

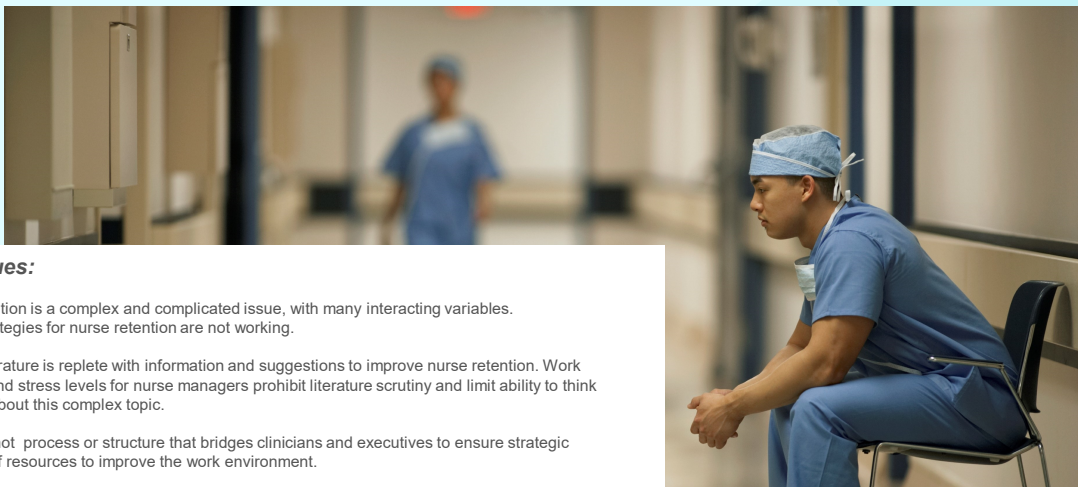
Empowering nurse leaders to re-think and re-engineer the practice environment through the use of a conceptual framework for nurse retention

Sarah Lackey DNP RN ACC CMC
SW Nursing Excellence and Retention
Cone Health, Greensboro, NC

Vi-Anne Antrum DNP RN MBA NEA-BC CENP FACHE
Chief Nursing Officer and Sr. Vice President, Nursing
Division
Cone Health, Greensboro, NC



Nurse Turnover is a *Multi-Million* Dollar Problem



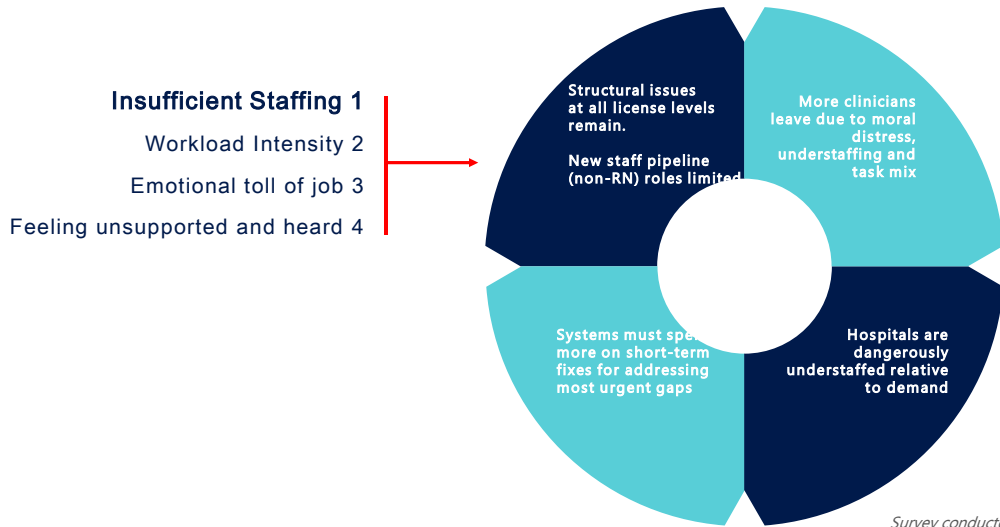
The issues:

Nurse retention is a complex and complicated issue, with many interacting variables. Legacy strategies for nurse retention are not working.

Nursing literature is replete with information and suggestions to improve nurse retention. Work demands and stress levels for nurse managers prohibit literature scrutiny and limit ability to think creatively about this complex topic.

There is a not process or structure that bridges clinicians and executives to ensure strategic allocation of resources to improve the work environment.

Why Nurses leave their jobs



Survey conducted 2021;
 Advisory Board, 16 Things CEOs Need to Know in 2023, 16 Things CEOs Need to Know in 2023 (advisory.org)
 n=374

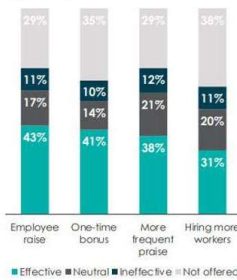


Money is not always the most important retention lever

Financial Incentives are both the most common and most effective retention lever, but money isn't a top driver for nurse intent to leave.

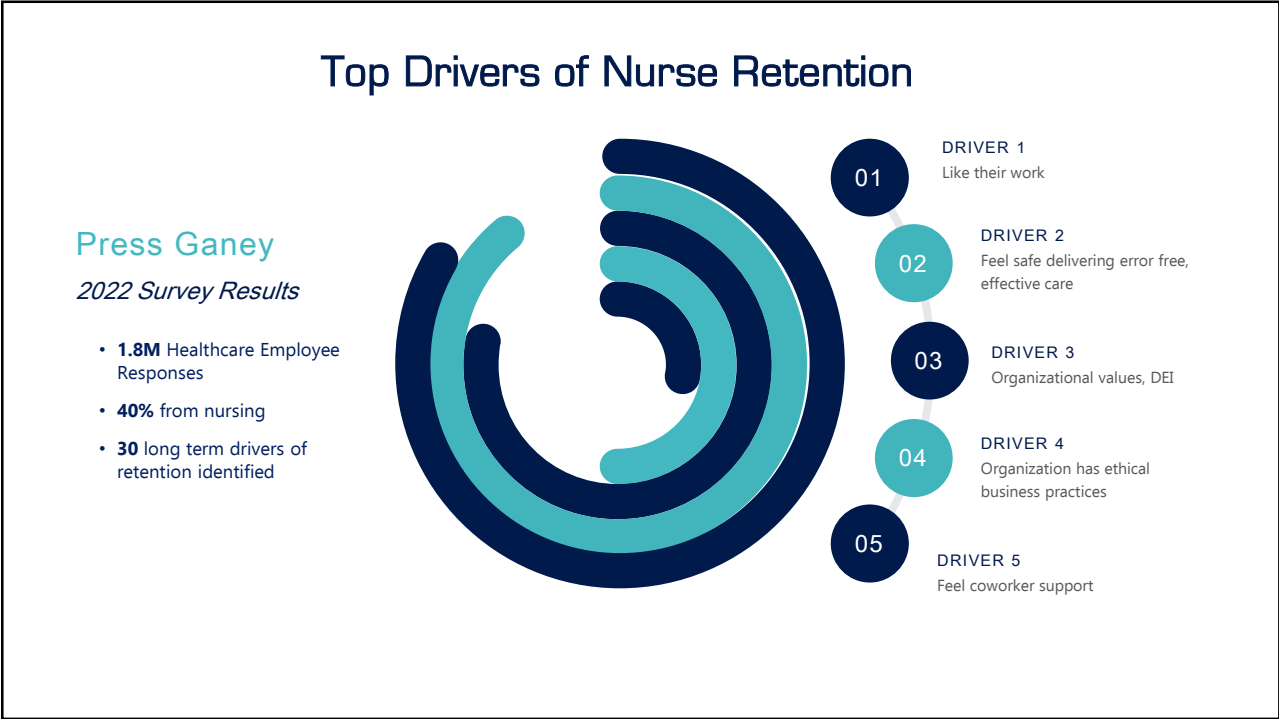
Financial Rewards are popular, but work conditions matter more

Percentage of Healthcare Workers Supporting Workforce Initiatives
 n = 1,005; Feb. 2022



Top Priorities Influencing Nurses Decisions to Leave Current Position
 N = 710, Nov 2021





Nurse Retention Bottom Drivers

“Pay has to be fair and competitive; when it is, nurses are forgiving.” *- Jeff Doucette, Press Ganey CNO*

Pay

Staffing

Always competing for last:

Doucette, J (2023) LinkedIn Nursing Listening Tour. Accessed 2021 05 05
<https://www.linkedin.com/events/nurselisteningtourwithjeffdouce7029402714732187648/comments/>

Nurse Retention Bottom Drivers

“Pay has to be fair and competitive; when it is, nurses are forgiving.”
- Jeff Doucette, Press Ganey CNO



Always competing for last:



Pay



Staffing

Doucette, J (2023) LinkedIn Nursing Listening Tour. Accessed 2021 05 05

<https://www.linkedin.com/events/nurselisteningtourwithjeffdouce7029402714732187648/comments/>

The important role of the frontline manager



- Gatekeepers of the practice environment at the operating unit level.
- Pivotal role in overall retention efforts.
- Direct correlation between nurse managers' ability to cultivate a healthy practice environment and lower RN absenteeism, higher engagement, and lower turnover.
- “Every effort must be made by organizations to address barriers to effective nurse manager practices as part of their RN workforce stabilization plan.”

Boston-Fleishauer & Westead. (2022). What nurse leaders should know about RN intent to leave. *Advisory.com* 2022 11 2

Get the cape out of the closet

1. Assess current intent to leave within their population.
2. Stay interviews
3. Engage in thoughtful conversations with flight risks
4. Pay more attention
5. Take reasonable measures to avoid staff turnover in light of age, education level, social support, workplace violence and job burn out
6. Assess the status of the organization
7. Understand the factors that impact nurse turnover in various facilities
8. Look at strategies to overcome the impact on staffing
9. Ensure positive perceptions of support
10. Maintain intrinsic motivation
11. Promote even higher levels of motivation
12. Consider the new insights about relationships between workload perception, burnout and intent to leave when developing strategies to improve the work environment
13. Develop support programs that can help clinicians achieve a better work-life balance
14. Prevent disturbances of nurses' rest breaks
15. Proactively engage with older staff to discuss their retirement plans





CT Mirror

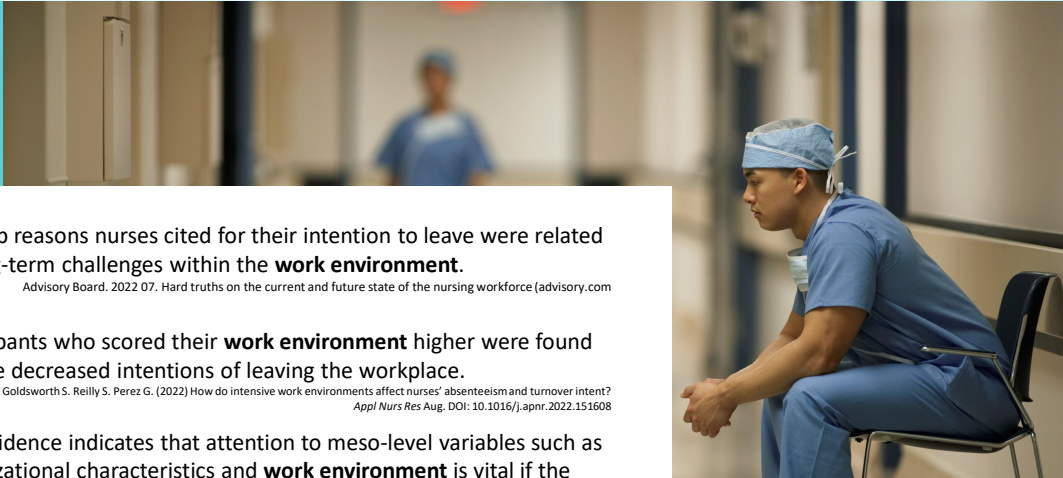
Most want to do one thing and do it well: they care for patients.



CT Mirror

Most want to do one thing and do it well: they care for patients.





The top reasons nurses cited for their intention to leave were related to long-term challenges within the **work environment**.

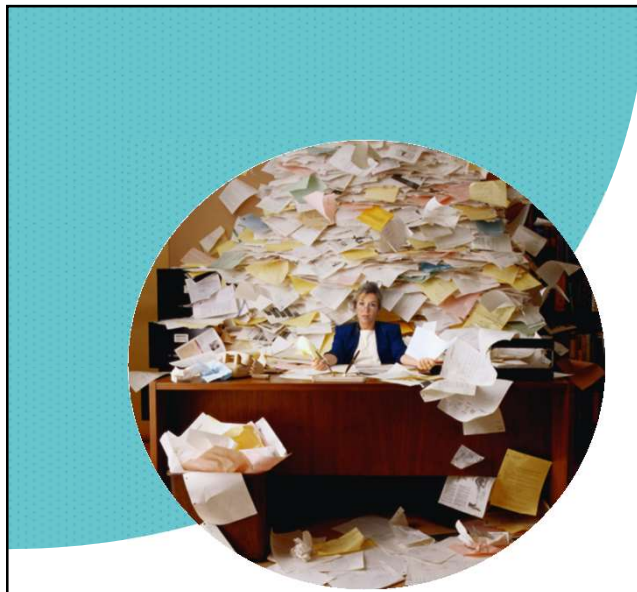
Advisory Board. 2022 07. Hard truths on the current and future state of the nursing workforce (advisory.com)

Participants who scored their **work environment** higher were found to have decreased intentions of leaving the workplace.

Heistad A, Goldsworth S, Reilly S, Perez G. (2022) How do intensive work environments affect nurses' absenteeism and turnover intent? *Appl Nurs Res Aug*. DOI: 10.1016/j.apnr.2022.151608

The evidence indicates that attention to meso-level variables such as organizational characteristics and **work environment** is vital if the working environment is to improve and nurses' intention to stay is to increase.

Yahyai A, Hewiston A, Efstathiou N, Carrick-Sen D. (2022) Nurses' intention to stay in the work environment in acute healthcare; a systematic review. *J Res Nurs*. doi: 10.1177/17449871221080731



Getting organized

Figure 2
Significant direct/indirect effects within the final model

Cowden T, Cummings G. (2015) Testing a theoretical model of clinical nurses' intent to stay. *Health Care Management Review*. April-June 2015.

Models and theories from the Nursing literature that address nurse retention, intent to stay, intent to leave, turnover.

Aluwiher-Samaranayake D, Gellatly I, Cummings G, Ogilvie E. (2018) A contextual work-life experiences model to understand nurse commitment and turnover. *Journal of Advance Nursing*. 2018; 74: 2053-2063

Wahyanto T, Supriyanto S, Damayanti N, Hartini S, Lstari R. (2020) People equity model as an effort to increase employees' intention to stay. *Journal of Public Health Research*. 2020: 9: 1843

Tourangeau, A, Cummings G, Cranley, L, Ferron E, Harvey S. (2009) Determination of hospital nurse intention to remain employed: broadening our understanding. *Journal of Advanced Nursing*. <https://doi.org/10.1111/j.1365-2648.2009.05190.x>

Figure 1. Development of People Equity Model as an Effort to Increase Employees' Intention to Stay.

200+

Peer Reviewed Nursing Literature


18

Concepts Identified

The Approach

Begin with data, end with direction

- Searched
 - Peer reviewed nursing literature produced a litany of results for related nurse retention terms
- Sorted
 - Using specific criteria, papers that presented ONLY related empirical outcomes were selected
- Analyzed
 - 18 concepts for nurse retention were identified
- Arranged
 - Combining concepts with two simple theorists, a conceptual framework for nurse retention was created

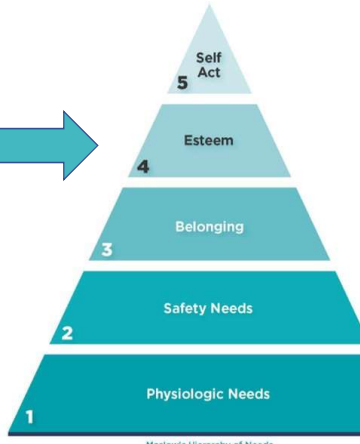


© iStockphoto.com
Office Worker with Mountain of Paperwork | iStockphoto.com

Cone Health Conceptual Framework for Nurse Retention™

Copyright 2021; all rights reserved. May not be reproduced without permission.

© Copyright protected; may not be reproduced in any form without permission



Maslow's Hierarchy of Needs

Herzberg 2-Factor Theory	Nursing Literature
Herzberg Motivators	Control/Responsibility
	Choice/Opportunity
	Resilience
Herzberg Hygiene Factors	Recognition
	Contribution
	Outcomes
	Teamwork
	Relationships
	Support
	Freedom from fear
	Freedom from injury
	Help when needed
	Communication
Lunch/Breaks	
Rest/Renewal	
Quiet/Periods of Uninterruption	

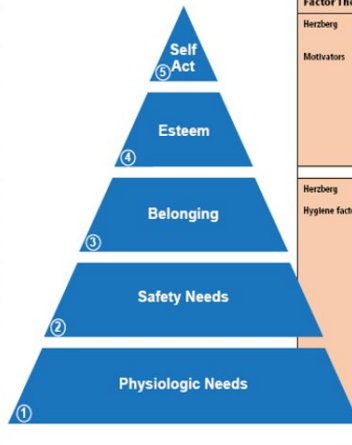
Copyright ©2021 by Cone Health. All rights reserved.

Heat map of current state: 2019

Cone Health Conceptual Framework for Nurse Retention ©
Copyright © 2019 by Cone Health; all rights reserved.

Cone Health Systemwide Heat Map of Nurse Retention, Fall 2019

© Copyright protected; may not be reproduced in any form without permission



Maslow's Hierarchy of Needs

Herzberg 2-Factor Theory	Nursing Literature	Organization Initiatives Impacting retention																			
Herzberg Motivators	Control/responsibility*****																				
	Choice/opportunity*****	SA	SB																		
	Resilience*****																				
	Recognition**		4L	4M	4N	4O	4P	4R	4Q												
	Contribution***		4G	4H	4I	4J	4K	4L	4M												
Herzberg Hygiene factors	Outcomes	4A	4B	4C	4D	4E	4F														
	Teamwork*	3A	3B	3C																	
	Relationships*****	3D	3E	3F	3G																
	Support*****	3G	3H	3I																	
	Freedom from fear***	2D	2E	2M																	
	Freedom from injury	2C	2O																		
	Help when needed	2F	2B	2G	2J	2N															
	Communication**	2A	2H	2I	2L	2P															
	Lunch*	1E																			
	Breaks***	1D																			
Rest/Renewal**	1A	1F																			
Quiet	1B																				
Periods of Uninterruption	1C																				



Inside the Area's Only COVID-19 Hospital

Maslow's Hierarchy of Needs		Herzberg 2-Factor Theory	Nursing Literature	Green Valley Campus
6	Self Act	Herzberg Motivators	Control/responsibility***** Choice/opportunity***** Resilience*****	During operation: activities/actions Clinical staff involved in establishing structures and rules Recruited volunteers from across organization Removal of emotional waste
4	Esteem	Herzberg Hygiene factors	Recognition** Contribution*** Outcomes	Banners, in-org press, out-org press Intentional rounding with high performers Core teams developed std work and rules HAI rounds held by Charge Nurse teams w std work
3	Belonging	Herzberg Hygiene factors	Teamwork* Relationships***** Support*****	Intentional rounding with teams/ staff to build relationships Intentional relationship building with providers Intentional visibility executive team Low performers moved out Active and bold advocacy for team needs
2	Safety Needs	Herzberg Hygiene factors	Freedom from fear**** Freedom from injury Help when needed Communication**	Clear expectations Strong adherence to structures developed Std work, std processes enforced, no exceptions Nursing leaders became facility leaders In-shift huddles every day; real time commun with REMIND App
1	Physiologic Needs	Herzberg Hygiene factors	Lunch* Breaks**** Rest/Renewal** Quiet Periods of Uninterruption	FOOD provided CLOTHING provided SHELTER provided Enforced breaks to get out of PPE Needs identified and met

© Copyright protected; may not be reproduced in any form without permission

Traditional unit level action planning

Pyramid Level	Maslow	Herbert	Categories	Action Plan May 2021	Action plan May 2021	Action Plan May 2021	Action plan May 2021	Action Plan Apr 2021
5	Self Actualization	MOTIVATION	Control					Focus areas in red
			Responsibility/choice					
			Opportunity					
4	Esteem	MOTIVATION	Resilience	Resilience: 30 work life decisions opportunities				Resilience: online COVID visit through chatbots; voluntary devotional before work; wellness stretching and massage;
			Recognition	Recognition: baby banner, meal voucher, award of PMPA emc; holiday celebrations	Recognition: credit into new staff, positivity campaigns;	Recognition: Develop a name that identifies the unit and allows staff to become dedicated to the patient population served.	Recognition: Longevity reward plan	
			Contribution	Contribution: Nurses as owners for special initiatives, in signature sig.	Contribution: 30 more things after school; sign into staff; continue unit pages	Recognition: Baby cards, gifts on special days, don't cover distribution, encourage recognition	Recognition: appreciation by id is to staff caring for COVID pts	
3	Belonging	HYGIENE	Outcomes	Teamwork: encourage, quantify activities;	Teamwork: 17 team for ethics cases, legal team bi dig;	Teamwork: efforts on initiatives driven by sig	Teamwork: Continue to encourage the "family" environment, including to an 8th	Teamwork: Teambuilding program
			Relationships	Relationships: welcome e-mail, social outings, monthly DEI activities, regular staff get-up outings (WTF, NCS, CHS); positive activities center to unit	Relationships: DD and AD night's shift sign-out;	Relationships: new hire retreat, preceptor;	Relationships: DD and AD sends WELCOME email to new staff members, welcoming them to the team and to reach out with any questions. Keep it PMPA/MSL	Relationships: quantify meals for team roll callings; welcoming standard work new hires, night monitor
			Support	Support: on orientation book; first day preceptor shadow; Wellness packet; monthly stroke meetings; skills check offs; new educ packs; mock sims; ACLS; Cert rev; staff review books	Support: education, care management	Support: PCCN study group; education plan; signposts, social media	Support: Educator of practice for clear patient population	Support: education for PCCN, new grad hours, adjust assignments; rotate staff w COVID suite etc; with the unit newsletter; night monitor for new grads
2	Safety	HYGIENE	Freedom from injury	Help when needed: starting needs on group site				
			Freedom from fear	Help when needed: Matrix change starting	Freedom from fear: Philip in room to in room 122			
			Help when needed	Help when needed: up par level; replace ego per/Par.	Help when needed: modified CN assignment; J&J 3WGT			
1	Physiologic needs	HYGIENE	Communication	Communication: Why news print and sign; Blue board; practice alert email;	Communication: unit based ops in unit newsletter	Communication: Huddle Binder;	Communication: Ruth to continue to send our monthly huddle email; to keep staff up to date on changes around the organization.	Communication: night monitor; team building program
			Lunch/breaks	Lunch/breaks: Buddy system; leader position for drinks; ordering meeting; healthy snacks	Lunch/breaks: modified CN assignment			Lunch/breaks: Provide for atty snacks; huddle signpost for coffee shifts
			Rest/renewal	Rest/renewal: new get away room at night; off the unit; adhere to work policies (hours, days in a row)	Rest/renewal: softcote, robe brans; food; hot tub; hot tub distribution; renovating room for rest combined with CC	Rest/renewal: massage chair in locker room		Rest/renewal: Quiet time 2 hours per day



© Copyright protected; may not be reproduced in any form without permission

Traditional unit level action planning – six months later

Green = completed
 Yellow = semi completed
 Orange = not completed

For every cell that is not green = time, energy and resources wasted

No actions were measured for success, sustainability, or staff feedback

Pyramid Level	Maslow	Herbert	Categories	Action Plan Apr 2021	Action Plan May 2021	Action Plan May 2021	Action Plan June 2021	Action Plan May 2021
5	Self Actualization	MOTIVATION	Control					
			Responsibility/choice					
			Opportunity					
4	Esteem	MOTIVATION	Resilience	Resilience: 30 work life decisions opportunities				
			Recognition	Recognition: baby banner, meal voucher, award of PMPA emc; holiday celebrations	Recognition: credit into new staff, positivity campaigns;	Recognition: Develop a name that identifies the unit and allows staff to become dedicated to the patient population served.	Recognition: Longevity reward plan	
			Contribution	Contribution: Nurses as owners for special initiatives, in signature sig.	Contribution: 30 more things after school; sign into staff; continue unit pages	Recognition: Baby cards, gifts on special days, don't cover distribution, encourage recognition	Recognition: appreciation by id is to staff caring for COVID pts	
3	Belonging	HYGIENE	Outcomes	Teamwork: encourage, quantify activities;	Teamwork: 17 team for ethics cases, legal team bi dig;	Teamwork: efforts on initiatives driven by sig	Teamwork: Continue to encourage the "family" environment, including to an 8th	Teamwork: Teambuilding program
			Relationships	Relationships: welcome e-mail, social outings, monthly DEI activities, regular staff get-up outings (WTF, NCS, CHS); positive activities center to unit	Relationships: DD and AD night's shift sign-out;	Relationships: new hire retreat, preceptor;	Relationships: DD and AD sends WELCOME email to new staff members, welcoming them to the team and to reach out with any questions. Keep it PMPA/MSL	Relationships: quantify meals for team roll callings; welcoming standard work new hires, night monitor
			Support	Support: on orientation book; first day preceptor shadow; Wellness packet; monthly stroke meetings; skills check offs; new educ packs; mock sims; ACLS; Cert rev; staff review books	Support: education, care management	Support: PCCN study group; education plan; signposts, social media	Support: Educator of practice for clear patient population	Support: education for PCCN, new grad hours, adjust assignments; rotate staff w COVID suite etc; with the unit newsletter; night monitor for new grads
2	Safety	HYGIENE	Freedom from injury	Help when needed: starting needs on group site				
			Freedom from fear	Help when needed: Matrix change starting	Freedom from fear: Philip in room to in room 122			
			Help when needed	Help when needed: up par level; replace ego per/Par.	Help when needed: modified CN assignment; J&J 3WGT			
1	Physiologic needs	HYGIENE	Communication	Communication: Why news print and sign; Blue board; practice alert email;	Communication: unit based ops in unit newsletter	Communication: Huddle Binder;	Communication: Ruth to continue to send our monthly huddle email; to keep staff up to date on changes around the organization.	Communication: night monitor; team building program
			Lunch/breaks	Lunch/breaks: Buddy system; leader position for drinks; ordering meeting; healthy snacks	Lunch/breaks: modified CN assignment			Lunch/breaks: Provide for atty snacks; huddle signpost for coffee shifts
			Rest/renewal	Rest/renewal: new get away room at night; off the unit; adhere to work policies (hours, days in a row)	Rest/renewal: softcote, robe brans; food; hot tub; hot tub distribution; renovating room for rest combined with CC	Rest/renewal: massage chair in locker room		Rest/renewal: Quiet time 2 hours per day

© Copyright protected; may not be reproduced in any form without permission



Creating a process for taking action:

3 easy steps-

1. Gather data directly from staff. Sort into two categories. Analyze, map onto the Framework.
2. Using the Framework and the theorists as a guide, *strategically* plan using three simple steps. Implement.
3. Measure results, use wins to anchor unit culture; repeat.

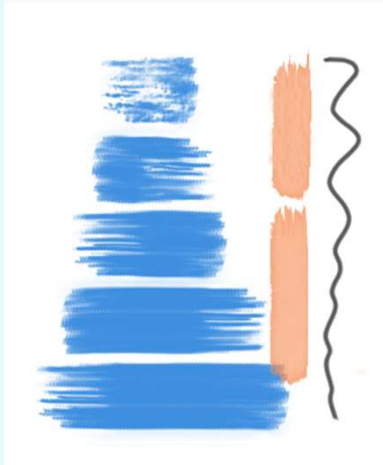
Pilot unit - mixed acuity ICU/Step down

UNIT/WAVE		WL ICU/TWO/Pro
METRICS		
PP #15 FY 21	Vol Adj Vac Rates	42.53
PP#26 FY 21	Vol Adj Vac Rates	18.13%
FY20 Cumulative Turnover Voluntary Terms		19.90%
FY 21 Cumulative TO Vol Terms		9.70%

"This unit consistently runs 50% lower in turnover than other units in the hospital".
Nursing Executive Director, January 2022

FY 22 Turnover Voluntary Terminations: 9.0% (sustained gains)

Quality Improvement project: purpose



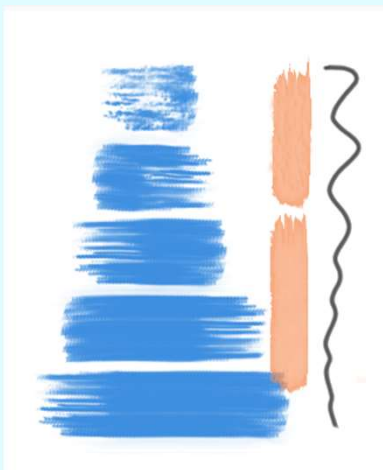
Determine if an action planning, implementation, evaluation process based on a newly constructed conceptual framework for nurse retention affects:

- turnover rates
- vacancy rates
- work effectiveness scores
- headcount turnover
- cost of nurse turnover
- engagement

Determine if use of the conceptual framework changes implementers' thinking about nurse retention.

25

Quality improvement project: January 2022 – August 2022



Five inpatient units:

- 3 Med Surg
- 1 ICU
- 1 Behavioral Health

Evaluation tools:

- Laschinger's Work Effectiveness Tool II
- Implementer's Survey (Cone Health)

Metrics:

- Voluntary Turnover Rate
- Vacancy Rate
- Engagement scores
- Average active employees

26

Laschinger's Work Effectiveness Tool II: only 8 of 18 concepts were measured by survey items

QI project
Laschinger's Work Effectiveness Tool II
January 2022 to August 2022

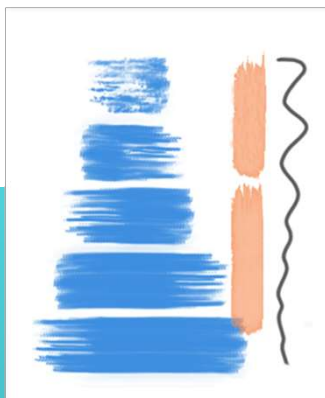
Maslow	Herberg	Concept	Question CODE	Question subject	CFW level	CONCEPT
Self-Actualization	Motivators	Choice/Opportunity	Opp 1-1	How much opportunity for challenging work?	5	Self Act_Opportunity
		Choice/Opportunity	Opp 1-2	How much opportunity for chance to gain new skills and knowledge	5	Self Act_Opportunity
		Choice/Opportunity	Opp 1-3	How much opportunity for tasks that use all your own skills and knowledge	5	Self Act_Opportunity
		Choice/Opportunity	IAS 2	Amount of flexibility	5	Self Act_Opportunity
		Control/Responsibility	Opp 2-1	Work environment empowers me to accomplish work in effective manner	5	Self Act_Control
		Control/Responsibility	Opp 2-2	Overall, consider my workplace to be an empowering environment	5	Self Act_Control
		Recognition	IAS 1	Reward for innovation	4	Esteem_Contribution
		Recognition	IAS 3	Amount of visibility of my work-related activities within the institution	4	Esteem_Contribution
		Contribution	ORS 1	Opportunity to collaborate on pt care with MDS	4	Esteem_Contribution
		Contribution	ORS 2	Sought out by peers for help with problems	4	Esteem_Contribution
Esteem	Motivators	Contribution	ORS 3	Sought out by managers for help with problems	4	Esteem_Contribution
		Contribution	ORS 4	Seeking out ideas from prof other than phys	4	Esteem_Contribution
		Recognition	Supp 1	Access to support: specific information about things you do well	4	Esteem_Recognition
		Support	Supp 3	Support: helpful hints or problem solving advice	3	Belonging_Support
		Support	Res 1	Access to resources: Time necessary to do paperwork	3	Belonging_Support
		Support	Res 2	Access to resources: Time avail to accomplish job requirements	3	Belonging_Support
		Relationships	ORS 1	Opp for activities: collab on pt care with phys	3	Belonging_Relationships
		Common	Inf 1	Access to info: state of hosp	2	Safety_Common
		Common	Inf 2	Access to info: values of top mgmt	2	Safety_Common
		Common	Inf 3	Access to info: goals of top mgmt	2	Safety_Common
Safety	Hygiene factors	Common	Supp 2	Specific comments about things you could improve	2	Safety_Common
		Help Wh Needed	Res 3	Acquiring temp help when needed	2	Safety_help when needed

[No questions addressing physiologic needs]

© Copyright protected; may not be reproduced in any form without permission

27

Selected outcomes



- + Four of five units completed full cycle
- + Three of four units had n high enough for survey responses to be analyzed: 1 ICU, 2 Med/Surg
- + Laschinger's Work Effectiveness Tool II:
 - Total responses improved in 4 of 8 concepts measured.
 - Two highest units improved in all 8 concepts measured.
- + Implementers' Survey Tool revealed use of CH CFW action planning process:
 - Helped with organizing information from staff
 - Helped structure thinking in terms of Maslow's theory and literature-based concepts
 - Shaped thinking about nurse work environment in terms of individual concepts and where they lie on the Framework
 - Changed thinking about nursing retention and the work environment



Results overall:



• Decreased:

- Voluntary Turnover
- Vacancy Rates
- Travel RN costs

• Increased:

- RN Engagement
- Avg Active FTE's
- Overall Cost Savings

• Improved:


- Long Term Job Commitment

Results*

* Shaded cells indicate improvement

- + 4 of 5: Units completing a full cycle
- + 3 of 4: Units with high enough survey responses qualifying for analysis (ICU & 2 Med/Surg)
- + Laschinger's Work Effectiveness Tool II:
 - Total responses improved in 4 of 8 concepts measured.
 - Two units improved in all 8 concepts measured.
- + Implementers' survey tool helped with:
 - Organizing info from staff
 - Structuring thinking in terms of Maslow's theory
 - Mapping data to the Framework

Unit	Voluntary Turnover rates (down is good)		Vacancy rates (down is good)		Average Active employees (up is good)		Validated/reliable survey tool: Laschinger's Work Effectiveness Tool II
	Vol TO pre: FY 21	VOL TO post: FY 22	Vacancy % PPD 5	Vacancy % PPD 22	FTEs FY 21	FTEs FY 22	All staff
	RNs/LPNs only		RN/LPN direct care 3PPD ave		RNs/LPNs only		
Unit A Mixed Ac	9.7%*	9.10%	29.20%	21.31	51.8	54.9	Improved in all 8 concepts; 20 of 22 questions
Unit B MedSurg APH	11.50%	20.80%	47.72%	33.34%	34.9	38.5	Improved in all 8 concepts; 21 of 22 questions
Unit C MedSurg MCH	32.00%	14.50%	69.61%	79.62%	37.5	21.5	Improved in 4 concepts; 8 of 22 questions
Unit D MedSurg MCH	15.30%	13.70%	39.79%	38.95%	32.6	29.2	N too small for post survey




60%

“of employees worldwide are ‘quiet quitting’”

Becker’s, 6/13/2023

THE UNEXPECTED OUTCOME: Engagement

- 60% of employees worldwide are ‘quiet quitting’ Becker’s, 6/13/2023
- Press Ganey reports 15 in 100 of RNs are **disengaged**;
- Projected cost of RN **disengagement**: \$1.6M for 400 bed hospital Press Ganey Assoc, 2022, Hospital Turnover by the Numbers



Disengaged Employees...



THE UNEXPECTED OUTCOME: Engagement



No matter where the process is used, engagement increases.

Results: Engagement

- Nurse managers indicated improved engagement in staff, anecdotally.
- Engagement scores improved consistently in top three performing units, inconsistently in 4th unit.

Cone Health Employee Engagement Survey results 2020 and 2022 - Engagement questions only (up is good)										
Unit	Engagement overall		Pride in org		Rec for employment		Rec for services		Wkg here in 3 years	
	2020	2022	2020	2022	2020	2022	2020	2022	2020	2022
	4.09	4.28	4.24	4.39	4.11	4.32	4.16	4.29	3.83	4.12
	4.18	4.42	4.24	4.42	4.21	4.4	4.17	4.39	4.07	4.49
	4.29	4.5	4.45	4.33	4.27	4.67	4.25	4.67	4.2	4.33
	4.08	4.06	4.18	4.21	4.11	4.08	4.05	3.96	3.98	4

One-year results: Cost savings

Cone Health Conceptual Framework for Nurse Retention(R) Unit action planning process									
RN Terminations by headcount and replacement costs*									
Unit	PRE implementation		INTRA implementation			POST implementation			TOTALS
	Terms Pre 6 months	Replacements Costs pre	Terms Intra 6 months	Replacement Cost intra	Cost reduction from baseline	Terms post 6 months	Replacement costs post	Cost reduction from baseline	Total replacement cost reduction from baseline
A	16	\$ 837,600.00	16	\$ 837,600.00	0	10	\$ 523,500.00	\$ 314,100.00	\$ 314,100.00
B	6	\$ 314,100.00	2	\$ 104,700.00	\$ 209,400.00	2	\$ 104,700.00	\$ 209,400.00	\$ 418,800.00
C	7	\$ 366,450.00	2	\$ 104,700.00	\$ 261,750.00	2	\$ 104,700.00	\$ 261,750.00	\$ 523,500.00
Totals	39	\$ 1,518,150.00	20	\$ 1,047,000.00	\$ 471,150.00	14	\$ 732,900.00	\$ 785,250.00	\$ 1,256,400.00

*Based on NSI Nursing Solutions Inc (2023) 2023 NSI National Health Care Report Retention & RN Staffing Report.
[NSI National Health Care Retention Report.pdf](#)
 According to the survey, the average cost of turnover for a bedside RN is \$52,350

Conclusions: Why does it work?



1. Data are stratified according to concepts derived from empirical outcomes; uses the theorists to guide analysis and action;
2. Organizes data to simplify its review and ensures actions are strategic and relevant to specific unit/work group culture.
3. Capitalizes on variability in unit and work group cultures; helps define and anchor unit culture to hire for fit.
4. Provides a common language to link clinicians and executives.



Applicable to any work situation, our methods are proven, simple and effective:



Emergency Division – 6 Emergency Departments Data aggregation across division Solving for division level issues

	ACAC/ED	WORLD	APAC/ED	AMAC/ED	MEAC/ED	OE/ED
ACAC/ED Accountability	Setting Assignments					
APAC/ED Autonomy	Self experience with other, great not patients, not just negative more responsibility of work.					
AMAC/ED Significance	Feedback staff ways					
MEAC/ED Contribution	Positive and setting of staff and resources, the patients better hospital?			Feedback staff ways		
OE/ED Autonomy	Support Accountability to realize team change?			Staff work with staff, looking to figure out what supporting it? Need to talk to be supportive, it used to not talk in the corner looking at each other		Staff work with staff, looking to figure out what supporting it? Need to talk to be supportive, it used to not talk in the corner looking at each other
WORLD Autonomy	Support Accountability for all staff	Staff appreciate each other, staff appreciation of one staff asking why to do things, accountability, more working		Feedback staff ways		
WORLD Significance	Supporting Personal Accountability	Self, focus on others, for everyone		Feedback staff ways		
WORLD Contribution	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Support	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		
Division level issues	Supporting Personal Accountability to realize team change?	Self, focus on others, for everyone		Feedback staff ways		

The Vision

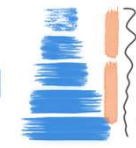
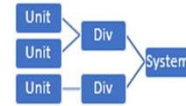


Heat map for current state; org/div/unit snapshot
We can't change what we don't see



Unit	Division	System	Priority	Impact	Resources	Timeline
Unit 1	Div 1	System 1	High	Significant	High	Q1 2024
Unit 2	Div 2	System 2	Medium	Significant	Medium	Q2 2024
Unit 3	Div 3	System 3	Low	Significant	Low	Q3 2024

Unit planning; building unit cultures
Real time change; hire for fit



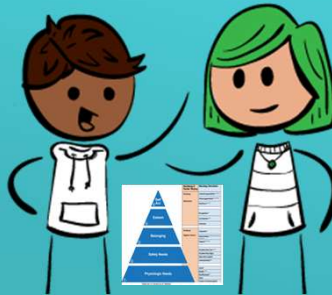
Escalate issues to system level for change
Aggregate data, move initiatives forward

Common language

The language of nurse retention

Strategic planning

Conservation of energy and resources



Measures

Close the loop

Data and evidence driven

Helps mitigate the DRIFT

Hiring for fit



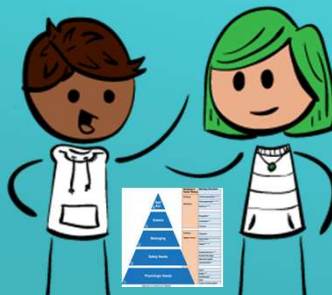
Creator: danp68 | Credit: Getty Images//iStockphoto
 Copyright: Daniel Padavona

Common language

The language of nurse retention

Strategic planning

Conservation of energy and resources



Measures

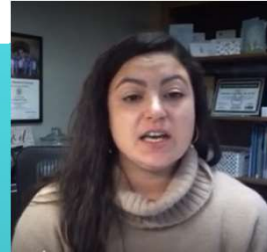
Close the loop

Data and evidence driven

Helps mitigate the DRIFT

NURSE RETENTION

A gift to busy managers



NURSE RETENTION

By chance, or by design?

Without a process, retention is left up to chance





CT Mirror

Most want to do one thing and do it well: care for patients.

Think differently about Nurse Retention

[Home](#) / [Career Areas](#) / [Nursing](#) / [Research & Innovation](#) / [Conceptual Framework for Nurse Retention](#)

Nurse Turnover is a Multi-Million Dollar Problem

You can't attack a complicated problem until you know how to think about it. - Anonymous

Legacy strategies for nurse retention are not working. Stress levels for nurse managers prohibit creative thinking. A new approach is essential. We are at a pivotal point in the ability to provide care services to our communities.

The first step in attacking nurse turnover is a change in thinking. We've developed a proven model that decreases voluntary turnover rates, increases RN engagement AND improves work effectiveness scores.

How it works:

The Cone Health Conceptual Framework for Nurse Retention™ is specifically designed to address the complex subject of nurse retention by simplifying thinking.

Applicable to any work situation, our methods are proven, simple and effective:


- Incorporates variability in unit and work group cultures
- Presents 5 categories to stratify need in simple data analysis
- Uses two simple theorists to guide focus
- Organizes data acquired from internal sources to determine priorities and timing
- Ensures actions are strategic and relevant to specific unit or work group - avoid 'cookie cutter' solutions
- Presents platform for data aggregation to solve division and system level issues
- Develop unit culture sequentially with the goal of hiring for fit

Connect With Us

Connect With Us

Change the way you think about nurse retention.

Complete An Interest Form






Sarah Lackey DNP RN CMC
Cone Health
Nursing Excellence & Retention

Sarah.Lackey@ConeHealth.com

CH_CFW@Conehealth.com

conehealth.com/retentionframework



Empowering nurse leaders to re-think and re-engineer the practice environment through the use of a conceptual framework for nurse retention

Sarah Lackey DNP RN ACC CMC
SW Nursing Excellence and Retention
Cone Health, Greensboro, NC

Vi-Anne Antrum DNP RN MBA NEA-BC CENP FACHE
Chief Nursing Officer and Sr. Vice President, Nursing
Division
Cone Health, Greensboro, NC

