

# HOSPITAL RECRUITING

The Practical Guide for Recruiting  
Nurses and Allied Health Professionals

## UPDATE

## Looking For A Few Good Men

*A whole gender waits to be targeted*

A good nurse is a good nurse is a good nurse, regardless of race, place of origin, or gender. Right? That makes targeting a particular segment of the population a little distasteful to some. But with research showing that male nurses work more hours per year and don't take time off mid-career to raise children, there is a growing sentiment that getting men into the profession and onto your staff could only be a good thing, particularly in times of shortage.

"As a man in nursing and in leadership in nursing, I am of the opinion that we should concentrate on finding good nurses and on attracting more good people into nursing," says **Tom Smith, RN, MS**, senior

*(Continued on page 95)*

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## Creative recruiting strategies fill rehab nursing vacancies

*Providers try more education, better team concepts*

In August 2002, the Roosevelt Warm Springs (GA) Institute for Rehabilitation found itself with 44% of its registered nurse (RN) positions vacant. The facility's licensed practical nurse (LPN) vacancy rate was 30%.

Those numbers are high enough to make any rehab administrator shudder. "We were in critical mode," says institute spokesman **Martin**

**Harmon.** "We put together an interdisciplinary committee to work on the problem, and things have stabilized. It's still a problem, but we've leveled the playing field some."

The institute now has a vacancy rate of 13% for RNs and 10% for LPNs. Harmon credits the improvement to a salary increase, internships with regional nursing schools,

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## INSIDE

- ▲ If they know, they will come
- ▲ Biofeedback – a tool to cut turnover
- ▲ Stress is a bigger problem than you think
- ▲ Summer program builds future diversity

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(Continued from cover)

vice president of nursing and patient care services at Mount Sinai Medical Center in New York City. "The reason to look to men, in addition to women, is that they are undertapped as a resource."

In some areas of nursing — such as nurse anesthetists, flight nursing, critical care, psychiatric nursing, and perioperative settings — men are represented in greater numbers. Indeed, it is estimated that men make up a quarter to a third of nurse anesthetists. "Maybe it's the faster pace of some of those areas of nursing," says Smith. Or as with the nurse anesthetists, men choose areas

that are more highly remunerative. But in general, men still are vastly underrepresented at the bedside.

Since the Johnson & Johnson "Dare To Care" ads that ran as part of the Discover Nursing program, there has been an increase in the number of people going to nursing school, and an increase in the number of men, among them, says **Daniel J. Pesut, PhD, RN, CS, FAAN**, president elect of the Sigma Theta Tau honor society of nursing and the department chairman for Environments for Health at the Indiana University School of Nursing in Indianapolis.

"I think men are becoming more open to the option, and people are

## Male Nurse Organization Response Index

Where does your organization rate in terms of its climate and the continuum of organization responses for recruitment and retention of male nurses?

<b>7 + ADVOCATE</b>	— Speak or write in support of
<b>6 + ADMIRE</b>	— Regard with wonder and delight to esteem highly
<b>5 + APPRECIATE</b>	— Think well of; recognize fully, sensitively, and gratefully
<b>4 + ATTRACT</b>	— Draw; allure
<b>3 + ACCEPT</b>	— Accept, approve; believe in
<b>2 + ATTEND</b>	— Notice, observe, care, consider
<b>1 + AWARE</b>	— Conscious, know; realize
<b>0 NEUTRAL</b>	— Supporting neither side in an issue
<b>- 1 APATHY</b>	— Indifferent; lack of emotion
<b>- 2 ANXIETY</b>	— Worry or uneasiness
<b>- 3 ALIENATION</b>	— Unfriendly
<b>- 4 ANTAGONISM</b>	— Oppose with force
<b>- 5 AGGRESSION</b>	— Hostile unprovoked attacks

Source: Daniel J. Pesut, PhD, RN, CS, FAAN, Indianapolis.

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more accepting of men in nursing," he says. "But being a man in nursing isn't something you do on a whim. Usually, there is a lot of soul searching involved. You have to be clear that it's part of who you are and part of your contribution to the world."

"If you talk to a man in nursing, chances are no one said to him, 'Gee, Tom, I think you should be a nurse,'" Smith says. "It's usually serendipitous." In his own case, he was a transporter in a hospital as a teenager, became intrigued, and went on to become a nursing assistant and then an RN. So perhaps advertising to change the way people think about men in nursing is a good thing. "It's great if you get police officers or EMTs [emergency medical technicians] interested in nursing as a second career," he says. "But what we really need to do is interest the kid in high school."

Part of that involves framing the message differently. An ad at the Indiana University's School of Nursing features kids on skateboards. "It's still a message about nursing as a career, but it's couched in boy-friendly terms," Pesut says.

There are plenty of good reasons to get men involved in nursing. "They have a more stable employment pattern through time," Pesut says. But more importantly, they are "the other 50% of the population, and it makes sense to have them represented in your nursing staff since half your patients are likely male."

Pesut contends, too, that men bring a different way of thinking and relating to people to the workplace. "They have a different focus in terms of some of their ideas and approach." At the risk of sounding sexist, Pesut says, he thinks that women are more about the process issues, while men are more attentive to structural issues and creating systems.

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## HHS awards diversity grants

Health and Human Services Secretary Tommy G. Thompson awarded \$4.5 million in grants to support nursing education for people from disadvantaged backgrounds. The grants will fund scholarships or stipends and pre-entry preparation and retention activities for disadvantaged students, including students from racial and ethnic minority groups that are underrepresented among registered nurses. Minority enrollment in the nursing schools receiving grants averages 38%, about double the national average of 19%.



Nursing Workforce Diversity grants are funded through HHS' Health Resources and Services Administration (HRSA) and its Bureau of Health Professions. This year's grantees are all nursing schools or nonprofit organizations. Nursing centers, academic health centers, state and local governments, and faith-based organizations also are eligible to apply for the grants.

HHS funding for nursing programs will reach \$113 million in fiscal year 2003, \$20 million more than last year's total. The Nurse Reinvestment Act of 2002 authorized six new grant programs to further increase the number of nurses and improve the quality of nursing services. More information is available at <http://bhpr.hrsa.gov/nursing/reinvestmentact.htm>.

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### *How do you feel about male nurses?*

The problem is that for many, seeing people cross traditional gender identity roles can cause aggression, Pesut says — and he's not talking about the patient population. "The public doesn't care about the identity of the professional," he says. "What they care about is someone being there when they are in need."

However, in organizational settings, there may be more negative feelings. Pesut created a scale of reactions from a positive advocate to a negative hostility (see box, page 95). "I think that hospitals need to examine where they are on this scale, and if they are on the negative side, they need to make some changes." Why? Because there is a group of people out there who can not only help hospitals through times of nurse

shortages, but can be fabulous caregivers as well, he says.

Smith has a certain discomfort at singling out men for special recruitment programs. At Mount Sinai, Smith says he focuses on recruiting "great nurses committed to great patient care, and we do that in a gender-blind way." Looking at a campaign such as the Oregon Center for Nursing's "Are you Man Enough to Be a Nurse?" makes Smith say, "The real question is: Are you person enough to be a nurse?"

Even Pesut, who agrees with the notion of singling men out for nursing campaigns, says the ideal would be to move away from gender. "Caring knows no gender," he says. "The bottom line is that nurses protect people and help them navigate the complexity of the health care system."

That said, there is a strong rationale for targeting men both as a group to entice into nursing, and once a nurse, to your facility. Men, as a group, haven't been very interested in nursing. The stereotype is that they are gay, effeminate, and not quite good enough to be a doctor. Targeting young men in a way that engages them and eliminates those stereotypes only can be a good thing, Smith says.

In the end, it is critical for nursing to become more diverse. "White women have been the norm until now," says **Ed Salsberg**, director of the Center of Work force Studies at the University at Albany in Rensselaer, NY. "The profession and

industry has to broaden the base, and that means minorities, older people, and men. Getting a more diverse population in nursing, including men, makes for better nursing. Hospitals have to be concerned about more than just getting another body to fill an open RN position. Work force issues are as important as financing. Just as you can't run a hospital if you don't control your finances, so you cannot have quality care without a quality workforce that is as diverse as the community you serve."

**Sources:**

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*(Continued from cover)*

and an increased presence from nursing staff and human resources staff at job fairs. The institute also has encouraged nurses' autonomy and input through an enhanced team concept.

**Nursing shortage expected to intensify**

Experts expect the nursing shortage experienced at Roosevelt Warm Springs and other hospitals across the country to intensify as baby boomers age and the need for health care continues to grow. The Health Resources and Services Administration estimated in a July 2002 report that 30 states had RN shortages in 2000 and as many as 44 states will have a shortage by 2020 (see the report at <http://bhpr.hrsa.gov/healthworkforce>). The U.S. Bureau of Labor Statistics projects a 21% increase in the need for nurses nationwide from 1998 to 2008, compared with a 14% increase for all other occupations (see [www.bls.gov](http://www.bls.gov)). The National Council of State Boards of Nursing reports that the number of nursing school graduates who sat for the national RN licensure exam decreased by 31.3% from 1995 to 2002.

The shortage is not just a problem for administrators trying to fill shifts; it's also a huge problem for patients.

A study published in the *Journal of the American Medical Association* found that each additional patient a nurse is responsible for was associated with a 7% increase in the patient's likelihood of dying within 30 days of admission. Each additional patient per nurse also was associated with a 23% increase in the likelihood of burnout and a 15% increase in the likelihood of job dissatisfaction.<sup>1</sup>

"This is a nursing shortage that is not like any other nursing shortage," says **Mary Walker**, PhD, RN, dean of the Seattle University School of Nursing. "This is the worst nursing shortage we've ever had, and the most potentially difficult one to solve. It's a national public health crisis. When people are sick, they naturally assume there will be someone there to take care of them, and that may not always be the case."

The crisis started in the mid-1990s when hospitals across the country downsized significantly as part of nationwide health care reform. "They downsized beds; they downsized services; they refocused their energies," Walker says. "During that process, there was a lot of national debate around the question, 'Do we need as many nurses as we have?' A number of organizations had think tanks, and they all said, 'No, no, we have too many nurses.'"

Walker says nearly 25% of nursing faculty positions

*“This is the worst nursing shortage we've ever had, and the most potentially difficult one to solve.”*

across the country are vacant, and negative images of nursing are hurting student recruitment. She says nursing frequently is seen as a career with little upward mobility, and students are put off by low wages and long hours.

### Getting the word out

Ironically, the shortage is both easier and more difficult to cope with in rehab than in other fields, says **Paul Nathenson**, RN, CRRN, president of the Glenview, IL-based Association for Rehabilitation Nurses. Nathenson also is vice president of patient care at Madonna Rehabilitation Hospital in Lincoln, NE.

"Having the CRRN [certified rehabilitation registered nurse] certification is an advantage. Nurses who are looking more for a profession seek out work areas where there are specialty credentials," he says. "A nurse who has a greater degree of commitment to that specialty will be more engaged and less likely to turn over because another hospital is offering a hire-on bonus. But on the other hand, a lot of people don't understand what we do in a post-acute setting. Most nurses think they want to work in an acute setting."

Nathenson says every hospital is experiencing a shortage in every area of nursing, and the shortage might just get worse. "We are an aging work force, and rehab is labor-intensive. There is a lot of hard work, a lot of lifting; we're very hands-on with the patients," he says.

Madonna has about a 5% vacancy rate now, but the rate was more than 10% a year ago. Nathenson says the hospital is fortunate to have students from five different area nursing schools on site for clinicals. Because most nursing schools don't have a rehab curriculum, it's important that students experience the rehab setting.

But the hospital isn't resting on its reputation. Madonna has put several ideas to work to address its nursing shortage:

- The hospital publishes its own journal on nursing research. Staff nurses contribute to the journal by reading about research projects and writing abstracts.

This serves the dual purpose of recognizing nurses for their professionalism and giving them a venue in which to be published, as well as encouraging them to read about and implement the latest best practices.

- Focus group surveys are conducted regularly to learn what nurses like about their jobs and what suggestions they have for improvements.

- A nurse practice council allows nurses to have significant input into their jobs.

- More attention is paid to retention.

Nathenson found that nurses already on staff were not happy that new nurses were offered hire-on bonuses. So he took the money budgeted for those bonuses and divided it among the existing full-time staff for each pay period. An unexpected advantage of that strategy was that a dozen part-time nurses went to

full-time hours in order to receive the bonus.

- Madonna pays for the CRRN certification process. If nurses take the course offered on site, they also are compensated for their time.

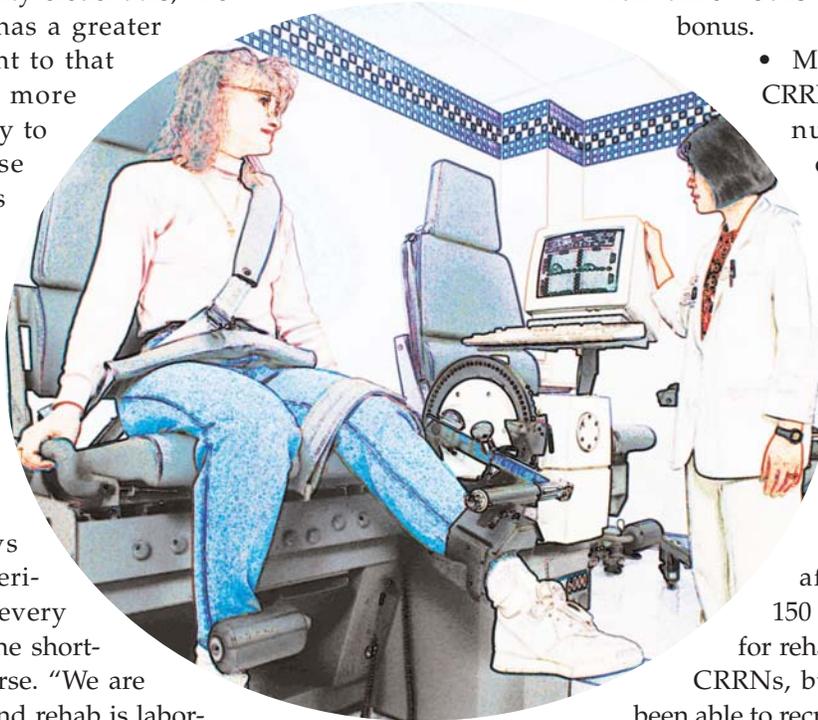
### Switching gears

At Drake Rehabilitation Hospital in Cincinnati, CRRNs are desired but hard to come by, says **Mark Goddard**, MD, vice president for medical affairs. The hospital has 150 beds, with 40 designated for rehab. The goal is to have 12 CRRNs, but the hospital only has been able to recruit and keep five.

"Part of the dilemma is that there has been a big demand from industry, from insurance companies, from workers' comp to have nursing case managers who can help expedite rehabilitation care," Goddard says. "It's been appealing because it's set hours, nicer hours, and you kind of have a managerial position. What we've seen is an exodus from clinical nursing care to more case management."

When young nurses decide to start families, many find pulling shifts is too hard. "You can't blame them for wanting to go ahead to the next level," Goddard says.

Drake's response has been to use regular RNs and provide core competency training to instill an appreciation for rehab techniques such as fall



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prevention. "They become competent in some of the clinical areas, and we try to encourage them to obtain their CRRN," Goddard says.

Rehab can be a challenge to nurses who are used to doing everything for their patients in an acute care setting. "In rehab, nurses have to step back and see what the patients can do for themselves instead of always helping them," Goddard says. "They have to learn to enable and empower their patients, and that's a complete turnaround from what they are used to. It's also more time-consuming. It's much easier to do something for the patient than to teach him how to do it himself."

Drake has 20 unfilled nursing positions and is using agency nurses to fill the gaps. The hospital promotes ongoing education and is

establishing centers of excellence that it hopes will attract nurses who want to do research. Drake also is trying to be more flexible when scheduling shifts and has changed the day shift so it ends at 4 p.m. instead of 3:30. "We have therapies from 8 a.m. to 4 p.m., and then the families are there from 4 p.m. to 8 p.m. When the nurses were leaving at 3:30, the families would come in and ask how the patient did that day. Well, the new nurse didn't know. Now we have better communication."

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1. Aiken L, Clarke S, Sloane D, et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA* 2002; 288:1,987-1,993.

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## Applications pouring in at innovative hospital

*PR, walking rounds help fill nurse positions*

Higher salaries, better hours, bonuses, incentives, education programs. You name it, rehab directors have tried it to recruit and retain nurses. But St. Francis Health Center in Topeka, KS, has spent a lot of time thinking outside the nursing shortage box. It's starting to pay off: Within six months of incorporating a number of innovative strategies, rehab nursing applications began rolling in the door.

**Rebekah Evans**, RN, MBA, director of rehabilitation services for St. Francis Health Center, says that the rehab department used to have three to four nursing positions that stayed open for more than a year. "We just could not fill them, and we could never figure out why," she says. "Then we started targeting the schools, [used]

our nurse recruiter, started making our own nurses happier; and it has really helped a lot."

Evans says she hit the jackpot by educating the hospital's nurse recruiter about rehab. "In rehab, it's difficult sometimes to interest nurses

because they don't do a clinical rotation through here and they misunderstand the skill set we need," she says. "They think it's a nursing home."

Realizing this misunderstanding was hurting the recruiting process, Evans explained the benefits of working in rehab to the recruiter. "We work with a team; we have a special certification; our nurses are involved in team

conferences," Evans says. "Once she understood, she realized how fun this place could be. We have seen a



huge increase of applicants sent to us because of her understanding of rehab. She can talk it up."

To enhance nurses' understanding of rehab, St. Francis also has worked to increase its relationships with local nursing schools and has provided a clinical rotation for student nurses.

Evans regularly meets with representatives of the hospital's public relations department to make sure they have ideas for getting stories about rehab out to the community. They work together on such topics as school safety, diving safety, senior programs, and fall prevention. "We're probably the No. 1 department they use now for promoting stories in the community," she says.

Another big draw for community interest is the rehab program's Easy Street concept, where part of the unit is designed to look like parts of the community. Patients can practice using a pay phone, getting in and out of a car, shopping at the grocery store, or going to the bank. The hospital has partnered with a local preschool to involve children in decorating Easy Street for holidays. Last year's Halloween haunted house drew 300 visitors, giving the hospital a great chance to promote its rehab work.

Another innovative idea the hospital came up with is making presentations to eighth-graders at local schools. "Through research, we've found that oftentimes right around eighth grade they're starting to think about careers and to build perceptions about careers," Evans says. "We do activities with the students to make it enjoyable and increase their understanding. We let them pretend they're a stroke victim, and they have to sit in a wheelchair and not move one side of their body. We show how nursing would help this type of individual."

But the rehab department doesn't

stop at promoting itself in the community. The staff also has looked at PR within the hospital. "Sometimes rehab departments are not seen as glamorous to other departments, so we've also had to check on bonuses that are given in other departments to recruit nurses," Evans says. "We've gone back to human resources to make sure we're not losing nurses to other departments due to other bonus and pay structures. We did find that was happening."

### **Walking rounds**

Perhaps a more concrete measure that has helped the nursing shortage is the new concept of walking rounds in which the whole team meets with patients. "It makes the nurses feel very much part of the whole rehab team and makes them highly accountable for understanding what's going on with those patients," Evans says.

The rounds are split between the day and evening shifts so more nurses can be involved. "Originally, our day shift did all the team confer-

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## **AACN links with CampusRN.com**

The American Association of Colleges of Nursing (AACN) has established a partnership with CampusRN.com to offer scholarships and on-line career center for graduates of baccalaureate and higher degree nursing programs. This joint initiative will provide a fresh source of funding for nursing students and help new graduates find work settings that support professional nursing practice.

The partnership involves two components: a new scholarship fund for currently enrolled nursing students and a career center for new graduates looking to transition into professional practice. The scholarship fund is designed to support students who are seeking baccalaureate, master's, or doctoral degrees in nursing. Special consideration will be given to students who are enrolled in a master's or doctoral program in pursuit of a nursing faculty career, completing an RN to baccalaureate nursing program (BSN), or enrolled in an accelerated baccalaureate or master's degree nursing program.

The program began distributing scholarships of \$2,500 in May and will continue to do so every two months. Applicants must register on-line, write a brief statement on career plans, and demonstrate a need for financial assistance. For details on this scholarship program including an application, see [http://aacn.campusrn.com/scholarships/scholarship\\_rn.asp](http://aacn.campusrn.com/scholarships/scholarship_rn.asp).

The second part of the AACN-CampusRN.com partnership involves a newly created online Career Center for new graduates looking to join the nursing workforce. This center includes a searchable database of vacancies available nationwide, a scholarship center, and important career information tailored for nurses prepared at the baccalaureate and higher degree levels. For more information on the Career Center, see <http://aacn.campusrn.com/students/jobsearch.asp>.



ences on patients. We now have two shifts fully involved in all aspects of patient care," she says. "There's almost always conflict between the shifts, so we've done a lot of teamwork between day nursing vs. evening nursing vs. night nursing. We're using an evaluation tool to identify their individual personalities and how they can best work with each other. From there, we'll help the team move forward and come up with a strategic plan that's specific to nursing."

A nurse runs the rehab council that includes representatives from

throughout the rehab department. "They help identify issues and problem-solve different ways to resolve those issues. It's not a top-down type of resolving problems," Evans says. "An example of what has come out of that is we have started having the patients go as teams into our big gym for therapies together. It gets nursing more involved in the whole program because nurses help the therapists bring the patients in, they help with scheduling, and it also allows the nurses to spend a little more time with the patients that aren't in the gym."

St. Francis has educated nurses successfully about the benefits of rehab. "Other nurses seem to think rehab is one of the prime places to work," Evans says. "That's a form of educating our own internal nurses so they're choosing to work in rehab."

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## Stress buster becomes turnover buster

*HeartMath shows results at one hospital, promise at another*

Everyone knows that health care is a high stress industry. But stress is a known factor in many illnesses and causes numerous lost workdays per year (see related story on stress survey page 103). Finding a way to get staff to relax — both on and off the job — could be a way to combat burnout and, as two hospitals are finding, improve employee retention.

Stress was something that employee satisfaction surveys at Methodist Hospitals of Dallas noted was a problem for staff, says **Kim Hollon**, executive vice president of Methodist Hospitals of Dallas and Methodist Medical Center. "I've been here for 16 years, and it always comes up, "



explains. "It is a stressful industry, and hospitals are a stressful place to work. Nurses, in particular, are involved in high-risk work with constant pressure to make the right decision."

Hollon always was interested in finding something that could help reduce that stress. "We tried brown bag lunches, but that didn't work well. I wanted something that really, really worked."

Imagine Hollon's excitement when a staff member saw something on the web about a program that had led to reduced self-reported stress among RNs, reduced

turnover, even reduced length of stay among patients. The program is HeartMath, and now Methodist is one of a few hospitals using the program.

HeartMath trainers teach participants to use biofeedback software that can help them monitor their heart rhythms and bring them into a calmer state. "I've taught many classes on stress management where they tell you to think happy thoughts, and that doesn't always work," says **Dawn Sorenson**, vice president of Organizational Effectiveness and the person responsible for bringing HeartMath to Methodist Hospitals of Dallas. "HeartMath is different because you not only draw on a positive feeling experience, but you also train your body to react the same way it did when you initially had that experience."

Every nurse on the two pilot units — the Level III neonatal intensive care unit (NICU) and a telemetry transitional care unit — went to an eight-hour training class, which taught the participants about the science of stress, stress management, how the brain reacts to stress, and emotional intelligence. Hollon says they then learned ways to increase DHEA (an adrenal hormone) and decrease cortisol through biofeedback. "The neat thing is that the effects can last four to six hours," Hollon says. The program relies on a computer-based biofeedback tool, and there are units available for employees to check out for home use. There also are two computers on each of the units for them to use.

A month after the initial training, employees could take a second training course if they felt they needed it.

**Shiella DelaCruz**, RN, a nurse in the NICU, says that she noticed an immediate improvement at work once she started using HeartMath. "I feel much more relaxed, and I have more energy," says DelaCruz. "I feel that I can give even better care to my patients."

## The dangers of workplace stress

High stress is leading to employee burnout, according to the StressPulse survey by ComPsych Corporation, a Chicago-based company specializing in employee assistance programs, managed behavioral health, work-life issues, and crisis intervention services.

"Employee stress levels have spiked due to the war, which was to be expected," says **Richard A. Chaifetz**, chairman and CEO of ComPsych. "What is surprising, however, is the level of near-burnout we found in survey responses. More than 62% of employees are concerned with simply getting by and accomplishing only basic tasks, while 26% consider being present at work the most important objective."

This phenomenon of presenteeism — being present at work when distracted, tired or ill — can be triggered by high stress levels and can have a significant impact upon productivity and a company's bottom line, he adds.

"World events, a lagging economy, and increased workloads have conspired to deliver an enormous blow to worker morale and productivity," according to Chaifetz. "Employers should take note: Use whatever means possible to encourage and support your existing work force, whether it is recognition, training, and personal development, or an employee assistance program."

### Among the survey findings:

- 48% of respondents have high levels of stress, with extreme fatigue/feeling out of control
- 38% have constant but manageable stress levels
- 14% have lower stress levels
- 62% see accomplishing basic responsibilities as most important
- 26% see being present as most important
- 12% see performance improvement as most important
- 41% cite workload as the main cause of stress, while 31% cite people issues and 28% cite juggling work and personal life
- 49% lose 1 hour or more per day in productivity due to stress
- 15% lose 15 minutes per day in productivity due to stress
- 36% report productivity is unaffected by stress
- 40% miss 1 to 2 days per year due to stress
- 37% miss 3 to 6 days per year due to stress
- 23% miss more than 6 days per year due to stress
- 44% come to work 1 to 4 days per year when too stressed to be effective
- 19% come to work more than 6 days per year when too stressed to be effective
- 37% say stress does not impact effectiveness

"We want to help our employees learn how to better manage their stress," says Hollon. "In return, our employees' success in this program will help us reach our goals of reduced sick-time, increased employee morale, more coherent communication, optimal mental clarity and creativity, and ultimately, greater patient satisfaction."

It's only been six months that Methodist has been using the program, but Hollon has high hopes for its success, particularly if it mimics that of Delnor Community Hospital in Geneva, IL — the facility that Hollon's colleague had read about on the Internet.

### **A great program doing great things**

In 2000, Delnor Community Hospital was going through a lot of changes, says **Diane Ball**, RN, MSED, a professional associate at the facility. "We felt that giving employees a tool to help them hold it together while we underwent a great deal of change was a gift we could give them in a time of flux."

Sixty leadership staff went through HeartMath training initially. Eventually, two in-house trainers — Ball is one of them — were hired. In late summer, the program was rolled out to the staff. In four months, they trained 45% of the work force in the program. "What we started to see was turnover dropping — from 28% to 21% in the first year. The next year, it was down to 14%. The third year, it fell to 7%. Now it bounces between 7% and 11%."

But Ball wanted to know how the HeartMath group was doing in terms of turnover. "I looked at the 400 users and found their turnover rates were between 1% and 1.5% during the three years. In nursing, our eyes were really opened up: 33 nurses left in year one, when no nurse had the training. In year two, 17 left, only three of whom had the training."

Every nurse coming into the hospital as a new employee now gets the training as part of orientation. Nurse leaders also are getting training in HeartMath.

If a single nurse costs a year's salary to replace, says Ball, it's worth it to spend about \$100,000 on a program like this. "All you have to do is save two RNs and you've paid for the program."

Hollon says since they've only been using it a short time at Methodist, there's only anecdotal information to gauge HeartMath's effectiveness. "But I hear a lot of positive comments coming from staff. I know of one nurse who had been out of nursing for a while. She was going through some testing and didn't do too well on the first exam. On her way from Oklahoma to Dallas for the second test, she listened to the HeartMath material again and scored 100 on the exam."

Other nurses comment that there is less grumbling on the floor or that they are sleeping better, says Hollon. "We already have a low turnover rate, but I hope it will decrease it further. If this can be successful, and we can show employees we are truly concerned about them as individuals, that we are interested in helping them manage stress, they won't burn out as quickly as they have before."

### **Sources:**

**Kim Hollon**, Executive Vice President, **Dawn Sorenson**, Vice-President of Organizational Effectiveness, **Shiella Delacruz**, RN, Methodist Hospitals of Dallas and Methodist Medical Center, 1441 N. Beckley Ave., Dallas, TX 75203-1201. Telephone: (214) 947-2501.

**Diane Ball**, RN, MSED, Professional Associate, Delnor Community Hospital, 300 Randall Road, Geneva, IL 60134. ▲

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## **AONE report highlights nursing best practices**

Hospitals and health systems are working hard to improve the working environment for nurses as part of their efforts to relieve the widespread nursing shortage, according to a report released recently by the American Organization of Nurse Executives, an American Hospital Association affiliate.

The report contains insights from a survey of 21 hospitals and 61 individuals about their experiences, best practices, and lessons for strengthening the nursing work environment. It focuses on six key organizational success factors in such efforts: leadership development and effectiveness, empowered collaborative decision-making, work design and service delivery innovation, values-driven organizational culture, recognition and reward systems, and professional growth and accountability.

The free report, "Healthy Work Environments: Striving for Excellence, Volume II," can be downloaded at <http://www.aone.org>.



# Model program for minority teens

*Study bears out usefulness*

Look at any big city, and increasingly, it is made up of minorities. That makes creating a diverse workforce take on even more importance than it has before, says **Cathy Strachan Lindenberg**, DrPH, RN, associate professor at the University of Washington Department of Family and Child Nursing and Director of Nursing for Seattle Central Community College.

“The language and culture of our cities is diverse and that influences the practices and beliefs of their populations,” says Lindenberg. “We need health care professionals who can understand and relate effectively and reassuringly with our population. You cannot do that without being culturally aware and linguistically competent.”

But many minorities aren’t exposed to the option of health care education. That makes outreach vital. Lindenberg coauthored a paper published last month in the *Journal of Continuing Education in Nursing* that looked at a model outreach program Lindenberg works on. In the pilot, of the 24 bilingual teenagers from economically disadvantaged circumstances, 23 graduated from the eight-week summer program and a year later, nearly all of them are working part- or full-time while they continue with either high school or community college.<sup>1</sup>

The program, dubbed Start Out, integrates life planning, mentorship, nursing assistant training, and college application assistance, while providing summer salary stipends and scholarship or work-study opportunities.

## **Community involvement makes it work**

The program, now in its second year, has 50 bilingual, economically disadvantaged students this summer, after a \$100,000 grant doubled the budget for the program. Students do some college preparation work and are encouraged to apply for college before leaving the program. There are also life planning and computer skills classes, as well as the nursing assistant training.

Area hospitals provide the work experience, with the hospitals and the students together determining how much work they do. Some take one shift a week, others take two or three, depending on the needs of the hospital and the student, says Lindenberg.



The program is going back to the first crop of graduates this summer to do a survey of where they are, but Lindenberg knows that as of last December, almost all of them continued to work and remained in school.

The success of the program is built on the whole community coming together, says Lindenberg. North, Central, and South Seattle Community Colleges are involved in the program, and there are some 18 health care facilities — from large hospitals like the University of Washington Medical Center to small clinics — that have agreed to accept students from the program.

Lindenberg admits it could be a couple years at least before one of those hospitals taking on a student this summer gets an RN out of the deal. “But you need both long- and short-term strategies for addressing shortages. If you start with a program like this, you can create a career ladder so that the certified nursing assistants from this program can then become LPNs.”



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Those LPNs can then go on to become RNs, then go on to get their BSN. "At each level, there are job opportunities, so they can fill workforce employment needs. It not only meets the short term demands, but invests in long term goals."

Lindenberg concludes that in creating a program that taps an under-represented resource, you create a loyal workforce that you can mold to the specifics of your institution. "I can hire a secretary today who has been in a system for 10 years who hasn't had more education than high school. Or I can hire someone with a BA and no work experience and get more productivity," she explains. "You can have a CNA that can give you a certain amount of productivity. But if you train her up into an LPN and then an RN, you get so much more."

### Reference

1. Yates SH, Blin K, Bird C et al. Start out: building health care careers for minority teenagers. *J Contin Educ Nurs.* 2003 May-Jun; 34(3):116-21.

### Source:

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## IN FUTURE ISSUES

- ▲ What an aging work force means to you
- ▲ Dealing with difficult employees
- ▲ Recruiting to meet community cultural needs
- ▲ 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.*

25. Male nurses are a good addition to staff because:
  - A. They are stronger and have more stamina.
  - B. They don't complain as much.
  - C. They have a more stable work profile over time.
  - D. Patients prefer them.
26. True or false: St. Francis Health Center improved its recruiting ability through a concentrated effort of educating the hospital's nurse recruiter?
  - A. True
  - B. False
27. Stress can impact your staff by:
  - A. Increasing turnover
  - B. Causing staff to take more sick days
  - C. Making them do less work while on the job
  - D. All of the above
28. Madonna Rehabilitation Hospital implemented which of the following to try and alleviate the nursing shortage at its facility:
  - A. The hospital publishes its own journal on nursing research.
  - B. A nurse practice council allows nurses significant input into their jobs.
  - C. Madonna pays for the CRRN certification process.
  - D. All of the above

Answers: 25-C, 26-A, 27-D, 28-D

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