Retaining the Recruited

A shift in focus may make all the difference.

With hiring bonuses, referral rewards, and other such enticements, nurse recruitment is as intense as the NFL draft. Recruiters abound, yet they have no counterparts to ensure these nurses remain in the field. Where are the nurse retainers?

In a study published in the Journal of the American Medical Association in 2002, Aiken and colleagues documented the relationship between nurse staffing and patient death, nurses’ burnout, and job dissatisfaction. More creative efforts are needed to relieve overworked and underappreciated nurses, yet hospitals seem slow to grasp this idea. Why not make an all-out effort to retain the invaluable wisdom, knowledge, and skills of experienced nurses? Who do they think will mentor the new nurses who’ve been enticed to enter the field?

Hospitals spend millions of dollars on computer maintenance and virtually nothing on nurse maintenance. Computers are essential, but nursing is the business of hospitals. Competent nurses are corporate assets, not fiscal liabilities. And yet nurses often report feeling neglected, alienated, and disrespected. What a paradox—in health care, the people who deliver care don’t feel cared for themselves. Nurses don’t resign because they dislike treating patients; they resign because they dislike the way they are treated.

Mainly, hospitals have used monetary incentives in recruitment and—far less commonly—retention efforts. Yet psychologist Martin E. P. Seligman, in his book Authentic Happiness, notes that “beyond the safety net, more money adds little or nothing to subjective well-being.” The safety net for nurses—salaries and benefits—has never been more secure, yet dissatisfaction is soaring. Money alone simply cannot sustain a strong employer–employee relationship, which plays such a crucial role in retention. Critical relationship variables, such as the leadership’s response to a nurse’s suggestions, inclusion in decision making, and nurse autonomy, directly affect satisfaction and retention rates and are too often left to chance (the style of a unit manager) and tradition (“that’s how we have always done it here”).

How nurses treat one another also influences retention. “Nurses eat their young”—everyone has heard the phrase and many nurses have witnessed experienced nurses failing to encourage new nurses. Recently, I witnessed several inconsiderate nurses: supervisors who failed to introduce themselves to a new nurse, nurses arguing loudly in front of a patient, and a supervisor canceling a nurse’s Thanksgiving Day shift after she’d arrived at work.

Susan Shelander, RN, director of recruitment and retention at Memorial Hermann Healthcare System in Houston since 2001, reports that the nurse vacancy rate at her institution has dropped from 11.3% in fiscal year 2002 to 4.8% in fiscal year 2005. Her institution evaluates managers in terms of turnover and retention, values staff input, and conducts frequent nurse focus groups. The fiscal rewards of the retention strategy are indisputable—various sources estimate that the cost of recruiting one nurse can range from $40,000 to 1.5 times the nurse’s annual salary.

Retaining nurses should be a primary goal of every institution, and retention rates should be measured frequently, carefully, and aggressively. Successful efforts will reduce the cost of recruitment—nurses who love their jobs and the hospitals they work for provide free and effective word-of-mouth advertising. For example, most of the professionals employed by Memorial Hermann Healthcare System are hired through the institution’s employee referral program. Recruitment without retention is a colossal waste of time, effort, energy, money, and good nurses. Successful retention efforts keep nurses working—and happy.

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