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Nurse Turnover: Realities, Risks, and Prevention

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LEARNING OBJECTIVES

After reading this chapter, the learner should be able to:

- Identify megatrends in nursing
- Understand costs and risks
- Identify interventions to impact turnover and break the cycle

Modern-Day Healthcare

Today's healthcare system is hallmarked by complexity, complexity that is best described as increasing and more rapid change than perhaps any other time in history. It is an exciting time to be in healthcare, especially to be a nurse. Opportunities abound, needed transformation is happening, and change is afoot. The change is fueled by the effects of the increasing percentage of gross domestic product that is unsustainable, the Affordable Care Act (and its possible replacement), the growing technology area, the tidal wave of the aging population, increasing life span and chronic illness burden in an already overburdened system with a growing shortage of healthcare providers, restrictions that prevent professions from practicing at the top of competency, increasing violence against healthcare workers, and the lifestyle choices being made by providers that exaggerates the growing access point and availability shortages.

The graying and greening of the nursing workforce is in full effect, with many studies showing 20% under the age of 30 and more than 75% are baby boomers and Generation X (Stokowski, 2013). The impending retirement wave and brain drain stands to

worsen the nursing shortage, skill mix, tenure mix, and potentially the safety of patients. We are entering what will be one of the most severe nursing shortages we have seen in decades. The Health Resources and Services Administration (HRSA) workforce for nursing study projected an excess of registered nurses (RN) by 2025 of 340,000. However, many leading authorities and nursing organizations have criticized the study for failing to take into account numerous model changes and using a microsimulation model that forecasts an excess, among other issues. Many states have now created their own forecasts attempting to correct for the HRSA model assumptions. For example, Texas Center for Nursing Workforce Studies (2016) is forecasting a shortage of 59,770 nurses by 2030. Our most valuable assets in healthcare will become even scarcer, and impact on patients and communities will be seen in the quality of, access to, and availability of care, if we don't reverse the trend and address the issues that are driving nurses out of nursing.

The prevalence of workplace violence, ranging from incivility to physical abuse, is increasing in society, and hospitals and health systems reflect this trend. In one survey of Texas nurses, over 82% had experienced some form of workplace violence, with the most frequent occurrence being verbal abuse, and the most frequent source being the people we are called to care for, patients (Texas Center for Nursing Workforce Studies, 2016). One cannot deny the quandary this places on nurses, who answer a calling to care for and help others but then suffer from abuse. Workplace violence has many consequences for providers, systems, and patients. Nurses who experience incivility and bullying exhibit signs of stress, ranging from an attention deficit to depression and can even result in suicide. The consequence to health systems is in increased turnover, loss of talent, loss of productivity, and unstable patient care systems. The consequence to patients can be mistakes, errors, and medical misadventures. Health systems can't achieve High Reliability Organization (HRO) status with these behaviors present.

Nurses need to think STEEP (social, technology, economic, environmental, and political drivers of the future), like a futurist (Sommers, 2013). If we are working, living, and planning for today, we will miss the opportunity to create the future and influence it. Working in the time-horizon like a futurist is critical to knowing where and what to do ahead of trends. STEEP represents an opportunity for us to think differently and use new optics. Sometimes just putting on a new hat or seeing through a new lens can bring different thinking on old issues.

Nurse Leaders, the Endangered Species of Nursing

Dr. Mackoff, in her book *Nurse Manager Engagement from Theory to Practice* (2010), interviewed 23 high-performing nurse managers to understand not only the characteristics that they shared that helped make them successful but also those that made them resilient. What emerged from the work was the positional distance created by moving one's career away from the bedside into leadership,

and the emergence of a emotional mastery curriculum that could be taught to improve resilience and effectiveness. The nurse manager is perhaps the most stressful and impactful nurse leader position in the organization. This nursing leadership role is, however, often in the middle management structure that assigns heavy accountability, deep responsibility, and often little authority. Despite knowing the impact of leaders on staff recruitment and retention, most organizations do not truly empower the position or support the nurse manager, which results in the turnover rate ranging from 33 to 56% among this group. This community of practice must be supported by providing resources, increasing authority, offering reasonable spans and scopes, and expanding leadership education if the organization is to succeed.

Costs of Turnover and High Vacancy Rates

Price-Waterhouse-Coopers (2017) estimated that every percentage of increase in a hospital's annual turnover rate costs the hospital $300,000. According to Kerfoot (2015), RN turnover costs for a specialty nurse and for a highly specialized nurse is $82,000. Costs for new-graduate nurses are even higher when you consider the additional costs of training for residency, didactic, etc. First-year turnover is particularly impactful and costs more, as the organization does not have the ability to spread out the initial investment over a longer time period, generally producing a low return on investment (ROI). For example, in a 300-bed hospital with 14% turnover, costs are estimated at $4.4 million (Kerfoot, 2015).

High vacancy rates increase the need for premium labor in organizations, and it can cause patient admission losses and destabilize patient care systems with a potential increase in medical misadventures (Hunt, 2009). Stresses on the system can increase absenteeism and presenteeism, according to Hunt. *Absenteesim* is the regular practice of being away from the worksite without good reason. *Presenteeism* is the problem of employees being on the job but, because of illness or other medical conditions, not fully functioning. Both can be symptoms of larger problems. It is critical to seek out and to validate the true causes of turnover and other issues that affect it. Organizations collect data but tend to be information challenged, as most of the data is in separate surveys, databases, or information silos. Nurse leaders need dashboards that monitor metrics sensitive to turnover and the health of the environment in which nurses are practicing. One organization's CNO created a dashboard for civility that allowed the measuring of the civility index in individual units and the hospital itself, using existing measures that we know to be sensitive to turnover, either directly or by proxies. Creating the civility dashboard (*www.stopbullyingtoolkit.org*) allowed for nurse leaders to directly measure the environment, looking for opportunities and for positives wins that could be harvested to support the appreciative inquiry framework of the organization.

Chapter 1

Retaining Nurses

What do nurses want? What keeps nurses engaged? What can we do to decrease turnover?

Assuming leaders know what nurses want is dangerous. Leaders should turn to the literature and evidence on recruitment and retention for the top issues but be skeptical that it is generalizable to your population of nurses as a whole. Leaders should systematically find ways to engage the clinicians and nurse leaders in their organization to ask, as the responses from those key stakeholders may be different from the evidence, based on many unique factors in their organizations. Contextualizing the interventions is important to the environment, the population, the resources, and the issues in each facility. In a recent focus group of 70 nurses from a three-time Magnet® Designated Hospital in the southwest with a 27-year history of shared governance, they identified the factors most important in retention. They are:

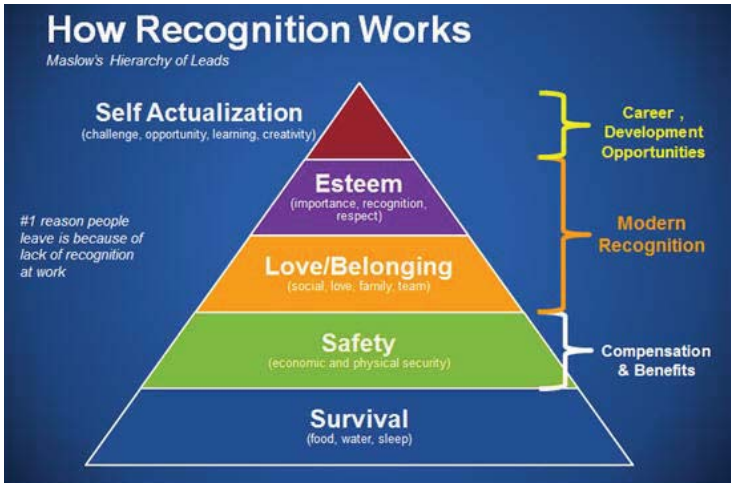
- Professional/personal development
- Sensitivity to life-work balance (develop quality-of-life initiatives [Kerfoot, 2015])
- Shared governance—voice and impact (high autonomy associated with improved retention [Kovner, Djukic, Fatehi, Fletcher, Brewer, & Chacko])
- Drive to continue education by organization (BSN associated with improved retention [Kovner et al.])
- Quality of care and outcomes
- Teamwork
- Flexibility (adapt) of care
- High levels of collaboration (interprofessional)
- Loyalty to employees—take care of employees
- Residency program (transition to practice)
- Attention to detail (compliance) and ethics
- Diversity and inclusion (modeling of caring behaviors)
- Innovation supported—evidence-based practice
- Approachable MD colleagues (respect) (positive relationships with physician improves retention [Kovner et al.])
- Safety (education) skills

Breaking the cycle

As a chief nursing officer (CNO), I have always said to new and current nurses: "If you like the culture you find here, help keep it; if you don't, help change it." If culture is a keeper of people, then people are the keepers of that culture. Culture is fluid and changing, just like living organisms. They can be influenced and impacted by internal or external forces that are subtle to crisis level in nature. The one constant is change, but even in the ever-changing world, we can have anchors that hold us; these are values, morals, and ethics that can point us to our true north. Any work on culture must start from an understanding of the norms, beliefs, and values that exist in the current state; it must recognize and honor the past, and it must value and understand the relationships that exist. Leaders must learn from the past, not be hostage to it, be willing to help people leave it behind, and go with a sense of safety and direction into the future. Lewin's model of change (1947) with unfreezing, neutral zone, and refreezing is a pragmatic way to understand and help guide change. Leaders need bold and compelling visions of the future, and they must be able to translate these visions into inspiration. It is important to understand that leaders have most often reached the end point of the cycle (refreezing) while those that follow them are just beginning to move and accept the change (unfreezing). But perhaps the real danger is in the neutral zone, where people feel rudderless, untethered, and unsure of the future and have a tendency to seek safety in the familiar.

Any interventions or programs to retain clinical and nonclinical staff must not only understand this but wrestle with the possibilities, over-communicate, and answer the WIIFM question (What's in it for me?). If we think about Maslow's (1962) hierarchy of need and apply it to retention, it looks a lot like Figure 1.1.

FIGURE 1.1 TRIANGLE FIGURE BASED ON MASLOW



*Source: Maslow's Recognition graph, *Bersin, Josh, (2013). Importance of Recognition Maslow's Hierarchy 21st Century Talent Management: The New Ways Companies Hire, Engage, and Lead.*

Voice/impact – Professional governance (self-actualization)
Professional development (self-esteem)
Positive work environment (love and belonging)
Safe workplace (safety and security)
Competitive pay/benefits (physiological needs)

Gracious space

- WOW Rounds – Night rounds by the leadership team once per month. Bring a meal and give the staff time away from the unit, while the leaders take care of the unit.
- Midnight Munchies – Senior leadership should make it a routine to engage with night shift staff on the night shift. Round with the purpose of recognizing, rewarding, and learning. It doesn't hurt to bring snacks, both healthy and sweet.
- Sacred Sixty – Protected rounding time for leaders with patients, staff, visitors, and physicians. Authentic presence is powerful; everyone wants a leader that can be related to and trusted.
- Civility – Use the stop bullying toolkit available at *www.stopbullyingtoolkit.org* to create an environment that is bully free. Implement antibullying education for leaders and staff. Implement a policy or add to a safe work place policy the zero tolerance for such behaviors across organizations for employees, leaders, and physicians.
- *Inspired Nurse* – Find and translate work into your facility like Rich Bluni's (2009) *The Inspired Nurse*, which is 27 spiritual stretches for nurses that includes gratitude, telling your story, and looking for the positive.
- *The Pickle Pledge* (2016) by Bob Dent and Joe Tye – Creates a fun challenge to improve the work environment, while creating a charitable focus for the employees.

Safe space

- High Reliability – Create an environment where clinicians know what to expect, are involved in creating it, and preventable serious safety events are zero. Provide tools and a culture that embraces speaking up.
- "Just Culture" – Create a safe space for staff that doesn't blame, scapegoat, or retaliate and improves reporting of events and near misses that treats employees justly and fairly.
- Reflection Program – Hardwire reflection into practice using protected time for reflection, meditation rooms, debriefing, Critical Incident Stress Management (CISM), and Schwartz rounds.

- Professional Practice Model – Select a professional practice model to guide practice that embraces interprofessional practice and professional (shared) governance and support it from the top.

Create a shared vision of the future with clinicians and leaders that aligns with the mission and vision of the organization.

Bring the outside in. Many organizations are entropic, but like living organisms, we need external sources, information, and stimuli. Bringing outside experts from other industries, authors, speakers, and best practices can be a powerful positive influence.

People don't leave organizations; they leave leaders. Focus on selecting the right leaders and then providing ongoing education and training in leadership. Leadership and clinical are two different domains of knowledge and expertise that need to be developed. Learning labs by Dr. Barbara Mackoff are a powerful way to create a self-sustaining community of practice for leaders.

Appreciative space

- Standing Ovations – Use recognition liberally and often with an appreciative framework, emphasizing the positive and managing the negative.
- Culberson's book *Do It Well: Make It Fun* (2012) – Add new dimensions of fun to any work place.
- Traveling Trophies – Find the positive deviants and spread the best practices. Create a program for units to recognize one another for collaboration, collegiality, and positive contributions that required teamwork.
- Local/National Awards – Nominate nurses for facility, local, and national awards. If you don't have facility awards, create them using your mission, vision, values, and professional practice model as a framework.
- Advancement – Provide career paths for nurses, career advancement programs, mentoring programs, and preceptor programs.
- Self-Care Model – Create or implement a program of self-care for nurses. Nurses are excellent at giving care to others and sometimes have little left for their own self-care. Giving structure, resources, and permission to be selfish sometimes is powerful in achieving harmony in body, mind, and spirit. As powerful as it is to implement a program, build it with sustainability; don't make it a flavor of the month. LeAnn Thieman's *SelfCare for Healthcare* (2016) is one such program.

Nursing has long been recognized as important but often silent to the value of the contributions. Payment models, lack of data, and hierarchies are but a few of the issues identified that may prevent full recognition of the nursing value to not only cost avoidance and quality improvements but also revenue streams. The age of team science and the study of how individuals within teams and teams themselves produce better outcomes are just emerging. The Institute of Medicine's *Future of Nursing Report* (2010) began a critical dialog in the nursing profession, healthcare, and business communities about not only the transformation of the profession, but the greater contributions possible to create cultures of health. Think of the eight recommendations from the report as nursing's professional determinants of creating a culture of health for all Americans. These eight recommendations are defined in Box 1.1. It is a prime time for nursing to lead in the interprofessional space, learn about team science, and place value and data to support it upon the role of the nurse at all levels in the organization, system, community, and nation.

BOX 1.1: INSTITUTE OF MEDICINE'S FUTURE OF NURSING RECOMMENDATIONS

1. *Remove scope of practice barriers*
2. *Expand opportunities for nurses to lead and diffuse collaborative improvement efforts*
3. *Implement nurse residency programs*
4. *Increase the proportion of nurses with a BSN to 80% by 2020*
5. *Double the number of nurses with doctorates by 2020*
6. *Ensure that nurses engage in lifelong learning*
7. *Prepare and enable nurses to lead change to advance health*
8. *Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data*

Nurses have an obligation to patients, families, and communities to work to improve health and health outcomes. Framing the issue of recruitment and retention as a moral obligation to stabilize and improve systems of care is one expression of our ethics as nurses. Clearly, nurses will not be retained in toxic environments, or with low-quality providers, or in organizations that do not support their core values. Leaders and clinicians, along with educators, must work together to create environments that attract and retain nurses on behalf of the profession and the patients that every year vote nurses the most trusted and ethical profession in the Gallup Poll (2016).

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