HOSPITAL RECRUITING UPDATE

The Practical Guide for Recruiting Nurses and Allied Health Professionals

CODE BLUE: Working together solves shortage problems

No hoarding of ideas among North Carolina facilities

This isn't a story about how to attract high school and college students into nursing or other medical professions — at least not directly. This is a story about how competing health systems have come together in North Carolina to share resources and ideas on how to solve the critical shortage problems facing health care.

Two years into the Code Blue program, it's working like gangbusters, increasing the number of applicants in most medical career areas, and beginning to address the specific shortages that individual hospitals are facing in several areas. And none of the four systems involved feel like they are giving away the store by participating in a program with their competitors in the medical marketplace.

Code Blue originated in the 1980s when there was a nursing shortage in North Carolina, but once that problem was solved, the program was shelved. When nursing was again impacted by shortage — and several other health care professions started to show signs of low or dipping

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A Magnetic Attraction

Magnet designation pays off in more and better applicants

In a time of shortage, hospitals are looking for any and every way they can to differentiate themselves from other facilities. Being the employer of choice means fewer holes in the schedule, better patient outcomes, and a happier staff. For 67 hospitals around the country, one of the best ways they have found to differentiate themselves is by becoming Magnet-designated facilities. While it may not make the current nurse shortage disappear for those hospitals, it has given them an edge in attracting nurses and other health care workers to their ranks.

The Magnet Recognition Program was developed by the American Nurses Credentialing Center in 1994 to recognize health care organizations that provide the very best in nursing care. The program also provides a vehicle for the dissemination of successful practices and strategies

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enrollments — it was resurrected by the four systems that operate in a 12-county area of North Carolina: High Point Regional Health System, Moses Cone Health System, Novant Health System, and Baptist Health.

"The problem was too big for one health system to solve alone," explains **Marty Cooper**, president of Marty Cooper & Company, the organization that designed and runs the program. Human resources and recruiting executives from the four systems joined Cooper to brainstorm and come up with budgets. They then returned to their organizations to get funding approval. Perhaps most surprising was that they did get it.

It wasn't even much of a hard sell, says **Diane Everhart**, Director of Corporate Recruiting at Moses Cone Health System in Greensboro. "There wasn't really opposition when it was discussed," she says. "I think everyone realized that if there are more health care workers in our market period, we can all hire more, and we may not lose our people to other facilities recruiting them away."

The Code Blue program includes several elements, says Cooper, including:

- **Classroom and community presentations —** This is the most important element of the program, she notes. A coordinator is available to visit schools and community centers to talk about health careers. The coordinator is also available for college nights, job expos, and career fairs.
- **Resource Notebook –** To be distributed to all guidance counselors, health occupations, science, and life study teachers, as well as to school and public libraries, to adult employment locations and colleges. The notebook gives information about a variety of health careers including salaries, where programs are taught, scholarship/tuition programs, and what course prerequisites are required.
- **The Code Blue Web site —** Located at www.codebluecareers. com.
- **Poster Series —** Series of fun posters with cartoon illustrations to entice interest. The posters have been distributed to all middle and senior high schools in the 12 counties, as well as to libraries and other adult employment and education areas.
- **Brochure —** six-panel, four-color brochure for mass distribution.
- **Tee shirts and other specialty items —** To be given away at classroom presentations and at career nights.
- **Mass media advertising campaign —** The program is advertised in high school and college publications such as newspapers and yearbooks. Radio/TV and/or billboards also are under consideration.
- **Code Blue Scholarships —** The program awarded 16 scholarships of $500 to $1,000 last year to students currently enrolled in a health care program as well as those newly enrolling in a field of study related to health care.
- **Newsletter and news releases —** Newsletters with employment profiles and needs are mailed to all of the above-mentioned groups.

So far, so great

Cooper says that preliminary enrollment data reflects a significant increase in applications to health care educational programs in the 12 counties Code Blue covers. For example, Forsyth Technical Community

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College in Winston-Salem was having difficulty recruiting qualified applicants for their RN and LPN programs prior to the program's onset. In 2001, the school had 564 applicants to the RN program, 206 of which were qualified; in 2002 Forsyth had 793 applicants to the RN program, of which 406 were qualified. The school can admit 60 new RN students annually. Although Cooper says the program cannot claim credit for all of the increase in applications to Forsyth's nursing program, "we feel we have greatly contributed. Our toll-free hotline receives no less than 5 calls daily and as many as 30 daily after a job or career fair."

In some respects, the program is working too well, notes **Lynn Boggs**, Vice President of Human Resources for Novant Health in Winston-Salem. "It's working so well that we have a sizable backlog of qualified applicants trying to get into schools without success," says Boggs. "State restrictions on class size and state funding problems have exacerbated the problem. It's a good problem, but a problem none the less."

The hospitals and health systems involved in the program are starting to see some direct positive impacts from the program, though. Combined with some of the other scholarship and recruitment programs offered in North Carolina and by individual organizations, Everhart says that her system is starting to see an easing of some of the critical shortages they experienced as recently as a year ago. "We are just at the point where we are starting to feel more supply in the marketplace," says Everhart. "It was definitely worse a couple years ago."

While acknowledging that working with competition can sometimes be a hard thing to do, **Robert Katana**, RN, FACHE, FACMPE, the CEO of the Triad Health Alliance that oversees Code Blue, says it's important to overcome that hurdle. "You have to do this collaboratively because it is not an individual system problem. It is a community, regional, and national issue," he says. "Working together we can combine and share the cost." That cost is about $250,000 per year right now — in part because of up front development costs. It should be lower in future years.

Not that the individual facility is lost in the collaboration process, he adds. "Even though we are working together on the overall program, each hospital can still do its own thing with recruitment and retention, scholarship programs, or other ways to address the problem."

Everhart says hospitals afraid of working with their competition should get over that fear, and do it quickly. "This is a simple issue of market supply and demand," she notes. "If there are more health professionals out there for all of us to get, it's better for all of us. And since we are all chipping in together, we can all reap the benefits of not having to cover the costs in whole individually."

Currently, Code Blue is doing well enough that it is likely to be licensed to other facilities in North Carolina to use, and Katana thinks it may go national. Indeed, he is happy to share information with any health care organization that is interested in the materials.

Sources

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(Continued from cover)

among nursing systems. Based on quality indicators and standards of nursing practice as defined in the American Nurses Association's Scope and Standards for Nurse Administrators, the Magnet program includes both qualitative and quantitative standards of measure.

The process isn't easy, nor is it cheap (for a sense of what it costs to apply, see chart page 51.). But for hospitals that have gone through the process, there is a definite pay off. The first facility to be recognized was the University of Washington Medical Center (UWMC) in Seattle. "Back in those days, they were looking for organizations that were reputational magnets," explains **Catherine Broom**, ARNP, Magnet Project Coordinator at the hospital. "We were the only ones who met the criteria they developed."

Initially, there wasn't a sense of what a hospital could get from the experience other than a well-deserved pat on the back from ones peers. "You can think what you want of yourself, but an external review acknowledges your strong points with a fair amount of credibility," says Broom.

"Four or five years ago, we didn't have the same level of nursing shortage as we do now..."

Since that original designation, UWMC has gone through two recertifications — with a revised set of standards and a new panel of reviewers on the last go-round. "Four or five years ago, we didn't have the same level of nursing shortage as we do now, so this last one came with a lot of introspection about how we are doing as an organization," she says. "We also had a complete change in our executive suite, and one of the things Magnet research has found is that executive changes can impact a hospital's philosophy in a negative way — that changes often mean a lowering of the commitment to nursing practice. We have been fortunate that we have had continued support from the bedside all the way up to the boardroom."

During this shortage, Broom says she has seen the benefits of being a Magnet hospital. "I get contacted regularly from experienced and new nurses through the Magnet web site. They are looking for jobs or thinking of relocating to Seattle. They usually say something about how they hear we are the Magnet hospital in Washington and append a list of questions about it."

Judy Shorr, RN, MS, UWMC's manager of nursing recruitment, sees the benefits of being a Magnet first-hand. "It's not that it is a magic bullet," she notes. "But people see it in our advertising. Sometimes they seek us out because we are Magnet facilities. It tells them something about us right off the bat. But once they are here, you still have to live up to their expectations."

The University of California, Davis Medical Center (UCDMC) in Sacramento applied early on in the Magnet program, too, becoming the sixth hospital recognized as meeting the Magnet standards. Originally, the idea was simply to recognize the contributions the nursing staff made to the institution in terms of patient care and professional practice, says **Carol Robinson**, RN, MPA, CNAA, FAAN, senior associate director of hospital and clinics at UCDMC. "We are a relatively young school of medicine," says Robinson. "We are trying to build a reputation. Most of the time, though, we talk about the latest procedures and technological innovations. But we knew we had good outcomes, a great, safe patient care environment, and that our nurses were professionals. They were doing research, training, education, and were involved in national professional organizations. We really felt they should be recognized for that."

Back in the mid-1990s, the cost to apply wasn't so high, Robinson says, and it was a fabulous way to help the nurses feel valued. "We didn't have a high turnover rate, and we had low vacancy rates," she notes. "It wasn't about what it could do for our recruiting and retention efforts. It was that we knew we met the standards and felt we deserved and our nurses deserved to be recognized for that."

The numbers tell the tale

Now it's a great big plus that helps with recruitment, says Robinson. "In California, we are 49th of 50 states in number of nurses per 1,000 population. If we recruit from within our own region, we are taking nurses from other hospitals. Having this kind of national recognition helps us recruit from out of state."

Despite the dire situation in California, UCDMC still maintains turnover and vacancy rates that are below the national average. Turnover is 8.8%, which is higher than it was a year or so ago. "We are starting to see nurses retire, and we are having to hire younger, less-experienced nurses, which we didn't have to do before, says Robinson. The vacancy rate is about 7%, down from a high last year of 10.5%. Part of that is because

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about 200 nursing positions that were added in the last two years were eliminated due to budget cuts. Still, the numbers are lower than the national average.

Oddly, Robinson says the most visible recruiting impact being a Magnet hospital has had at UCDMC seems to be with physicians. "For certain specialties, our Magnet status has been a factor in getting some physicians to come here." It also helps with retention of a variety of positions. "Creating a better working environment for the nurse means it's a better work environment for everyone," she says.

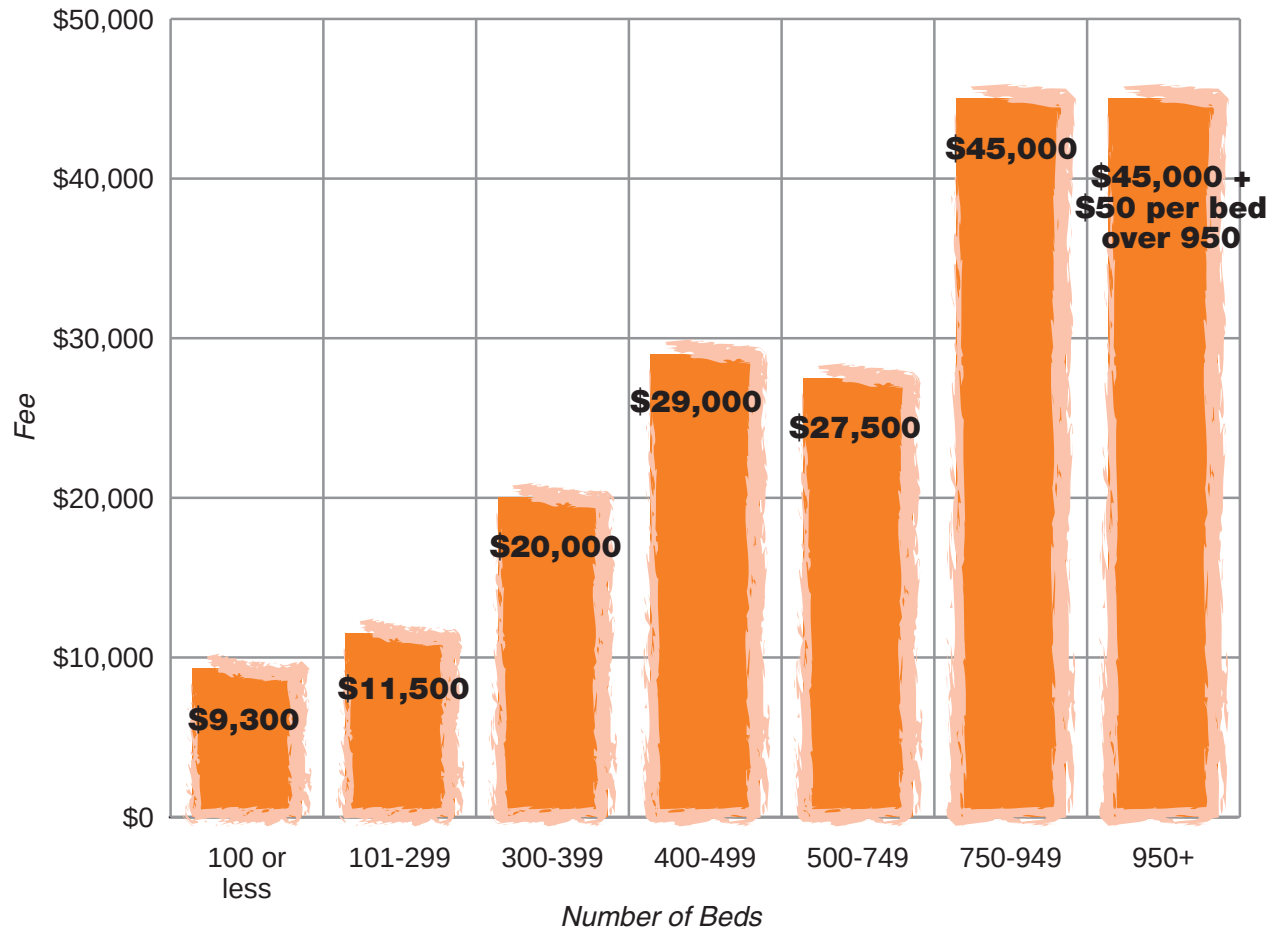
Another benefit which is only just starting to become apparent is the ability to benchmark all sorts of data with other Magnet facilities. "The first four years we were a Magnet hospital the numbers just grew at a snail's pace," says Broom. "At the end of six years, there were only like 16 facilities. Now we are starting to get the critical mass where the outcomes data related to nursing are apparent. We will soon be able to justify with numbers that the cost of the program is worth it."

But even in the absence of data, Broom thinks the money has been well spent at the UWMD. "There is a fair amount of cost involved, but it helps ensure that we are the best of the best in nursing practice."

Health care is a hard industry to work in now, says Robinson. "There is reduced reimbursement and the patients are sicker. Patients are scared of mistakes and want a lot of service for a little money. If you want to keep people working in that hard environment and provide the best possible care for patients, then you have to do everything possible to minimize the stresses nurses deal with. You have to listen to their concerns and issues."

Applying for Magnet recognition focuses on just

Appraisal Fees for Magnet Program – Acute Care



Note: Additional fees include a $1,000 application fee, a $500 per appraiser honorarium, and a site visit fee of $1,500 per day per appraiser. Most appraisals require two days.

Source: American Nurses Credentialing Center, Washington, DC.

those things, says Robinson. "I think it's worth it for anyone to strive for those standards. If you don't achieve it, it is still okay if you are making a difference in the every day environment. If you have a work environment where people have fun and enjoy what they do, people will want to be a nurse, stay a nurse, and stay there."

No, says Broom, it is won't solve the nursing shortage problem by itself. "We still have to face reality, but for now, it still has a significance in recruiting and retention."

Editor's Note: For more information on the Magnet program, visit the American Nurses Credentialing Center web site at http://nursingworld.org/ancc/magnet/magnet.htm.

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No room on the ward?

For nurses, that is, not patients

The national nurse vacancy rate stands at approximately 10%, and it's higher in New Jersey. But at Hackensack University Medical Center (HUMC), there are actually units for which there is a waiting list of nurses looking for work. The 683-bed facility has about a 6% vacancy rate, says **Toni Fiore**, MA, CNAA, executive vice president for patient care. It doesn't recruit foreign nurses, use travelers or even agency nurses.

All 1,800 RNs who work for HUMC are employed by the hospital.

It's something that has been in the making since the 1980s, Fiore says. "When I started in this position, there were recruitment issues and so we set about creating a road map to get to where we are today," she says. "One of the goals was to have all our own employees so that the loyalty accrued to us."

They started by looking at the research on the hospitals that were reputational magnets — the Magnet designation program didn't yet exist — and doing a gap analysis. "We wanted to know what they had that we didn't," she says. Once the Magnet program started in the early 1990s, the facility applied and was the second hospital in the nation granted a Magnet award. It has since been recertified once and is up for redesignation again this year.

"The Magnet designation is all about having the best nursing and patient care with the benefit of a good work environment," she says. "We have competitive pay and a family-friendly environment. We have a decentralized very flat organizational structure and excellent relationships between nursing and administration and nurses and physicians."

Within three years, the hospital was able to stop using agency nurses. "It isn't that agency nurses are bad, it's just that we wanted our own people whose loyalty was to us," she says. "We were also able to take that money we spent on agency nurses and reinvest it in our own people."

The hospital's turnover rate for nurses also fell and has been in the single digits for some time. It was as low as 3% in June, but rose with the addition of some new beds. In some units, such as OR, there is a waiting list of nurses who want positions. Even when there is a need to recruit, Fiore says she has a pretty easy time of it. "The only difference now is that you have to hire sooner because you need more training to get the competency you want because of all the competition that's out there."

Fiore also boasts that HUMC hasn't cut a nursing position since 1986 when she started this process. "We have a philosophy from the top down that nurses are not costly resources; they are cost avoiders," she explains. "They help us to manage our outcomes and make sure the right thing happens for a patient at the right place and the right time."

What makes it work

It all starts at the first interview, says Fiore. In many organizations, the first interview is a feel-good affair where not a lot of information is given about the facility. At Hackensack, "we tell them our expectations of them from the start and really discuss if it is a place that they want to work. We don't want to hire someone who just needs a job, but someone who really wants to be on the team."

Competency training doesn't end with orientation, either. Fiore says a constant investment in the continuing education of nurses may cost more up front, but it saves in turnover. "The nurses value the investment we put into them, and it certainly works for the patient. We believe that this investment is actually a dual investment in the caregiver and the patient."

Letting nurses know they are important is another factor in keeping turnover low. Fiore says that the nurses know her and she knows them. "The leaders at the bed are the nurses, and they know that administration sees them as such," she says.

Pay is a factor — although not the biggest one. Hackensack University Medical Center makes sure that its pay is in the 75th percentile for its area. Nurses get a raise every year, and the pay scale is evaluated midyear to ensure that the facility hasn't lost ground to competitors.

Administration also regularly seeks out the opinion of the nursing staff. There are yearly interviews on issues such as staffing and communication, and they are questioned about what it will take to keep them at Hackensack. This year, the survey focused on the differences of needs between different generations of nurses. "I'm a veteran employee," says Fiore. "What's important to me may not be important to the younger generation."

Honesty also pays. For example, parking is a huge issue at the hospital. On-site spaces are kept for patients, visitors, and only the most senior staff. The rest of the staff are told when they are hired they won't get on-site parking, but there is regular shuttle service in nice, clean, heated buses.

There are people who leave, but even then, Fiore tries to keep them in the system in some way. "We don't look at the expected turnover like women leaving because they have a child. We can often keep them on in some per-diem capacity," she says. In fact, about 99% of the expected turnover cases stay with us in some way. "But what does concern us are those cases that aren't expected. We have a very fast pace and are 98% occupied. Our emergency room is very busy. That stress level isn't good for everyone. So if someone wants to leave, we try to get them to leave within the system." For some, the outpatient system, which has approximately 1.7 million visits per year, offers opportunity.

Not an easy road

There certainly were battles to fight to get to this point. When Fiore started in 1986, she had to go before the board and prove her case for funding. "My boss was a nursing advocate who understood that when patients are sick, they don't ask for an administrator, but for a nurse," she says. Still, Fiore had to convince the board for money for some additional positions, training, and internships. Pensions were increased and more education was reimbursed. There was an effort to recognize that the nurses "were human beings with a whole other life outside the hospital," she adds. The hospital banned mandatory overtime even before it became illegal in New Jersey.

All of that cost money. But once the board saw outcomes improve, they were more willing to listen to Fiore's pitches for funding. It didn't hurt when the hospital won the Magnet designation, a Robert Wood Johnson Pursuing Perfection grant, the Governor's Gold award, and a consumer choice award for seven years in a row. "We still have to prove we need to spend the dollars, but it's easier now," she says. "There is a level of trust. They know that even if something is expensive up front, it's better for us to have our own staff than foreign, agency, or traveling nurses. Why should we pay $100 per hour for an agency nurse when if we just paid appropriately and competitively, we could keep our own nurses here long term and win their loyalty?"

Hackensack isn't the most expensive nursing service in New Jersey. It's been in the black for 16 years, has good outcomes, and boasts a relatively seasoned nursing staff, with an average age of 38 and an average tenure of 11 years.

Fiore isn't complacent. "I know we all face some of these issues no matter how good we are," she says. "In 10 years, if the nation doesn't take some aggressive action on nursing school enrollments, we all will have trouble."

The job is never done, she adds. "Excellence has no

finish line, and even though we do well, we have to raise the bar. There are always things we have to do better for patients and for employees."

Fiore is the first to tout how special her facility is. "We like the idea that we are huge, but we are warm." But she also contends that any facility can take steps like she has and address their turnover and vacancy rates. "It takes work, but it is doable. Take the Magnet standards and live them. Don't just apply them and forget it. Use them as a guide, and the only outcome that is possible is you will become a place where people want to work."

Source

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Why doesn't experience pay?

Hospitals should pay more attention to older nurses

There's a nasty story going around in the Youngstown, OH, area. Nurses at an area hospital found out that new hires were getting paid more than those who had considerable experience. "They threatened to resign en masse so that they could hire on and get the higher salary," explains **Dorcas Fitzgerald**, DNSc, RN, CNS, professor and RN track coordinator at the Department of Nursing at Youngstown OH State University. "But the administration said if they tried to come back, they would have to start at the salary at which they left. These women weren't asking for more money, just for parity with what the new hires were getting."

It's not the only such story about how hospitals are neglecting their older more experienced nurses in the pursuit of new graduates. "I took a poll of hospitals in our area and administrators just don't have this on their radar," says Fitzgerald. "New grads are getting $21.26 per hour, but experienced nurses are only getting $23 per hour. Only one hospital has realized that the other nurses are hurting because of these issues. They are offering the same kinds of bonuses to existing nurses that they give as signing bonuses to new hires."

It's not just the monetary differences that hurt experienced nurses, although Fitzgerald emphasizes that such lack of parity or reward for experience hurts both financially and emotionally. Hospitals are also slow to recognize that older nurses may have a great deal to offer at the bedside, but increasing difficulty in meeting the physical demands of that work. They can't work three 12-hour shifts in a row any more, they can't see as well as they used to, they can't lift as much as they used to be able to lift. "A recruiter told me that two nurses who had retired were allowed to come back at reduced hours during busy times and it was working well. But no one thinks about using the older nurse as a part time worker."

What is the risk of having only a new nurse on the floor? **Susan Letvak**, PhD, RN, an assistant professor of adult health nursing at the University of North Carolina in Greensboro tells another nightmare story of three new grads working in an ICU when the patient went into cardiac arrest. "They all looked at each other," she says. "None of them knew what to do. That could be you or your family member. The knowledge a nurse has after years of experience is lost when they aren't at the bedside."

The beds are all filled and the acuity level of patients is so high in hospitals, Fitzgerald says, that "experience is an absolute necessity to provide high-quality care."

Not doing anything to keep older nurses happy and employed could certainly come back to haunt a hospital, says Letvak, who has done research on the plight of older nurses. "At around 50 to 55, nurses stop working. By 2010, the average age of a nurse will be 50. But if we don't want to have serious shortages, we need to keep them working until they are 65."

Hospitals need to stop thinking that "a nurse is a nurse is a nurse," says Letvak, with no recognition of the value of experience or the problems an older nurse may face in staying at work. "Older nurses feel that by and large, administrators would rather have them gone: they cost too much, they are more vocal, and they are more resistant to change." But with a long shortage ahead and research continuing to link the quality and level of nurse staffing to errors, morbidity and mortality, and outcomes for patients, keeping those older nurses on staff is increasingly important, Letvak says. "To prevent an immediate crisis, enrollments at nursing schools have to increase by 40% immediately. But that's not going to happen. We don't have the funding or the places for those applicants. So we have to retain our existing nurses past the age of 50."

Answers are at hand

What to do is relatively simple, Fitzgerald says. "It wouldn't be hard or even expensive to do some things that keep those nurses working. Give them recognition. Give them parity. If you don't, you are just proving you don't value them."

Find ways to reduce their hours without reducing benefits, continues Fitzgerald. "That way, you lower turnover." Look at the work environment and see how it meets or doesn't meet the physical needs of your nurses.

"It's funny because international recruitment and traveling nurses cost so much," says Fitzgerald. "Why don't hospitals take that money and use it to find ways to help existing nurses stay in their job? Maybe older nurses aren't interested in on-site childcare. But they probably have an opinion about elder care. They might be interested in what academic institutions they work for can do in terms of tuition reduction for their college-age children."

In her research, Letvak says while nurses always say that money is one of the top things to keep nurses working, it's not the number one item. "Respect and value are number one, and unless an older more experienced nurse is in administration or education, they don't feel they get any respect. They could have worked at a hospital for 30 years, but they still work every other weekend, they don't get any more vacation than their new grad counterparts, and they don't even have a better parking spot. They're still stuck taking a shuttle bus on a wintry morning."

Letvak says shorter shifts — four or five hours — or giving older nurses days off between longer shifts can help improve working conditions for them. Offering benefits for part-time hours can also keep them working. "In industry like GE and Ford, you see a trend towards part-time retirement where once workers reach age 62, they can work part time and still get some of their retirement benefits. I'd like to see that in health care, but it's unlikely to happen unless it's mandated."

Letvak's research finds a real disconnect between the inaction of hospitals and what hospital executives say about older nurses. "Ninety percent of them say they want those older more experienced nurses to stay on staff, but 96% say they have no plan in place to do that and aren't

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even thinking about it."

Perhaps the best thing a nursing manager, supervisor, or director can do is talk to their older nurses, find out what they need and what they want, says **Donna McNeese-Smith**, RN, EdD, Associate Professor and Coordinator of Nursing Administration Graduate Program at UCLA. Her research of older nurses has found that nurses seem to become more disengaged from their job the longer they are in it. While that might be due to a lack of respect or poor pay, McNeese-Smith says her research indicates that nurses like to have variety in their job.

Statistics aside, McNeese-Smith thinks that there are a lot of unique situations among individual nurses. "Organizations have to create situations that makes it desirable to sustain more experienced nurses in their positions," she says. "Young kids require different needs than someone who is 60 with health care problems."

Every nurse executive and manager should see the satisfaction of every nurse as a primary responsibility, she says. "If we are going to have good quality patient care at reasonable cost, then we have to focus on the needs of our nurses. Organizations have to believe that one of the most important jobs of the nurse executive and managers and directors is to create an environment in which it is enjoyable to work and possible to give good care."

Which brings McNeese-Smith to her catch-all solution for meeting the needs of older nurses: talk to them and find out what they want and need. "I recommend that managers meet regularly with each nurse — every quarter at least — to help the nurses set goals and plan for their future. That should be a major responsibility of every manager." ▲

The grand tour for hiring

Foreign nurses fill gap

Paula Bradney, RN, director of recruitment staffing at Banner Health System in Mesa, AZ, has been to Europe, Canada, Africa, the Middle East, and Asia. But those weren't vacation trips. She was looking for nurses.

The two hospitals for which she recruits in the system — 300-bed Mesa Lutheran and 260-bed Valley Lutheran — started looking outside the United States three years ago and has hired more than 100 nurses so far. About 50 are on board already, and they come in at a rate of about two to five nurses every month. Despite a growing system and increasing number of beds, the foreign recruitment program has helped keep the vacancy rate at the two hospitals at less than 5%, Bradney says.

The first trip was to the Philippines in June of 1999. She screened about 300 nurses and hired about 100. It took about 15 months for the first group to make it to the United States. Bradney used a staffing agency, Interstaff of Houston as an agent, but Banner Health opted to select its own nurses. "We wanted to make sure the clinical skills were appropriate to our acute care institutions," she says. "We also wanted to make sure that the language skills were up to our needs and that the motivation was right."

The nurses have to go through five different exams

plus immigration procedures before they can come to the United States. That's why it takes 12-24 months for the nurses to arrive after being hired. They have to pass exams from the Commission of Graduates of Foreign Nursing Schools, the TOEFL English exam, a test of written and spoken English, and a U.S. national nursing exam. "Anyone who tells you they can get them here faster than a year has nurses in the pipeline," she says.

Most staffing agencies tout their Filipino nurses, but Bradney says trips to Britain have put her in touch with English-speaking nurses from India, China, and Africa as well.

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THOMSON
MEDICAL ECONOMICS

Things to think about

Before embarking on a program, Bradney says there are things to consider. First, if you are using an agency, check references. "If you get the product that the staffing agencies say they have, it is cost-effective," she says. "But there are many fly-by-night operations who can hurt you or the nurses."

Interstaff doesn't charge the nurses anything for their services, although the nurses do have to pay for their own exams in the country of origin. "I didn't want a company that makes the nurse pay back anything," Bradney says. "I made sure we used someone who won't cheat the nurses. After all, I'm a nurse."

Initially, Banner doesn't employ the nurses, Interstaff does. They spend two years on a contract with the agency with a salary and benefits package similar to that offered by Banner Health. After that, they are converted to Banner employees.

Orientation often takes a little longer with foreign nurses — similar to that which you give a new graduate, she says. It lasts eight weeks at Banner, and the nurses are partnered one-on-one with a preceptor to guide them through the process. Bradney also does rounds with the new recruits and engages in a very hands-on approach to getting them settled.

Indeed, the biggest problem Bradney says she's facing in her foreign recruitment program is that she's not the only one in the market for foreign nurses any more. "Three years ago, you got the best of the best," she says. "But we aren't the only company out there any more, nor are we the only country looking for nurses."

Sources

• Paula Bradney, RN, Director of Recruitment, Banner Health System, 500 W. 10th Place, Mesa, AZ 85202. Telephone: (480) 461-2776. ▲

Can the J&J campaign help you?

Hospitals say it can do more than attract students

They "dare to care." So say the ads sponsored by Johnson & Johnson (J&J), which are part of a campaign to address the nursing shortage and attract young people to nursing.

The $30 million Campaign for Nursing's Future was launched in February 2002. The goal was simply to treat nursing like a brand and sell it, says **Lori Culwell**, the J&J consultant in charge of the project. It includes television ads, as well as posters, brochures, scholarships, regional fundraising events, and a web site (www.discovernursing.com). They are available in both English and Spanish.

According to Culwell, so far the company has mailed out more than 2 million brochures and posters to schools, nursing programs, and hospitals. "People call in and order 100 posters for conferences," she says. "We even have a best seller, the African-American male nurse."

The regional events — dinners celebrating nursing with a hundred tables — have raised between $400,000 and $750,000, depending on the venue. The money is divided 50% to scholarships, 25% for faculty fellowships, and 25% for schools of nursing to open more classes, pay their teachers more, or hire more educators.

"Nurses work extremely hard, and there is a prevailing – and somewhat valid — belief that it is not amply rewarded."

As expected, most of the use has been among schools of nursing, high schools, and career counselors. Of 1,030 schools surveyed in late December, 300 responded and 82% of them saw an increase in applicants and/or enrollment; 77% used the recruitment materials; 85% had positive feedback about the campaign; and 35% saw increased traffic to their website. As a specific example, Ohlone College in Fremont, CA, had a ten-fold increase in queries to the nursing school since they starting using the materials, and Culwell says many of those people mention the J&J ads specifically as a reason for their call.

But hospitals can make good use of the materials, too, says **Marianne Ditomassi**, RN, MSN, MBA, executive director of patient care services and operations at Massachusetts General Hospital in Boston. There, during the annual Nurse Recognition Week activities, the J&J posters were interspersed with the research posters the nurses display at that time.

"I don't know that it helps us with the nursing shortage right now," Ditomassi admits. "But we have to think differently about the time horizon of dealing with this anyway. Handing a brochure to someone in sixth grade might not seem important. But planting those seeds early on makes a difference later. And who knows, it might impact those in school now or career switchers."

Perhaps more important is that J&J is helping hospitals to fund more nursing scholarships and teaching grants. "They are putting the tools

in our hands to keep a shortage from happening in the future."

There's another bonus to the program, says **Beverly Jones**, RN, MPH, FAAN, Chief Nursing Officer and Vice President for Patient Care Services at the Henry Ford Health System in Detroit. "These materials help remind you of all that brought you into nursing to begin with," she says. "Nurses work extremely hard, and there is a prevailing — and somewhat valid — belief that it is not amply rewarded."

It makes keeping morale up a challenge. But some of the J&J materials are so heartening, says Jones. "We are passing out the video they have of patients talking about nursing to every single nursing unit. It has been a wonderful mechanism to give current nurses a renewed sense of pride in their profession."

Sources

- **Lori Culwell**, Consultant, The Campaign for Nursing's Future, Johnson & Johnson. E-mail: lculwell@corus.jnj.com. Telephone: (800) 635-6789, ext. 9589.
- **Marianne Ditomassi**, RN, MSN, MBA, Executive Director of Patient Care Services and Operations, Massachusetts General Hospital. Telephone: (617) 724-2164.
- **Beverly Jones**, RN, MPH, FAAN, Chief Nursing Officer and Vice President for Patient Care Services, Henry Ford Health System. Telephone: (313) 916-3373. ▲

IN FUTURE ISSUES

- ▲ Recruiting those hard-to-fill spots
- ▲ Recruiting to meet your community's cultural needs
- ▲ Becoming an employer of choice
- ▲ Keeping your nurses by keeping them interested

CE Objectives

The CE objectives for *Hospital Recruiting Update* are to help nurses be able to:

- Employ recruiting strategies that will attract qualified applicants to health care and their facilities.
- Implement retention strategies to reduce turnover rates and improve morale.
- Develop a plan for transitioning existing hospital employees into new health care careers.

CE Questions

CE Instructions: Nurses participate in this continuing education program by reading the articles, using the provided references for further research, and studying the questions at the end of the newsletter. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity, you must complete the evaluation form provided and return it in the reply envelope provided to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you. If you have any questions about this procedure, please contact Customer Service at (800) 688-2421.

13. Hospitals should consider working together to solve regional recruiting problems because:
    a. they can share the costs of the programs
    b. the bigger the supply of health care workers in a community, the better for everyone
    c. they can still have their own individual recruitment and retention programs
    d. all of the above

14. The average age of a nurse will be 50 in the year:
    a. 2015
    b. 2020
    c. 2010
    d. 2005

15. One benefit to being a Magnet hospital that UCDMC has found is:
    a. nurses are retiring later
    b. they have an overabundance of nursing students
    c. it has been easier to attract some physician specialists
    d. patients are less concerned about errors

16. Foreign nurses can start their new jobs:
    a. immediately
    b. within three months
    c. within one to two years of hiring
    d. as soon as they pass their English proficiency exams

Answers: 9-D, 10-C, 11-C, 12-C

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