Your Nurses

Practical tips from an experienced

Vacancy rates, turnover, staff burnout, sealed white envelopes marked “confidential,” these issues arise at all hospitals. Combine these problems with this country’s current nursing shortage, and you begin to understand the challenge of creating a successful nurse recruitment and retention program. During my 13-year nursing career, I have seen a number of exemplary recruitment and retention programs. I have also experienced the other end of the spectrum. Creativity is key, as well as the ability to continuously evaluate and improve your recruitment and retention processes.

Nurse Managers at Work

As nurse manager for Oncology Services at Presbyterian Hospital in Charlotte, N.C., I am responsible for 59 full-time employees (FTEs), which equates to about 80 staff members. I oversee a 31-bed inpatient unit and an onsite outpatient infusion center, which averages about 600 patient visits each month (see box on page 28). All adult chemotherapy is administered in my departments, unless the patient is in intensive care or needs telemetry.

As nurse manager, I am tasked with improving the quality of care, designing services to meet patient needs, and securing and managing human, material, and space resources. My role is two-fold: 1) to function as a role model, facilitator, mentor, and coach for all clinical staff and 2) to provide leadership and direction for staff to include continuous quality improvement, personnel utilization, performance appraisals, resource usage, budget management, and maintenance of standards of care.

An assistant nurse manager, an experienced oncology nurse, assists me in these efforts. In addition to helping coordinate work shift activities in the cancer center, the assistant nurse manager is responsible and accountable for the nursing process, directing and validating the work of the cancer care team.

A “Mixed” Bag

Presbyterian Cancer Center’s inpatient unit typically runs about 75 percent hematology/oncology patients and about 25 percent general medical/surgical patients. While “closed” oncology inpatient units exist, it has been my experience that they are not the norm. Instead, most hospital inpatient units have a mixture of patients similar to Presbyterian Hospital. This “mix” of patients can be challenging. Oncology nurses are highly trained and dedicated professionals who want to care for oncology patients—not necessarily other medical/surgical patients.

As a nurse manager who is also a trained oncology nurse, I am torn between the two paradigms. On the one hand, I see the value of having a strict hematology/oncology unit, which would allow nursing staff to dedicate all of its energy to the care of cancer patients. Conversely, the intensity of this patient population can be draining and difficult for the bedside nurse to manage day-in and day-out, so the mix of patients provides a change of pace. Another upside to having a mixed unit is that the hospi-

Presbyterian Cancer Center’s cadre of oncology nurses truly make a difference in the care provided to patients and family members.

tal can hire recent graduates and nurses without oncology experience because these professionals will learn how to be an "oncology nurse" on the job—without being overwhelmed by the specialty.

Help Wanted

When I took over as nurse manager in November 2005, the RN vacancy rate for the inpatient unit was 24 percent. (This was actually my second tenure in the position; my first tenure ended in 2003 when my family and I moved out of the area.) In less than six months, I was able to reduce these vacancies to 17 percent. And then "spring fever" hit—maternity leaves, graduations, weddings, and staff moving around within the hospital (e.g., intensive care, outpatient units, and clinical research). By May 2005, nursing vacancies in the inpatient unit had risen to 19 percent. (Factoring in nurses who were out on the Family Medical Leave Act and new hires who were still in orientation, we calculated a true vacancy rate of nearly 28 percent) Obviously, something had to be done and quickly. Our goal was simple: get nurses interested in oncology and keep them there. Here's how we did it.

Back to School

I first looked at the nursing schools in our region, which are often an untapped resource in many recruitment and retention programs. The plus side is that nursing schools offer a number of eager new future nurses who have not yet experienced all aspects of nursing. The drawback is that nursing schools often choose not to put students in clinical areas due to the complexity of the cancer patient population. I make an effort to meet with key instructors at these schools and develop a working professional relationship. I encourage instructors to pursue clinical rotations in oncology—especially on my units.

Nursing assistants are also key in our recruitment and retention efforts. I hire a number of nursing assistants who are currently enrolled in nursing school. This practice offers clear advantages to both parties. The nursing assistants gain much-needed experience, and we are able to expose and familiarize a young workforce to the oncology specialty. These nursing assistants are often surprised at how much they learn and actually enjoy working on our inpatient hematology/oncology unit.

Working with nursing assistants is not without its own challenges. Since most of these hires are still in school, for example, they tend to work PRN (*pro re nata*) or as their schedule allows. Attempting to work around school commitments makes scheduling challenging. Even worse, if a number of the nurse assistants are in the same program, they all need the same time off. During the interview process, I stress that while school needs to come first, I am responsible for care on these units—24 hours a day, 7 days a week—and units cannot be left short-staffed. Excited by new opportunities, nursing assistants often believe they can work part-time or even full-time. From experience, I know this scenario is not always possible. I am clear up front that once staff commits to a shift, he or she is responsible for that shift.

In the end, the payoff is well worth the extra effort. When I first assumed the nurse manager role five years ago, I hired six nursing assistants. Four of those individuals continue to work on the unit as RNs—all are stellar employees.

What We Say Matters

The words we use including how we describe our units, can play a huge part in whether new nurses or nurse assistants choose to enter the field of oncology. Often, I describe work on our inpatient unit as very "nursey" because of five factors:

- Continuity of care
- Familiarity with the patients, their caregivers, and their families
- Critical thinking skills
- Technical expertise (i.e., central lines, chemotherapy, blood products, antibiotic use)
- Assessment skills, which must be fine-tuned because conditions such as fluid overload, sepsis, and disease sequelae can be very insidious and, therefore, easily missed.

Unlike other areas of specialty, the field of oncology—particularly medical oncology—affects all body systems, not one specific area. Oncology nurses must understand complex treatments and side effects to truly know what is going on with their cancer patients. I also stress the unique collaborative relationship between nurses and oncologists.

Finders, Keepers

Of course the second critical piece to this very complicated puzzle is staff retention. It is a nurse's marketplace, and hospitals are constantly competing for "newly experienced" nurses. In other words, nurses with more than one to two years of experience, but who are not yet "vested" in their healthcare organization. Successful nurse retention programs develop and use creative strategies to reach and retain these individuals.

Job sharing opportunities. This tactic can be used in a variety of ways. Consider allowing two individuals to "share" a FTE, a move that can benefit both ends of the nursing spectrum—young mothers who want time with their family and older, experienced nurses who may want to reduce hours versus retiring outright.

Or you may want to consider job-sharing opportunities at particularly desirable work locations. When our new cancer center opened, we only had a need for one FTE; however, two equally qualified nurses from the inpatient unit wanted

A Snapshot of Presbyterian Cancer Center

Located in Charlotte, N.C., Presbyterian Hospital is a private, non-profit regional medical center with 593 beds. The Presbyterian Cancer Center is one of the largest cancer centers in the Carolinas. It was also the first in the state to be designated as a Community Hospital Comprehensive Cancer Program by the Commission on Cancer of the American College of Surgeons. Primary hematology/oncology care is provided to adults (ages 18-65) and geriatrics (66 years+), including:

- Patients requiring chemotherapy/biotherapy, symptom management, and radiation implants or radioactive isotope treatments
- Patients with hematological disorders requiring blood product support and symptom management
- End stage care in patients not meeting criteria for hospice
- Other diagnoses/conditions, such as non-cancer patients requiring chemotherapy, pain control intervention, management of immunosuppression, and/or sickle cell disease.

to fill the position. In the end, we decided to turn the FTE into a job-share position. Each schedule, the two nurses swap back and forth between the new cancer center and the inpatient unit. This creative solution benefited everyone: the nurses, the hospital, and the cancer center. From the patient's perspective, rotating staff helped to enforce our "seamless" method of delivering care. The physicians enjoyed the exchange, and it fostered an appreciation of the important work being done in both departments.

Another example of how our program has used job-sharing to retain our nurses involved a job share between two departments. When a 0.5 nurse was needed in outpatient oncology, I allowed a 1.0 FTE nurse from the inpatient unit to split her time between the two departments. The solution: she worked 0.5 in the outpatient department and 0.5 in the inpatient unit, with her weekend commitment remaining on the inpatient unit. Not only was this move a successful way of retaining a qualified nurse, but when a FTE position opened on the outpatient unit, I was able to fill the slot with a trained nurse. Even better, it resulted in only a 0.5 loss for the inpatient unit and allowed another oncology nurse the same opportunity for crosstraining. Our program has enjoyed such success with job-sharing that I now crosstrain more than one nurse at a time, improving both staffing flexibility and nurse satisfaction.

Eliminate your floaters. A big dissatisfier for many nurses is having to float or be pulled from their regular units. It has been my experience that very few nurses like to leave "home" and go somewhere else. We reward nurses who are committed to oncology and/or who have longevity with our program by eliminating the float rotation for nurses who meet certain criteria, for example, staff who have been in our cancer center for more than 10 years are not put into the float rotation. Our oncology certified nurses (OCN® and AOCN®) are also not put into the rotation to float. This decision has been a successful retention strategy for our program; however, we do have one caveat: if another part of the cancer center needs help (i.e., inpatient, outpatient, or hospice), all staff are included in the rotation.

Staffing and scheduling. These two areas offer numerous opportunities to make or break a staff retention program. My biggest competition is to "lose" experienced oncology nurses to the outpatient arena. The main reason nurses give for the change is the better schedule—weekends and holidays free.

Our solution has been to schedule regular full-time and part-time staff every third weekend instead of every other weekend. Typically, this strategy can work in two ways: a Baylor, or weekend incentive program (Baylor Medical University Medical Center is credited with pioneering an incentive program in which staff receives extra hours' work credit in exchanging for committing to work two, 12-hour weekend shifts) or 12-hour shifts. If you choose the second option, I suggest obtaining written agreement from all necessary staff that they will work 12 hours on their weekend. Both approaches worked well in our hospital. Some benefits include:

- Nursing staff more satisfied with the schedule. If a staff member needs a particular weekend off, they are easily scheduled on a different weekend.
- The ability to more easily schedule adequate weekend coverage.
- A reduction in the amount of weekend call-outs.

Our program has also been creative with how we schedule our nurses during the work week. We use a combination of 8- and 12-hour shifts. We have even started using 4-hour shifts. While these shifts are more challenging to schedule, they offer staff greater flexibility in their work and personal schedules. Our hospital has developed a modified system of self-scheduling. Here's how it works. The weekend commitments and vacation time are placed in the schedule. For approximately one week the schedule is open to staff who then schedule themselves into open slots. The schedule is reviewed and, if necessary, modifications are made to ensure adequate nursing coverage.

With a Little Help from Your Friends

Successful nursing recruitment and retention programs rely on staff involvement. If most hospitals were to poll their nursing staff, they would probably hear two statements—"The work is hard, but rewarding," and "We stay because of our colleagues."

Because we understand these two realities, we have developed our cancer program into an organized, team-oriented unit that values ongoing nurse education. Twice a year, we offer the ONS chemotherapy and biology courses for interested nurses. Our nurse educator has also developed a nurse internship program, which is offered twice each year.

And remember, even hospitals with successful nursing recruitment and retention programs must at times deal with nurses who are tired and worn out. My best advice is to keep your staff engaged as much as possible and keep them interested in the important and life-saving service they are providing.

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