Reducing Staff Turnover and "Churn"

It was a daunting task, but somebody had to do it—and fast. Patti Murray, RN, BSN, turned out to be that somebody. Determined to reverse the attrition of oncology nurses that unfolded annually in her unit—an exodus that, on average, saw about one nurse per month heading out the door—she was willing to try just about anything to stop the persistent round of recruiting.

As a new nurse manager, she decided to simply ask the nurses she supervised a pretty straightforward question: why were nurses leaving?

"This was kind of on a whim," said Murray, who now is coordinator of nursing operations at James P. Wilmot Cancer Center in Rochester, New York. "I said, just tell me what you need. Tell me what you want," she recalled. And, sure enough, they did.

As it turned out, what newly hired oncology nurses needed most was to ask questions—lots of them. About every 6 weeks, Murray began holding totally confidential, "no-holds-barred" issue-raising sessions where nurses could ask questions. Problems got solved, frustrations got vented, staff members bonded, and teams got spirit.

Does this sound like a recruitment tool? Well, it is. Hospitals and health systems from Florida to California to New York report that they are finding it as an effective way to attract members of the "Y" generation, those PDA-toting newbies who are the future of oncology care.

This new generation of nurses and other staff members are strikingly different from any predecessors in recent history, according to accounts in the news media, which have dubbed the group "Gen-Y." For the most part, the members of Gen-Y were brought up by baby-boom parents, who gave them great affection amid substantial affluence, as observed in a cover story this past spring on these new twenty-somethings.[1] Workplaces with personal support and coworker teams, and not just signing bonuses and free gym memberships, are proving to be magnets for these up-and-comers. An approach like the one at the Wilmot Cancer Center would seem to be the ticket.

Since the implementation of those group meetings nearly 10 years ago, unit attrition has decreased 63%, a finding Murray presented at a recent meeting of the Oncology Nursing Society. Departures have shrunk to approximately 5%. Also, she noted, many of the ideas and suggestions to come out of the group meetings—a mentoring program and an oncology-specific orientation day—are also now in use. In fact, the hospital's nursing department has adopted the support group concept for all new hires.

Small vexations add up, Murray pointed out. She added that having an instant peer group is invaluable for heading off those irritations before they really fester. Murray referred to one recurrent problem she might not have considered otherwise—abandoned coffee cups on countertops and railing sills—which some oncology nurses found pretty irksome. "At first, I was thinking, why are we talking about this? You know how to solve it,'" she said. However, after pausing to reflect on the coffee cup pile-up, Murray realized what her staff needed was permission to nag. So, she provided them with the environment and permission to do so.

"I told them to tell someone who left a piece of trash about the (fact that) they left it there," she said. The outcome was a more clutter-free work environment.

Brenda Hann, RN, OCN, MS, at Scripps Cancer Center in La Jolla, California, also believes recruitment and retention of nurses in the near future takes a highly personal touch. At Scripps Cancer Center, a clinical mentor program has seasoned oncology nurses help new nurses learn the ropes of high-acuity patient care—proffering support in an unobtrusive way. New nurses "don't feel alone" because they have a trusted "go-to" mentor, said Hann, manager of Stevens Division at Scripps. Like the program at Wilmot, the clinical-mentor arrangement is a real recruitment advantage, she said.

As medical personnel shortages continue to grow—the result of the baby-boomers heading into retirement years—hospitals, health care systems, and even the nursing profession is being called on to examine factors influencing how nurses choose to specialize in oncology care, and what specifically attracts them. "The better we understand ourselves and the nature of the work that we do, the better able we will be to mold the next generation," asserted Rose Mary Carroll-Johnson, MN, RN, and editor of Nursing Oncology Forum.[2]

In general, oncology nurses in outpatient practices have a very low turnover rate compared with their counterparts in other areas of nursing, said Dianne Richardson RN, who is director of clinical operations for Houston, Texas–based US Oncology.

When asked why some centers report higher-than-average vacancy rates, Richardson replied that in a hospital or medical center, oncology nurses often deal with critically ill patients. In contrast, nurses who work in private medical offices or clinics, have a sense of familiarity, even bonding. The two situations may be at opposite ends of the patient-care

spectrum. The hospital-based oncology nurse may need to help patients confront end-of-life issues. In outpatient care, the nurse may need to address survivorship challenges, such as how to resume a life that was put on hold before the diagnosis.

Hann agreed, and said that hospital practice "is demanding and there are plenty of other places to work."

Money helps get people in the door, but not necessarily down the hall. In southern California, where Scripps is located, it is the professional situation that sells the site because housing and living costs are in the stratosphere, Hann affirmed. And, in central Florida, the same is beginning to be true. Explosive population growth has been driving real estate prices to unprecedented highs, said Cheryl Harrington, RN, MS, OCN, the oncology patient care administrator at M.D. Anderson Cancer Center, Orlando, Florida.

Expensive real estate prices have had the combined effect of reducing affordable housing for entry-level health care providers while increasing the numbers of prospective patients, she said. Retention takes a "focused approach" over the long haul, Harrington noted. This year, Harrington and the center's chief operating officer, Ann Peach, RN, MSN, CNAA, BC, published an article that's a general blueprint for retaining skilled oncology nurses.[3]

In Orlando, M.D. Anderson offers ways for veteran inpatient nurses to move to outpatient care, where hours and demands are less intense. For parents, mommy hours are available, in which abbreviated shifts and flexible scheduling help some younger nurses stay in the workforce.[3]

The two conclude that three key elements can help in recruitment and retention: providing an atmosphere that promotes and recognizes education and certification; establishing and supporting educational advancement; and fostering multidisciplinary collaboration.

Richardson noted the last one on their list occurs in any successful oncology unit— the specialty affords a "strong collaborative relationship" with physicians and other staff members, she said. "I have heard doctors say things like: My oncology nurse is more important to me than my wife."

DOI: 10.1200/JOP.0753001

References

1. Fortune magazine in a cover story this past spring on these new twenty-somethings.

2. Carroll-Johnson RM:The Life Cycle of the Oncology Nurse: Do We Know What We Need to Know? Nursing Oncology Forum 33:1047, 2006

3. Peach A, Harrington C: Top oncology talent: A recipe for success. Oncology Issues 20–24, 2007