced to increase the likelihood that managers will remember and practice appropriate professional behaviors. Managers must also be held accountable for practicing the skills needed to foster a spirit of cohesiveness and dedication to the mission.

Avoiding Communication Disasters

While many cancer programs understand that organizational communication plays a major role in employee satisfaction, few programs consider the impact of an organization's informal communication system. This organizational "grapevine" exists in every cancer program and can be

Retaining Nursing Talent in the Practice Setting

As one young oncology practice enters its third year, practice administrator Judy Stone says that overall, one action has aided staff retention, “We hire people who care about people.”

In turn, the practice shows that it cares about its staff.

Carolinas Hematology-Oncology Associates in Charlotte, N.C., a five-physician practice affiliated with the Carolinas Physician Network and Carolinas HealthCare System, is attuned to the interests of its nursing staff. For example, several of the practice’s nurses enjoy teaching patients. By setting up separate appointments for chemotherapy teaching, both the nurses and the patients benefit. In a quiet environment, the nurse can instruct the patient on what to expect from the upcoming chemotherapy treatment, what services the practice provides, and discuss treatment-related issues that might be difficult to talk about in the infusion center just before the first chemotherapy treatment. This role is rewarding for the nurses who enjoy teaching and clearly benefits patients.

Nurses also have opportunities to mentor student nurses who rotate through the practice from two nursing school programs. Laurie Rosenthal, RN, team leader of the clinical nurses, has implemented a program

through which one or two student nurses spend one morning a week in the practice shadowing a nurse who works directly with a physician. Recently, the practice added a second program for senior nursing students. An advanced student nurse is accepted for the unique program, which allows this student to

come to the practice two days a week for about 13 weeks. This advanced nursing student works in both the clinical and infusion areas. Both mentoring programs have received positive responses from the nursing students, sparking their interest in oncology.

Nurses with an interest in the administrative aspects of cancer care have an opportunity to work with the practice’s administrator to purchase drugs, supplies, and equipment. The practice recognizes the importance of the nurses’ perspective, because they use the equipment and supplies being purchased.

For nursing staff interested in clinical trials research, the infusion nursing team leader Paula Moore, RN, has created a program that focuses on this aspect of cancer care. Each nurse on her team has the responsibility of becoming the in-house “expert” on one clinical trial. That nurse learns everything about the trial and is a resource available to staff and patients. 📌



Preceptor Maryann Holbrook, RN, (on left) working with student nurse, Nicole Gee.

either a positive or a negative contributor to employee satisfaction. The informal communication network is constantly active, serves as the mechanism by which staff “make sense” of daily events in the workplace, and may be led by one or more leaders who influence other staff members.

The managers, administrators, and other key leaders of the cancer program are always “on stage” and staff members are always watching their behavior and actions. If staff observes management acting in ways that do not appear to reflect the goals and principles of the organization, they will attempt to interpret these events in a way that seems plausible or helps explain the behavior. Problems arise when the situation is not readily clear to staff leaving the incongruent actions or events open to a number of possible explanations.

Communication skills are critical to good management. Too many managers either withhold information (sometimes because of their belief that “knowledge is power”) or don’t communicate relevant information effectively. Often staff members become dissatisfied solely because they don’t believe that they know what is going on in their cancer program, with respect to issues that directly affect their work.

Creating a Team Culture

When your staff perceives that information is shared and that all opinions are valued, each employee will be more likely to participate as a team member rather than simply an employee. Cancer program managers can create this culture in several ways.

First, managers must view the hospital as a whole, rather than viewing their cancer program as a stand-alone entity. Practicing this wide-angle approach allows managers to view their cancer service line as an integral part of the hospital and make management decisions within this larger context. The practice allows staff members to see where they “fit in,” to behave as part of the larger health-care team, and to understand how they can contribute to organizational outcomes.

Second, staff members bring a variety of motivations and personal issues to the workplace, and managers must acknowledge these different needs and respond to them appropriately.

For example, Bob might be motivated by the opportunity to learn new skills while Caroline would like to move into a supervisory role. Recognizing these diverse staff needs, an effective manager may identify educational opportunities for Bob and delegate supervisory responsibilities to Caroline. A staff member’s loyalty and desire to remain with the cancer program can be greatly enhanced by managers that take the time to discover what motivates their staff

and to provide reinforcement for that motivation.

A third way to create a team culture in your cancer program involves cultivating staff commitment and facilitating teamwork. After hiring the right people for the right position, a manager owes it to his or her staff to believe in them and trust them to do their jobs well. Allow staff members to have input into decisions affecting their work by leading with questions, not answers. Give them the tools and then stand back and let your staff determine how to use the tools effectively.

Conflict Resolution

Effective conflict resolution is equally as critical as effective communication for any cancer program. Problems can and do arise among even the most committed and dedicated staff members. While not all instances of organizational conflict will rise to the level of managerial intervention, successful managers know what types of situations require intervention and how to handle them.

Too often, managers attempt to resolve a problem by placing blame on a staff member. Aside from destroying the team culture, such a “search and destroy” attitude rarely solves the issue primarily because most workplace problems can be traced to a process breakdown rather than individual fault. By adopting a more open-minded approach and allowing staff to determine where the breakdown occurred, a manager can actually improve team spirit during a conflict resolution.

Once a process problem has been identified, a successful manager acts as a job coach and works with staff to create a new process. The manager’s knowledge of differing employee personalities, skills, and motivations is crucial to this coaching process.

For example, highly motivated and skilled staff may readily embrace the opportunity to be involved in creating new processes and would, in fact, feel unmotivated if not asked to participate. Conversely, other staff members prefer to simply come to work, do their jobs, and go home. These individuals may perceive the opportunity to create new and better processes as merely additional work.

A third subset of your staff may prefer not to be involved in the process at all and may be completely disinterested in the outcome. Even though this group may be relatively small, these individuals can significantly hinder any positive change process through negativity and refusal to participate. In such cases, hard decisions may have to be made. Because people generally don’t change their basic work attitudes, the manager may ultimately have to decide whether the cancer team is better served with or without these employees.

While some staff members may prefer not to be heavily involved in the process, *all* staff should be encouraged to participate and offer ideas and suggestions. Such encouragement may actually engage more reticent staff members or at the least allow them to feel that their input has been heard. In the end, encouraging staff participation

Preceptors, Empowerment, and a Team Approach

Hallmarks of the John Stoddard Cancer Center in Des Moines, Iowa, are a service line philosophy and a team approach. “Leadership is not limited to management,” said Mary Boyle, MPA, RT (R)(T), executive director of the cancer program. “We’ve got some awesome frontline staff who are influential leaders based on their knowledge.” Staff has opportunities to be involved with planning and implementing events that go beyond their “job,” such as the cancer survivor’s day celebration, community screenings, lectures and events, and staff can also participate in authoring policy and procedures and annual report articles.

The cancer program boasts high employee satisfaction, something the hospital makes an effort to measure each year. Boyle encourages her staff to fill out the annual staff survey. “If you don’t know what the perceived issues are, you can’t address them,” she said. Survey results are broken down by department and/or service line. The program offers fun incentives for staff participation, such as a pizza party for 100 percent survey completion.

The cancer center also has a well established preceptor program for nursing staff. Kathy Hunnicutt, RN, BSN, runs the program at JSCC, in which the preceptor’s role is formally defined with outlines,

rules, and responsibilities delineated so “we are all on the same page,” said Boyle. Preceptors are available to any staff, as needed, and function by shadowing the employee. The program also offers customized chemotherapy administration classes.

JSCC has new employee orientation guidelines, but Boyle finds what most often helps new staff is not written orientation materials, but another staff member who can help orient the new employee to what the job expectations are. “There is a lot of value in learning by doing and hands-on learning,” Boyle said. For example, the oncology data staff helps train each other and also cross trains on all jobs, so more than one person in the department understands job tasks.

Offering employees opportunity for professional growth can be an important facet of employee retention. At JSCC, radiation oncology therapists have had the opportunity to rotate through simulation and dosimetry. As a result, a few radiation therapists have become interested in dosimetry and the hospital has helped sponsor their efforts.

Boyle also firmly believes that some fun should be woven into the workplace. For example, staff dresses up for Halloween and the Fourth of July. Some patients even get into the spirit of events and dress up as well.

“If you treat people with respect, that’s the way you retain staff,” says Boyle. “We are a family here. We care about each other.”



What *Not* to Do: Horror Story One

An example of what *not* to do involves a new president who came to his position with many new ideas about the cancer program and its organizational structure. While he told his managers that they were all part of his team, he immediately hired a productivity consultant to interview these individuals about their jobs. Rumors that the president intended to make sweeping job cuts and consolidations of duties soon swept throughout the entire cancer program, but the new president did not address this issue with his staff. Instead, he created a managerial council which met once a month and consisted of the entire management staff. During these meetings, he disseminated carefully worded messages outlining the trust he had for his team and the important role they played in the organization. He even created a slogan, "Share the Vision," that was placed on a banner prominently displayed from the ceiling. The management team was told that the administrative staff would communicate with them honestly and clearly about any changes to be made.

It soon became clear that the information coming out of these meetings was not entirely correct and that

sweeping layoffs were going to occur. The informal grapevine began to refer to the president's "Share the Vision" slogan as "Share the Delusion" and finally "Survive the Delusion!" The hospital's Board of Directors eventually removed the president from his position but not before long-term damage had been done to the cancer program. Even staff members not affected by the reorganization elected to seek employment elsewhere, and the entire healthcare organization suffered as a result.

Employee dissatisfaction was created solely because staff believed they had been left out of the loop. Had the president addressed these issues promptly and clearly and allowed employee input, there would have been no reason to create slogans and misleading explanations. Clear and honest communication between management and staff may have helped reduce employee dissatisfaction and the resulting staff exodus. ❏



What *Not* to Do: Horror Story Two

One hospital hired a bright, motivated, intelligent Diabetic Education Coordinator on a contract basis. The woman arrived on the job full of motivation and eager to create an outstanding program. Not long after her arrival, she began to meet obstacles—physicians weren't making referrals, she couldn't access information to help her plan appropriately for patient needs, and one unit began criticizing her for not seeing patients for whom she had never received referrals. Despite these obstacles, the staff member created a workable program and had even held several small classes with reasonable success rates. Toward the close of her contract year, she expressed an interest in continuing in her position but requested that it be made a full-time regular position in the staffing plan. Her request was not denied by management as much as it was ignored. In frustration, the staff member resigned and took a similar position in another hospital as a full-time

employee with benefits.

Perhaps most alarming in this situation is that the healthcare organization's administration did not notice the staff member had departed until they began to receive requests from patients and staff for classes that were not being provided. When informed that the diabetic education coordinator had resigned, the Vice President of Patient Care immediately began trying to convince her to return, but as a full-time employee. Not surprisingly, the offer was declined and the staff member elected to stay at her new position. The organization finally hired a full-time Diabetic Education Coordinator after a lengthy and costly search.

So the moral of the story is for cancer programs to show staff that they are appreciated on a daily basis. Listen to their concerns and be responsive to them. A simple thank you to your dedicated staff is both priceless and budget neutral. ❏

in such conflict resolution and decision-making will most likely ensure that your entire cancer team will support the final decision.

Frontline Retention Officers

To accomplish the goal of retaining good staff, managers must see themselves as the frontline retention officers for their cancer program. As such, a retention officer must develop and use all of the skills previously discussed—effective communication, job coach skills, and conflict resolution, among others—as well as effectively model such skills. Successful managers do *not* adopt the "do as I say, not as I do" attitude.

Additionally, managers must show appreciation for the good work their staff does and pay special attention to staff accomplishments. All too often staff members report that they do not feel appreciated by their cancer program unless they are new to the organization or are leaving their positions. All cancer programs offer some type of orientation to new staff members and many also host welcoming events for new staff members even if it is as simple as recognizing the individual during a group meeting. However, managers must be very careful to guard against a new staff feeling "dumped on" or "thrown to the wolves" after orientation.

At the other end of the spectrum are staff members

who report that they feel appreciated only after they have resigned and surprise and regret are expressed by other staff members: "We're so sorry to see you go, we need you here!" Unfortunately, most of the time such appreciation is a little too little and a little too late.

A Return on Your Investment

Retaining your multidisciplinary staff also benefits your cancer program in another extremely important way—loyal staff members promote loyal patients.

All too often, healthcare organizations create programs designed to promote patient service and staff are given a script detailing phrases to use in response to questions or concerns. These programs almost always fail. While staff may be trained to say certain phrases, they cannot be taught to feel good about saying them. Nearly 70 percent of all communication is non-verbal in nature, so patients often receive incongruent messages where the verbal "script" does not match the non-verbal "affect." In these cases, patients do not believe their needs have been met or their concerns adequately addressed, and they leave the cancer program dissatisfied.

Patients determine competence by criteria that frequently do not relate to actual competence. If your staff members are friendly, if they communicate openly

including making appropriate eye contact, and if they "appear" to be competent, then they will be perceived as such. However, if any of these parts are lacking or if patients do not feel they are receiving service from caring staff, they may be reluctant to return for future services or to refer others.

In the end, the goal of good customer service is to produce positive emotional outcomes leading to increased customer loyalty. Appropriate emotional outcomes are ones that create a sense of partnership between patient and provider. In turn, this partnership creates happy patients who are likely to heal faster, file fewer lawsuits, and refer your cancer program to others. Only through effective teamwork, however, can cancer programs provide exceptional service and foster customer loyalty in their patients with cancer. ■

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Win-Win Nurse Mentoring Program

At the Curtis and Elizabeth Anderson Cancer Institute (ACI) at Memorial Health University Medical Center* in Savannah, Ga., paying attention to employees has meant noticing that some experienced, motivated, "wonderful" oncology nurses had not yet attempted ONS certification.

In 2002 the program hired Norma Sheridan-Leos, RN, MSN, AOCN®, CPHQ, a full-time oncology clinical nurse specialist, to expand educational programs and services. Sheridan-Leos coordinates the Oncology Nursing Certification Mentoring program, which is open to all ACI nurses who are preparing for any oncology nursing certification exams.

When she began to design the program, Sheridan-Leos thought back to her own experiences studying for certification. She planned the kind of mentoring program that she wishes she could have had. This one-on-one program offers nurses individualized support as they prepare for the certification exam.

To begin, Sheridan-Leos held a staff kick-off meeting to explain the new program. Then she met individually with each nurse who was eligible to take the exam to determine what barriers stood in the way. This approach helped encourage nurses who might have felt uncomfortable coming forward. Confidentiality was an important part of the process, she notes. Sheridan-Leos tailored the program to meet each nurse's learning style and learning needs. She individualized study plans and worked with students one-on-one. When several students needed to cover the same material, she set up formal classes with CEUs. These classes often attracted additional staff members. Approaching several pharma-

ceutical companies for support, Sheridan-Leos was able to get donated texts, a web-based oncology nursing review, and a core curriculum. The only costs to the cancer program were the purchase price of old OCN tests for practice.

To date, six staff nurses have now received ONS certification, and the feedback from nurse participants has been very rewarding. Each nurse who achieved certification receives a \$250 bonus for each year certification is maintained, and ACI presents the nurses with OCN lapel pins. All the nurses who have participated in the program are still Curtis and Elizabeth Anderson Cancer Institute employees.

The program is ongoing with two nurses scheduled to take the certification exam in October. Eight nurses are slated to begin study for the 2005 certification exam; two of the nurses will be taking the advanced oncology certification exam.

In addition, ACI offers an Oncology Nursing Residency Program geared toward the recently graduated registered nurse and an Oncology Nurse Fellowship Program, as well as a consultative service to assist staff nurses who would like to submit presentations and present abstracts at professional meetings. In 2004, 19 abstracts were submitted and 18 were accepted. Of those, 15 were first-time authors. The program fosters professional pride and offers staff recognition on a national level, both of which benefit the cancer program and its staff. ■

**The Curtis and Elizabeth Anderson Cancer Institute at Memorial Health University Medical Center is not affiliated with The University of Texas M.D. Anderson Cancer Center.*