HOSPITAL RECRUITING UPDATE

The Practical Guide for Recruiting Nurses and Allied Health Professionals

It's cheaper to hire them!

Sinai cuts agency use, concentrates resources on staff

In a time of shortage, there often doesn't seem to be any choice but to use agency nurses. But cutting the use of premium labor became a stated goal at Sinai Hospital, a 398-bed hospital in Baltimore, says **Linda LaHart**, RN, its director of patient care services.

"Everyone was involved in the effort," she says. "The CEO, every vice president, and all the rest of leadership."

There were several strategies involved in the program, which started in 2000. First, the hospital sent representatives to the Philippines to hire a large number of nurses. "We didn't do 20," she says. "We hired 132. And we hired another 100-plus on the second trip."

The hospital justified the large number of hires based on projected nursing needs over the course of several

(Continued on page 111)

Houston doesn't have a problem

Men are 30% of UT's nursing school

In the last issue of *Hospital Recruiting Update*, we reported on how men are underrepresented in nursing in general, and among nurses working at the bedside in particular. Getting them interested was on the minds of many of the people interviewed for the story. But at the University of Texas at Houston's school of nursing, getting men interested in nursing is something they are good at. Indeed, fully 30% of the graduate students are men, and 16% of the undergraduates are male.

How do they do it? "About 10 years ago, we decided to change all our ads from the pink bow stuff to materials that always include men," explains **Robert Volger**, DNSc, RN, FNP, assistant dean of the School of Nursing.

When the school goes to agency recruitment fairs, among those who

(Continued on page 116)

INSIDE

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but you don't want to pay registry prices and you can't afford to pay their overtime, not to mention differential, charge and holiday pay. Most travel companies charge those too, and what's with those huge on-call rates? Besides, you really need to build up your permanent staff and you can hardly do that using registry or travel nurses because even if you find a nurse that you want to keep, your facility won't pay the fifteen to twenty-five percent employment fee they charge! **You need CMSI.**

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years, the length of time to get the nurses from the Philippines to Baltimore, and the hope that if they did this right, the nurses would stay past the three-year contract they would sign upon hiring. More than 100 of the nurses already are on board, says LaHart.

The foreign nurses have their own orientation program, as well as an internship for each area of the hospital. "Domestic nurses know the health care system we have here," she says. "We have to teach [the foreign nurses] about accessing resources and about the modern equipment we have here that they may not be familiar with. We have to teach them how to reach a physician or order up physical therapy. They need to know about all the ancillary support we have here."

"I think it was working together and incentivizing our staff for referrals and managers to keep staff that has made a difference."

The orientation takes three weeks and includes facts on issues such as banking, taxes, and social security, as well as clinical information. Then they do an internship that lasts three months for noncritical care and six months for the OR.

Keeping the home fires burning

A second part of the program was linking up with a university in Baltimore, providing money for scholarships, and creating a senior practicum at Sinai for that school's nursing students. The seniors are paid for this practicum and then commit to working at least a year at the hospital after. There also is a special assistant program where students come in and work directly with an RN so that they get more of a sense of what it is to be a registered nurse, rather than a nursing assistant.

In the recruitment area, Sinai's human resources staff took on the task of calling all the alumni of the hospital to see if they could be reengaged. About four or five nurses came back from that effort, she notes.

The hospital also looked inside to see how the working environment could be improved for staff. Nurses on staff told LaHart that they wanted to make sure their patients had what they needed when they needed it, so Sinai worked on strengthening support services so that supplies, medications, and food all came to nurses and their patients in a more timely manner.

They also hired a manager assistant to do the clerical work that often takes nurse managers away from a unit. "If our managers were better supported, then they could be more supportive to the nursing staff," says LaHart. "The new assistant can do the payroll entry and the scheduling, and our RNs can do more clinical work."

Nurse managers also were given incentives for recruitment and retaining existing staff. "It wasn't good enough any more for a single unit to be good at retaining nurses," she explains. "If one unit was in trouble, then goals for retention that a nurse manager had might not be met. They had to all work together to stop the bleeding."

That, along with the hiring of foreign nurses, seems to have the biggest impact, says LaHart. To help make sure the managers met their retention goals, the hospital developed training programs to ensure they "developed behaviors that were more supportive of staff," she says. "We made sure by hiring

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the manager assistant that they weren't in the office doing paperwork. Instead, they were on the units listening and responding to nurses."

The managers were taught to ask, "What do you need help with now?" If a nurse approached a manager and said, "I don't have the meds I need — again," a typical response might be for the manager to respond, "I'll call the pharmacy and get it fixed." Now, LaHart explains, she gets the meds first, then she works on the systemic issues to ensure it doesn't happen again.

Sinai also created a nurse advisory board that included a nurse from each department, the vice president of nursing, the director of nursing, a nurse manager, the vice president of human resources, and both the president and CEO of the hospital. That group looks at global nursing issues and makes recommendations for change. If a big issue comes up, the board can study it. If a nurse has an idea, he or she can run it by the board. "They are our panel of experts," explains LaHart.

What's bugging you?

Staff also were surveyed on the things that bothered them most. One big issue, she says, was schedules. Units that had day/night rotations changed to have strictly day and strictly night staff. "That has really helped retention, although it was a painful process to implement it," she notes.

Compensation was another issue for staff. "We are one of the top paying hospitals in our area, so that was kind of a surprise." But not when administration looked at what the nurses were comparing their pay to: They were seeing that agency nurses were getting higher hourly rates. But the rates staff nurses get don't include the benefits they also receive that travelers do not. Still, a change was made. Now, any nurse who works overtime gets $10 more per hour over the base rate. If a 36-hour nurse works an extra shift, they get the higher amount at the 37th hour.All of these changes have had a tremendous impact. The direct caregiver vacancy rate was 35% in February 2002, and the RN turnover rate was 23.6% in January 2002.

Now, the vacancy rate is at 13.7% and the turnover rate 12%.

The hospital still is using some traveling nurses, but the amount spent for them over the course of 18 months has dropped by about $6 million. "It used to be that every day, every unit had at least one agency nurse on it," LaHart says. "Now, we only use them for unexpected situations. We have changed the norm."

The money saved getting rid of agency nurses was partially spent making staff nurses happier. That, says LaHart, has stopped some of the loss they were experiencing. "I think it was working together and incentivizing our staff for referrals and managers to keep staff that has made a difference," she says. "We had been losing some people during orientation. But now we have people who can help them through the newness. We get them here and keep them happy." That, too, has an impact on patients, she adds. "The thought is that happy nurses provide better patient care, and we are seeing elevated patient satisfaction scores, too."

Now that retention is up and recruitment is chugging along, the work environment only can get better, says LaHart. Next on the list is to look at workload issues and bettering the patient-to-nurse ratios in some departments. "We have the right staff members and the right numbers of nurses."

Sources:

- **Linda LaHart**, RN, Director of Patient Care Services, Sinai Hospital, 2401 W. Belvedere Ave., Baltimore, MD 21215. Telephone: (401) 601-9000. ▲

Getting in touch with . . . you

New age program reduces stress, cuts turnover

Health care is a stressful line of work, and employees often get burned out. In normal circumstances, that's not necessarily a crisis. But when there are shortages in nursing, pharmacy, imaging, and other areas of health care, it becomes paramount to try to keep staff happy just to keep them on staff.

That's something that the leadership at Clarian Health Partners in Indianapolis knew. "We were always very employee focused here," explains **Tawnee Parrish**, RN, CNOR, nurse retention coordinator for the three-hospital system. "They were looking for a program that would make a difference in the lives of their employees. They wanted it to be a gift for them to use in both their professional and personal lives."

The resulting search for such a program was the Spirit of Caregiving, a program developed by Lant & Associates, a health care consulting firm based in Winter Park, FL. "We knew that if we have a culture of caring for our employees, it can only help us care better for our patients," she says.

The program is a two-day interactive workshop that incorporates everything from music and video to conversation. "This isn't something where you have teachers or presenters spewing out information and you take notes," Parrish explains. "It's circular learning that incorporates several activities."

Among the topics discussed by participants are:

- Critical aspects of being a caregiver in today's environment
- The role of conversations as an interpretation of success or failure
- Creating possibilities for personal and organizational growth and development
- Exploring seven critical distinctions of caring (for more on these, see box page 114)
- The daily choice to be a caregiver
- Communication that generates action
- Seeing through the eyes of a patient, a physician, another caregiver, and a leader
- Forwarding action
- Letting go of the past and creating tomorrow's future
- Being present in a nonpresent world

Parrish describes one of the exercises involving being present. The group first discusses what it means to be present with themselves. Participants each have pillows or blankets. They are asked to get away to any part of the room and experience "getting in touch with themselves," Parrish says. "Then we come back together and explore what it was like, how hard it was, how easy it was." The group talks about how long and how often we stop to think about what is really going on with ourselves.

"Next, we get present with everyone in the room," she continues. "One person starts and makes contact with the next person in the circle without using words. It's about connecting without using language." Some use hugs; some use looks; some use high-fives.

If it all sounds a bit airy-fairy and new age — and Parrish admits it does — she says this, in surveys of those who've gone through the program, is usually the most popular exercise. More than 90% see the value in the program. "Most people go in there and give it a go," she says. "It may be uncomfortable for many of

The seven critical distinctions of caregiving

1. Knowing — having access to how the mind and memory works
2. Distinguishing
3. Believing — dealing with the understanding of the self and the environment
4. Being present — learning about the dangers of being not present and the positive impact of being present
5. Loving — being passionate and caring
6. Spiriting — bringing all of who you are into action, and finding balance, joy, and harmony
7. Forwarding the action

Source: **Tawnee Parrish**, RN CNOR, Clarian Health Partners, Indianapolis.

them at first, but this program is about choices. You don't have to participate at all. But almost everyone does, even if they are uncomfortable."

Most of the time, those in health care are so busy doing their jobs and rushing from one task to another that they are not present with what they are doing, Parrish continues. "Our mind isn't on what we are doing now, but on the third or fourth or fifth task down the line. But in health care, not being present can lead to mistakes, and mistakes can lead to injury or death. This kind of exercise helps people understand the difference between just being in front of someone and being [present with someone]."

It's good for everybody

Once the initial 12 facilitators were trained in April 2001, nurses and other direct patient caregivers were targeted to take the program. "That's because we felt it would be the biggest bang for the buck," she says. "There was a crisis in this area, and keeping people in the field was very important."

About nine months into the program, however, Parrish says administration at Clarian began to see the potential value for all employees to take the program. Now, each staff member is given the opportunity to take it. One of the benefits to this is that everyone in the organization begins to see how they are each a caregiver. "We all impact the patient, whether we are in environmental services or accounting," she notes. "It's not just about nursing. It's about caring and creating a community where each of us can impact the patient in a positive manner."

There were a lot of goals attached to this program, says Parrish. Among them: shifting the focus from what's wrong to what's right, investing in staff, reversing burnout and improving morale, and improving staff retention.

The course is presented twice a month off site, and so far about a fifth of the 10,000 employees in the system have taken it. Proof that the program works, though, comes from more than just the numbers of people taking it. Prior to the program, staff were given the Maslach Burnout Inventory. It measures burnout using three criteria: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion and depersonalization decreased an average of 24% among participants in the six months following the course. Personal accomplishment increased 13%. Turnover rates also declined: from 12.9% in 2000 to 7.45% by 2002. Vacancy rates for the first quarter of 2003 were at 5.4%.

Parrish doesn't think she should convince others to consider a program like this. "I would ask instead why you wouldn't do this for your staff, especially considering the positive impact it can have on personal and professional lives."

Considering too the cost of a single person walking out the door and having to replace him or her, spending money that can reduce the likelihood of that is something of a no-brainer, Parrish says. "This has saved us millions of dollars in reduced turnover," she concludes. "I know of one person who told me that he had been looking for another position, but after going through the program had changed his mind. And what about all those who haven't verbalized that to us? This gets people plugged back into the passion of what we do. It is a perk for both the employee and for the system."

More information on the program is available at the Lant & Associates web site, www.spiritofcaregiving.com.

Source:

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(Continued from cover)

go are men, he adds. Male nurses also go out into the community to participate in health fairs. "We make a conscious effort to both include men and to target them," says Volger, who is quick to add that the impetus behind all this is the school's dean, Patricia Starck.

Recruiters make themselves present at football games and other places men congregate. They place ads in papers and publications that have a high male readership. "We want people to see this as a legitimate career — for men and women," says Volger.

It helps promote a different image of nursing, too, that almost weekly on the television news there are images of UT's hospital trauma centers and life-flight helicopters — complete with the male nurses they have on staff. "There is something about life and death hanging in the balance that men seem to relate to," says Volger. "They get a rush out of it." The technological expertise of the UT hospital — 6,000 beds in the largest contiguous medical center in the world — also appeals to men, he adds.

"Sometimes, this is a second career for men," Volger notes. "I've had students with PhD's in subjects like geology." In Houston, for those who have long ridden the ups and downs of the oil industry, having a stable career like nursing has its appeal.

But you don't have to have a depressed region to make nursing appeal to new groups of people. "Any hospital can make sure that the information they hand out includes images of men in care giving roles," he says. "And cut out the frilly stuff. Women don't like that either. Women have more options now. Make nursing look like what it really is — highlight the critical thinking and the educational aspects of the job."

Source:

• **Robert Volger**, DNSc, RN, FNP, Assistant Dean, University of Texas, Houston, School of Nursing, 1100 Holcombe Blvd., Suite 5500. Houston, TX 77030. Telephone: (713) 500-2166. ▲

A third of the workday wasted

Are your employees doing the right job for their role?

A new study of 71 hospitals shows that more than a third of employees' time is spent doing wasteful work — from filling out multiple forms for the same task to searching for misplaced supplies or records.

Completed by the Murphy Leadership Institute, a healthcare consulting firm based in Washington, DC, the study analyzed the operations of 71 hospitals over the last year using a proprietary operational assessment called Right Work/Right Role — a survey-based tool that assesses areas of operational waste, the design of job roles, and the efficiency of work processes.

"In an era where patient safety is paramount, staffing shortages abound, and operating margins are hard fought, every minute a hospital employee is forced to spend on wasteful work is a misuse of very scarce employee time," says **Mark Murphy**, CEO of the firm and author of the report. "It represents time not spent with patients, wasted labor dollars, and diminishing employee commitment."

According to the study, the top 10 most wasteful activities among respondents were (in alphabetical order):

- Completing multiple forms for the same task
- Inefficient shift-to-shift or departmental reports
- Interruptions by telephone calls
- Locating equipment
- Medications unavailable or delayed
- Meetings that last too long
- Searching for or correcting a misplaced record
- Unnecessary or redundant communication
- Waiting for physicians
- Waiting for something from another department

Wasteful work is negatively correlated with hospital operating margins, employee perceptions of quality, and employee commitment. As time spent on wasteful work increases, the hospital's operating margin will decrease, the percentage of employees who believe that the quality of care delivered to patients is excellent will decrease, and the percentage of employees who will recommend that organization as a good place to work will decrease.

For instance, inefficient shift-to-shift or department reports correlates to more overtime dollars for nurses, the report notes.

"Wasteful work is inherently frustrating and demoralizing," says Murphy. "So in a time of intense staffing shortages, it seems quite shortsighted to spend significant dollars recruiting staff into a frustrating and demoralizing situation that they'll just end up quitting a few months later."

There is good news, however. Lose the wasteful work, says Murphy in the report, and you reduce burnout. "This study is very clear: If you want employees to view your organization as a good place to work, eliminate the wasteful work." Indeed, a statistical model Murphy developed found that as wasteful work is eliminated, operating margin, perceptions of quality, and employee commitment *all* increase. Specifically, this analysis finds the following:

- Every percentage of wasteful work that gets eliminated leads to an operating margin increase of .25 points. For example, a hospital that reduces its percentage of time spent on wasteful work by 10% will likely experience an operating margin boost of 2.5 percentage points.
- Every percentage point of wasteful work that gets eliminated leads to a similar increase in employee ratings of the organization's quality of care.
- Every percentage of wasteful work that gets eliminated leads to and equals an increase in employee

ratings of the organization as a good place to work.

With crisis-level staffing shortages, poor financial prospects, and increasing concerns about patient safety, hospitals simply cannot afford the ill effects of wasteful work. Murphy notes, "Wasteful work seems to have a major impact on hospitals' financial prospects, the quality of care they deliver, and even on retaining staff and alleviating shortages." However, he adds, "These findings are quite hopeful. Hospitals really can achieve financial success without cultural distress. Hospitals that identify and eliminate wasteful work can leapfrog their competitors by increasing their capital base through improved margins, alleviating staffing shortages by becoming a more attractive employer, and delivering higher quality. And that's good for hospitals, their employees, and the health of their communities." ▲

Nurses Sound Off: Two studies give insight into what's important to nurses

It's not the money: it's the progression

Nurses care more about upward movement than the wage rate

There are plenty of human resources executives who know in their hearts that money isn't what drives nurses to work. What has more impact than the actual wage rate is the ability for nurses to progress over time up a wage scale.

According to a study published in the June issue of *Health Policy,* a flat wage structure and the relative quickness over the course of a career at which a nurse working at the bedside can max out his or her salary can drive nurses out of the profession. Entering the work force after college at $35,000 per year may look great. But topping out at less than $50,000 isn't so attractive.

"There is a problem here," says **Charles Link**, PhD, a professor in the department of economics at the University of Delaware in Newark. Link co-authored the study with **Yvana Chiha**, PhD, an economist and litigation consultant at Resolution Economics in Beverly Hills, CA.

"Nurses start out at a relatively high wage rate, but it stays constant," explains Link. "People like to have an incentive — to think they can get promoted and move into a different class of job. It is about both recognition and movement upward in terms of wages."

Link and Chiha looked at 40 years of data to determine what role wages play in getting existing RNs to stay in the work force and the number of hours they worked while in it. Marital status of nurses has a small impact on the probability a nurse will work and the hours she gives to the workplace, according to the study. Data surveys suggest that increases in wages for married nurses can lead to fewer hours worked — although the effect isn't statistically significant in most years the authors studied. For single nurses, there is no statistically significant impact until 2000, but even then, the study states, the impact is small — 0.2. That means that a 10% change in the wage would lead to a 2% change in the hours worked.

What does have an impact on whether an RN works a lot, or works at all, is whether she — the data in this instance relate solely to women — is the only earner in the household. And in this case, the impact is statistically significant. As family income from non-RN earnings rise, the RN works fewer hours. In 1996, the data show that a $1,000 increase in family income decreases the probability a nurse will work from 93.45% to 93.26%, and the hours worked declines by about eight per year. It seems small, note the authors, but it still is significant.

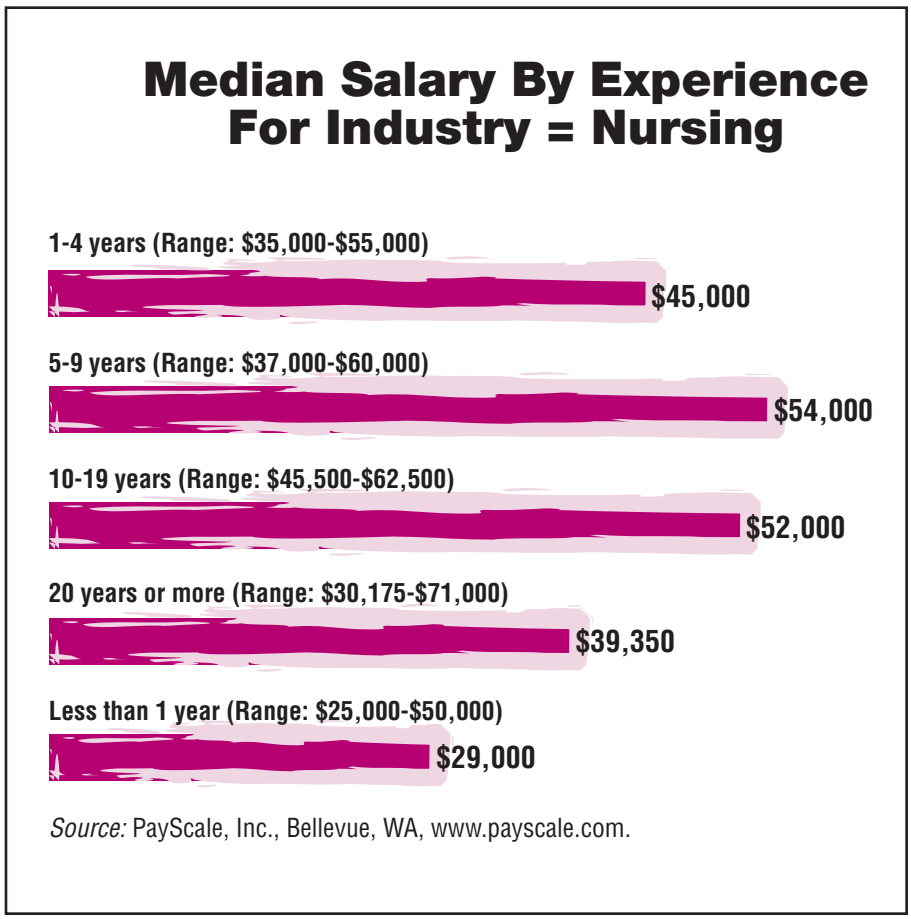
The study also suggests that whether there are children at home also has an impact on the working status of RNs: More children younger than 6 means less chance the nurse will work and, if she does, fewer hours worked. Having children under age 6 in 2000 meant that a nurse only had a 79% probability of working and worked 1,316 hours per year. If the children were older than age 6, the chance of being in the work force in 2000 increased to 91%, and the hours worked increased to 1,552.

Not surprisingly, having young children in the house doesn't affect male nurses. The average number of hours worked for men is more than

1,900 per year — compared to female nurses who worked 1,670 if married and 1,860 if single. It certainly makes hiring more male nurses seem more appealing.

"I think changing the image men have about nursing could have a big impact on the future supply of nurses," says Chiha. They already have a higher participation rate at RNs than their female counterparts once qualified — according to the study men participated at a rate of 90% in the work force, compared to 83.9% for married women nurses.

Diversity in terms of race also may help hospitals get more working hours out of their RNs. According to the study, African-American women worked about 100 more hours per year than their white counterparts.



Getting them in the door

Unlike nurses already in the profession, wages do play a part in attracting students to nursing in the first place. But in an era where women have more career choices than just nursing, and where – at least until recently — the options for lucrative careers for anyone seemed various, starting salaries for nurses may become a key factor in getting enough people interested in nursing to deal with the current shortage and stave off future ones.

"Wages had an effect on the number of people admitted into nursing programs between the 1960s and 1996," Link says. "They choose nursing based on wages. If you look at wages associated with starting salaries in the society at large, the higher they are, the fewer people choose to go into nursing."

The message that Link and Chiha want hospitals to take home from their study is that working conditions matter a lot more to existing nurses than wages. If nurses leave to have children, then negating the impact of having those young children by providing child care could entice some of those women back to work, Link says. It might be a small effect — most RNs work already. But when you are talking about half a million nurses with small children, getting a few thousand back into the work force could have a significant impact in communities and individual hospitals.

If a hospital wants existing nurses to stay on the job, they have to do something to keep them motivated. That means having some promotional path at the bedside, says Link. They shouldn't have to move into administration to increase their wages.

"When they first enter the workforce, they are very motivated," Chiha concludes. "But after 20 years, with such hard working conditions, why should they stay? You have to give them a reason."

Reference:

1. Chiha YA, Link CR. The shortage of registered nurses and some new estimates of the effects of wages on registered nurses labor supply: A look at the past and a preview of the 21st century. *Health Policy* 2003 Jun; 64(3):349-75.

Sources:

• **Yvana Chiha**, PhD, Economist and Litigation Consultant, Resolution Economics, 9250 Wilshire Blvd., Suite 400, Beverly Hills, CA 90212. Telephone: (310) 860-9062.

• **Charles R. Link**, PhD, Professor of Business, Department of Economics, University of Delaware, Newark, DE 19716. Telephone: (302) 831-1921. ▲

Schedules matter to nurses

But those cheesy T-shirts don't

What matters to your nurses? The ability to schedule their jobs around their lives, says a survey of 811 RNs. Conducted by Bernard Hodes Group and Nursing Spectrum, the survey asked questions about perceptions of employers before they were hired, how the reality related to those perceptions, and even what RNs look for in an employment ad.

Here are some of the results:

➤ Surveyed RNs selected work schedules, growth opportunities, and commuting distance as the primary reasons for choosing their present employer.

➤ Overall, RN satisfaction centers on work schedules, co-workers, and opportunities to learn; dissatisfaction is fueled by a lack of being valued, inadequate communications, and insufficient compensation.

➤ If empowered as upper management, RNs surveyed indicated that the key areas they would address are: compensation, performance incentives, and the addition of benefits and flexible schedules.

➤ Local newspapers, typically consulted on a weekly basis, are seen by RNs as a good source of job leads, as are Internet-appropriate employment sites and job boards.

➤ Respondents appear to be equally divided between brochures and web sites as a preferred medium for researching prospective employers.

➤ The vast majority of RNs would or have referred job candidates to their current employer, and feel that bonuses or prizes are effective motivators for such referrals.

The survey is available at the Bernard Hodes Group web site: http:// www.hodes.com/hcrecruiting/index.html?hc_nursingpulse.asp. ▲

What one thing should be changed about nursing to attract more people to the profession?

We need to cut the cutesy nurse crap, which is so offensive – all the T-shirts like 'Nurses Call the Shots' and 'Nurses Have the Courage to Care.' All the teddy bears and angels really have to go. They infantilize us. By promoting this girly image, we provoke others to patronize us.

Fire any manager who invents a new form to fill out.

Many older nurses forget they were not born nurses. Preceptorship is learning and teaching, not having the new nurse do the work for you and being overly critical. A new nurse has to learn how to be a great nurse, and then they will enjoy the profession.

Make it easy, make them happy

Signing up for benefits shouldn't be arduous

Is putting packets together a drag? This HR department doesn't have to. Tired of answering questions about benefits changes? St. Mary's Health System in Athens, GA isn't. Working with one of its insurance carriers, it moved from a manual to an automated enrollment process for its 1,200 employees, scheduled work time, one-on-one meetings with staff to explain the benefits and answer questions, and even showed the employees what each option meant to their paychecks to the penny.

The result: a process that in the past had lasted up to 10 weeks took only a month to complete. At the end, more than 90% of employees participated, and the three-person human resources staff saw their ongoing burden of answering benefits questions throughout the year decrease.

It's possible, too, that declining turnover rates can at least in part be attributed to the program says **Jeff English**, vice president of human resources for the system, which includes one hospital, a long-term care facility, home health, and an assisted-living facility. "I think it boils down to them feeling like they are getting treated better."

In the past, employees brought home packets to fill out. "If we got them back at all, they were late or incomplete," says English. "I had worked with the insurer at another facility to have them come in and sit down with staff. When I started it here, I think it really impressed our employees. They like the special treatment."

A reason to get everyone together

There is a kick-off benefits fair where employees can either complete open enrollment, or simply ask questions and schedule one-on-one meetings. It features refreshments, prizes, and representatives from all the plans offered by the system. Last year some 800 employees attended.

St. Mary's also stages a series of 60 to 70 sessions where any changes in the benefits packages are explained to staff in groups. The individual meetings take about a half hour and include computer presentations about how their particular choices for benefits packages will affect their paychecks.

"We don't have to do a thing," says English. "We just stand back and take employees to the insurance representatives. At the end of the open enrollment period, we upload a computer file system from the insurance company."

The carrier, which only has two of the several

products offered at St. Mary's, is prohibited from trying to get employees to use their products. "I won't allow it," says English, who adds that the insurance company does not charge anything for the service as long as St. Mary's offers at least two of its products.

"From an employee perspective, it takes the grief out of the process," he says. "It's one-stop shopping and we're happy to spot them the 30 minutes of time to go through the process. It's money well spent."

For the HR staff, what used to be a headache is now a breeze. The old system featured reminder notes to staff, phone tag, and a constant barrage of questions from 1,200 employees fielded by three human resources employees. Now, there are 10 insurance representatives who can answer questions from employees immediately.

"I don't think there is anything particularly magical about doing this," English says. But the results can be for staff. "Anyone can do this. You can make your employees feel important in a process that normally drives them crazy. The by-product is not only happier staff, but improved retention and even a recruiting tool."

Source:

• **Jeff English**, Vice President of Human Resources, St. Mary's Health System, 1230 Baxter St., Athens, GA 30606. Telephone: (706) 354-3195. ▲

IN FUTURE ISSUES

▲ Vacancy rates down in all areas — how one hospital did it

▲ Creating a culturally relevant work force

▲ Is the shortage as bad as it's going to get?

▲ The latest Kaiser health benefits survey

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.

29. Sinai Hospital's two most successful recruitment and retention programs were:
    A. using more foreign nurses and agency staff
    B. hiring foreign nurses and giving existing staff longevity bonuses
    C. hiring more patient care techs and hiring foreign nurses
    D. hiring foreign nurses and using administrative staff to cut paperwork for nurses

30. The University of Texas at Houston has what percentage of male grad students in its nursing program?
    A. 30
    B. 16
    C. 33
    D. 35

31. The core of the Spirit of Caregiving program is exploring:
    A. the role of conversations as a predictor of success or failure
    B. creating possibilities for personal and organizational growth and development
    C. the seven critical distinctions of caring
    D. the daily choice to be a caregiver

32. How much of the typical workday is spent on wasteful work, according to a new survey?
    A. 30%
    B. 35%
    C. 33%
    D. 16%

Answers: 29-D, 30-A, 31-C, 32-B

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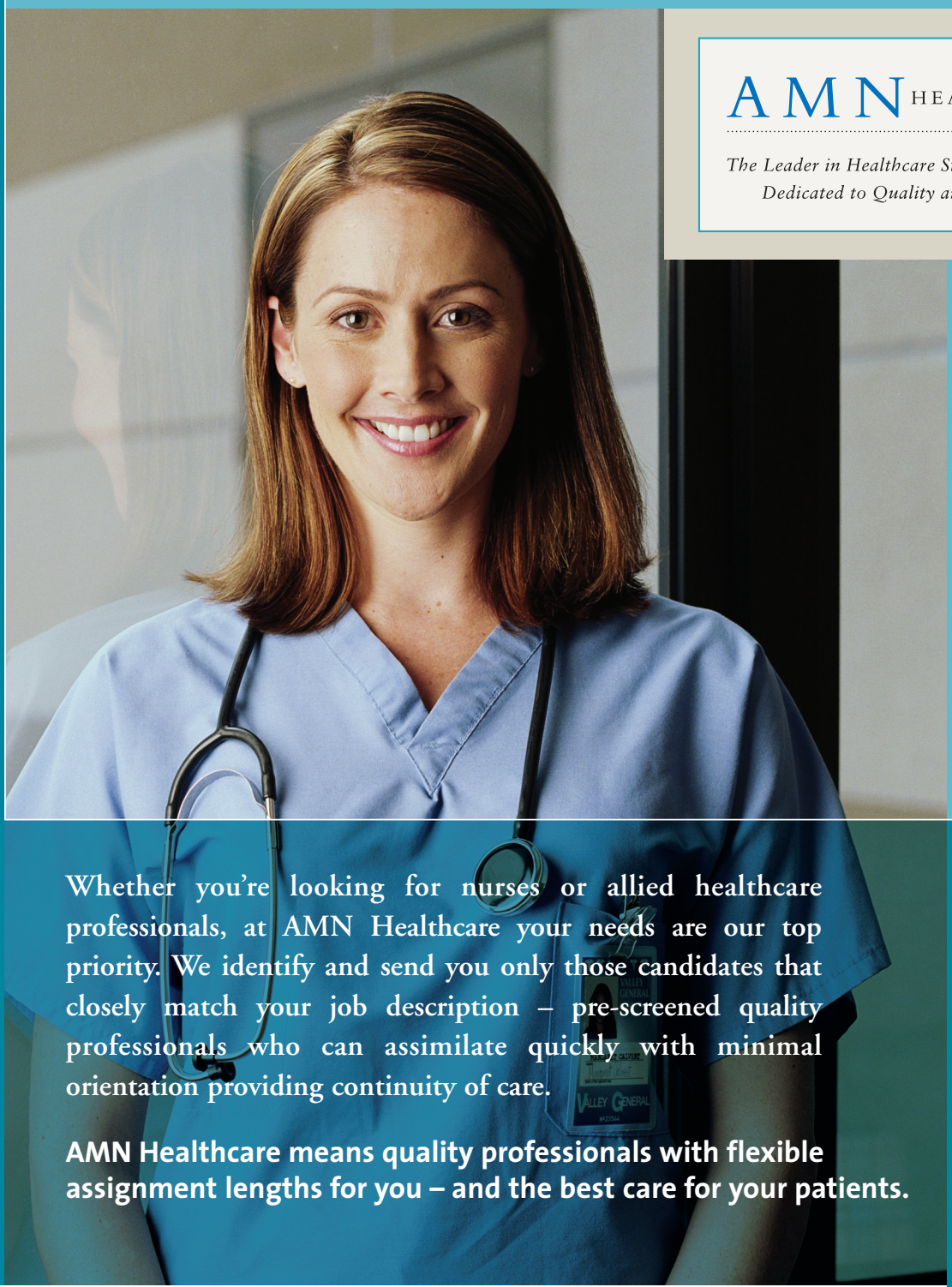

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