

# HOSPITAL RECRUITING

The Practical Guide for Recruiting  
Nurses and Allied Health Professionals

## UPDATE

## 2003 Salary Survey Results: There's a right way and a wrong way to get a raise

*Career counselors tell you the right way*

**J**OB unemployment over the past year may have been the lowest it has been in seven years, but health care recruiters will tell you they've still got plenty to do, what with trying to find pharmacists and lab technicians and nurses. It's not an easy job, as the candidate pool for skilled health care professionals is shrinking and the number of entry-level candidates is diminishing.

In spite of the shortages, data compiled from last summer's salary survey reveal that raises in the



profession were modest. The 2003 *Hospital Recruiting Update* Salary Survey found the majority of salary increases were in the 1% to 6% range, with 40% of respondents reporting raises of 1% to 3% and 32% reporting 4% to 6% increases.

Things could have been worse — 14% of respondents reported no change, and 4% reported a salary decrease. There were, however a few who reported significant salary increases: 1% reported an increase

*(Continued on page 127)*

## The grass is greener in Thomasville, GA

*Archbold Medical Center beats national average in most areas*

Archbold Medical Center in Thomasville, GA, is 35 miles north of Tallahassee, FL. That means that it not only competes for employees with a much bigger market, but it also has to sell potential staff on living and working in a fairly rural area. But so far, so good. The vacancy rates for almost every single potentially problematic job are lower than the national average. In fact, the 264-bed facility and its four much smaller sister facilities in the area just received a best practice award for its

recruitment and retention programs from the American Society for Healthcare Human Resources Administration (ASHHRA — a sub-body of the American Hospital Association).

The numbers are impressive. For RNs in general, there is a 6% vacancy rate compared to a 9.9% national average. In critical care, the facility has no vacancies, compared to an 11.6% national average. Radiology

*(Continued on page 135)*

### INSIDE

- ▲ Working moms win at eight hospitals
- ▲ 20 great wellness program ideas
- ▲ Cut stress, reduce burnout
- ▲ RNs are lining up for ICU jobs at VHA hospitals

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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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of 16% to 20%; 2% reported increases of 21% or more.

"In this economy, [higher raises] are rare," says **Elizabeth McAloon**, CPCC, a certified career and life coach and founder of The McAloon Group, an association of career and life coaches and consultants. "Of course, there will be some exceptions for superstars in the organization or those who came in far below market rate and have proven themselves worthy of a market adjustment."

### Positioning yourself

The opportunities in the field are good due to a number of factors. One is the need for health care. Over the next 25 years, it is estimated that 134 million Americans will need care for chronic conditions. Finding qualified professionals to care for patients will keep many recruiters on the job. According to a July 2002 report by the Health Resources and Services Administration, 30 states were estimated to have shortages of registered nurses in the year 2000. The shortage is projected to intensify, with 44 states plus the District of Columbia expected to have RN shortages by the year 2020.

Another July 2002 report, "Workplace Forecast, A Strategic Outlook, 2002-2003," by the Society for Human Resource Management, included Health Services and Personnel Supply Services in its list of industries with the fastest wage and salary employment growth. Health Services is projected to grow 4.6% by 2010; Personnel Supply Services 4.1% in the same period.

"I think there is always a market for good recruiters," says **Andrea M. Booth**, MA, president of AMB Resources Inc., a

## Here's the data

Thirty percent of respondents listed their title as recruiter. Salaries among recruiters ranged from \$30,000 a year to \$89,000 a year. The majority — 85% — reported annual gross income in the \$30,000 to \$59,000 range. Specific salary ranges broke out this way:

\$30,000 to \$39,000	⇒	24%
\$40,000 to \$49,999	⇒	32%
\$50,000 to \$59,999	⇒	29%
\$60,000 to \$69,999	⇒	5%
\$70,000 to \$79,999	⇒	5%
\$80,000 to \$89,999	⇒	5%

Those earning \$60,000 or more per year had an average of 17 years of health care experience, with 56% reporting more than 20 years experience. The average experience in health care recruiting was six years. A little more than a half (56%) have been Recruiters one to three years; 22% have been in the field 13 to 15 years.

The salaries of respondents reporting the title of Director of Nursing or Chief Nursing Officer fell into a number of salary categories. Of all respondents in all salary categories, Directors of Nursing earned as follows:

\$30,000 to \$39,999 per year	⇒	19%
\$40,000 to \$49,999 per year	⇒	12%
\$50,000 to \$59,999 per year	⇒	23%
\$60,000 to \$69,999 per year	⇒	23%
\$70,000 to \$79,999 per year	⇒	17%
\$80,000 to \$89,999 per year	⇒	29%
\$90,000 to \$99,999 per year	⇒	6%
\$100,000 to \$129,000 per year	⇒	13%

Chief Nursing Officers reported the following in each salary category:

\$30,000 to \$39,999 per year	⇒	0%
\$40,000 to \$49,999 per year	⇒	3%
\$50,000 to \$59,999 per year	⇒	3%
\$60,000 to \$69,999 per year	⇒	9%
\$70,000 to \$79,999 per year	⇒	13%
\$80,000 to \$89,999 per year	⇒	19%
\$90,000 to \$99,999 per year	⇒	40%
\$100,000 to \$129,000 per year	⇒	13%

Salaries seemed to correlate to years on the job for both Directors of Nursing and Chief Nursing Officers. The average experience of those earning \$80,000 per year or more was 22 years in health care. The majority — 71% — of those earning between \$30,000 and \$50,000 annually averaged 14 years experience in health care. The remaining 29% reported 25 or more years of experience in health care.

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human resource consulting firm with offices in San Diego and Asbury Park, NJ. "Recruiters need to stay current in business and the profession of recruiting," she adds. "I also always recommend reading, attending appropriate conferences, joining an organization such as the Society for Human Resource Management, and networking, networking, networking."

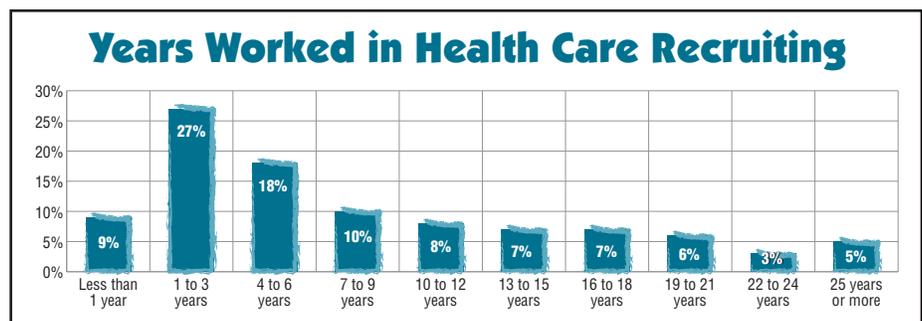
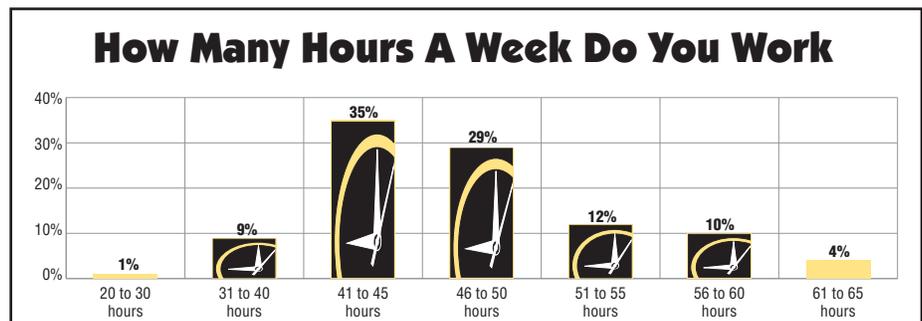
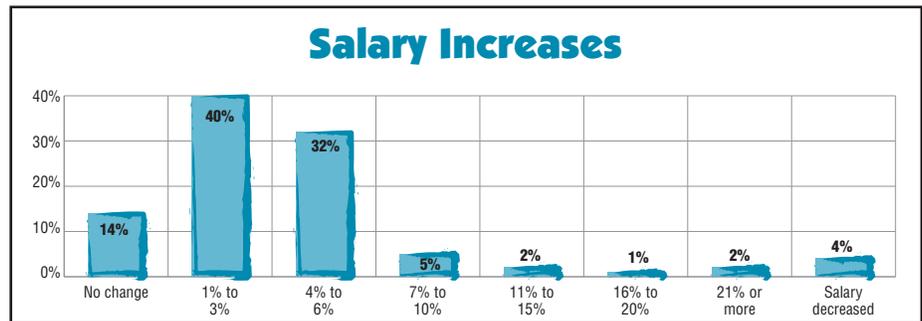
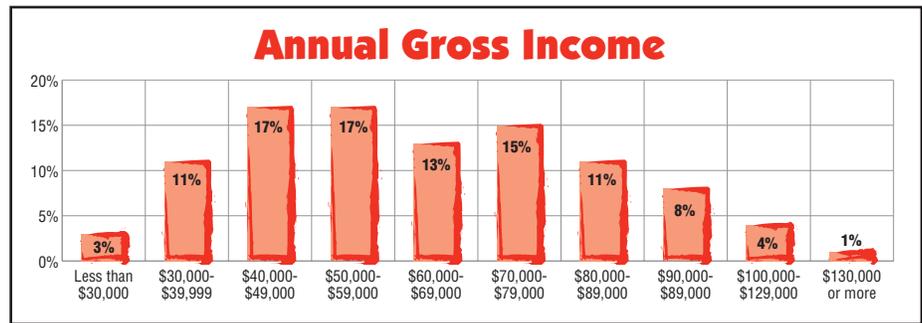
The question remains, however, how can recruiters position themselves to receive the big bucks?

"The key is your productivity and your value as a contributor to the company's bottom line," says **Richard Bayer**, PhD, author on labor economics and chief operating officer of The Five O'Clock Club, a national career coaching and outplacement firm.

Bayer suggests building a business case for your merit increase. "Take a piece of paper and draw a line down the center," he says. "In one column, write down the basic requirements of your job. In the other, write down what you've actually accomplished. Then schedule a meeting with your boss and say, 'I've exceeded the basic requirements, and I think I merit a wage increase.'"

The boss likely will say no, citing budget or other limitations, but don't give up, Bayer says. "Almost everybody hears no the first time. The key is persistence," he says. "Ask, 'What can I do to get a higher raise?'" he advises. Then set up a time to meet after you've done the things that your boss suggested. "In all meetings, your mantra should be 'I just want to be treated fairly.'"

If you've presented a good business case, based on your accomplishments and on data you've collected about the salaries others are making in comparable positions, and you're perceived to be a good employee, most likely your boss will work to find more money for you, he says.



"This is a campaign," Bayer explains, "and the campaign should last until it's successful. It may take several months."

It's really about the company's bottom line and how you contribute to increasing revenue or saving dollars. "The general frame of mind needs to shift from, 'What can I get from this organization?' to 'What does the organization need and how can I help make it happen?'" says McAloon.

She advises that you seek out opportunities above and beyond your job description to contribute. "Strategize, quantify/track, and communicate how you are impacting the bottom line of the organization for the better," she says.

Think cost savings (e.g., negotiations with agencies); revenue generators, ways for the organization to gain more recognition/prestige, and morale boosters, McAloon adds. "The contributions need to be

significant and ongoing and clearly related to your specific actions," she explains. "Then carefully document all your contributions — quantify the value of them with honest accuracy. Don't be shy about an ongoing dialogue with your boss — don't wait until review time to talk about what you are doing and how it's helping the organization."

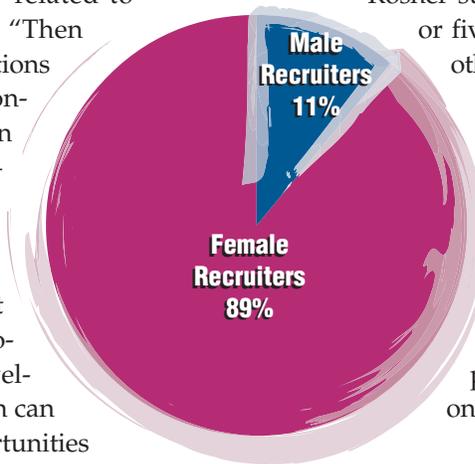
McAloon also advises that recruiters demonstrate a strong ongoing commitment to professional development. "Working with a career coach can help you recognize and act on opportunities to stand out as a star in your organization and receive the rewards you deserve."

**Bob Rosner**, author of *Gray Matters: The Workplace Survival Guide* (Wiley, 2004) and author of the "Working Wounded" column appearing on ABCnews.com, offers three don'ts:

**Don't beg.** "You should never go in with hat in hand, talking about how much you need the money," says Rosner. Asking has to be in the context of adding value to the company. If you are rejected you need to ask, "What would I need to do to get a raise in the future?"

**Don't use guilt.** An entitlement case — "I've been here 20 years and deserve a raise" — won't work, says Rosner. "The key thing you want to say is that you've saved money, created revenue, provided value."

**Don't go in unprepared.** "You've got to present a business case for having earned the money," he says.



Rosner suggests compiling salary data from four or five places so you can tell your boss what others doing a comparable job are earning.

If all else fails, be prepared to look elsewhere. "As long as you stay within the system, the company will never value you that highly. You're a serf. They own you," says Rosner. "The best way to get a raise is to have someone else make you an offer at a higher rate. It's ironic, but even if you present a professional case, you'll get only pennies on the dollar."

#### Sources:

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## Cutting nurse stress improves retention

*Physical and emotional burnout can lead to exodus*

There are plenty of data to support the notion that the higher the stress level nurses face, the greater the chance they will leave their jobs. A survey by the Texas Nurses Association listed high stress in the workplace as one of the top reasons nurses cite for leaving. And a 2001 study in the *Journal of Nursing Administration* reported that the more job stress, the higher the anticipated turnover rates among nurses.<sup>1</sup>

But some facilities are learning the lesson and adopting innovative programs designed to give nurses —

and other hospital employees — the tools they need to manage emotional and physical stress, both at home and at work. Although it is difficult to show a direct link between a given program and a decreased turnover rate, there is plenty of anecdotal information that these programs are making the work force happier.

At the Vanderbilt University Medical Center in Nashville, TN, a Be the Best, Keep the Best program led to the creation of a Nursing Wellness Task Force whose goal is specifically to address the stress and

burnout nurses face.

One of the first campaigns the task force implemented was the Take Your Break Campaign, says **Leah Golden**, RN, MEd, educational coordinator at Vanderbilt University Hospital and a member of the task force. "Nurses are notorious for not taking their breaks," she says, especially in the critical care units. "It's a cultural thing, I think. They don't even eat in the break room, but eat at the nurses station so they can hear alarms on their patients if they go off."

The task force put up posters

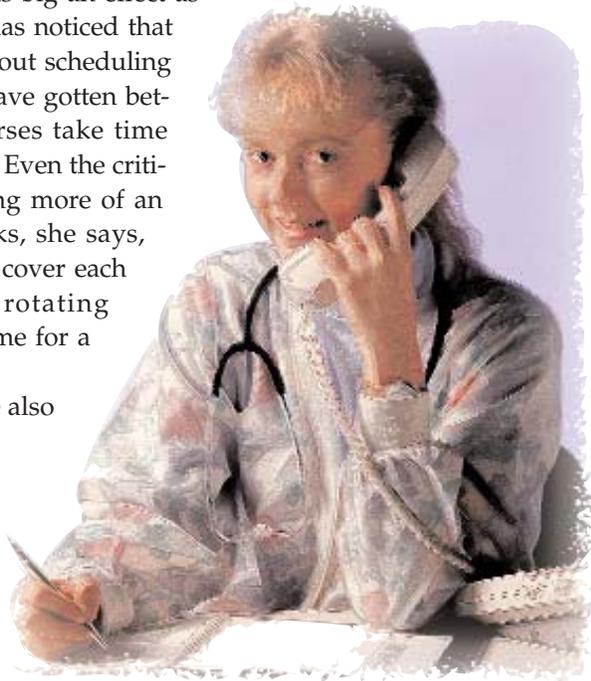
around the hospital — bathroom doors were a great place to put them since “bathroom breaks are the one break nurses will always take,” Golden says. The posters included reasons why taking a break was important. For instance, one might emphasize that breaks are great for re-energizing nurses.

Another part of the campaign was a wellness day. The hospital provided information on wellness programs, nutrition, and even a chair massage. It took about 10 minutes to go through the whole thing, and door prizes were offered as a way to encourage nurses to attend. The emphasis was on the importance of taking a break during the workday.

Golden admits that the Take Your Break Campaign didn't have as big an effect as she hoped for, but she has noticed that some units are better about scheduling breaks, and managers have gotten better at insisting that nurses take time out to eat on a busy day. Even the critical care areas are making more of an effort to schedule breaks, she says, with nurses deciding to cover each other's patients on a rotating basis so they all have time for a breather.

Other initiatives have also been implemented. Recently, the task force started a safety campaign that examined the concerns of nurses who work at night and must walk around the campus in the dark. It started with a walkabout by police, facilities personnel, and management team members at night to see some of the places nurses walk and what might make them feel safer. The result: Bushes were trimmed, extra lighting installed, and more mirrors were put up in the parking garages.

Another initiative is looking at the needs of older nurses and determining the physical and psychological stressors. “We've had one focus group on that already,” says Golden. One clear message: Three 12-hour shifts a week are too hard for many older nurses. The Smooth Moves Committee, an ergonomics group working with an occupational health physician, is looking at some of the other physical issues facing nurses older than 40. They are just about ready to present data and recommendations to the administration.



Part of the issue at Vanderbilt is getting the word out to a large number of employees about the programs that exist and the ones being planned. The nursing newsletter includes a wellness column. It used to be put out on the units, but nurses weren't picking it up. Now it is included in the paycheck envelope. A weekly publication for the medical center as a whole is given out weekly, too, and that includes mentions of the programs of the Nursing Wellness Task Force.

### **Caregiver, heal thyself!**

The program at St. Charles Medical Center in Bend, OR, is a decade old and was a direct result of the hospital deciding to become a more healing environment for patients. It is a very unhospital-like building, says **Janey VanVeen, RN**, health coach and facilitator at the hospital's Center for Health and Learning. There are waterfalls, serene colors, and very little overhead paging. The hospital even has an artist on staff. “But we realized that as great as it is to make this great space for patients, we can't heal others if we aren't good at looking after ourselves,” she says.

The center of the programs is the People Centered Teams seminar, she says. It lasts 2½ days and provides employees the skills, to manage change, enhance self-awareness, improve communication skills and become more accountable in their daily lives. VanVeen says the program has helped to alter communication patterns in the hospital, cutting down on gossip, and helping staff to take their problems directly to the people who can solve them.

The seminar is offered monthly and is required for all staff. In the near future, the hospital will require staff to take it once every four years. A second level seminar called Resiliency and Renewal also is available to all staff and required for leadership and management. Designed to directly address burnout issues, VanVeen says it concentrates on giving staff the skill to sustain themselves in the face of stress and change. The course was designed with a group of University of Pennsylvania psychologists who have researched what makes some people able to grow when they face adversity, while others merely feel beaten down.

The course has been offered four times per year for the last two years. So far, about 200 of the hospital's 2,200 employees have taken it. “The feedback we get it

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is that it helps those who take it to challenge their assumptions and improve their critical thinking skills," says VanVeen. "It helps them to become more resourceful."

The courses certainly help nurses and other staff to develop the skills to manage emotional stress, but for physical issues, there is a host of other programs. One, called New Directions, is a 10-week risk-reduction and health-enhancement program for those who may have chronic illnesses, ongoing stress, or situations that must make them want to feel more empowered. Led by a doctor and nurse, the program is 80% covered by the hospital's insurance program, and employees taking it get a 50% discount on the 20% they have to pay.

The program emphasizes the mind/body/spirit connection, VanVeen says. A different topic is presented each week. For example, there is a week on relaxation responses, another on nutrition. Exercise, communication, listening, self-esteem, stress management, and spirituality also are covered. The course is a mix of large group educational sessions, small group discussions, and individual work. "They can learn to manage symptoms with a positive attitude."

One local insurance company found that those who take the course — and it is open to the community at large, as well — have fewer claims than those who do not.

Another program is called Life Choice, a one-day seminar free to staff and the wider community that helps participants identify what personal health means to them, what life patterns get in the way of attaining personal health, and how to challenge those patterns.

For immediate stress relief, the hospital offers free 15-minute chair massages in each unit six times per year. For a dollar a minute, you can have additional massages with a massage therapist who comes to the hospital twice a week. "Massages can be very renewing," says VanVeen. "The staff really appreciate it, particularly the free ones that are in their own department every other month."

### **Calculating the benefits**

Like so many of these programs, there aren't a lot of data that what they do works, says VanVeen. One nurse from the hospital is actually working on her PhD trying to figure out what outcomes can be related to the use of the People Centered Teams program.

Staff satisfaction is high, turnover low, and nurses tell the administration they love the programs. "But it's hard to pin it on any one of these programs," VanVeen says, noting she's heard comments from nurses about how they can communicate better with their teenagers

## **Need ideas for wellness programs?**

*Here are 20 for a start*

- Fitness evaluation performed by a cardiac rehab nurse (small fee)
- Monitored exercise (small fee)
- Walking trail
- Local gym memberships at a discount
- Hospital fitness room use
- Smoking cessation programs
- On-site massage therapy — free every other month
- Health coach programs
- Injury prevention and ergonomic evaluations
- Yoga, medication, and qigong offered on site
- Therapeutic touch classes
- Weight reduction classes
- Access to health resource center lending library
- Access to hospital pastoral care
- Critical incident stress debriefing with social work service
- Spirituality and health seminars
- Conflict resolution and relationship coaching
- Caregiver Assistance Programs — three free visits annually
- Bereavement support
- Access to hospital support groups

*Source: St. Charles Medical Center, Bend, OR.*

or spouses or parents at home, which makes them feel more comfortable being away from family while at work.

"This has been life-transforming for many who've gone through it," VanVeen says, adding there is another way to calculate that it works: the opinion of other health organizations around the country that have asked the folks at St. Charles Hospital to teach them about their programs as they try to deal with the issue of nursing burnout.

Vanderbilt University Hospital has seen some improvement in retention rates since the Nursing Wellness Task Force was created 18 months ago. But there were other groups also working on recruitment and retention, so Golden isn't sure how much of that

improvement is due to the task force's work.

However, one indicator that the work is paying off is the number of nurses using the employee assistance program has doubled. "That's a reactive thing, but a good sign that when a problem occurs, they will go out and seek help." The future, she says, will hopefully include nurses taking a more proactive role in their well-being.

Regardless of how successful any of the campaigns are by themselves, Golden says putting a wellness program for employees in place sends a vital message. "It tells them we care about their well-being," she says. "And if you don't take care of your nurses and other staff, you'll find you don't have any to take care of. This is a hard job. Nurses spend all their time giving to others, but they can be very bad at taking care of themselves. I think it's up to hospitals and other health care organizations to teach them how to do this. If we don't, no one will choose to go into this field, or stay in it if they do."

The average stay in the nursing profession hovers around seven years, VanVeen concludes. "We lose a lot of great talent to burnout. Anything you can do to

support caregivers in being more successful and healthy will result in benefits in workplace — through retention and more capable staff. Home issues won't spill into work because we offer skill sets to deal with any stress. Our caregivers are our biggest investment. We can't heal our patients if we are not healing ourselves first."

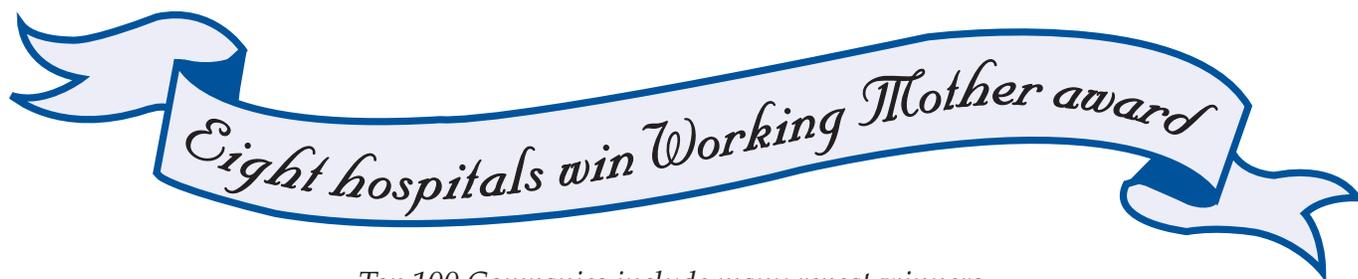
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### Top 100 Companies include many repeat winners

How many of your employees are moms with kids to take care of when they aren't at work? And how closely do you pay attention to making it easy for them to come to work by ensuring that the needs of their families are met?

Hospitals that do got a big-time pat on the back in September when *Working Mother* magazine put out its 18th annual list of the Top 100 Companies for Working Mothers. On that list were eight hospitals. In future issues of *Hospital Recruiting Update*, we'll look at what makes some of them such great places to work for moms — and probably by extension, to dads.

Meanwhile, the magazine notes that every single company on the list offers flextime, compared to 55% of companies nationwide; 99% of the top 100 offer employee assistance programs, vs. 67% nationwide; 98% offer elder-care resources and referral services, vs. 20% nationwide; 96% of the top 100 Best Companies offer child-care resource and referral, vs. 18% nationwide. Ninety-four percent offer compressed work weeks vs. 31%

nationwide; 93% of the top companies offer job-sharing compared to 22% nationwide; 47% of them sponsor sick child care compared to 7% of companies in general; and 44% offer before- and after-school care compared to only 4% of other companies in the country. The comparison figures come from the 2003 survey of companies by the Society for Human Resource Management.



The hospital winners are:

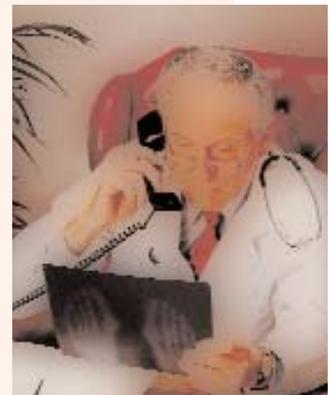
- ☆ **Bon Secours Richmond (VA) Health System.** The company offers a 70% subsidy for up to 10 days per year of in-home health care for children when they are too sick to go to school or day care; access to child care, including three on-site facilities; flexible leave to care for parents, children, or others; six to eight weeks of partially paid maternity leave; and three days of paternity leave for new dads.
- ☆ **Bronson Healthcare Group, Kalamazoo, MI.** *Working Mother* cited Bronson for its flexible scheduling. Some employees have a full-time job while working only three days a week, and telecommuting is an option for some workers some of the time.
- ☆ **Inova Health System, Falls Church, VA.** The company offers flexible scheduling, including working-parent shifts that run from 7 a.m. to 2 p.m. Three of the Inova hospitals have on-site child care centers, and there is an elder care resource and referral program.
- ☆ **JFK Medical Center, Atlantis, FL.** Another multi-year winner, the 387-bed hospital also was named among the Top 100 hospitals in the country this year.
- ☆ **King's Daughters Medical Center, Ashland, KY.** Among the reasons the magazine cited for this facility's win: on-site childcare and the large number of women both among employees in general (79%), among management (70%), and among the top earners at the hospital (80%).
- ☆ **Northwestern Memorial Hospital, Chicago.** This is the fourth year in a row this facility has been named. The hospital has on-site child care, as well as before- and after-school programs, holiday care, summer camp, and even parents' night out programs.
- ☆ **Pitt County Memorial Hospital, Greenville, NC.** This facility has a summer camp for employees' children. It also has a large number of women in top management and some 16 different scheduling options for employees.
- ☆ **St. Mary's Medical Center, Huntington, WV.** On-site child care, as well as partnerships with a local church for after-school and summer child care are among the reasons this facility was chosen. It also

offers free medical and dental coverage for full-time employees, free well-baby and well-child immunizations, an on-site lactation program for nursing moms, and flexible and compressed workweeks. There are also unlimited, free on-site employee assistance program visits for workers and their families. ▲



## Older folks love to work in health care

Although there is concern over how well older nurses in particular can handle the demands of their jobs, health care appears to be a great industry for older workers. Indeed, health care organizations occupy nine of the 25 places on the *AARP The Magazine* list of the Best Employers for Workers Over 50, published in the November/December issue.



Employers were rated based on their recruiting practices, training opportunities, health benefits, pension plans, and alternative work arrangements. The health care organizations on the list are: Baptist Health South Florida, Miami; Children's Health System, Birmingham, AL; Freeport (IL) Health Network; SSM Health Care, St. Louis; Bon Secours Richmond (VA) Health System; St. Mary's Medical Center, Huntington, WV; The Ohio State University Medical Center; Augusta (GA) Health Care Inc.; and Scottsdale (AZ) Healthcare.

*(Continued from cover)*

technicians, an area of growing concern for many hospitals, have a national vacancy rate of 11.5%, but it's only 2% at Archbold. Medical technologists have only a 2.9% vacancy rate at the medical center, compared to 6% nationally. There are no respiratory therapist vacancies at Archbold, compared to a national vacancy rate of 9.1%.

In fact, the only area where it does have a problem is in pharmacy, where the national average is 8.4%, but it's 11.3% at Archbold, and even that can be misleading as there are only three vacancies, for two full-time and one part-time position, says **Zach Wheeler**, vice president of Human Resources at Archbold. "With some positions, like pharmacy, you have to compete at the state, regional, or even the national level," he says. "You want people who will come and like small town life and stay, so it takes us longer to recruit for those positions than it might take a more urban facility."

Not that they are taking the situation lying down. Archbold is currently working with the Georgia Hospital Association and the University of Georgia to create a satellite pharmacy program.

### **Planning ahead**

It can take a while for such programs to come to fruition, Wheeler explains, noting that a nursing program they developed with Southwestern Georgia Technical College took five years to get going. "These things don't happen overnight or without funding," he says.

Indeed, a lot of what Archbold does involves taking a much longer-term view. "To survive as a big

hospital in a small town, we know we have to grow our own staff," he says, "whether that means getting them interested in elementary school or working with people who are interested in changing careers."

To get kids interested, the hospital sends people in to talk about health care careers, but rather than lecture to a room full of wriggling kids, they take equipment and do tactile things that piques the interest of young minds. For instance, they bring chemicals that show how well someone has washed his or her hands. For younger children there is a coloring book about health care jobs.

For the second-career crowd, there is a health care career night at the hospital, Wheeler says. Each department has a booth, and some also open up for tours. Imaging, for instance, will allow people to look at CAT scanners. Attendees can find out about a profession, the hours worked, and the kind of tasks involved. At the same time, there are representatives from local schools so they can find out about prerequisites, costs, how to enroll, and what financial aid is available. At the last fair, people from four counties attended.

The hospital also has held a scholarship seminar, which attracted about 70 people, and a program called So You Want To Be a Nurse. In that program, schools, the hospital, and financial aid folks all work together to give a lecture-type seminar that explains what it takes to be a nurse. Nurses also come to speak to the audience.

"We had one guy who was 57 come to one of the programs. He's an LPN now," he says. Another attendee was a man who started out in the dietary department who

always wanted to be a nurse. He's an RN now. "They both went through our programs," says Wheeler.

For a small town, the scholarship program the hospital runs is large. There are some 130 people enrolled now, about 80% of them in nursing.

Having schools and scholarship programs locally is probably one of the reasons vacancy rates are low for nursing at Archbold. "We only have about 40,000 people in the county, but when you see what kind of training programs we have, it's kind of unbelievable," says Wheeler. There are two RN programs, and a medical technician program that is a joint venture between a local private university, the local technical college, and Archbold. In the latter, students start at the technical college for lab and training, then all their credits transfer to Thomas University for the BS program. Along with the nursing and medical technician programs, Archbold has helped to set up a cardiovascular technician program, too.

"I suppose that's a real lesson," he says. "Know and use the assets you have in your community."

Getting people into health care is one thing. Once there, Wheeler says, you have to work to keep them. "We are a little better than average on turnover, and I think a lot of that is just being fair," he says. "You have to pay within the market so pay is not a point of dissatisfaction. And you have to have good benefits. There is never any one thing that keeps them here. We have a good community and a good hospital. The focus is on care, not the bottom line."

### **Source:**

• **Zach Wheeler**, Vice President of Human Resources, Archbold Medical Center, P.O. Box 1018, Thomasville, GA 31799. Telephone: (229) 228-2745. ▲

*Getting people into health care is one thing. Once there, Wheeler says, you have to work to keep them.*

# ICU program cuts overtime, RN turnover

*PS: It's great for patients, too*

Attention human resources professionals: Programs that are good for recruitment and retention don't have to operate in a vacuum. Some of them even can be great for patient health and satisfaction and can have a great impact on the hospital bottom line. Case in point: the VHA Transformation of the ICU program.

Currently used in 25 intensive care units in 14 hospitals around the country, the program is designed to improve the ICU not through huge investments in technology, but through small changes in the way care is delivered. For instance, communication between caregivers and family is increased; visiting hours are extended; and best practices on issues such as ventilators and catheters are put in place in order to decrease the time spent by patients with these devices.

Among the results cited by the VHA, a national alliance of 2,200 hospitals:

- Lower mortality rates and length of stay
- Less time for patients on ventilators
- Decreased patient pain reports
- Less overtime for ICU nurses
- Lower turnover rates
- Improved patient satisfaction scores

Change isn't always easy, though, particularly if the nurses in the ICU have been there for a long time. That was the case at Baptist Health in Little Rock, AR, a four-hospital system that includes the 600-bed Baptist Hospital. The average length of tenure in the four 18-bed critical care units is nine years. So when the system started looking into the Transformation of the ICU program about a year ago, there was some apprehension, says **Sandra Ward**, RN, director of critical care at Baptist. "We didn't have bad numbers, so there was a feeling of why do this," she says. "But this program improves patient flow. They move on and out faster, and patient and family satisfaction goes up. And in the end, nurses are happier, too."

The first thing the units worked on was getting patients off the ventilator sooner. Using an evidence-based approach and practices others had found successful, they were able to cut ventilator time by two days and ICU length of stay by one day. What's in it for administration? Less time for patients in the ICU means less need to hire new nurses for the unit or to use travelers.

This is the second ICU project that Lynchburg (VA) General Hospital has undertaken. It started in 2001



with the Institute for Healthcare Improvement's Idealized Design of the ICU program and was followed in 2002 by the Transformation of the ICU (TICU) project. Since implementing the changes the two projects wrought, the medical ICU at the hospital has had a waiting list of nurses who want to work in it, says **Patty Bumgarner**, RN, BSN, CCRN, the unit's manager.

The changes dealt a lot with increasing communication and options for communication between medical staff and patients and their families. "A lot of the nurses found it hard to think about letting visitors stay longer and giving patients direct lines to nurses on the unit," Bumgarner says. "We thought we had been doing a great job already in communicating with them. But now with these adaptations, we have seen improvements in family satisfaction and thus staff satisfaction."

## Communication increased

Bumgarner says when she got back from the first TICU meeting with other hospitals engaged in the project, “I had a deer-in-the-headlights look. But about 30% of the staff was raring to go. They put it into place, and once they saw it worked, the rest jumped on board.”

Part of the project involved keeping data on how much time was spent on certain tasks. The data were provided to the nurses so the units could see how they were doing clinically, as well as how the changes were affecting staffing.

Nurses now have to be present when physicians make the rounds, and families are encouraged to be there. “That has improved collegiality with physicians,” says Bumgarner. “We are seeing the disciplines coming together to determine care, and the nurses feel a lot more respect from the physicians.”

Nurses also are responsible for recording a message on each patient’s condition every 12 hours. Family members can call a special number and access that information whenever they want. “We are thinking more about the patients and their families,” says Bumgarner. “For nurses who go into this profession because they want to care for people, this resonates. They are able to provide the kind of care they’d like their own family to receive.”

This kind of program is an excellent way to improve your ICU by putting in place what has proved to be the best standard of care, Bumgarner says. “I think it has really helped our staff to be excited about coming to work.”

As if a waiting list of nurses wanting to work on the unit wasn’t enough, there also has been a decrease in turnover from a high of about 8% to 2%. In addition, no agency nurses are ever used on the unit. “We live in an area where the nurse shortage is evident, but we don’t feel it in this unit.”

Cutting turnover can lead to significant savings, says Lillie Gelinias, RN, chief nursing officer of VHA. “Each 1% turnover drop means an additional \$1.2 million to the bottom line,” she says.

## Measuring for the future

As with all of the VHA work force programs, Gelinias says this one was undertaken with the understanding that “we don’t do anything without measuring. We focus on understanding the issues, diagnosing key components, and coming up with strategies to improve.”

Often, when a nurse leaves a facility, he or she may say it is because of money. “But usually, it’s really

about leadership,” she says. “There is a correlation between retention and leadership. Understanding how sound the leadership is in the ICU can help. We measure worker satisfaction in the TICU program, and look at the differences in satisfaction between management and workers.”

Second, they measure the ICU culture. One of the biggest issues in ICUs is the relationship between doctor and nurse, she says. “We have tools that can measure dysfunction in that relationship. Part of it is that it is a highly charged atmosphere that can create less sensitivity and less diplomacy.”

The improved communication and the increased respect that nurses like those in Lynchburg are getting as a result of TICU can obviously help make the relationships more functional.

Third, TICU measures human resources processes. “Across the 25 ICUs in this program, when I stood up and asked them what the tenure equity of their staff was, they looked at me like I had two heads,” says Gelinias. “There is a report card you should have for each staff member: when they were hired, how long their orientation was, how long they were with you, and how long they expect to stay with you. But most people don’t know the tenure equity and retention intent. Forget the exit interview. It’s too late then. Instead, ask staff how long they intend to stay.”

You can get information from staff satisfaction surveys, but for the most part, people on the fringes of the bell curve complete them, says Gelinias. “The people in the middle aren’t always honest, and they worry about what happens if they are identified by their surveys.” Instead, she recommends holding miniforums where structured questions are asked. For example, ask, “Would you recommend this as a workplace to others?”

Fourth is work design. One hospital in Kansas has no lifting for RNs and practice insurance premiums are down by more than \$400,000. Employee satisfaction is higher because nurses aren’t getting hurt, and patients are happy because they aren’t waiting for moves. Instead of a nurse, there is a mechanical lift. “You don’t necessarily redesign what people do, but their work environment.” Another example Gelinias cites is in Colorado, Exempla Healthcare of Denver has self-propelled beds in the ICU. A single nurse can move a bed and all its equipment

Last, organizations have to grow the next generation of nurses. Exempla has a program where board

*“We don’t do anything without measuring. We focus on understanding the issues and coming up with strategies to improve.”*

members shadow nurses so they can understand the stresses of the job and better recruit in the community. A similar program takes place in Frederickburg, VA's MediCorp Health System.

"The way you measure that is by looking at how many new graduates you hire in a given year, or whether you have high-school shadowing programs," she says.

ICUs and hospitals in general — that want to go from good to great need to address all five of these issues. "No one has nailed all five of these," she says. "But when one does, it will be a facility with optimal performance in operations, cost, and the very best patient satisfaction."

#### Sources:

- **Sandra Ward**, RN, Director, Critical Care, Baptist Health, 9601 Interstate 630, Exit 7, Little Rock, AR 72205-7299.

- **Patty Bumgarner**, RN, BSN, CCRN, Unit Manager, Lynchburg General Hospital, Medical ICU, 1901 Tate Springs Road, Lynchburg, VA 24501. Telephone: (434) 947-3024.

- **Lillee Gelinis**, RN, Chief Nursing Officer, VHA Inc., 220 E. Las Colinas Blvd., Irving, TX 75039. Telephone: (972) 830-0655. ▲

## IN FUTURE ISSUES

- ▲ Keeping the job great for older workers
- ▲ The hospitals that do best by their working moms
- ▲ Creating a diverse workplace
- ▲ What flexible scheduling can do for you

## 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.*

33. According to a 2001 study, higher turnover rates have been linked more frequently to:
  - A. Family stress
  - B. Low pay
  - C. High job stress
  - D. Bad management
34. According to the VHA, each 1% in reduced turnover means how much added to the bottom line?
  - A. \$4 million
  - B. \$12 million
  - C. \$3 million
  - D. \$1.2 million
35. The national average vacancy rate for pharmacists is:
  - A. 8.4%
  - B. More than 10%
  - C. Less than 1%
  - D. 5.6%
36. While every company in the *Working Mother* magazine top 100 list offers flex time, how many companies in the country in general do?
  - A. 45%
  - B. 55%
  - C. 67%
  - D. 44%

Answers: 33-C, 34-D, 35-A, 36-B



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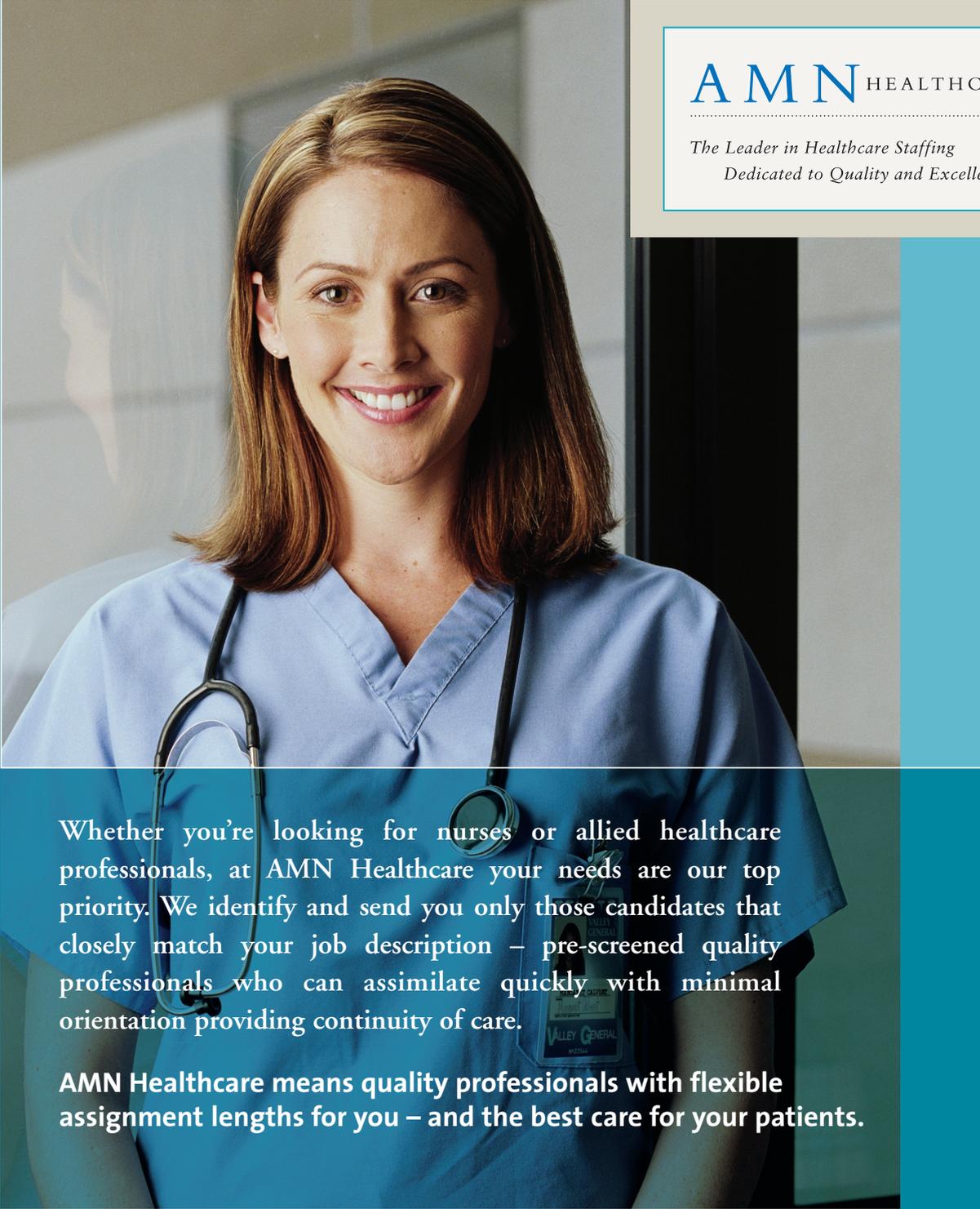
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